

Haemophilus influenzae, Invasive

Entered in DRSi? _____

Reported to health dept? _____

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

(____) - ____ - _____

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - _____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - _____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/Hospital: _____

Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____°F/°C (unk)

Pneumonia *Include any other relevant symptoms below:*

Bacteremia

Meningitis

Epiglottitis

Septic arthritis

Cellulitis

Purulent pericarditis

Endocarditis

Osteomyelitis

Does case work in, live in, or attend a high-transmission setting such as food handling, daycare, school, group living, etc:

Y N If yes, where: _____

VACCINATION HISTORY

Y N Vaccination Date(s)

Is the case vaccinated? ____/____/____ 2nd: ____/____/____ 3rd: ____/____/____

If not ever vaccinated, why?

Religious Exemption

Medical Contraindication

Philosophical Objection

Lab Evidence of Previous Disease

MD Diagnosis of Previous Disease

Under Age for Vaccination

Parental Refusal

Other: _____

Unknown

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result	
Antibody	____/____/____	Serum Urine CSF Other	Positive	Negative
Antigen	____/____/____	Serum Urine CSF Other	Positive	Negative
PCR (DNA)	____/____/____	Serum Urine CSF Other	Positive	Negative
Culture	____/____/____	Serum Urine CSF Other	Positive	Negative
Screen	____/____/____	Serum Urine CSF Other	Positive	Negative
Other <small>Describe below</small>	____/____/____	Serum Urine CSF Other	Positive	Negative

TRAVEL HISTORY

In the 5 days before illness onset (when symptoms started), did the case....

- | | | | | | | |
|--|---|---|-----|-----------------------------------|------------|--------------------|
| 1. Recently travel? | Y | N | Unk | <i>(If yes) Reason for travel</i> | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

Include any other relevant information below: