

Haemophilus influenzae Surveillance Worksheet

Generic MMG

Hflu MMG (RIBD_V1.0_MMG_PTR_Hflu_20190730)

NAME	ADDRESS (Street and No.)	Phone	Hospital Record No.
(last)	(first)		
This information will not be sent to CDC			
REPORTING SOURCE TYPE 48766-0	NAME	SUBJECT ADDRESS CITY PID-11.3	
<input type="checkbox"/> physician <input type="checkbox"/> PH clinic	ADDRESS	SUBJECT ADDRESS STATE PID-11.4	
<input type="checkbox"/> nurse <input type="checkbox"/> laboratory	ZIP CODE 52831-5	SUBJECT ADDRESS COUNTY PID-11.9	
<input type="checkbox"/> hospital <input type="checkbox"/> other clinic	PHONE (____) _____	SUBJECT ADDRESS ZIP CODE PID-11.5	
<input type="checkbox"/> other source type		LOCAL SUBJECT ID PID-3	
CASE INFORMATION			
Date of Birth _____ PID-7 month day year	Sex M=male F=female U=unknown <input type="checkbox"/>	Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latino <input type="checkbox"/> O=Other U=Unknown	
Race <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other 32624-9 <input type="checkbox"/> Unknown			
Country of Birth 78746-5	Other Birth Place 21842-0	Country of Usual Residence 77983-5	
Age at Case Investigation 77998-3	Age Unit* OBX-6 for 77998-3	Reporting County 77967-8	Reporting State 77966-0
Date Reported 77995-9 month day year	Date First Reported to PHD 77970-2 month day year	National Reporting Jurisdiction 77968-6	
Earliest Date Reported to County 77972-8 (mm/dd/yyyy)	Earliest Date Reported to State 77973-6 (mm/dd/yyyy)		
Case Class Status 77990-0 <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Not a case	Case Investigation Start Date 77979-3 month day year		
Case Report Form Status INV656 <input type="checkbox"/> chart unavailable after 3 requests <input type="checkbox"/> complete <input type="checkbox"/> edited and correct <input type="checkbox"/> incomplete <input type="checkbox"/> quality assurance review change			
CASE INVESTIGATION STATUS CODE INV109	<input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> rejected <input type="checkbox"/> other <input type="checkbox"/> ready for review <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown		
ABCs State ID INV966	Bacterial Species Isolated LAB278		
CLINICAL INFORMATION			
Illness Onset Date 11368-8 month day year	Illness End Date 77976-9 month day year	Illness Duration 77977-7	Duration Units* OBX-6 for 77977-7
Illness Onset Age INV143	Illness Onset Age Units* OBX-6 for INV143	Date of Diagnosis 77975-1 month day year	Pregnancy Status 77996-7 Y=yes N=no U=unknown <input type="checkbox"/>
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>	Hospital Admission Date 8656-1 month day year	Hospital Discharge Date 8649-6 month day year	
Duration 78033-8 Hospital Stay 0-998 999=unknown (days)	Epi-linked to a laboratory-confirmed case? INV927 Y=yes N=no U=unknown <input type="checkbox"/>		
Did patient have any underlying causes or prior illnesses? INV235 Y=yes N=no U=unknown <input type="checkbox"/> If "yes", select below:			
Underlying INV236	Y N U	Y N U	Y N U
AIDS		Congestive heart failure	
Alcohol abuse		Connective tissue disorder	
Asthma		Coronary arteriosclerosis	
Blood Cancer		Corticosteroids	
Bone marrow transplant		CSF leak	
Broken skin		Current chronic dialysis	
Cancer		Current smoker	
Cancer treatment		Deaf/profound hearing loss	
Cerebrovascular accident		Dementia	
Chronic hepatitis C		Diabetes mellitus	
Chronic respiratory disease		Emphysema/COPD	
Cirrhosis/liver failure		Former smoker	
Cochlear prosthesis		Hodgkin's disease	
Complement deficiency		HIV infection	
		Immunoglobulin deficiency	
		Immunosuppressive therapy	
		Intravenous drug user	
		Kidney disease	
		Leukemia	
		Missing spleen	
		Multiple myeloma	
		Multiple sclerosis	
		Myocardial infarction	
		Nephrotic syndrome	
		Neuromuscular disorder	
		None	
		Obesity	
		Paralysis	
		Parkinson's disease	
		Peptic ulcer	
		Peripheral neuropathy	
		Peripheral vascular disease	
		Premature birth	
		Renal failure/dialysis	
		Seizure disorder	
		Sickle cell trait	
		Solid organ malignancy	
		Solid organ transplant	
		Splenectomy/asplenia	
		Systemic lupus erythematosus	
		Trouble swallowing	
		Unknown	
[Y=yes; N=no; U=unknown] INV662		Other (specify) _____	

