Streptococcus pneumoniae Surveillance Worksheet

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE
☐ physician ☐ PH clinic
☐ nurse ☐ laboratory
☐ hospital ☐ other clinic
☐ other source type _____

NAME _____
ADDRESS _____
ZIP CODE _____
PHONE (__ __ __) __ __ __ __ __ __ __

SUBJECT ADDRESS CITY _____
SUBJECT ADDRESS STATE _____
SUBJECT ADDRESS COUNTY _____
SUBJECT ADDRESS ZIP CODE ___ ___ ___ ___ ___
LOCAL SUBJECT ID _____

CASE INFORMATION

Date of Birth __ __ __ __ __ __ __ __ (month day year) **Country of Birth** _____ **Other Birth Place** _____ **Country of Usual Residence** _____

Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown **Sex** M=male F=female ☐

Race ☐American Indian/Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/Pacific Islander ☐White ☐Not asked ☐ Refused to answer ☐Other_____ ☐ Unknown

Age at Case Investigation _____ **Age Unit*** _____ **Reporting County** _____ **Reporting State** _____

Date Reported __ __ __ __ __ __ __ __ (month day year) **Date First Reported to PHD** __ __ __ __ __ __ __ __ (month day year) **National Reporting Jurisdiction** _____

Earliest Date Reported to County __ __ __ __ __ __ __ __ (mm/dd/yyyy) **Earliest Date Reported to State** __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Case Class Status ☐ Suspected ☐ Probable ☐ Confirmed ☐ Unknown ☐ Not a case **Case Investigation Start Date** __ __ __ __ __ __ __ __ (month day year)

CASE INVESTIGATION STATUS CODE ☐approved ☐closed ☐deleted ☐in progress ☐notified ☐ rejected ☐ other_____ ☐ ready for review ☐ reviewed ☐suspended ☐unknown

ABCs State ID _____ **Epi-linked to confirmed or probable case?** Y=yes N=no U=unknown ☐

CLINICAL INFORMATION

Illness Onset Date __ __ __ __ __ __ __ __ (month day year) **Illness End Date** __ __ __ __ __ __ __ __ (month day year) **Illness Duration** ____ **Duration Units*** _____

Illness Onset Age ☐☐☐ **Illness Onset Age Units*** ☐☐☐ **Date of Diagnosis** __ __ __ __ __ __ __ __ (month day year) **Pregnancy Status** ☐ Y=yes N=no U=unknown

Hospitalized? Y=yes N=no U=unknown ☐ **Hospital Admission Date** __ __ __ __ __ __ __ __ (month day year) **Hospital Discharge Date** __ __ __ __ __ __ __ __ (month day year)

Duration of Hospital Stay 0 – 998 ☐☐☐ 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)? ☐ Y=yes N=no U=unknown

Does this patient attend a day care facility? ☐ Y=yes N=no U=unknown **Facility Name** _____

Does this patient reside in a long-term care facility? ☐ Y=yes N=no U=unknown **Facility Name** _____

***UNITS** a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown

TYPES OF INFECTION CAUSED BY ORGANISM

☐	Abortion with sepsis	☐	Empyema	☐	Necrotizing fasciitis	☐	Pneumonia
☐	Abcess	☐	Endocarditis	☐	Osteomyelitis	☐	Puerperal septicemia
☐	Asymptomatic bacteremia	☐	Endometritis	☐	Otitis media	☐	Septic shock
☐	Bacteremia without focus	☐	Epiglottitis	☐	Pericarditis	☐	Unknown
☐	Bacterial septicemia	☐	Hemolytic Uremic Syndrome	☐	Peritonitis		
☐	Cellulitis	☐	Infective arthritis	☐	Other (specify) _____		
☐	Chorioamnionitis	☐	Meningitis	☐	Staphylococcal Toxic Shock synfrome		

Recurrent disease with the same pathogen? Y=yes N=no U=unknown ☐ **State ID of 1st occurrence for this pathogen** _____

