

Streptococcus pneumoniae Surveillance Worksheet

Generic MMG

IPD MMG (RIBD V1.0 MMG PRT IPD220190530)

NAME (last) _____ (first) _____		ADDRESS (Street and No.) _____	Phone _____	Hospital Record No. _____
This information will not be sent to CDC				
REPORTING SOURCE TYPE <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> hospital <input type="checkbox"/> 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 _____ PID-7 month day year	Country of Birth _____ 78746-5	Other Birth Place _____ 21842-0	Country of Usual Residence _____ 77983-5	
Ethnic Group <input type="checkbox"/> hispanic/Latino <input type="checkbox"/> N=Not Hispanic/Latino <input type="checkbox"/> O=Other _____ U=Unknown <input type="checkbox"/>	Sex <input type="checkbox"/> M=male <input type="checkbox"/> F=female <input type="checkbox"/> U=unknown <input type="checkbox"/>			
Race <input type="checkbox"/> can Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other <input type="checkbox"/> 32624-9 <input type="checkbox"/> Unknown				
Age at Case Investigation _____ 77998-3	Age Unit* <input type="checkbox"/> OBX-6 for 77998-3	Reporting County _____ 77967-8	Reporting State _____ 77966-0	
Date Reported _____ 77995-9 month day year	Date First Reported to PHD _____ 77970-2 month day year	National Reporting Jurisdiction _____ 77968-6		
Earliest Date Reported to County _____ 77972-8 (mm/dd/yyyy)	Earliest Date Reported to State _____ 77973-6 (mm/dd/yyyy)			
Case Class Status <input type="checkbox"/> 77990-0 <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Not a case	Case Investigation Start Date _____ 77979-3 month day year			
CASE INVESTIGATION STATUS CODE <input type="checkbox"/> INV109	<input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> rejected <input type="checkbox"/> other _____ <input type="checkbox"/> ready for review <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown			
ABCs State ID <input type="checkbox"/> INV966	Epi-linked to a confirmed or probable case? <input type="checkbox"/> INV217 Y=yes N=no U=unknown <input type="checkbox"/>			
CLINICAL INFORMATION				
Illness Onset Date _____ 11368-8 month day year	Illness End Date _____ 77976-9 month day year	Illness Duration _____ 77977-7	Duration Units* _____ OBX-6 for 77977-7	
Illness Onset Age _____ INV143	Illness Onset Age Units* _____ OBX-6 for INV143	Date of Diagnosis _____ 77975-1 month day year	Pregnancy Status _____ 77996-7 Y=yes N=no U=unknown	
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>	Hospital Admission Date _____ 8656-1 month day year	Hospital Discharge Date _____ 8649-6 month day year		
Duration of Hospital Stay 0-998 _____ 78033-8 999=unknown (days)	During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)? <input type="checkbox"/> 309904001 Y=yes N=no U=unknown			
Does this patient attend a day care facility? <input type="checkbox"/> INV615 Y=yes N=no U=unknown	Facility Name _____			
Does this patient reside in a long-term care facility? <input type="checkbox"/> INV636 Y=yes N=no U=unknown	Facility Name _____			
*UNITS <input type="checkbox"/> OBX-6 a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown				
TYPES OF INFECTION CAUSED BY ORGANISM INV298	Abortion with sepsis	Emphyema	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 syndrome	
Recurrent disease with the same pathogen? <input type="checkbox"/> INV975 Y=yes N=no U=unknown	State ID of 1 st occurrence <input type="checkbox"/> INV976 this pathogen _____			
Did patient have any underlying causes or prior illnesses? <input type="checkbox"/> INV235 Y=yes N=no U=unknown	If "yes" select below:			

Underlying Causes or Prior Illnesses

INV236

[Y=yes; N=no; U=unknown]

INV662

	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				Trouble 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				Immunosuppressive therapy				Peptic ulcer							

RESIDENCE LOCATION AT TIME OF INITIAL CULTURE

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

Subject died? 77978-5 Y=yes N=no U=unknown

Deceased Date PID-29 _____ (mm/dd/yyyy)

Pregnancy status at time of first positive culture INV661 Not pregnant nor postpartum Currently Pregnant Postpartum Unknown

If pregnant or postpartum, what was the outcome of the fetus? 63893-2 (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: 18185-9 Gestational age (weeks) 56056-5 Birth weight Birth Weight Units OBX-6 for 56056-5 Gram

Premature at birth [for children <2 years of age]? 76517-2 Y=yes N=no U=unknown 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

LAB143

VPD Lab Message Patient Identifier

LAB598

VPD Lab Message Specimen Identifier

LAB125

Bacterial species isolated LAB278 **Was laboratory testing done to confirm diagnosis?** LAB630 Y=Yes N=No U=Unknown

Was case laboratory confirmed INV164 Y=yes N=no U=unknown **Was a specimen sent to CDC for testing** 82314-6 Y=yes N=no U=unknown

Test Type	Test Result	Date Specimen Collected	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC	Specimen Type	Serotype	Serotype Method	Lab Accession No.	Performing Laboratory Name	Performing Lab Type
INV290	INV291	68963-8	AB628	AB115	85069-3	LAB650	85930-6	66746-9	INV706	LAB532	INV978	68994-3	82771-7

LAB TEST TYPE

- 1=antigen
- 2=susceptibility
- 3=culture
- 4=genotyping
- 5=Gram stain
- 6=immunohistochemistry
- 7=latex agglutination
- 8=other (specify)
- 9=unknown
- 10=PCR
- 11=serotyping
- 12=species confirmation
- 13=genome sequencing

