



<b>Haemophilus influenzae Case Track Record</b>	<b>FINAL STATUS:</b> <input type="checkbox"/> CONFIRMED <input type="checkbox"/> PROBABLE <input type="checkbox"/> RULED OUT/ DROPPED <span style="float:right;"><b>NETSS CASE #</b> _____</span>																				
Patient's Name: _____ <div style="text-align: center; margin-left: 100px;">last</div> <div style="text-align: center; margin-left: 200px;">first</div> Address: _____  City: _____ County: _____ Zip: _____  Region: _____ Phone:(    ) _____  Parent/Guardian: _____  Physician: _____ Phone:(    ) _____  Address: _____	<b>Reported By:</b> _____  Agency: _____  Phone:(    ) _____  <b>Date:</b> ____/____/____  <b>Report Given to:</b> _____  Organization: _____  Phone:(    ) _____																				
<b>DEMOGRAPHICS:</b> DATE OF BIRTH: ____/____/____ AGE: ____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ HISPANIC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																					
<b>CLINICAL DATA:</b> Onset Date: ____/____/____ <b>TYPE OF INFECTION:</b> (check all that apply) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Primary Bacteremia</td> <td><input type="checkbox"/> Pneumonia</td> <td><input type="checkbox"/> Peritonitis</td> <td><input type="checkbox"/> Hospitalized at: _____</td> </tr> <tr> <td><input type="checkbox"/> Meningitis</td> <td><input type="checkbox"/> Cellulitis</td> <td><input type="checkbox"/> Septic Arthritis</td> <td>Admitted: ____/____/____ Discharged: ____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Otitis Media</td> <td><input type="checkbox"/> Epiglottitis</td> <td><input type="checkbox"/> Other: _____</td> <td><b>OUTCOME:</b> <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unknown</td> </tr> </table>		<input type="checkbox"/> Primary Bacteremia	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Peritonitis	<input type="checkbox"/> Hospitalized at: _____	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Septic Arthritis	Admitted: ____/____/____ Discharged: ____/____/____	<input type="checkbox"/> Otitis Media	<input type="checkbox"/> Epiglottitis	<input type="checkbox"/> Other: _____	<b>OUTCOME:</b> <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unknown								
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<b>VACCINATION HISTORY:</b> VACCINATED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown G 1 Hib: ____/____/____ Manufacturer: _____ G 3 Hib: ____/____/____ Manufacturer: _____ G 2 Hib: ____/____/____ Manufacturer: _____ G 4 Hib: ____/____/____ Manufacturer: _____ • If no, indicate reason: <input type="checkbox"/> Religious Exemption <input type="checkbox"/> Medical Contraindication <input type="checkbox"/> Evidence of Immunity <input type="checkbox"/> Previous Disease - Lab Confirmed <input type="checkbox"/> Previous Disease - MD Diagnosed <input type="checkbox"/> Under Age <input type="checkbox"/> Parental Refusal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____																					
<b>LABORATORY DATA:</b> DATE FIRST POSITIVE CULTURE OBTAINED: ____/____/____ • Specimen from which organism was isolated: (check all that apply) <input type="checkbox"/> Blood <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Placenta <input type="checkbox"/> Pericardial Fluid <input type="checkbox"/> CSF <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> Joint <input type="checkbox"/> Other Normally Sterile Site: _____ • What was the serotype? <input type="checkbox"/> Type b <input type="checkbox"/> Not Typable <input type="checkbox"/> Not Tested or Unknown <input type="checkbox"/> Other: _____																					
<b>HOUSEHOLD CONTACT:</b> • Were control activities initiated?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If no, explain: _____ <table style="width:100%; border:none; margin-top: 10px;"> <thead> <tr> <th style="text-align:left;">Name</th> <th style="text-align:left;">Relation to Case</th> <th style="text-align:left;">Age</th> <th style="text-align:left;">Prophylaxis</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Name	Relation to Case	Age	Prophylaxis	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Name: \_\_\_\_\_

**POSSIBLE SPREAD CONTACTS:**

Name	Relation to Case	Age	Prophylaxis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROPHYLAXIS RECOMMENDATIONS:**

*Haemophilus influenzae (H. flu)* (small gram-negative rods); incubation period is probably short, usually only 2-4 days.

Who should receive prophylaxis?

- All "family contacts" (members of the patient's household) if there is another child under 4 years of age residing in the home.
- Prophylaxis should strongly be considered for all staff and children--regardless of age--in the day-care classroom in which an invasive Hib infection has occurred, and in which one or more children under 2 years of age have been exposed.
- Children in the day-care classroom who have been vaccinated with the Hib vaccine SHOULD also receive rifampin.
- Hospital personnel DO NOT need prophylaxis.

Rifampin Dosage:\*

- Adults: 600 mg PO once a day x 4 days
- Infants and children (1 month-12 years): 20 mg/kg\*\* PO once a day x 4 days

In addition to the routine medications used to treat *H. influenzae* infections, the index case should receive the above regimen before going home from the hospital in order to eradicate pharyngeal carriage of the organism.

\* Before administering rifampin, note that rifampin:

- is not recommended for use during pregnancy
- interferes temporarily with effectiveness of oral contraceptives
- will turn urine, tears, saliva an orange/red color; soft contact lenses will be permanently stained if worn while taking rifampin.

\*\* The maximum dosage of rifampin should not exceed a total of 600 mg per dose.

Investigator's Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Date Investigation Initiated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Investigation Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMMENTS:**