Haemophilus influenzae Surveillance Worksheet

Generic MMG | Hflu MMG (RIBD_V1.0_MMG_PTR_Hflu_20190730)

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE 48766-0 **NAME** _____
☐ physician ☐ PH clinic **ADDRESS** _____
☐ nurse ☐ laboratory **ZIP CODE** 52831-5 _____
☐ hospital ☐ other clinic **PHONE** (_ _ _) _ _ _ _ _ _ _
☐ other source type _____

SUBJECT ADDRESS CITY PID-11.3 _____
SUBJECT ADDRESS STATE PID-11.4 _____
SUBJECT ADDRESS COUNTY PID-11.9 _____
SUBJECT ADDRESS ZIP CODE PID-11.5 _ _ _ _ _
LOCAL SUBJECT ID PID-3 _____

CASE INFORMATION

Date of Birth PID-7 _ _ _ _ _ _ _ _ month day year
Sex PID-8 M=male F=female ☐
Ethnic Group PID-22 H=Hispanic or Latino O=Other _____ N=Not Hispanic/Latino U=Unknown ☐

Race ☐Ame PID-10 ian/Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/Pacific Islander ☐White ☐Not asked ☐ Refused to answer ☐Other 32624-9 ☐ 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 ☐Suspected ☐Probable ☐ Confirmed ☐Unknown ☐ Not a case **Case Investigation Start Date** 77979-3 _ _ _ _ _ _ _ _ month day year

Case Report Form Status INV656 ☐ chart unavailable after 3 requests ☐ complete ☐ edited and correct ☐ incomplete ☐ quality assurance review change

CASE NVESTIGATION STATUS CODE INV109 ☐approved ☐closed ☐deleted ☐in progress ☐notified ☐ rejected ☐ other_____ ☐ ready for review ☐ reviewed ☐suspended ☐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 ☐

Hospitalized? Y=yes N=no U=unknown 77974-4 ☐ **Hospital Admission Date** 8656-1 _ _ _ _ _ _ _ _ month day year **Hospital Discharge Date** 8649-6 _ _ _ _ _ _ _ _ month day year

Duration 78033-8 pital Stay 0 – 998 999=unknown _____ (days) **Epi-linked to a laboratory-confirmed case?** INV927 Y=yes N=no U=unknown ☐

Did patient have any underlying causes or prior illnesses? INV235 Y=yes N=no U=unknown ☐ **If "yes", select below:**

Underlying INV236 ons	Y	N	U		Y	N	U		Y	N	U		Y	N	U
AIDS				Congestive heart failure				Immunoglobulin deficiency				Parkinson's disease			
Alcohol abuse				Connective tissue disorder				Immunosuppressive therapy				Peptic ulcer			
Asthma				Coronary arteriosclerosis				Intravenous drug user				Peripheral neuropathy			
Blood Cancer				Corticosteroids				Kidney disease				Peripheral vascular disease			
Bone marrow transplant				CSF leak				Leukemia				Premature birth			
Broken skin				Current chronic dialysis				Missing spleen				Renal failure/dialysis			
Cancer				Current smoker				Multiple myeloma				Seizure disorder			
Cancer treatment				Deaf/profound hearing loss				Multiple sclerosis				Sickle cell trait			
Cerebrovascular accident				Dementia				Myocardial infarction				Solid organ malignancy			
Chronic hepatitis C				Diabetes mellitus				Nephrotic syndrome				Solid organ transplant			
Chronic respiratory disease				Emphysema/COPD				Neuromuscular disorder				Splenectomy/asplenia			
Cirrhosis/liver failure				Former smoker				None				Systemic lupus erythematosus			
Cochlear prosthesis				Hodgkin's disease				Obesity				Trouble swallowing			
Complement deficiency				HIV infection				Paralysis				Unknown			

[Y=yes; N=no; U=unknown] INV662

Other (specify) _____

TYPES OF INFECTION CAUSED BY ORGANISM INV298

☐ Abortion with sepsis	☐ Cellulitis	☐ Epiglottitis	☐ Osteomyelitis	☐ Pneumonia
☐ Abcess (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** OBX-6 for 3149-9 ☐ gram ☐ kilogram ☐ ounce ☐ pound