SPECIMEN TYPE

- 1=amniotic fluid
- 2=BAL
- 3=blood
- 4=bone
- 5=brain
- 6=CSF
- 7=heart
- 8=other (specify)
- 9=unknown
- 10=internal body site
- 11=joint
- 12=kidney
- 13=liver
- 14=lung
- 15=lymph node
- 16=middle ear
- 17=muscle/fascia/tendon
- 18=NP swab
- 19=oropharyngeal swab
- 20=ovary
- 21=pancreas
- 22=pericardial fluid
- 23=peritoneal fluid
- 24=placenta
- 25=pleural fluid
- 26=purpuric lesions
- 27=respiratory secretion
- 28=serum
- 29=sinus
- 30=spleen vascular tissue
- 31=sputum
- 32=stool
- 33=tracheal aspirate
- 34=urine
- 35=vascular
- 36=vitreous
- 37=wound

SEROTYPE METHOD

- 1=other
- 2=PCR
- 3=Quellung
- 4=whole genome sequencing
- 5=unknown

SEROTYPE

- 1=1
- 2=2
- 3=3
- 4=4
- 5=5
- 6=6A
- 7=6B
- 8=7F
- 9=8
- 10=9N
- 11=9V
- 12=10A
- 13=11A
- 14=12F
- 15=14
- 16=15B
- 17=17F
- 18=18C
- 19=19A
- 20=19F
- 21=20
- 22=22F
- 23=23F
- 24=33F
- 25=non-typeable
- 26=other
- 27=unknown
- 28=not tested

PERFORMING 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 INV299 Oxacillin Interpretation INV300

SUSCEPTIBILITY TEST METHOD CODES 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	SUSCEPTIBILITY RESULT CODES S=SUSCEPTIBLE U=UNKNOWN I=INTERMEDIATE N=NOT DONE R=RESISTANT	SIGN CODES Indicate whether the MIC is <, >, ≤, ≥, = the numerical MIC value	MIC VALUES Valid range for data values: 0.000 – 999.999
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Antimicrobial Susceptibility Test Type	Test Method	Susceptibility Interpretation	MIC Sign	Test Result Quantitative	Performing Laboratory Type
LABAST6	LABAST7	LABAST8	LAB113	LABAST9	LABAST15

VACCINATION HISTORY INFORMATION

Vaccinated (has the case-patient ever received a vaccine against this disease)? VAC126 Y=yes N=no U=unknown

Number of doses against this disease received prior to illness onset? 82745-1 0-6 99=unknown (doses)

Date of last vaccine dose against this disease prior to illness onset? VAC142 ____ ____ ____ ____ (mm/dd/yyyy)

Was the case-patient vaccinated as recommended by the ACIP? VAC148 Y=yes N=no U=unknown

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number
30956-7	30952-6 month day year	30957-5	30959-1	VAC153	VAC109 month day year	VAC102	VAC105	OBX-6 for VAC105	30973-2

Vaccine Type Codes 133=Pneumococcal Conjugate PCV 13 (Prenvar 13, PCV 13) 100=Pneumococcal Conjugate PCV 7 (Prenvar 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 Codes MSD = Merck PFR = Pfizer	†Age at vaccination ‡Age Units d=day wk=week mo=month a=year OTH=other UNK=unknown
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Reason Not Vaccinated Per ACIP VAC149

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

Vaccine History Comments VAC133

IMPORTATION AND EXPOSURE INFORMATION

Imported	Indigenous	In state, out of jurisdiction	Imported, unable to determine source	Transmission Mode 77989-2
Code 77982-7	International	Out of state	Unknown	
Imported Country _____ INV153	Imported State _____ INV154	Imported County _____ INV156	Imported City _____ INV155	
Country of Exposure _____ 77984-3	State/Province of Exposure _____ 77985-0	County of Exposure _____ 77987-6	City of Exposure _____ 77986-8	
OUTBREAK ASSOCIATED 77980-1 Y=yes N=no U=unknown <input type="checkbox"/>			OUTBREAK NAME 77981-9 _____	

CASE NOTIFICATION

CONDITION CODE OBR-31	11723	Immediate National Notifiable Condition Y=yes N=no U=unknown <input type="checkbox"/> 77965-2	Legacy Case ID _____ 77997-5
State Case ID _____ 77993-4	Local Record ID _____ OBR-3	Jurisdiction Code _____ 77969-4	Binational Reporting Criteria _____ 77988-4
Date First Verbal Notification to CDC _____ 77994-2 month day year		Date Report First Electronically Submitted _____ OBR-7 month day year	
Date of Electronic Case Notification to CDC _____ OBR-22 month day year		MMWR Week 77991-8	MMWR Year 77992-6
Notification Result Status OBR-25 <input type="checkbox"/> Final results <input type="checkbox"/> Record coming as correction <input type="checkbox"/> Results cannot be obtained			
Person Reporting to CDC Name _____ (first) 74549-7 _____ (last)		Person Reporting to CDC Email 74547-1 @ _____ Person Reporting to CDC Phone No. 74548-9 (____) _____	
Current Occupation 85658-3 _____		Current Occupation Standardized 85659-1 _____	
Current Industry 85078-4 _____		Current Industry Standardized 85657-5 _____	
Comments 77999-1			

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/>