

Patient's Name _____

Patient's Date of Birth ____ / ____ / ____

- Patient identifier information is not transmitted to CDC -

ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) INVASIVE PNEUMOCOCCAL DISEASE IN CHILDREN (aged ≥2 months to <5 years) AND ADULTS (aged ≥65 years)



StateID: _____ Date of positive culture ____ / ____ / _____ Date form completed ____ / ____ / _____ OMB No. 0920-0978

What sources had case vaccination history available?	Medical Chart	1 ☐ Yes	2 ☐ No	9 ☐ Did not check	Primary Care Provider	1 ☐ Yes	2 ☐ No	9 ☐ Did not check
	Vaccine Registry	1 ☐ Yes	2 ☐ No	9 ☐ Did not check	Other	1 ☐ Yes	2 ☐ No	9 ☐ Did not check

1 ☐ Case has never received vaccines2 ☐ Vaccination history unknown

Pneumococcal Vaccines for All Ages

Vaccines	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot #	Dose Source
Pneumococcal conjugate vaccine	1	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other _____ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ CAPVAXIVE™ (PCV21) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other
	2	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other _____ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ CAPVAXIVE™ (PCV21) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other
	3	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other _____ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ CAPVAXIVE™ (PCV21) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other
	4	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other _____ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ CAPVAXIVE™ (PCV21) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other
	5	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other _____ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ CAPVAXIVE™ (PCV21) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other
	6	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other _____ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ CAPVAXIVE™ (PCV21) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other
Pneumococcal polysaccharide vaccine	1	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Other _____ ☐ Unknown	☐ Pneumovax™ 23 (PPSV23/PPV23) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other
	2	____ / ____ / ____ Month Day Year ☐ Unknown date	☐ Merck ☐ Other _____ ☐ Unknown	☐ Pneumovax™ 23 (PPSV23/PPV23) ☐ Other _____ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other

- IMPORTANT - PLEASE COMPELETE THE BACK OF THIS FORM -

Public reporting burden of this collection of information is estimated to average 10 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA(0920-0978). **Do not send the completed form to this address.**

Additional Vaccines for All Ages

Vaccines	Dose #	Dates of immunizations	Vaccines	Dose #	Dates of immunizations
Influenza vaccine	Most recent	____/____/____ Month Day Year ☐ Unknown date	COVID-19 vaccine	Most recent	____/____/____ Month Day Year ☐ Unknown date

Additional Vaccines and Related Agents for Certain Age Groups

Complete for **adults aged ≥65 years** only:

Vaccines	Dose #	Dates of immunizations
RSV vaccine RSVpreF (ABRYOVO™, mRESVIA, or AREXVY)	1	____/____/____ Month Day Year ☐ Unknown date

Complete for **children ≥2 months to <5 years** only:

Vaccines and related agents	Dose #	Dates of immunizations
RSV monoclonal antibody nirsevimab (Beyfortus™)	1	____/____/____ Month Day Year ☐ Unknown date
	2	____/____/____ Month Day Year ☐ Unknown date
Diphtheria/Tetanus/ Pertussis (DTP or DTaP)*	1	____/____/____ Month Day Year ☐ Unknown date
	2	____/____/____ Month Day Year ☐ Unknown date
	3	____/____/____ Month Day Year ☐ Unknown date
	4	____/____/____ Month Day Year ☐ Unknown date
	5	____/____/____ Month Day Year ☐ Unknown date
<i>Haemophilus influenzae</i> type B (Hib)*	1	____/____/____ Month Day Year ☐ Unknown date
	2	____/____/____ Month Day Year ☐ Unknown date
	3	____/____/____ Month Day Year ☐ Unknown date
	4	____/____/____ Month Day Year ☐ Unknown date

*For combination vaccines (e.g. Trihibit, Tetramune, ActHIB/DTwP) enter information for each vaccine component

Person completing the form (please print):

Name: _____ Title: _____ Phone: () _____ Fax: () _____

Please return form to: _____ Phone: () _____ Fax: () _____