TYPES OF INFECTION CAUSED BY ORGANISM

INV298

Abortion with sepsis	Cellulitis	Epiglottitis	Osteomyelitis	Pneumonia
Abscess (not skin)	Chorioamnionitis	Hemolytic Uremic Syndrome	Other (specify) _____	Puerperal septicemia
Asymptomatic bacteremia	Empyema	Infective arthritis	Otitis media	Septic shock
Bacteremia without focus	Endocarditis	Meningitis	Pericarditis	Staphylococcal Toxic Shock
Bacterial septicemia	Endometritis	Necrotizing fasciitis	Peritonitis	Unknown

UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown

Does this patient attend a day care facility? INV615 Y=yes N=no U=unknown Facility Name _____

Does this patient reside in a long-term care facility? INV636 Y=yes N=no U=unknown Facility Name _____

Did patient have known previous contact(s) with a Hib disease within the preceding 2 months? INV1041 Y=yes N=no U=unknown

If "yes" above, select type: |

TYPE OF PREVIOUS CONTACT INV1042	Classmate	Father	Nursing home	Sibling
	Co-worker	Mother	Other family member	Unknown
	Daycare	None	Other (specify) _____	

Did patient have known previous contact(s) with a non-b or nontypeable case of *H. influenzae* disease within the preceding 2 months? INV1043 Y=yes N=no U=unknown If "yes", select type of previous contact below:

If "yes" above, select type:

TYPE OF PREVIOUS CONTACT INV1044	Classmate	Father	Nursing home	Sibling
	Co-worker	Mother	Other family member	Unknown
	Daycare	None	Other (specify) _____	

Weight at Diagnosis 3141-9 Weight Units gram kilogram ounce pound Height at Diagnosis 3137-7 Height Units centimeter inch

Recurrent disease with pathogen? INV975 Y=yes N=no U=unknown State ID of 1st occurrence for this pathogen INV976 _____

Pregnancy status at time of first positive culture INV661 Not pregnant nor postpartum Currently Pregnant Postpartum Unknown

If pregnant or postpartum, what was the outcome of the fetus? 63893-2 (select below)

FETAL OUTCOME	Abortion/still birth	Live birth/neonatal death	Survived, clinical infection	Unknown
	Induced abortion	Still pregnant	Survived, no apparent illness	

If patient <1 month of age: 18185-9 Gestational age (weeks) _____ 56056-5 Birth weight _____ Birth Weight Units _____ Gram Kilogram Ounce Pound

Premature at birth [for children <2 years of age]? 76517-2 Y=yes N=no U=unknown

RESIDENCE LOCATION AT TIME OF INITIAL CULTURE 75617-1 Home Non-medical ward College dorm Homeless Incarcerated Long-term acute care Long-term Care Other (specify) _____ Unknown

Subject died? 77978-5 Y=yes N=no U=unk

Deceased Date PID-29 _____ month day year

TYPE OF INSURANCE 76437-3 Incarcerated Indian Health Service Managed Care Managed Care (unspecified) MEDICAID MEDICARE Military/VA Private Health Other (specify) _____ Uninsured Unknown

IMPORTATION AND EXPOSURE INFORMATION

CASE DISEASE IMPORTED CODE 77982-7

Indigenous	In state, out of jurisdiction	Unknown
International	Out of state	Yes, imported, but not able to determine source state/country

Imported Country INV153 _____ Imported State INV154 _____ Imported County INV156 _____ Imported City INV155 _____

Country of Exposure 77984-3 _____ State or Province of Exposure 77985-0 _____

County of Exposure 77987-6 _____ City of Exposure 77986-8 _____

Outbreak related? 77980-1 Y=yes N=no U=unknown Outbreak Name 77981-9 _____ Transmission Mode 77989-2 _____

LABORATORY INFORMATION

VPD Lab Message Reference Laboratory

LAB143

VPD Lab Message Patient Identifier

LAB598

VPD Lab Message Specimen Identifier

LAB125

Was Laboratory Testing Done to Confirm the Diagnosis? Y=Yes N=No U=Unknown

Was Case Lab Confirmed? Y=yes N=no U=unknown Was a Specimen Sent to CDC for Testing? Y=yes N=no U=unknown

Test Type	Test Result	Date Specimen Collected	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC	Specimen Type	Serotype	Serotype Method	Lab Accession Number	Performing Laboratory Name	Performing Laboratory Type
INV290	INV291	68963-8 <small>mm dd yyyy</small>	LAB628	LAB115	85069-3	LAB650	85930-6 <small>mm dd yyyy</small>	66746-9	INV706	LAB532	INV978	68994-3	82771-7

