### Streptococcus pneumoniae Surveillance Worksheet

**Generic MMG**

**IPD MMG (RIDB_V1.0_MMG_PRT_IPD220190530)**

### CASE INFORMATION

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>Other Birth Place</th>
<th>Country of Usual Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ __ __ __</td>
<td>__ __ __ __ __ __</td>
<td>__ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __</td>
</tr>
</tbody>
</table>

**Ethnic Group**

- **PID-22** Hispanic/Latino
- **N=** Not Hispanic/Latino
- **O=** Other
- **U=** Unknown

**Race**

- **PID-10** American Indian/Alaskan Native
- **PID-11** Asian
- **PID-13** Black/African American
- **PID-14** Native Hawaiian/Pacific Islander
- **PID-12** White
- **PID-8** Not asked
- **PID-9** Refused to answer
- **PID-11** Other
- **PID-15** Unknown

**Age at Case Investigation**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Date Reported**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Date First Reported to PHD**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Reporting County**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Reporting State**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Earliest Date Reported to County**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Case Class Status**

- **PID-90** Suspected
- **PID-91** Probable
- **PID-92** Confirmed
- **PID-93** Unknown
- **PID-94** Not a case

**CASE INVESTIGATION STATUS**

- **INV109** approved
- **INV217** closed
- **INV235** deleted
- **INV236** in progress
- **INV237** notified
- **INV238** rejected
- **INV227** ready for review
- **INV228** reviewed
- **INV229** suspended
- **INV230** unknown

**ABCs State ID**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Epi-linked to a confirmed or probable case?**

- **INV217** Y=yes
- **INV218** N=no
- **INV219** U=unknown

### CLINICAL INFORMATION

**Illness Onset Date**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Illness End Date**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Illness Duration**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Illness Onset Age**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Illness Onset Age Units**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Date of Diagnosis**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Pregnancy Status**

- **PID-7796-7** Y=yes
- **PID-7796-7** N=no
- **PID-7796-7** U=unknown

**Hospitalized?**

- **PID-7794-4** Y=yes
- **PID-7794-4** N=no
- **PID-7794-4** U=unknown

**Hospital Admission Date**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Hospital Discharge Date**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Duration of Hospital Stay**

| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |

**Does this patient attend a day care facility?**

- **INV215** Y=yes
- **INV215** N=no
- **INV215** U=unknown

**Does this patient reside in a long-term care facility?**

- **INV236** Y=yes
- **INV236** N=no
- **INV236** U=unknown

**Types of Infection Caused by Organism**

<table>
<thead>
<tr>
<th>Abortion with sepsis</th>
<th>Empyema</th>
<th>Necrotizing fasciitis</th>
<th>Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess</td>
<td>Endocarditis</td>
<td>Osteomyelitis</td>
<td>Puerpular septicemia</td>
</tr>
<tr>
<td>Asymptomatic bacteremia</td>
<td>Endometritis</td>
<td>Otitis media</td>
<td>Septic shock</td>
</tr>
<tr>
<td>Bacteremia without focus</td>
<td>Epiglottitis</td>
<td>Pericarditis</td>
<td>Unknown</td>
</tr>
<tr>
<td>Bacterial septicemia</td>
<td>Hemolytic Uremic Syndrome</td>
<td>Peritonitis</td>
<td></td>
</tr>
<tr>
<td>Cellulitis</td>
<td>Infective arthritis</td>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Chorioamnionitis</td>
<td>Meningitis</td>
<td>Staphylococcal toxic shock syndrome</td>
<td></td>
</tr>
</tbody>
</table>

**Recurrent disease with the same pathogen?**

- **INV975** Y=yes
- **INV975** N=no
- **INV975** U=unknown

**State ID of 1st occurrence for this pathogen**

- **INV976**

**Did patient have any underlying causes or prior illnesses?**

- **INV235** Y=yes
- **INV235** N=no
- **INV235** U=unknown

If “yes” select below:
Underlying Causes or Prior Illnesses

<table>
<thead>
<tr>
<th>Illness</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS (CD4 &lt;200)</td>
<td>Congestive heart failure</td>
<td>Intravenous drug user</td>
<td>Peripheral neuropathy</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>Connective tissue disorder</td>
<td>Kidney disease</td>
<td>Peripheral vascular disease</td>
</tr>
<tr>
<td>Asthma</td>
<td>Coronary arteriosclerosis</td>
<td>Leukemia</td>
<td>Premature birth</td>
</tr>
<tr>
<td>Blood cancer</td>
<td>Corticosteroids</td>
<td>Missing spleen</td>
<td>Renal failure/dialysis</td>
</tr>
<tr>
<td>Bone marrow transplant</td>
<td>Current chronic dialysis</td>
<td>Multiple myeloma</td>
<td>Seizure disorder</td>
</tr>
<tr>
<td>Broken skin</td>
<td>Current smoker</td>
<td>Multiple sclerosis</td>
<td>Sickle cell trait</td>
</tr>
<tr>
<td>Cancer</td>
<td>Deaf/profound hearing loss</td>
<td>Myocardial infarction</td>
<td>Solid organ malignancy</td>
</tr>
<tr>
<td>Cancer treatment</td>
<td>Dementia</td>
<td>Nephrotic syndrome</td>
<td>Solid organ transplant</td>
</tr>
<tr>
<td>CSF leak</td>
<td>Diabetes mellitus</td>
<td>Neuromuscular disorder</td>
<td>Splenectomy/asplenia</td>
</tr>
<tr>
<td>Cerebrovascular accident</td>
<td>Emphysema/COPD</td>
<td>None</td>
<td>Systemic lupus erythematosus</td>
</tr>
<tr>
<td>Chronic hepatitis C</td>
<td>Former smoker</td>
<td>Obesity</td>
<td>Trouble swallowing</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>HIV infection</td>
<td>Other (specify)</td>
<td>Unknown</td>
</tr>
<tr>
<td>Cirrhosis/liver failure</td>
<td>Hodgkin’s disease (clinical)</td>
<td>Paralysis</td>
<td></td>
</tr>
<tr>
<td>Coagulopathy</td>
<td>Immunoglobulin deficiency</td>
<td>Parkinson’s disease</td>
<td></td>
</tr>
<tr>
<td>Complement deficiency</td>
<td>Immunosuppressive therapy</td>
<td>Pecutaneous ulcer</td>
<td></td>
</tr>
</tbody>
</table>

Residence Location at Time of Initial Culture

- Home
- Non-medical ward
- College dorm
- Homeless
- Incarcerated
- Long-term acute care
- Long-term care
- Other (specify)
- Unknown

Subject died?: [ ] Yes [ ] No [ ] Unknown

Deceased Date

- Yes
- No
- Unknown

Pregnancy status at time of first positive culture

- Not pregnant nor postpartum
- Currently Pregnant
- Postpartum
- Unknown

If pregnant or postpartum, what was the outcome of the fetus?

- Abortion/still birth
- Live birth/neonatal death
- Survived, clinical infection
- Unknown

If patient <1 month of age: Gestational age (weeks)

- 1818-9
- 5605-6

Birth weight

- Birth Weight Units
  - OBX-6 for 5605-5
  - 5605-5

Premature at birth (for children <2 years of age): Y=Yes N=No U=Unknown

- Yes
- No
- Unknown

Type of INSURANCE

- Incarcerated
- Indian Health Service
- Managed Care
- Managed Care (unspecified)
- MEDICAID
- MEDICARE
- Military/VA
- Private Health
- Other (specify)
- Uninsured
- Unknown

Laboratory Information

- VPD Lab Message Reference Laboratory
  - LAB143
- VPD Lab Message Patient Identifier
  - LAB959
- VPD Lab Message Specimen Identifier
  - LAB125

Bacterial species isolated

- LAB278

Was laboratory testing done to confirm diagnosis?

- Yes
- No
- Unknown

Was case laboratory confirmed?

- Yes
- No
- Unknown

Test Type

- NV290

Test Result

- NV236

Date Specimen Collected

- 68963-8

Result Units

- LAB580

Test Manufacturer

- LAB850

Date Specimen Sent to CDC

- 85930-6

Specimen Type

- 66746-9

Serotype

- INV708

Serotype Method

- LAB532

Lab Accession No.

- LAB570

Performing Laboratory Name

- 68994-3

Performing Lab Type

- 82771-7

Lab Test Method

- 1=CD lab
- 2=commercial lab
- 3=hospital lab
- 4=other
- 5=other clinical lab
- 6=public health lab
- 7=unknown
- 8=VPD testing lab

