

H. influenzae



ORPHEUS

- confirmed
- presumptive
- suspect
- no case

Name _____
LAST, first, initials (a.k.a.)

COUNTY _____

Address _____
Street City

Phone number _____ / _____ special housing _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

ALTERNATIVE CONTACT

Name _____ Phone(s) _____
LAST, first, initials home (H), work (W), cell (C), message (M)

DEMOGRAPHICS

DOB / /
m d y

if DOB unknown, AGE _____

SEX Female Male

LANGUAGE _____

COUNTRY OF BIRTH _____

worksites/school/day care center _____

RACE (check all that apply)

White

Black

Asian

Pacific Islander

American Indian/Alaska Native

unknown

other _____

Hispanic Y N
 Unknown Declined

PROVIDERS, FACILITIES AND LABS

Reporter _____ Type _____
(circle one)

_____ name and phone number
PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

Reporter _____ Type _____
(circle one)

_____ name and phone number
PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

Ok to contact patient (only list once)

Local epi_name _____

Date report received by LHD / /

BASIS OF DIAGNOSIS

CLINICAL DATA

ONSET date / /

Check all that apply:

bacteremia yes no unk

meningitis yes no unk

pneumonia yes no unk

pericarditis yes no unk

septic arthritis yes no unk

conjunctivitis yes no unk

osteomyelitis yes no unk

Hospitalized: yes no unk
if yes, name of hospital _____
date of admission / /
date of discharge / /

Transferred from another hospital:
 yes no unk
transfer hospital name _____

Outcome: survived died unk
if died, date of death / /

LABORATORY DATA

	Culture		Gram stain	
	pos	neg	pos	neg
blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of collection of first positive specimen / /

Culture confirmed: yes no
if yes, Lab _____

serotype _____ not typeable unknown

Isolate sent to public health lab? yes no

RESULTS OF CSF EXAM (if available)

WBC count _____ sugar _____

RBC count _____ protein _____

% neutrophils _____



