

Patient's Name: _____ (Last, First, M.I.) Phone No.: () _____
 Address: _____ (Number, Street, City, State) Hospital: _____ Patient Chart No.: _____
 _____ (Zip Code)

DETACH HERE - Patient identifier information is not transmitted to CDC

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 CENTERS FOR DISEASE CONTROL AND PREVENTION
 ATLANTA, GA 30333

NATIONAL BACTERIAL MENINGITIS AND BACTEREMIA CASE REPORT



Form Approved OMB No. 0920-0009

1. STATE: (Residence of Patient) (1-2)	2. COUNTY: (Residence of Patient) (3-12)	5. HOSPITALIZED? (25) (If YES, date of admission)
3. STATE I.D.: (13-18)	4. CDC I.D.: (19-24)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (26-31)

6. DATE OF BIRTH: (32-37)	7a.) AGE: (38-39)	b.) Is age in day/mo/yr? (40)	c.) If <6 years of age is patient in daycare? (41)	8. SEX: (42)
Mo. Day Yr.		1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Mos. 3 <input type="checkbox"/> Yrs.	1 <input type="checkbox"/> Yes (Daycare is defined as a supervised group of 2 or more unrelated children for >4 hours/week). 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female

9a. RACE: (43)	9b. ETHNIC ORIGIN: (44)	10. OUTCOME: (45)	11. PHYSICIAN'S NAME:
1 <input type="checkbox"/> White 3 <input type="checkbox"/> American Indian/Alaskan Native 9 <input type="checkbox"/> Not Specified 2 <input type="checkbox"/> Black 4 <input type="checkbox"/> Asian/Pacific Islander	1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hispanic	1 <input type="checkbox"/> Survived 2 <input type="checkbox"/> Died 9 <input type="checkbox"/> Unknown	_____

12. TYPE OF INFECTION CAUSED BY ORGANISM: (Check all that apply)	13. BACTERIAL SPECIES ISOLATED FROM ANY NORMALLY STERILE SITE:* (59) (Check one)
1 <input type="checkbox"/> Primary Bacteremia (46) 1 <input type="checkbox"/> Cellulitis (50) 1 <input type="checkbox"/> Septic arthritis (54) 1 <input type="checkbox"/> Meningitis (47) 1 <input type="checkbox"/> Epiglottitis (51) 1 <input type="checkbox"/> Conjunctivitis (55) 1 <input type="checkbox"/> Otitis media (48) 1 <input type="checkbox"/> Peritonitis (52) 1 <input type="checkbox"/> Other (specify) (56) 1 <input type="checkbox"/> Pneumonia (49) 1 <input type="checkbox"/> Pericarditis (53) _____ (57-58)	1 <input type="checkbox"/> <i>Neisseria meningitidis</i> 5 <input type="checkbox"/> <i>Streptococcus pneumoniae</i> * (pneumococcus) 2 <input type="checkbox"/> <i>Haemophilus influenzae</i> 8 <input type="checkbox"/> Other Bacterial Species* (Specify: include mycobacteria, fungi) 3 <input type="checkbox"/> Group B streptococcus 4 <input type="checkbox"/> <i>Listeria monocytogenes</i> * (Report ONLY CSF Isolates (60-61) for Pneumococcus or Other Bacterial Species)

14. SPECIMEN FROM WHICH ORGANISM ISOLATED: (Check all that apply)	15. DATE FIRST POSITIVE CULTURE OBTAINED: (Date Specimen Drawn)
1 <input type="checkbox"/> Blood (62) 1 <input type="checkbox"/> Pleural Fluid (64) 1 <input type="checkbox"/> Pericardial Fluid (66) 1 <input type="checkbox"/> Placenta (68) 1 <input type="checkbox"/> CSF (63) 1 <input type="checkbox"/> Peritoneal Fluid (65) 1 <input type="checkbox"/> Joint (67) 1 <input type="checkbox"/> Other Normally Sterile Site (69) (specify) (70-71) _____	Mo. Day Yr. (72-77) _____

- IMPORTANT - PLEASE COMPLETE FOR THE FOLLOWING ORGANISMS:

HAEMOPHILUS INFLUENZAE

16a. Did patient receive *Haemophilus b* vaccine? (78) 1 Yes 2 No 9 Unknown If YES, Please Complete the List Below.

DOSE	DATE GIVEN	VACCINE NAME/MANUFACTURER	LOT NUMBER
	Mo. Day Yr.		
1	(79-84) _____	(85) _____	(86-95) _____
2	(96-101) _____	(102) _____	(103-112) _____
3	(113-118) _____	(119) _____	(120-129) _____
4	(130-135) _____	(136) _____	(137-146) _____

16b. What was the serotype? (147)	16c. If <i>H. influenzae</i> was isolated from blood or CSF, was it resistant to:
1 <input type="checkbox"/> Type b 9 <input type="checkbox"/> Not Tested or Unknown 2 <input type="checkbox"/> Not Typable 8 <input type="checkbox"/> Other (Specify) _____ (148-149)	Ampicillin (150) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not tested or Unknown Chloramphenicol (151) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not tested or Unknown Rifampin (152) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not tested or Unknown

NEISSERIA MENINGITIDIS

17a. What was the serogroup? (153)	17b. If <i>N. meningitidis</i> was isolated from blood or CSF, was it resistant to:
1 <input type="checkbox"/> Group A 4 <input type="checkbox"/> Group Y 9 <input type="checkbox"/> Unknown 2 <input type="checkbox"/> Group B 5 <input type="checkbox"/> Group W135 8 <input type="checkbox"/> Other (Specify) _____ (154-155) 3 <input type="checkbox"/> Group C 6 <input type="checkbox"/> Not groupable	Sulfa (156) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not tested or Unknown Rifampin (157) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not tested or Unknown

(Please Print Clearly)

Submitted By: _____
 Phone No.: () _____ Date: _____/_____/_____

Return completed report to:
 Meningitis and Special Pathogens Branch
 Mailstop C-09
 National Center for Infectious Diseases
 Centers for Disease Control and Prevention
 Atlanta, GA 30333

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 737-F; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0009); Washington, DC 20503.