

Streptococcus pneumoniae Surveillance Worksheet

Generic MMG

IPD MMG (RIBD V1.0 MMG PRT IPD220190530)

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 _____ <input type="checkbox"/> physician <input type="checkbox"/> PH clinic ADDRESS _____ <input type="checkbox"/> nurse <input type="checkbox"/> laboratory ZIP CODE 52831-5 _____ <input type="checkbox"/> hospital <input type="checkbox"/> other clinic PHONE (____) _____ <input type="checkbox"/> 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		Country of Birth _____ 78746-5		Other Birth Place _____ 21842-0	Country of Usual Residence _____ 77983-5
Ethnic Group PID-22 ispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>				Sex PID-8 M=male F=female <input type="checkbox"/>	
Race PID-10 can Indian/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					
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 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		Epi-linked to a confirmed or probable case? INV217 Y=yes N=no U=unknown <input type="checkbox"/>			
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INV143		Illness Onset Age Units* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OBX-6 for INV143		Date of Diagnosis _____ 77975-1 month day year	Pregnancy Status _____ Y=yes N=no U=unknown 77996-7
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/> 77974-4		Hospital Admission Date _____ 8656-1 month day year		Hospital Discharge Date _____ 8649-6 month day year	
Duration of Hospital Stay 0 – 998 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 78033-8 999=unknown (days)		During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)? 309904001 <input type="checkbox"/> Y=yes N=no U=unknown			
Does this patient attend a day care facility? INV615 <input type="checkbox"/> Y=yes N=no U=unknown Facility Name _____		Does this patient reside in a long-term care facility? INV636 <input type="checkbox"/> Y=yes N=no U=unknown Facility Name _____			
*UNITS OBX-6 a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown					
TYPES OF INFECTION CAUSED BY ORGANISM INV298	<input type="checkbox"/> Abortion with sepsis	<input type="checkbox"/> Empyema	<input type="checkbox"/> Necrotizing fasciitis	<input type="checkbox"/> Pneumonia	
	<input type="checkbox"/> Abscess	<input type="checkbox"/> Endocarditis	<input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> Puerperal septicemia	
	<input type="checkbox"/> Asymptomatic bacteremia	<input type="checkbox"/> Endometritis	<input type="checkbox"/> Otitis media	<input type="checkbox"/> Septic shock	
	<input type="checkbox"/> Bacteremia without focus	<input type="checkbox"/> Epiglottitis	<input type="checkbox"/> Pericarditis	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Bacterial septicemia	<input type="checkbox"/> Hemolytic Uremic Syndrome	<input type="checkbox"/> Peritonitis		
	<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Infective arthritis	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Chorioamnionitis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Staphylococcal toxic shock syndrome		
	Recurrent disease with the same pathogen? INV975 Y=yes N=no U=unknown <input type="checkbox"/>		State ID of 1st occurrence INV976 this pathogen _____		
Did patient have any underlying causes or prior illnesses? INV235 Y=yes N=no U=unknown <input type="checkbox"/>				If "yes" select below:	

Underlying Causes or Prior Illnesses

INV236

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

INV662

	Y	N	U		Y	N	U		Y	N	U
AIDS (CD4 <200)				Congestive heart failure				Intravenous drug user			
Alcohol abuse				Connective tissue disorder				Kidney disease			
Asthma				Coronary arteriosclerosis				Leukemia			
Blood cancer				Corticosteroids				Missing spleen			
Bone marrow transplant				Current chronic dialysis				Multiple myeloma			
Broken skin				Current smoker				Multiple sclerosis			
Cancer				Deaf/profound hearing loss				Myocardial infarction			
Cancer treatment				Dementia				Nephrotic syndrome			
CSF leak				Diabetes mellitus				Neuromuscular disorder			
Cerebrovascular accident				Emphysema/COPD				None			
Chronic hepatitis C				Former smoker				Obesity			
Chronic respiratory disease				HIV infection				Other (specify)			
Cirrhosis/liver failure				Hodgkin's disease (clinical)				Paralysis			
Cochlear prosthesis				Immunoglobulin deficiency				Parkinson's disease			
Complement deficiency				Immunosuppressive therapy				Peptic ulcer			

RESIDENCE LOCATION
AT TIME OF INITIAL
CULTURE

75617-1

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

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

Deceased Date PID-29 (mm/dd/yyyy)

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)

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 OBX-6 for 56056-5 Gram ☐Premature at birth [for children <2 years of age]? 76517-2 Y=yes N=no U=unknown ☐Kilogram ☐ Ounce ☐ Pound ☐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

