VPD-4
Revised July 2017

Invasive *Haemophilus influenza* Investigation Form

Complete in addition to the Notification of Infectious Disease Form (EPI-1). In the event of an outbreak additional forms and specimen collection are required for testing, a VIDOH-EPID staff will coordinate additional paperwork and investigation.

Island: ☐ St. Croix ☐ St. Thomas ☐ St. John ☐ Water Island

FINAL STATUS: ☐ CONFIRMED ☐ PROBABLE ☐ RULED OUT/NOT A CASE

NBS PATIENT ID#: _____

NBS Case Investigation ID: CAS_____

Patient's Name: _____
Last First

Address: _____

City: _____ (E)State: _____ Zip: _____

Phone : ( ) _____

Parent/Guardian: _____

Physician: _____ Phone : ( ) _____

Physician's Address:

_____

_____

Reported By: _____

Agency: _____

Phone : ( )_____

Date: _____/_____/_____

Report Given to: _____

Organization: _____

Phone: ( ) _____

Date: _____/_____/_____

DEMOGRAPHICS:

DATE OF BIRTH: _____/_____/_____ AGE: _____ SEX: ☐ Male ☐ Female ☐ Unknown

RACE: ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian or Other Pac. Islander ☐ Am. Indian or Alaska Native ☐ Unknown ☐ Other: _____

HISPANIC: ☐ Yes ☐ No ☐ Unknown

CLINICAL DATA: Onset Date: _____/_____/_____

***TYPE OF INFECTION**: (check all that apply)*

☐ Primary Bacteremia ☐ Pneumonia ☐ Peritonitis

☐ Meningitis ☐ Cellulitis ☐ Septic Arthritis

☐ Otitis Media ☐ Epiglottitis ☐ Other:

☐ Hospitalized at: _____

Admitted: ____/____/____ Discharged: ____/____/____

***OUTCOME**:* ☐ Survived ☐ Died: ___/___/___ ☐ Unknown

LABORATORY DATA: *DATE FIRST HAEMOPHILUS INFLUENZAE POSITIVE SPECIMEN OBTAINED*: _____/_____/_____

Specimen source: *(check all that apply)* ☐ Blood ☐ Pleural Fluid ☐ Placenta ☐ Pericardial Fluid ☐ CSF

☐ Peritoneal Fluid ☐ Joint ☐ Other Normally Sterile Site: _____

Test Type: ☐ PCR ☐ *Culture ☐ Antigen Test (*CSF only*)

What was the serotype? ☐ Type a ☐ Type b ☐ Type c ☐ Type d ☐ Type e ☐ Type f ☐ Not Typeable ☐ Not Tested or Unknown ☐ Other: _____

Haemophilus isolates from children <5 are mandated for submission to the DSHS lab.
All positive cultures should be requested to be sent to DSHS for serotyping.

VACCINATION HISTORY: ***CDC Objective: 90% of Haemophilus influenzae cases under 5 must have a vaccination history reported.***

VACCINATED: ☐ Yes ☐ No ☐ Unknown

1 HIB: ____/____/____ Type: _____ Manufacturer: _____ Lot #:_____

2 HIB: ____/____/____ Type: _____ Manufacturer: _____ Lot #:_____

3 HIB: ____/____/____ Type: _____ Manufacturer: _____ Lot #:_____

4 HIB: ____/____/____ Type: _____ Manufacturer: _____ Lot #:_____

If no, indicate reason: ☐ Religious Exemption ☐ Medical Contraindication ☐ Evidence of Immunity ☐ Previous Disease - Lab Confirmed

☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: _____

Patient Name: _____

HOUSEHOLD CONTACTS: *Were control activities initiated?:* ☐ *Yes* ☐ *No* ☐ *Unknown If no, explain:* _____

Name	Relation to Case	Age	Vaccination HX	Symptoms/Date of Onset	Type of Prophylaxis/Date Treated

PROPHYLAXIS RECOMMENDATIONS FOR HAEMOPHILUS INFLUENZAE, TYPE B INFECTIONS:

- For all household contacts in the following circumstances:
  - Household with at least 1 contact younger than 4 years of age who is unimmunized or incompletely immunized
  - Household with a child younger than 12 months of age who has not completed the primary Hib series
  - Household with a contact who is an immunocompromised child, regardless of that child's Hib immunization status
- For preschool and child care center contacts when 2 or more cases of Hib invasive disease have occurred within 60 days
  - If prophylaxis is recommended for a preschool/child care center, please provide school name, number of contacts, ages and vaccine history of contacts, and date of prophylaxis in Comments below
- For index patient, if younger than 2 years of age or member of a household with a susceptible contact and treated with a regimen other than cefotaxime or ceftriaxone, chemoprophylaxis usually is provided just before discharge from hospital

NO PROPHYLAXIS IS RECOMMENDED:

- For occupants of households with no children younger than 4 years of age other than the index patient
- For occupants of households when all household contacts 12 through 48 months of age have completed their Hib immunization series and when household contacts younger than 12 months of age have completed their primary series of Hib immunizations
- For preschool and child care contacts of 1 index case
- For pregnant women
- For all other *Haemophilus influenzae* (non-type B) infections

COMMENTS:

CDC Objective: 90% of vaccine preventable cases must be investigated and reported to the CDC within 30 days of initial report.

Date Investigation Initiated: _____/_____/_____ Date Investigation Completed: ____/_____/____Date Reported to VIDOH-EPID: ____/_____/____

Investigator's Name: _____ Agency name: _____ Phone :( ) _____

Closed in NBS? ☐ ***Yes*** ☐ ***No*** ***If confirmed or probable, notification submitted?*** ☐ ***Yes*** ☐ ***No***