



# Haemophilus Influenzae

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

Reported to DOH Date \_\_\_/\_\_\_/\_\_\_

LHJ Classification  Confirmed  
 Probable

By:  Lab  Clinical  
 Epi Link: \_\_\_\_\_

Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_/\_\_\_/\_\_\_ Investigation start date \_\_\_/\_\_\_/\_\_\_

Reporter (check all that apply)  Lab  Hospital  HCP  
 Public health agency  Other

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

OK to talk to case?  Yes  No  DK Date of interview \_\_\_/\_\_\_/\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_  Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact  Parent/guardian  Spouse  Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Gender  F  M  Other  Unk

Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino  Unk

Race (check all that apply)

Amer Ind/AK Native  Asian  
 Native HI/other PI  Black/Afr Amer  
 White  Other  Unk

## CLINICAL INFORMATION

Onset date: \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date: \_\_\_/\_\_\_/\_\_\_ Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

Fever Highest measured temp: \_\_\_\_\_ °F  
Type:  Oral  Rectal  Other: \_\_\_\_\_  Unk  
    Conjunctivitis  
    Eyes sensitive to light (photophobia)  
    Other symptoms consistent with illness: \_\_\_\_\_

### Vaccination

Y N DK NA

Ever received Hib containing vaccine  
Number of doses Hib vaccine prior to illness: \_\_\_\_\_

Dose 1 Type: \_\_\_\_\_ Date received: \_\_\_/\_\_\_/\_\_\_  
Dose 2 Type: \_\_\_\_\_ Date received: \_\_\_/\_\_\_/\_\_\_  
Dose 3 Type: \_\_\_\_\_ Date received: \_\_\_/\_\_\_/\_\_\_  
Dose 4 Type: \_\_\_\_\_ Date received: \_\_\_/\_\_\_/\_\_\_

### Clinical Finding

Y N DK NA

**Bacteremia**  
    **Meningitis**  
    **Pneumonia**  
X-ray result:  P  N  I  O  NT  
    **Epiglottitis**  
    **Otitis media (otitis media alone does not meet the case definition for H. influenzae)**  
    Cellulitis  
    Pericarditis or pericardial effusion  
    Osteomyelitis  
    Septic arthritis  
    Coma  
    Admitted to intensive care unit  
    Mechanical ventilation or intubation required during hospitalization

P = Positive  
N = Negative  
I = Indeterminate  
O = Other  
NT = Not Tested

Y N DK NA

**Vaccine up to date for Hib**

Vaccine series not up to date reason:

Religious exemption  
 Medical contraindication  
 Philosophical exemption  
 Previous infection confirmed by laboratory  
 Previous infection confirmed by physician  
 Parental refusal  
 Other: \_\_\_\_\_  
 Unk

### Laboratory

Collection date \_\_\_/\_\_\_/\_\_\_

Source \_\_\_\_\_

P N I O NT

**H. influenzae type b antigen (CSF) [Probable]**

**H. influenzae culture from a normally sterile site**

Site: \_\_\_\_\_

Serotype: \_\_\_\_\_

**Beta lactamase resistance testing of isolate**

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

### Hospitalization

Y N DK NA

**Hospitalized at least overnight for this illness**

Hospital name \_\_\_\_\_

Admit date \_\_\_/\_\_\_/\_\_\_ Discharge date \_\_\_/\_\_\_/\_\_\_

Y N DK NA

**Died from illness** Death date \_\_\_/\_\_\_/\_\_\_

Autopsy Place of death \_\_\_\_\_

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Calendar dates:

o  
n  
s  
e  
t

**Contagious period\***

As long as organisms are present (may be prolonged)

\* If treated, 24-48 hours after onset of effective antibiotic therapy

**EXPOSURE (Refer to dates above)**

Y N DK NA

Travel out of the state, out of the country, or outside of usual routine  
 Out of:  County  State  Country  
 Destinations/Dates: \_\_\_\_\_

Y N DK NA

Contact with lab confirmed case  
 Household  Casual  Sexual  
 Needle use  Other: \_\_\_\_\_

Y N DK NA

Does the case know anyone else with similar symptoms or illness

Where did exposure probably occur?  In WA (County: \_\_\_\_\_)  US but not WA  Not in US  Unk

Exposure details: \_\_\_\_\_

- No risk factors or exposures could be identified
- Patient could not be interviewed

**PATIENT PROPHYLAXIS / TREATMENT**

Y N DK NA

Treated for nasopharyngeal carriage

**PUBLIC HEALTH ISSUES**

Y N DK NA

Attends child care or preschool  
    Do any household members or close contacts work at or attend childcare or preschool

**PUBLIC HEALTH ACTIONS**

Prophylaxis of appropriate contacts recommended  
 # recommended prophylaxis: \_\_\_\_\_  
 # receiving prophylaxis: \_\_\_\_\_  
 # completing prophylaxis: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_/\_\_\_/\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_/\_\_\_/\_\_\_