Patient's Name Current Address AREA CODE + 7 DIGITS Hospital Chart Number Chart Number Chart Number AREA CODE + 7 DIGITS Patient Chart Number Chart Number Chart Number

Detatch here — Patient identifier information is not transmitted to CDC

STREPTOCOCCUS PNEUMONIAE SURVEILLANCE WORKSHEET

(Invasive pneumococcal disease and drug-resistant S. pneumoniae)

	Throughout: Y=Yes	N-	:No U=Unknown
1			
1.	Are you reporting: Drug Resistant S. pneumoniae Y N U	13.	Type of infection caused by organism (cont.):
	Drug Resistant S. pneumoniae Y N U U		Epiglottitis
			Hemolytic uremic syndrome
2.	Date of birth:		Meningitis
•	MONTH DAY YEAR		Osteomyelitis Otitis media
За.	Age:		Peritonitis
3b.	Is age in years/months/weeks/days?		Pericarditis
	Yrs. Mos. Wks. Days		Pneumonia
4.	Sex: M Male F Female U Unknown		Septic arthritis
			Other
5.	Race: (check all that apply) American Indian/Alaskan Native		(specify)
	Asian Asian		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Black or African American	14.	Sterile site from which organism isolated: (check all that apply)
	Native Hawaiian or Pacific Islander		
	White		Blood Joint CSF Bone
	Other Race (specify)		CSF Bone Description Internal body site
,			Peritoneal fluid Muscle
6.	Ethnicity: Is patient Hispanic or Latino?		Pericardial fluid Other normally
	Y 🗌 N 🔲 U 🗍		sterile site (specify)
7.	State in which patient resided at time of diagnosis:		
8.	ZIP code at which patient	15.	Date first positive culture obtained:
	resided at time of diagnosis:		DATE SPECIMEN TAKEN
			MONTH DAY YEAR
•	11	16.	Nonsterile sites from which organism isolated, if any:
90.	Hospitalized? Y N U U		Middle Ear
9b.	If hospitalized for this condition, how many days		Sinus
	total was the patient hospitalized? (Include days from multiple hospitals if relevant.)		Other
	NUMBER OF DAYS: 0-998; 999=UNKNOWN		(specify)
10		17a	Does the patient have any underlying medical conditions or prior illness?
10.	Does this patient: (check all that apply)		Y YES. If yes, fill out 17b.
	Attend a day care* facility? Y N U		N No. If no, skip to 18.
	Facility name *DAY CARE IS DEFINED AS A SUPERVISED GROUP OF 2 OR MORE		U UNKNOWN. Skip to 18.
	UNRELATED CHILDREN FOR >4 HOURS PER WEEK.	1 71	
	Reside in a long-term care facility? Y N U	1/6	. What underlying medical conditions does the patient have? (check all that apply)
	Facility name		Current smoker
11.	Did patient die from this illness? Y N U		Multiple myeloma Sickle cell anemia
12.	Onset date:		Splenectomy/asplenia
	MONTH DAY YEAR		Immunoglobulin deficiency
13	Type of infection caused by organism: (check all		Immunosuppressive therapy
	Bacteremia without focus that apply)		(steroids, chemotherapy, radiation)
	Cellulitis		Leukemia

Item 13 continues next column

Item 17b continues on back

17b.	What underlying medical conditi	ons does the patient have ((cont.)?	
	Hodgkin's disease		Cirrhosis/liver failure	
	Asthma	ΠĪΙ	Alcohol abuse	
	Emphysema/COPD		Cardiovascular disease (ASC	VD)/CAD
	Systemic lupus erythematosus		Heart failure/CHF	
	Diabetes mellitus		CSF leak	
	Nephrotic syndrome		Intravenous Drug Use	
	Renal failure/dialysis		Other malignancy (specify)	
	HIV infection	ΠI	Organ/bone marrow transpl	ant
	AIDS (CD4<200)		Other prior illness (specify)	
	,		. , , , , ,	_
		VACCINATION H	ISTORY	
18.	Did patient receive POLYSACCHAI	RIDE pneumococcal vaccine?	Y N U If YES, pleas	se complete the list below.
	DOSE DATE GIVEN (Month/Day/Year		NE NAME	LOT NUMBER
	1 - - -	Pneumovax 23 (Merck) Pnu	-Imune23 (Wyeth) Other	Unknown
	2	Pneumovax 23 (Merck) Pnu	-Imune23 (Wyeth) Other	Unknown
	3	Pneumovax 23 (Merck) Pnu	-Imune23 (Wyeth) Other	Unknown
		· · · —		
19.	Did patient receive CONJUGATE	-		complete the list below.
	DOSE DATE GIVEN (Month/Day/Year) VACCII	NE NAME MA	NUFACTURER LOT NUMBER
	1 - - -			
	2			
	3			
	4			
20.		RESISTANCE TESTING	G RESULTS	
	cillin zone size:		20mm (possibly resistant) S>=20mm (s	sussentible) Unknown/not tosted
(val	id 00-30)	Racillin interpretation: k<		susceptible) Unknown/not tested
	SUSCEPTIBILITY METHOD CODES	S/I/R RESULT CODES		CODES MIC VALUE
	CAR A 191 st st 1			
	5	 SUSCEPTIBLE Result indicate INTERMEDIATE organism is su 		ther the MIC Valid range . ≤ . or = to for data value
B – B	ROTH: Broth dilution ISK: Disk diffusion (Kirby Bauer)	- INTERMEDIATE organism is su - RESISTANT susceptible (int	sceptible or not is $<$, $>$, \ge , the numerical the numerical thresholds.	$s \le 0$, or = to for data value on $s \le 0$. for data value on $s \le 0$. for data value on $s \le 0$. for data value
B – B	ROTH: Broth dilution ISK: Disk diffusion (Kirby Bauer)	- INTERMEDIATE organism is su - RESISTANT susceptible (int	sceptible or not is $<$, $>$, \ge , the numerical the numerical thresholds.	, ≤, or = to for data value
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