

CDC EXPANDED CASE REPORT FORM: *HAEMOPHILUS INFLUENZAE* TYPE B IN CHILDREN < 5 YEARS OF AGE

CONTACT INFORMATION

State: _____
 Person completing form: _____
 Phone: _____

STATE ID: _____
 Birth Date: ____/____/____
 First Culture Date: ____/____/____

1. Immunization dates and vaccine type from all sources (shot card, health care providers):

	DATES OF IMMUNIZATIONS				
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Hib *See codes below:	____/____/____ Vaccine Type* ____ Lot# _____	____/____/____ Vaccine Type* ____ Lot# _____	____/____/____ Vaccine Type* ____ Lot# _____	____/____/____ Vaccine Type* ____ Lot# _____	
DT, DTP, DTaP (alone, if combination also complete Hib box)	____/____/____ 9 DT 9 DTP 9 DTaP	____/____/____ 9 DT 9 DTP 9 DTaP	____/____/____ 9 DT 9 DTP 9 DTaP	____/____/____ 9 DT 9 DTP 9 DTaP	____/____/____ 9 DT 9 DTP 9 DTaP
Hepatitis B (alone, if combination also complete Hib box)	____/____/____ 9 Administered at birth	____/____/____	____/____/____		
Polio	____/____/____ 9 OPV 9 IPV	____/____/____ 9 OPV 9 IPV	____/____/____ 9 OPV 9 IPV	____/____/____ 9 OPV 9 IPV	
MMR	____/____/____	____/____/____			
Varicella	____/____/____				
Influenza	____/____/____	____/____/____			

*Hib vaccine types (trade name-company)

1. HbOC (**HibTITER**[®] Wyeth-Lederle)
2. HbOC-DTP (**Tetramune**[®] Wyeth-Lederle)
3. PRP-T (**ActHib**[®] Connaught/Pasteur/Merieux)
4. PRP-T-DTaP (**TriHibit**[®] Connaught/Pasteur/Merieux)
5. PRP-OMP (**PedvaxHIB**[®] Merck)

6. PRP-OMP-HepB (**COMVAX**[®] Merck)
7. PRP-T (**OmniHib**[®] Smithkline)
8. PRP-D (**ProHIBit**[®] Connaught)
9. Other _____
(specify _____)
10. Unknown

2. SIGNIFICANT PAST MEDICAL HISTORY

[check all that apply]

- " Pre-term birth (<37 weeks); _____ weeks
- " Severe head trauma
- " Ventricular hardware (VP shunt, etc)
- " No spleen
- " Cancer

If none, check here: "

- " Steroids
- " Sickle-cell disease
- " Bone marrow transplant
- " Hypogammaglobulinemia
- " IgG subclass deficiency

If unknown, check here: "

- " IgA deficiency
- " X-linked agammaglobulinemia
- " SCIDS
- " Other _____

3. Birth weight: _____ lbs _____ oz. OR _____ grams

Comments: _____