SPECIMEN TYPE

- 1=amniotic fluid
- 2=BAL
- 3=blood
- 4=bone
- 5=brain
- 6=CSF
- 7=heart
- 8=other (specify)
- 9=unknown
- 10=internal body site
- 11=joint
- 12=kidney
- 13=genome sequencing
- 14=liver
- 15=lymph node
- 16=middle ear
- 17=muscle/fascia/tendon
- 18=NP swab
- 19=opharyngeal swab
- 20=ovary
- 21=pancreas
- 22=pericardial fluid
- 23=peritoneal fluid
- 24=placenta
- 25=pleural fluid
- 26=purpuric lesions
- 27=respiratory secretion
- 28=serum
- 29=sinus
- 30=spleen vascular tissue
- 31=sputum
- 32=stool
- 33=tracheal aspirate
- 34=urine
- 35=vascular
- 36=vitreous
- 37=wound

EROTYPE METHOD

- 1=other
- 2=PCR
- 3=Quellung
- 4=whole genome sequencing
- 5=unknown

SEROTYPE

- 1=1
- 2=2
- 3=3
- 4=4
- 5=5
- 6=6A
- 7=6B
- 8=7F
- 9=8
- 10=9N
- 11=9V
- 12=10A
- 13=11A
- 14=12F
- 15=14
- 16=15B
- 17=17F
- 18=18C
- 19=19A
- 20=19F
- 21=20
- 22=22F
- 23=23F
- 24=33F
- 25=non-typeable

PERFORMING LABORATORY TYPE

- 1=Antigen Card
- 2=BD Directigen
- 3=BCID blood culture panel
- 4=BCT=Blood culture
- 5=MALDI Biotyper
- 6=Other (specify)
- 7=ME=meningitis/encephalitis panel
- 8=W=Wellcogen Rapid Antigen
- 9=U=unknown

LAB TEST METHOD

- 1=ANTIGEN CARD
- 2=BD DIRECTIGEN
- 3=BCID BLOOD CULTURE PANEL
- 4=BCT BLOOD CULTURE
- 5=MALDI BIOTYPER
- 6=OTHER (SPECIFY)
- 7=ME MENINGITIS/ENCEPHALITIS PANEL
- 8=WELLCOGEN RAPID ANTIGEN
- 9=U=UNKNOWN

Page 2 of 4
**LABORATORY SUSCEPTIBILITY TESTING**

<table>
<thead>
<tr>
<th>Any susceptibility data available?</th>
<th>LAB222</th>
<th>Y=yes</th>
<th>N=no</th>
<th>U=unknown</th>
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</thead>
<tbody>
<tr>
<td>Oxacillin Zone Size</td>
<td>INV299</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Oxacillin Interpretation</td>
<td>INV300</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**SUSCEPTIBILITY TEST METHOD CODES**

- A=AGAR  Agar dilution method
- B=BROTH  Broth dilution method
- C=DISK  Disk dilution (Kirby Bauer)
- S=STRIP  Gradient strip (E-test)
- I=Automated testing instrument
- G=whole genome sequencing

**SUSCEPTIBILITY RESULT CODES**

- S=SUSCEPTIBLE
- I=INTERMEDIATE
- N=NOT DONE
- R=RESISTANT

**SIGN CODES**

Indicate whether the MIC is <, >, ≤, ≥, = the numerical MIC value

**MIC VALUES**

Valid range for data values: 0.000 – 999.999

**VACCINATION HISTORY INFORMATION**

- Vaccinated (has the case-patient ever received a vaccine against this disease)?
  - VAC126  Y=yes  N=no  U=unknown

- Number of doses against this disease received prior to illness onset?
  - 82745-1
  - 0–6  99=unknown

- Date of last vaccine dose against this disease prior to illness onset?
  - VAC142

- Was the case-patient vaccinated as recommended by the ACIP?
  - VAC148  Y=yes  N=no  U=unknown

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Vaccination Date</th>
<th>Vaccine Manuf</th>
<th>Vaccine Lot No.</th>
<th>National Drug Code</th>
<th>Vaccine Expiration Date</th>
<th>Vaccination Record</th>
<th>Age†</th>
<th>Age Units†</th>
<th>Vaccine Manufacturer</th>
<th>Vaccine Dose Number</th>
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</thead>
<tbody>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td>30956-7</td>
<td>30952-6</td>
<td>30957-5</td>
<td>30959-1</td>
<td>VAC153</td>
<td>VAC109</td>
<td></td>
<td></td>
<td></td>
<td>MSD=Merck PFR=Pfizer</td>
<td>30973-2</td>
</tr>
</tbody>
</table>

**Reason Not Vaccinated Per ACIP**

1 = religious exemption  
2 = medical contraindication  
3 = philosophical objection  
4 = lab evidence of previous disease  
5 = MD diagnosis of previous disease  
6 = too young  
7 = parent/patient refusal  
8 = other  
9 = unknown  
10 = parent/patient forgot to vaccinate  
11 = vaccine record incomplete/unavailable  
12 = parent/patient report of previous disease  
13 = parent/patient unaware of recommendation  
14 = missed opportunity  
15 = foreign visitor  
16 = immigrant