Did patient have any underlying causes or prior illnesses? Y=yes N=no U=unknown ☐ **If "yes" select below:**

Underlying Causes or Prior Illnesses [Y=yes; N=no; U=unknown]

	Y	N	U		Y	N	U		Y	N	U		Y	N	U
AIDS (CD4 <200)				Congestive heart failure				Intravenous drug user				Peripheral neuropathy			
Alcohol abuse				Connective tissue disorder				Kidney disease				Peripheral vascular disease			
Asthma				Coronary arteriosclerosis				Leukemia				Premature birth			
Blood cancer				Corticosteroids				Missing spleen				Renal failure/dialysis			
Bone marrow transplant				Current chronic dialysis				Multiple myeloma				Seizure disorder			
Broken skin				Current smoker				Multiple sclerosis				Sickle cell trait			
Cancer				Deaf/profound hearing loss				Myocardial infarction				Solid organ malignancy			
Cancer treatment				Dementia				Nephrotic syndrome				Solid organ transplant			
CSF leak				Diabetes mellitus				Neuromuscular disorder				Splenectomy/asplenia			
Cerebrovascular accident				Emphysema/COPD				None				Systemic lupus erythematosus			
Chronic hepatitis C				Former smoker				Obesity				Touble swallowing			
Chronic respiratory disease				HIV infection				Other (specify)				Unknown			
Cirrhosis/liver failure				Hodgkin's disease (clinical)				Paralysis							
Cochlear prosthesis				Immunoglobulin deficiency				Parkinson's disease							
Complement deficiency				Immunosuppresive therapy				Peptic ulcer							

RESIDENCE LOCATION AT TIME OF INITIAL CULTURE

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

Subject died? Y=yes N=no U=unknown ☐

Date of Death _ _ _ _ _ _ _ _ _ _ (mm/dd/yyyy)

Pregnancy status at time of first positive culture ☐ Not pregnant nor postpartum ☐ Currently Pregnant ☐ Postpartum ☐ Unknown

If pregnant or postpartum, what was the outcome of the fetus? (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: **Gestational age** (weeks) ☐☐ **Birth weight** ☐☐☐

Premature at birth [for children <2 years of age]? Y=yes N=no U=unknown ☐

Birth Weight Units Gram ☐ 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 _____

VPD Lab Message Patient Identifier _____

VPD Lab Message Specimen Identifier _____

Bacterial species isolated: _____

Was laboratory testing done to confirm diagnosis? Y=Yes N=No U=Unknown ☐

Was case laboratory Confirmed? Y=yes N=no U=unknown ☐

Was a specimen sent to CDC for testing? Y=yes N=no U=unknown ☐

Test Type	Test Result	Date Specimen Collected (mm dd yyyy)	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC (mm dd yyyy)	Specimen Type	Serotype	Serotype Method	Lab Accession No.	Performing Laboratory Name	Performing Lab Type

LAB TEST TYPE
1=antigen
2=susceptibility
3=culture
4=genotyping
5=Gram stain
6=immunohistochemistry
7=latex agglutination
8=other (specify)
9=unknown
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	

PEFORMING 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? Y=yes N=no U=unknown ☐ | **Oxacillin Zone Size** ☐☐ | **Oxacillin Interpretation** ____________

SUSCEPTIBILITY METHOD CODES	**SUSCEPTIBILITY RESULT CODES**	**SIGN CODES**	**MIC VALUES**
A=AGAR Agar dilution method B=BROTH Broth dilution method C=DISK DISK dilution (Kirby Bauer) S=STRIP Gradient strip (E-test) I=Automated testing instrument G=whole genome sequencing	**S**=SUSCEPTIBLE **U**=UNKNOWN **I**=INTERMEDIATE **N**=NOT DONE **R**=RESISTANT	Indicate whethe the MIC is <, >, ≤, ≥, = the numerical MIC value	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