Height at Diagnosis ☐☐ 3137-7 **Height Units** OBX-6 for 3137-7 ☐ 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** ☐☐☐

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

Birth Weight Units OBX-6 for 56056-5 ☐ Gram ☐ Kilogram ☐ Ounce ☐ Pound

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	VPD Lab Message Patient Identifier	VPD Lab Message Specimen Identifier
LAB143	LAB598	LAB125

Was Laboratory Testing Done to Confirm the Diagnosis? LAB630 Y=Yes N=No U=Unknown ☐

Was Case Laboratory Confirmed? INV164 Y=yes N=no U=unknown ☐ **Was a Specimen Sent to CDC for Testing?** 82314-6 Y=yes N=no U=unknown ☐

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

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

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

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? LAB222 Y=yes N=no U=unknown ☐

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

SUSCEPTIBILITY TEST METHOD CODES

A=AGAR Agar dilution method
B=BROTH Broth dilution method
C=DISK DISK dilution (Kirby Bauer)
G=whole genome sequencing
S=STRIP Gradient strip (E-test)
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 82745-1 0–6 99=unknown ☐☐ (doses)

Date of last vaccine dose against this disease prior to illness onset? VAC142 __ __ ___ ___ ___ ___ (mm/dd/yyyy)

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

Vaccine Type 30956-7	Vaccination Date 30952-6 month day year	Vaccine Manuf 30957-5	Vaccine Lot Number 30959-1	National Drug Code VAC153	Vaccine Expiration Date VAC109 month day year	Vaccine Event Information Source VAC147	Vaccination Record Identifier VAC102	Age† VAC105	Age Units‡ OBX-6 for VAC105	Vaccine Dose Number 30973-2

VACCINE TYPE CODES

46=Hib(PRP-D)
47=Hib(HbOC)
48=Hib(PRP-T)
49=Hib(PRP-OMP)
120=DTaP-Hib-IPV
146=DTaP,IPV,Hib,HepB
148=Mening. C/Y-HIB PRP
OTH=other (specify)
999=unknown
PHC1560=type not specified

VACCINE MANUFACTURER CODES

PMC=Sanofi Pasteur
WAL=Wyeth
SKB=GlaxoSmithKline
MA=Massachusetts PH Biologic
MSD=Merck and Co., Inc.
NAV=North American Vaccine
OTH=other (specify)
UNK=unknown

VACCINE EVENT INFORMATION SOURCE CODES

1=Birth certificate
2=IIS
3=Medical record
4=New immunization record
5=Other provider
6=Other registry
7=Patient or parent's recall
8=Other
9=Unknown
10=Patient or parent's written record
11=Primary care provider
12=Public agency
13=School record
14=Source unspecified

†Age at vaccination

‡Age Units
a=year
d=day
mo=month
wk=week
OTH=other
UNK=unknown

Reason Not Vaccinated Per ACIP VAC149

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

CASE NOTIFICATION

CONDITION CODE OBR-31 **10590**

Immediate National Notifiable Condition 77965-2 Y=yes N=no U=unknown ☐

Legacy Case ID 77997-5 _____

State Case ID 77993-4 _____

Local Record ID OBR-3 _____

Jurisdiction Code 77969-4 ___

Binational Reporting Criteria 77988-4 __ __ __ __ __ __ __

Date First Verbal Notification to CDC 77994-2 __ __ __ __ ___ ___ month day year

Date Notification First Electonically Submitted OBR-7 __ __ __ __ ___ ___ month day year

Date of Electronic Case (this version) Notification to CDC OBR-22 __ __ __ __ ___ ___ month day year

MMWR Week 77991-8 ___

MMWR Year 77992-6 _____

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

Person Reporting to CDC Name 74549-7 _____ (first) _____ (last)

Person Reporting to CDC Email 74547-1 _____ @ _____

Person Reporting to CDC Phone Number 74548-9 (__ __ __) __ __ __ ___ ___ ___ __

Current Occupation 85658-3 _____

Current Occupation Standardized 85659-1 _____

Current Industry 85078-4 _____

Current Industry Standardized 85657-5 _____

Comments 77999-1

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://wwwn.cdc.gov/nndss/conditions/haemophilus-influenzae-invasive-disease/case-definition/2015/