Haemophilus influenzae Invasive Disease Case Questionnaire

Patient name (Last, First):	**Address:**
Patient Date of Birth:	**Phone:**
Current Sex: M ☐ F ☐	
Race: ☐ Alaska Native or American Indian ☐ White ☐ Asian ☐ Black/African-American ☐ Native Hawaiian/Pacific Islander ☐ Other ☐ Unknown	**Ethnicity:** ☐ NOT HISPANIC ☐ HISPANIC ☐ UNKNOWN

Reporting Hospital:	**Physician:**
Isolate sent to CDC-AIP for Serotyping: Y ☐ N ☐ Unknown ☐	**If Yes, Date:** _____

Hib Vaccination History			
Dose	**Date Given**	**Vaccine Name**	**Lot Number**
1			
2			
3			
4			

Epidemiologic Information

Has the patient had contact with a known case of Hib disease in the two months prior to symptom onset? Y ☐ N ☐ Unknown ☐
If yes, specify type of contact and name of contact (if available): _____

Does the patient attend day care*? Y ☐ N ☐ Unknown ☐
If yes, specify name of facility, location, and phone number (if available): _____
*Defined as a supervised group of 2 or more unrelated children for at least 4 hours per week

Does the patient reside in a congregate or long-term care facility? Y ☐ N ☐ Unknown ☐
If yes, specify name of facility, location, and phone number (if available): _____

Has the patient had recent travel history? Y ☐ N ☐ Unknown ☐
If yes, specify location and date(s): _____

Has the patient had recent contact with any visitors from another village/city/state? Y ☐ N ☐ Unknown ☐
If yes, specify location and date(s): _____

Household and close contacts[1] (provide information on any additional contacts on a separate sheet)

Name	DOB	Relationship to case	Household Member? *(Y, N)*	Hib Vaccination History *(dates)*	Prophylaxis Recommended? *(Y, N)*	Prophylaxis Provided? *(Y, N, U and date if Y)*

[1]Household or close contacts are defined as people residing with the index patient or nonresidents who spent 4 or more hours with the index patient for at least 5 of the 7 days preceding the day of hospital admission of the index case.

Completed by: _____ Phone: _____ Date: _____