LABORATORY TESTING CODES

Lab Test Type 1=antigen 2=susceptibility 3=culture 4=genotyping 5=Gram stain 6=immunohistochemistry 7=latex agglutination 8=other (specify) 9=unknown 10=PCR 11=serotyping 12=species confirmation 13=genome sequencing	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=liver 14=lung 15=lymph node 16=middle ear 17=muscle/fascia/tendon 18=NP swab 19=oropharyngeal 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 31=sputum 32=stool 33=tracheal aspirate 34=urine 35=vascular tissue 36=vitreous 37=wound	Serotype Method 1=other 2=PCR 3=Quellung 4=whole genome sequencing 5=unknown Serotype 1=A 3=C 5=E 7=non-typeable 9=unknown 2=B 4=D 6=F 8=other _____ 10=not tested
	Performing Laboratory Type 1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health lab 6=VPD testing lab 8=other (specify) 9=unknown	Test Result Interpretation P=positive N=negative I=indeterminate E=pending S=significant rise in titer NS=no significant rise in titer Q=equivocal X=not done O=other (specify) U=unknown V=vaccine type strain W=wild type strain
	Lab Test Method A=Antigen Card B=BD Directigen BCT=Blood culture BC=BCID Blood culture panel MA=MALDI Biotyper ME=meningitis/encephalitis panel O=Other (specify) W=Wellcogen Rapid Antigen U=Unknown	

Was any susceptibility data available? Y=yes N=no U=unknown

Antimicrobial Susceptibility Test Type	Test Method	Susceptibility Interpretation	Test Manufacturer	Performing Laboratory Name	Performing Laboratory Type
LABAST6	LABAST7	LABAST8	LAB650	68994-3	LABAST15

SUSCEPTIBILITY TEST METHOD CODES

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

SUSCEPTIBILITY RESULT CODES

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

VACCINATION HISTORY INFORMATION

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

Number of vaccine doses against this disease received prior to illness onset 0-6 99=unknown (doses)

Date of last vaccine dose against this disease prior to illness onset? ____/____/____ (mm/dd/yyyy)

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

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	National Drug Code	Vaccine Expiration Date	Vaccine Event Information Source	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number
<input checked="" type="text" value="30956-7"/>	<input checked="" type="text" value="30952-6"/> <small>month day year</small>	<input checked="" type="text" value="30957-5"/>	<input checked="" type="text" value="30959-1"/>	<input checked="" type="text" value="VAC153"/>	<input checked="" type="text" value="VAC109"/> <small>month day year</small>	<input checked="" type="text" value="VAC147"/>	<input checked="" type="text" value="VAC102"/>	<input checked="" type="text" value="VAC105"/>	<input checked="" type="text" value="OBX-6 for VAC105"/>	<input checked="" type="text" value="30973-2"/>

VACCINE TYPE CODES	VACCINE MANUFACTURER CODES	VACCINE EVENT INFORMATION SOURCE CODES	†Age at vaccination
46=Hib(PRP-D) 146=DTaP,IPV,Hib,HepB 47=Hib(HbOC) 148=Mening. C/Y-HIB PRP 48=Hib(PRP-T) OTH=other (specify) 49=Hib(PRP-OMP) 999=unknown 120=DTaP-Hib-IPV PHC1560=type not specified	PMC=Sanofi Pasteur OTH=other (specify) WAL=Wyeth UNK=unknown SKB=GlaxoSmithKline MA=Massachusetts PH Biologic MSD=Merck and Co., Inc. NAV=North American Vaccine	1=Birth certificate 8=Other 2=IIS 9=Unknown 3=Medical record 10=Patient or parent's written record 4=New immunization record 11=Primary care provider 5=Other provider 12=Public agency 6=Other registry 13=School record 7=Patient or parent's recall 14=Source unspecified	†Age Units a=year d=day mo=month wk=week OTH=other UNK=unknown

Reason Not Vaccinated Per ACIP

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

Vaccine History Comments

CASE NOTIFICATION

CONDITION CODE **10590** **Immediate National Notifiable Condition** Y=yes N=no U=unknown **Legacy Case ID**

State Case ID **Local Record ID** **Jurisdiction Code** **Binational Reporting Criteria**

Date First Verbal Notification to CDC month day year **Date Notification First Electronically Submitted** month day year

Date of Electronic Case (this version) Notification to CDC month day year **MMWR Week** **MMWR Year**

Notification Result Status OBR-25 F = Final C = Record is a correction X = Results cannot be obtained

Person Reporting to CDC Name (first) _____ (last) **Person Reporting to CDC Email** @ _____ **Person Reporting to CDC Phone Number** (____) _____

Current Occupation **Current Occupation Standardized**

Current Industry **Current Industry Standardized**

Comments

CLINICAL CASE DEFINITION[§]

PROBABLE

- Meningitis WITH detection of *Haemophilus influenzae* type b antigen in cerebrospinal fluid [CSF]

CONFIRMED

- Isolation of *Haemophilus influenzae* from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid) **OR**
- Detection of *Haemophilus influenzae*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid), using a validated polymerase chain reaction (PCR) assay

[§]<https://www.cdc.gov/nndss/conditions/haemophilus-influenzae-invasive-disease/case-definition/2015/>