

Haemophilus influenzae Case Track Record	FINAL STATUS: CONFIRMED PROBABLE RULED OUT/ DROPPED				
Patient's Name: Last First Address: County: Zip: City: Phone:) Region: Phone:) Parent/Guardian: Phone:) Address: Phone:)	Reported By:				
DEMOGRAPHICS: DATE OF BIRTH: // AGE: RACE: □ White □ Black □ Asian/Pacific Islander □ Native American □ HISPANIC: □ Yes □ No □ Unknown	SEX: 🗆 Male 🗆 Female 🗆 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				
VACCINATION HISTORY: VACCINATED: Yes No Unknown 1 Hib: / Manufacturer: 3 Hib: / Manufacturer: 2 Hib: / Manufacturer: 1 Hib: Manufacturer: I no, indicate reason: Religious Exemption Medical Contraindication Evidence of Immunity Previous Disease - Lab Confirmed Previous Disease - MD Diagnosed Under Age Parental Refusal Unknown Other:					
LABORATORY DATA: DATE FIRST POSITIVE CULTURE OBTAINED: // Specimen from which organism was isolated: (check all that apply) Blood Pleural Fluid Placenta Pericardial Fluid CSF Peritoneal Fluid Joint Other Normally Sterile Site: What was the serotype? Type b Not Typable Not Tested or Unknown Other:					
HOUSEHOLD CONTACT: Were control activities initiated?: Yes No Unknown If no, explain:					
Name Relation to Case	Age Prophylaxis				

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POSSIBLE SPREAD CONTACTS:							
Name	Relation to Case	Age	Prophylaxis				
Name	Relation to Case	Age	Τορπγιαλίο				
PROPHYLAXIS RECOMMENDATIONS:							
Haemophilus influenzae (H. flu) (small gram-nega	ative rods); incubation period is probably sh	ort, 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 childrenregardless of agein 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 <i>H. influenzae</i> 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 no	ot exceed a total of 600 mg per dose.						
Investigator's Name:	Agency Name:						
Phone:()Da	te Investigation Initiated://	Date Investiga	tion Completed: / /				
COMMENTS:							