NBS Patient ID: _____

Invasive *Streptococcus pneumoniae*

Demographic Information

Residency: State: _____ County: _____ ZIP: _____
Date of birth: _____
Sex: ☐ Male ☐ Female
Hispanic or Latino in origin: ☐ Yes ☐ No ☐ Unknown
Race description

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other/Multiracial: _____
- ☐ Unknown
- ☐ White

Other Patient Information

If the patient has healthcare coverage, what type of insurance do they use? ☐ Declined to answer

- ☐ Private/HMO/PPO/ Managed care plan
- ☐ Medicaid
- ☐ Medicare
- ☐ No healthcare coverage
- ☐ Military/VA
- ☐ Indian Health Services (IHS)
- ☐ Other: _____
- ☐ Unknown

Weight: _____
Height: _____

Reporting Source

Date of report: _____
Reporting source: _____
Earliest date reported to county: _____ State: _____
Reporter: _____

Clinical Information

Physician: _____

Was the patient hospitalized before or during the infection?
☐ Yes ☐ No ☐ Unknown

- Date admitted to the hospital: _____
- Date discharged from the hospital: _____
- Hospital name: _____
- Patient chart number: _____

Disclaimer – This document is intended as a tool to assist public health investigators when conducting case investigations. It does not replace the use of NBS; rather it is designed to enhance the quality of data obtained for the case investigation form in NBS. After completing this questionnaire, all data need to be quickly and accurately entered into an NBS case investigation. All information is confidential and not intended for distribution. Contact the ISDH VPD Epidemiologist at 317-233-7125 if you have any questions regarding this form.

Illness onset date: _____ Illness end date: _____

Symptoms experienced (check all that apply):

- ☐ Abscess (not skin)
- ☐ Bacteremia without focus
- ☐ Cellulitis
- ☐ Chorioamnionitis
- ☐ Conjunctivitis
- ☐ Empyema
- ☐ Endocarditis
- ☐ Endometritis
- ☐ Epiglottitis
- ☐ Hemolytic uremic syndrome (HUS)
- ☐ Meningitis
- ☐ Necrotizing fasciitis
- ☐ Osteomyelitis
- ☐ Otitis media
- ☐ Pericarditis
- ☐ Peritonitis
- ☐ Pneumonia
- ☐ Puerperal sepsis
- ☐ Septic abortion
- ☐ Septic arthritis
- ☐ Streptococcal toxic-shock syndrome (STSS)
- ☐ Unknown
- ☐ Other (specify):_____

Date first positive culture obtained: _____

Sterile sites from which organism isolated (check all that apply):

- ☐ Blood
- ☐ Bone
- ☐ Cerebral spinal fluid
- ☐ Internal body site
- ☐ Joint
- ☐ Muscle
- ☐ Pericardial fluid
- ☐ Peritoneal fluid
- ☐ Pleural fluid
- ☐ Other normally sterile site (specify): _____

Nonsterile sites from which organism isolated (check all that apply):

- ☐ Amniotic fluid
- ☐ Middle ear
- ☐ Placenta
- ☐ Sinus
- ☐ Wound
- ☐ Other (specify): _____

Did patient have any underlying conditions? ☐ Yes ☐ No ☐ Unknown

If yes, check all that apply:

- ☐ AIDS
- ☐ Alcohol abuse
- ☐ Asthma
- ☐ Atherosclerotic cardiovascular disease (ASCVD)/CAD
- ☐ Burns
- ☐ Cerebral vascular accident (CVA)/stroke
- ☐ Cirrhosis/liver failure
- ☐ Cochlear implant
- ☐ Complement deficiency
- ☐ CSF leak (2 deg trauma/surgery)
- ☐ Current smoker
- ☐ Deaf/profound hearing loss
- ☐ Diabetes mellitus
- ☐ Emphysema/COPD
- ☐ Heart failure/CHF
- ☐ HIV
- ☐ Hodgkin's disease
- ☐ Immunoglobulin deficiency
- ☐ Intravenous drug use (IVDU)
- ☐ Leukemia
- ☐ Multiple myeloma
- ☐ Nephrotic syndrome
- ☐ Obesity
- ☐ Organ transplant (specify): _____
- ☐ Other malignancy (specify) _____
- ☐ Renal failure/dialysis
- ☐ Sickle cell anemia
- ☐ Splenectomy/asplenia
- ☐ Systemic lupus erythematosus (SLE)
- ☐ Unknown
- ☐ Other (specify) _____

NBS Patient ID: _____

Did patient die from this illness? ☐ Yes ☐ No ☐ Unknown

Resistance Testing Results

Antimicrobial Agent	Susceptibility Method	Result (Susceptible/Intermediate/ Resistant)	MIC Value

Does the patient have persistent disease as defined by positive sterile site cultures 2-7 days after the first positive culture? ☐ Yes ☐ No ☐ Unknown

Vaccine Information

Has the patient received 23-valent pneumococcal POLYSACCHARIDE vaccine? ☐ Yes ☐ No ☐ Unknown
If < 15 years of age, did the patient receive pneumococcal CONJUGATE vaccine? ☐ Yes ☐ No ☐ Unknown

If yes to either of the previous questions, don't forget to enter vaccine data into the investigation by adding the individual vaccine record under the EVENTS TAB in the PATIENT FILE.