VACCINATION HISTORY INFORMATION

Vaccinated (has the case-patient ever received a vaccine against this disease)? Y=yes N=no U=unknown ☐

Number of doses against this disease received prior to illness onset? 0–6 99=unknown ☐☐ (doses)

Date of last vaccine dose against this disease prior to illness onset? __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Was the case-patient vaccinated as recommended by the ACIP? Y=yes N=no U=unknown ☐

Vaccine Type	Vaccination Date (month day year)	Vaccine Manuf	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date (month day year)	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number
______	__ __ __ __ __ __ __ __	_____	_________	_________	__ __ __ __ __ __ __ __	___________	_____	_____	_____
______	__ __ __ __ __ __ __ __	_____	_________	_________	__ __ __ __ __ __ __ __	___________	_____	_____	_____
______	__ __ __ __ __ __ __ __	_____	_________	_________	__ __ __ __ __ __ __ __	___________	_____	_____	_____
______	__ __ __ __ __ __ __ __	_____	_________	_________	__ __ __ __ __ __ __ __	___________	_____	_____	_____
______	__ __ __ __ __ __ __ __	_____	_________	_________	__ __ __ __ __ __ __ __	___________	_____	_____	_____
______	__ __ __ __ __ __ __ __	_____	_________	_________	__ __ __ __ __ __ __ __	___________	_____	_____	_____

Vaccine Type Codes

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

Vaccine Manufacturer

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

1= religious exemption
2= medical contraindication
3= philosophical objection
4= lab evidence of previous disease
5= MD diagnosis of previous disease
6= too young
7= parent/patient refusal
8= other _______________
9= unknown
10= parent/patient forgot to vaccinate
11= vaccine record incomplete/unavailable
12= parent/patient report of previous disease
13= parent/patient unaware of recommendation
14= missed opportunity
15= foreign visitor
16= immigrant

☐☐

Vaccine History Comments

IMPORTATION AND EXPOSURE INFORMATION

Imported Code							Transmission Mode _____
	Indigenous		In state, out of jurisdiction		Imported, unable to detemine source		
	International		Out of state		Unknown		

Imported Country _____ **Imported State** ___ **Imported County** _____ **Imported City** _____

Country of Exposure _____ **State/Province of Exposure** _____ **County of Exposure** _____ **City of Exposure** _____

OUTBREAK ASSOCIATED Y=yes N=no U=unknown ☐ **OUTBREAK NAME** _____

CASE NOTIFICATION

CONDITION CODE 11723 **Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐ **Legacy Case ID** _____

State Case ID _____ **Local Record ID** _____ **Jurisdiction Code** ___ **Binational Reporting Criteria** __ __ __ __ __ __ __

Date First Verbal Notification to CDC __ __ __ __ __ __ __ __ (month day year) **Date First Electonically Submitted** __ __ __ __ __ __ __ __ (month day year)

Date of Electronic Case Notification to CDC __ __ __ __ __ __ __ __ (month day year) **MMWR Week** ____ **MMWR Year** _____

Notification Result Status ☐ Final results ☐ Record coming as correction ☐ Results cannot be obtained

Person Reporting to CDC Name _____ (first) _____ (last) **Person Reporting to CDC Email** _____ @ _____ **Person Reporting to CDC Phone Number** (__ __ __) __ __ __ __ __ __ __

Current Occupation _____ **Current Occupation Standardized** _____

Current Industry _____ **Current Industry Standardized** _____

Comments

CLINICAL CASE DEFINITION[§]

Probable
A case that meets the supportive[¶] laboratory evidence.
Confirmed
A case that meets the confirmatory[#] laboratory evidence.

¶ Identification of *S. pneumoniae* from a normally sterile body site by a CIDT (culture independent diagnostic test) without isolation of the bacteria.

Isolation of *S. pneumoniae* from a normally sterile body site.

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