**Vaccine History Comments**

VAC133

---

**Antimicrobial Susceptibility Test Type**

LABAST6

**Test Method**

LABAST7

**Susceptibility Interpretation**

LABAST8

**MIC Sign**

LAB113

**Test Result Quantitative**

LABAST9

**Performing Laboratory Type**

LABAST15

**MIC VALUES**

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  - 82745-1
  - 0–6  99=unknown

- Date of last vaccine dose against this disease prior to illness onset?
  - VAC142

- Was the case-patient vaccinated as recommended by the ACIP?
  - VAC148  Y=yes  N=no  U=unknown

<table>
<thead>
<tr>
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<th>Vaccination Date</th>
<th>Vaccine Manuf</th>
<th>Vaccine Lot No.</th>
<th>National Drug Code</th>
<th>Vaccine Expiration Date</th>
<th>Vaccination Record</th>
<th>Age†</th>
<th>Age Units†</th>
<th>Vaccine Manufacturer</th>
<th>Vaccine Dose Number</th>
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</thead>
<tbody>
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<td>30956-7</td>
<td>30952-6</td>
<td>30957-5</td>
<td>30959-1</td>
<td>VAC153</td>
<td>VAC109</td>
<td></td>
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16 = immigrant

**Vaccine History Comments**

VAC133
### IMPORTATION AND EXPOSURE INFORMATION

<table>
<thead>
<tr>
<th>Imported Country</th>
<th>Imported State</th>
<th>Imported County</th>
<th>Imported City</th>
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<tbody>
<tr>
<td>________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Country of Exposure</th>
<th>State/Province of Exposure</th>
<th>County of Exposure</th>
<th>City of Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

OUTBREAK ASSOCIATED | y=yes  N=no  U=unknown |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>77980-3</td>
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OUTBREAK NAME | 77981-9 |
|--------------|--------|

### CASE NOTIFICATION

<table>
<thead>
<tr>
<th>CONDITION CODE</th>
<th>11723</th>
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</table>

<table>
<thead>
<tr>
<th>Immediate National Notifiable Condition</th>
<th>y=yes  N=no  U=unknown</th>
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<tbody>
<tr>
<td>77965-2</td>
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<table>
<thead>
<tr>
<th>Legacy Case ID</th>
<th>___________</th>
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<table>
<thead>
<tr>
<th>State Case ID</th>
<th>___________</th>
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<table>
<thead>
<tr>
<th>Local Record ID</th>
<th>___________</th>
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<table>
<thead>
<tr>
<th>Jurisdiction Code</th>
<th>___________</th>
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<table>
<thead>
<tr>
<th>Binational Reporting Criteria</th>
<th>___________</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Date First Verbal Notification to CDC</th>
<th>___________</th>
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<table>
<thead>
<tr>
<th>Date Report First Electronically Submitted</th>
<th>___________</th>
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<table>
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<tr>
<th>Date of Electronic Case Notification to CDC</th>
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<table>
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<tr>
<th>MMWR Week</th>
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<table>
<thead>
<tr>
<th>MMWR Year</th>
<th>___________</th>
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Notification Result Status | ___________ |
|---------------------------|-------------|

<table>
<thead>
<tr>
<th>Final results</th>
<th>___________</th>
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</table>

<table>
<thead>
<tr>
<th>Record coming as correction</th>
<th>___________</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Results cannot be obtained</th>
<th>___________</th>
</tr>
</thead>
</table>

Person Reporting to CDC Name | (first) |
|-----------------------------|--------|

Person Reporting to CDC Email | ___________ @ ___________ |

Person Reporting to CDC Phone No. | (__) (__) (__) (__) |

Current Occupation | ___________ |
|-------------------|-------------|

Current Occupation Standardized | ___________ |

Current Industry | ___________ |
|-----------------|-------------|

Current Industry Standardized | ___________ |

Comments | 77999-1 |

### CLINICAL CASE DEFINITION

**PROBABLE**

A case that meets the supportive laboratory evidence.

**CONFIRMED**

A case that meets the confirmatory laboratory evidence.

| Identification of *S. pneumoniae* from a normally sterile body site by a CIDT (culture independent diagnostic test) without isolation of the bacteria. |
| Isolation of *S. pneumoniae* from a normally sterile body site. |

https://www.cdc.gov/nndss/conditions/invasive-pneumococcal-disease/