Haemophilus influenzae Disease Surveillance Worksheet (Abbreviated Worksheet Option)

Local Use Only

Name (Last, First)		Hospital Record No.		
Address (Street and Number)	City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab		Address		Phone

DETACH HERE and transmit only lower portion if sent to CDC

State (residence of patient)

County (residence of patient)

Hospitalized (if *Yes*, date of admission)
Y=Yes
N=No
U=Unknown
Month Day Year

State ID

CDC ID

Date of birth
Month Day Year

Age
999=Unknown

Is *Age* in days/wks/mos/yrs?
3=Days 0=Years
2=Weeks 9=Unknown
1=Months

If <6 years of age, is patient in daycare?
1=Yes
2=No
9=Unknown
Daycare is defined as a supervised group of 2 or more unrelated children for >4 hours/week

Race
A=Asian/Pacific Islander O=Other
B=African American W=White
N=Native American/Alaskan Native U=Unknown

Sex
M=Male
F=Female
U=Unknown

Ethnic Origin
H=Hispanic
N=Non-Hispanic
U=Unknown

Outcome
1=Survived
2=Died
9=Unknown

Type of infection caused by organism (check all that apply)

1 ☐ Primary Bacteremia
2 ☐ Meningitis
3 ☐ Otitis Media
4 ☐ Pneumonia
5 ☐ Cellulitis
6 ☐ Epiglottitis
7 ☐ Peritonitis
8 ☐ Pericarditis
9 ☐ Septic Abortion
10 ☐ Aminonitis
11 ☐ Septic Arthritis
12 ☐ Conjunctivitis
13 ☐ Other

Bacterial species isolated from any normally sterile site

1=*Neisseria meningitidis*
2=*Haemophillus influenzae*
3=Group B *Streptococcus*
4=*Listeria monocytogenes*
5=*Streptococcus pneumoniae* (pneumococcus)
6=Other bacterial species

Specimen from which organism isolated (check all that apply)

1 ☐ Blood
2 ☐ CSF
3 ☐ Pleural fluid
4 ☐ Peritoneal fluid
5 ☐ Pericardial fluid
6 ☐ Joint
7 ☐ Placenta
8 ☐ Other normally sterile site

Date first positive culture obtained (date specimen drawn)
Month Day Year

IMPORTANT—PLEASE COMPLETE

Did patient receive *Haemophilus influenzae* b vaccine?
1=Yes
2=No
9=Unknown

If *Yes*, please complete the list below

Dose	Dose Given (Month Day Year)	Vaccine Name / Manufacturer	Lot Number
1		/	
2		/	
3		/	
4		/	

What was the serotype?
1=Type b
2=Not typable
8=Other
9=Unknown

If *H. influenzae* was isolated from blood or CSF, was it resistant to

Ampicillin?
1=Yes
2=No
9=Not tested or unknown

Chloramphenicol?
1=Yes
2=No
9=Not tested or unknown

Rifampin?
1=Yes
2=No
9=Not tested or unknown

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