Vaccine Type	Date Administered	Manufacturer	Lot Number	Provider/Organization

Epidemiologic

If < 6 years of age, is the patient in daycare? (Daycare is defined as a supervised group of 2 or more unrelated children for > 4 hours/week.) ☐ Yes ☐ No ☐ Unknown

If yes, name of daycare: _____

Was the patient a resident of a nursing home or other chronic care facility at the time of first positive culture?
☐ Yes ☐ No ☐ Unknown

If yes, name of facility: _____

Condition-specific Custom Fields

Was the patient seen in an emergency room?

☐ Yes → Date first seen in emergency room: _____
☐ No → Name of emergency room: _____
☐ Unknown

Patient outcome:

- ☐ Survived
- ☐ Death due to condition
- ☐ Death unrelated
- ☐ Unknown

If patient died, date of death: _____

Total number of pneumococcal vaccine (PCV13 or PPSV23) doses: _____
If patient was not vaccinated for this disease, what was the reason? (Choose only one.)

- ☐ Born outside the United States
- ☐ Foreign visitor
- ☐ Immigrant
- ☐ Lab evidence of previous disease
- ☐ MD diagnosis of previous disease
- ☐ Medical contraindication
- ☐ Missed opportunity in a medical setting
- ☐ Never offered vaccine
- ☐ Parent/Patient forgot to vaccinate
- ☐ Parent/Patient refusal
- ☐ Parent/Patient report of previous disease
- ☐ Parent/Patient unaware of recommendation
- ☐ Philosophical objection
- ☐ Religious exemption
- ☐ Too young
- ☐ Under age for vaccination
- ☐ Unknown
- ☐ Vaccine record incomplete/unavailable
- ☐ Other

Was PCR or other culture-independent testing performed? ☐ Yes ☐ No ☐ Unknown

Specimen collection date: _____
Specimen source: _____
Testing result: _____

Was antibiotic resistance testing done? ☐ Yes ☐ No ☐ Unknown
Was antibiotic resistance detected? ☐ Yes ☐ No ☐ Unknown

Is this case epidemiologically linked to another confirmed case? ☐ Yes ☐ No ☐ Unknown
If linked, list all source case IDs: _____

Did this patient travel during the week prior to symptom onset? (Any travel – in-state, out-of-state, out-of-country)
☐ Yes ☐ No ☐ Unknown

Travel locations and dates:

_____
_____
_____

Supplemental Demographic Information

I'd like to finish up by asking you a series of questions about your background. These questions provide us with highly useful information about how different illnesses affect different groups of people.

We are asking these questions so we can target our efforts to prevent (*invasive Strep pneumoniae)* in Indiana.

You can choose not to answer a question at any point. Any information you give me will be confidential and will not be released to outside of public health, including your medical care team and insurance provider. Do you have any questions?

What is the highest grade or year of school the patient completed? ☐ Declined to answer

- ☐ Never attended school/only attended kindergarten
- ☐ Elementary (grades 1 to 8)
- ☐ Some high school (grades 9 to 11)
- ☐ High school graduate (diploma or GED)
- ☐ Some college (1 to 3 years)
- ☐ Associate's or technical school degree (2 years)
- ☐ Bachelor's degree (4 years)
- ☐ Professional degree beyond bachelor's
- ☐ Unknown

What is the patient's current employment status? ☐ Declined to answer

- ☐ Employed for wages
- ☐ Homemaker
- ☐ Out of work - <1 year
- ☐ Out of work - 1+ years
- ☐ Retired
- ☐ Self-employed
- ☐ Student-employed
- ☐ Student-not employed
- ☐ Unable to work
- ☐ Unknown

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What is the patient's current housing status? ☐ Declined to answer

☐ Single-family home
☐ Apartment
☐ Other: _____
If apartment or single-family home, what is the household size? _____
☐ Barracks
☐ Boarding school
☐ Camp
☐ Communal living situation
☐ Correction facility
☐ Dormitory
☐ Long-term care
☐ Shelter
☐ Unknown

In the past 12 months, has the patient delayed receiving healthcare for any of the following reasons:

☐ No
☐ Clinic/office closed
☐ Couldn't phone
☐ Couldn't get appointment
☐ Long wait time
☐ No transportation
☐ Declined to answer

What is the patient's annual household income from all sources in the past 12 months? ☐ Declined to answer

☐ <$15,000
☐ $15,000 to $24,999
☐ $25,000 to $49,999
☐ $50,000 to $74,999
☐ $75,000 or more

Investigation Information

How much of the investigation was completed?

☐ All questions asked ☐ Partial questions asked ☐ Unable to contact ☐ Not investigated

Was this case lost to follow-up?

☐ Yes ☐ No ☐ Unknown

Additional Comments