Haemophilus influenzae Disease Surveillance Worksheet
(Abbreviated Worksheet Option)

Appendix 4-2

Local Use Only

Name (Last, First)		Hospital Record No.	
Address (Street and Number)	City PID-11.3	County PID-11.9	Zip PID11.5 Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab 48766-0			

DETACH HERE and transmit only lower portion if sent to CDC

State (residence of patient) PID11-4

County (residence of patient) PID-11.9

Hospitalized 77974-4 (if yes, date of admission) 8656-1
Y= Yes
N=No
U=Unknown
Month Day Year

State ID 77993-4

CDC ID 77997-5

Date of birth PID-7
Month Day Year

Age 77998-3
999=Unknown

Is Age in days/wks/months/yrs?
OBX-6 for 77998-3
3=Days 0=Years
2=Weeks 9=Unknown
1=Months

If <6 yrs of age, ent in daycare? INV615
1=Yes
2=No
9=Unknown
Daycare is defined as a supervised group of 2 or more unrelated children for >4 hours/week

Race PID-10
A=Asian/Pacific Islander
B=African American
N=Native American/Alaskan Native
O=Other
W=White
U=Unknown

Sex PID-8
M=Male
F=Female
U=Unknown

Ethnic Origin PID-22
H=Hispanic
N=Non-Hispanic
U=Unknown

Outcome 77978-5
1=Survived
2=Died
9=Unknown

Type of infection caused by organism (check all that apply) INV298

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

Bacterial species isolated LAB278 ny normally sterile site
1=*Neisseria meningitidis*
2=*Haemophilus influenzae*
3=Group B streptococcus
4=*Listeria monocytogenes*
5=*Streptococcus pneumoniae* (pneumococcal)
6=Other bacterial species

Specimen from which organism isolated (check all that apply) 66746-9

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

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

IMPORTANT – PLEASE COMPLETE

Did patient receive *Haemophilus influenzae* b vaccine? VAC126
1=Yes
2=No
9=Unknown
If Yes, complete the list below

Dose 30973-2	Dose Given (Month Day Year) 30952-6	Vaccine Name/Manufacturer 30957-5	Lot Number 30959-1
1		/	
2		/	
3		/	
4		/	

What was the serotype? INV706
1=Type b
2=Not typeable
3=Other
9=Unknown

If *H. influenzae* was isolated from blood or CSF, was it resistant to LABAST6

Ampicillin? 733
1=Yes
2=No
LABAST8 9=Not tested or unknown

Chloramphenicol? 2348
1=Yes
2=No
9=Not tested or unknown

Rifampin? 9384
1=Yes
2=No
LABAST8 9=Not tested or unknown