LAB598

VPD Lab Message Specimen Identifier

LAB125

Bacterial species isolated LAB278

Was laboratory testing done to confirm 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	Test Result Quantitative LAB628	Result Units LAB115	Test Method 85069-3	Test Manufacturer LAB650	Date Specimen Sent to CDC 85930-6	Specimen Type 66746-9	Serotype INV706	Serotype Method LAB532	Lab Accession No. INV978	Performing Laboratory Name 68994-3	Performing Lab Type 82771-7
		month day year					month day year						

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

SEROTYPE METHOD

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

SEROTYPE

1=1 6=6A 11=9V 16=15B 21=20 26=other
2=2 7=6B 12=10A 17=17F 22=22F 27=unknown
3=3 8=7F 13=11A 18=18C 23=23F 28=not tested
4=4 9=8 14=12F 19=19A 24=33F
5=5 10=9N 15=14 20=19F 25=non-typeable

PERFORMING LABORATORY TYPE

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

LAB TEST METHOD

A=Antigen Card B=BD Directigen BC=BCID blood culture panel
BCT=Blood culture MA=MALDI Biotyper O=Other (specify)
ME=meningitis/encephalitis panel W=Wellcogen Rapid Antigen
U=Unknown

LABORATORY SUSCEPTIBILITY TESTING

Any susceptibility data available? LAB222 Y=yes N=no U=unknown ☐ Oxacillin Zone Size INV299 ☐ Oxacillin Interpretation INV300 ☐

SUSCEPTIBILITY TEST METHOD CODES

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

SUSCEPTIBILITY RESULT CODES

S=SUSCEPTIBLE U=UNKNOWN
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

MIC = minimum inhibitory concentration

Antimicrobial Susceptibility Test Type	Test Method	Susceptibility Interpretation	MIC Sign	Test Result Quantitative	Performing Laboratory Type
LABAST6	LABAST7	LABAST8	LAB113	LABAST9	LABAST15

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 ☐ (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	Vaccination Date	Vaccine Manuf	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number
30956-7	30952-6 month day year	30957-5	30959-1	VAC153	VAC109 month day year	VAC102	VAC105	OBX-6 for VAC105	30973-2

Vaccine Type Codes

133=Pneumococcal Conjugate PCV 13 (Prevna 13, PCV 13) 109=Pneumococcal unspecified formulation
100=Pneumococcal Conjugate PCV 7 (Prevna 7, PCV 7) OTH=Other (specify)
152=Pneumococcal Conjugate unspecified formulation 999=Unknown
033=Pneumococcal Polysaccharide PPV 23 (Pneumovax 23) PHC1650=vaccine type not specified

Vaccine Manufacturer Codes

MSD = Merck
PFR = Pfizer

†Age at vaccination

‡Age Units

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

Reason Not Vaccinated Per ACIP VAC149

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 VAC133

IMPORTATION AND EXPOSURE INFORMATION				
Imported Code 77982-7	Indigenous International	In state, out of jurisdiction Out of state	Imported, unable to determine source Unknown	Transmission Mode 77989-2
Imported Country INV153	Imported State INV154	Imported County INV156	Imported City INV155	
Country of Exposure 77984-3	State/Province of Exposure 77985-0	County of Exposure 77987-6	City of Exposure 77986-8	
OUTBREAK ASSOCIATED 77980-1 Y=yes N=no U=unknown <input type="checkbox"/>			OUTBREAK NAME 77981-9	
CASE NOTIFICATION				
CONDITION CODE OBR-31	11723	Immediate National Notifiable Condition Y=yes N=no U=unknown <input type="checkbox"/>		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		Date Report First Electronically Submitted OBR-7		
Date of Electronic Case Notification to CDC OBR-22		MMWR Week 77991-8	MMWR Year 77992-6	
Notification Result Status OBR-25 <input type="checkbox"/> Final results <input type="checkbox"/> Record coming as correction <input type="checkbox"/> Results cannot be obtained				
Person Reporting to CDC Name 74549-7		Person Reporting to CDC Email 74547-1 @		
		Person Reporting to CDC Phone No. 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
A case that meets the supportive [¶] laboratory evidence.
CONFIRMED
A case that meets the confirmatory [#] laboratory evidence.
[¶] Identification of <i>S. pneumoniae</i> from a normally sterile body site by a CIDT (culture independent diagnostic test) without isolation of the bacteria. [#] Isolation of <i>S. pneumoniae</i> from a normally sterile body site.

[§]<https://www.cdc.gov/nndss/conditions/invasive-pneumococcal-disease/>