Haemophilus Influenzae required variables are in **bold**. Answers are: Yes, No, Unknown to case

DOH 210-027 (Rev. 9/18/18)
Case Name ___________________________________                                  LHJ Case ID ___________________________________

Haemophilus Influenzae required variables are in **bold**. Answers are: Yes, No, Unknown to case

**Vaccination**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
<th>Ever received Haemophilus influenzae containing vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of Haemophilus influenzae doses prior to illness</td>
</tr>
</tbody>
</table>

Vaccine information available [ ] Yes  [ ] No

Date of vaccine administration __/__/__  Vaccine administered (Type) ________________________________

Vaccine lot number ________________________________  Administering provider ________________________________

Information source  
- [ ] Washington Immunization Information System (WIIS)  
- [ ] Medical record  
- [ ] Patient vaccination card  
- [ ] Verbal only/no documentation  
- [ ] Other state IIS

Date of vaccine administration __/__/__  Vaccine administered (Type) ________________________________

Vaccine lot number ________________________________  Administering provider ________________________________

Information source  
- [ ] Washington Immunization Information System (WIIS)  
- [ ] Medical record  
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Date of vaccine administration __/__/__  Vaccine administered (Type) ________________________________

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Information source  
- [ ] Washington Immunization Information System (WIIS)  
- [ ] Medical record  
- [ ] Patient vaccination card  
- [ ] Verbal only/no documentation  
- [ ] Other state IIS

**Haemophilus influenzae vaccination up to date for age per ACIP**

Vaccine series not up to date reason

- [ ] Religious exemption
- [ ] Medical contraindication
- [ ] Philosophical exemption
- [ ] Laboratory confirmation of previous disease
- [ ] MD diagnosis of previous disease
- [ ] Underage for vaccine
- [ ] Parental refusal
- [ ] Other
- [ ] Unknown

**Hospitalization**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
<th>Hospitalized at least overnight for this illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Facility name ________________________________</td>
</tr>
</tbody>
</table>

Hospital admission date __/__/__  Discharge __/__/__  HRN _____________________

Disposition

- [ ] Died in hospital
- [ ] Non-healthcare (home)  
- [ ] Another acute care hospital
- [ ] Long term acute care facility  
- [ ] Long term care facility  
- [ ] Short term care facility
- [ ] Other

Admitted to ICU  Date admitted to ICU __/__/__  Date discharged from ICU __/__/__

Mechanical ventilation or intubation required

Still hospitalized  As of __/__/__

**Died of this illness**  Death date __/__/__  Please fill in the death date information on the Person Screen

**Autopsy performed**

Death certificate lists disease as a cause of death or a significant contributing condition

Location of death

- [ ] Outside of hospital (e.g., home or in transit to the hospital)
- [ ] Emergency department (ED)
- [ ] Inpatient ward
- [ ] ICU
- [ ] Other

**RISK AND RESPONSE (Ask about exposures 1-7 days before symptom onset)**

**Travel**

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
</tr>
</thead>
</table>
| Travel out of:  
- [ ] County/City  
- [ ] State  
- [ ] Country  
- [ ] Other |
| Destination name |

Start and end dates  __/__/__ to __/__/__  __/__/__ to __/__/__  __/__/__ to __/__/__

**Risk and Exposure Information**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
<th>Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Country ________________________________</td>
</tr>
</tbody>
</table>

Contact with recent foreign arrival  Country ________________________________  Date(s) of contact __/__/__

Congregate living

- [ ] Barracks
- [ ] Corrections
- [ ] Long term care
- [ ] Dormitory
- [ ] Boarding school
- [ ] Camp
- [ ] Shelter
- [ ] Other

Haemophilus Influenzae required variables are in **bold**. Answers are: Yes, No, Unknown to case
**Exposure and Transmission Summary**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiologically linked to a lab positive case classified as confirmed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likely geographic region of exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International travel related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected exposure type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected exposure setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected transmission type (check all that apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected transmission setting (check all that apply)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exposure summary**

**Public Health Issues**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate immune status of close contacts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Public Health Interventions/Actions**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis of appropriate contacts recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter sent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRANSMISSION TRACKING**

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
<th>Setting 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting Type (as checked above)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Arrival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Departure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Haemophilus Influenzae required variables are in **bold**. Answers are: Yes, No, Unknown to case
### Case Name ___________________________________  
### LHJ Case ID ___________________________________  

<table>
<thead>
<tr>
<th>Details (hotel room #, HC type, transit info, etc.)</th>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
<th>Setting 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact information available for setting (who will manage exposures or disease control for setting)</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
</tr>
<tr>
<td>Is a list of contacts known?</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
</tr>
</tbody>
</table>

*If list of contacts is known, please fill out Contact Tracing Form Question Package*

### TREATMENT

<table>
<thead>
<tr>
<th></th>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
<th>Setting 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did patient receive prophylaxis/treatment</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

**Specify antibiotic**

Number of days actually taken _______  
Treatment start date ___/___/___  
Treatment end date ___/___/___

### NOTES

<table>
<thead>
<tr>
<th>Details (hotel room #, HC type, transit info, etc.)</th>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
<th>Setting 4</th>
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<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
</tr>
<tr>
<td>Is a list of contacts known?</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
<td>☐ Y ☐ N ☐ Unk</td>
</tr>
</tbody>
</table>

### LAB RESULTS

**Lab report information**

**Lab report reviewed – LHJ ☐**

WDRS user-entered lab report note

Submitter ____________________________  
Performing lab for entire report ____________________________  
Referring lab ____________________________

**Specimen**

<table>
<thead>
<tr>
<th>Specimen identifier/accession number</th>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
<th>Setting 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen collection date <em><strong>/</strong></em>/___</td>
<td>Specimen received date <em><strong>/</strong></em>/___</td>
<td>Specimen received date <em><strong>/</strong></em>/___</td>
<td>Specimen received date <em><strong>/</strong></em>/___</td>
<td>Specimen received date <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

**WDRS specimen type**

WDRS specimen source site ____________________________  
WDRS specimen reject reason ____________________________

Test performed and result

**WDRS test performed**

**WDRS test result, coded**

WDRS test result, comparator ____________________________

**WDRS result, numeric only** (enter only if given, including as necessary Comparator and Unit of measure) _______

WDRS unit of measure ____________________________  
Test method ____________________________

WDRS interpretation code ____________________________  
Test result – Other, specify ____________________________

**WDRS result summary**

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Indeterminate</th>
<th>Equivocal</th>
<th>Test not performed</th>
<th>Pending</th>
</tr>
</thead>
</table>

Test result status ☐ Final results; Can only be changed with a corrected result  
☐ Preliminary results  
☐ Record coming over is a correction and thus replaces a final result  
☐ Results cannot be obtained for this observation  
☐ Specimen in lab; results pending

Result date ___/___/___

### Upload document

**Ordering Provider**

WDRS ordering provider ____________________________

**Ordering facility**

WDRS ordering facility name ____________________________

Haemophilus Influenzae required variables are in **bold**. Answers are: Yes, No, Unknown to case