

A1. Site/Study ID #: _____ / _____ / _____
 A2. Discharge Date: _____ / _____ / _____
 Month Day Year
 A3. Staff Initials: _____
 To DCC

SECTION I: Vaccine Preventable Infections

11. Patient remained hospitalized for lower respiratory tract symptoms 1. No ZBII01HO V2(2) 2. Yes
13. Nasopharyngeal aspirate for pertussis PCR performed ZBII03NA V2(2) 1. No → **Go to I4** 2. Yes
 a. Result of PCR ZBII03AR V2(2) 1. Negative 2. Positive
14. Streptococcal pneumonia bacteremia diagnosed ZBII04PN V2(2) 1. No → **Go to I5** 2. Yes →
 Date(mm/dd): ZBII04MM V2(2)/ ZBII04DD V2(2)/ ZBII04DT
 a. Serotype (Specify) ZBII04ASP V2(300) _____
15. Streptococcal meningitis diagnosed ZBII05ME V2(2) 1. No → **Go to I6** 2. Yes →
 Date(mm/dd): ZBII05MM V2(2)/ ZBII05DD V2(2)/ ZBII05DT
 a. Serotype (specify) ZBII05ASP V2(300) _____
16. Haemophilus influenzae type B (HIB) diagnosed ZBII06HA V2(2) 1. No 2. Yes →
 Date(mm/dd): ZBII06MM V2(2)/ ZBII06DD V2(2)/ ZBII06DT
17. Pneumocystis carinii pneumonia (PCP) diagnosed ZBII07PN V2(2) 1. No 2. Yes →
 Date(mm/dd): ZBII07MM V2(2)/ ZBII07DD V2(2)/ ZBII07DT
18. Other vaccine-preventable disease diagnosed ZBII08OT V2(2) 1. No → **Go to I8** 2. Yes →
 Date(mm/dd): ZBII08MM V2(2)/ ZBII08DD V2(2)/ ZBII08DT
 a. Specify ZBII08ASP V2(300) _____

If study medication is still being given:

19. Dose reduction of study medication implemented ZBII09DR V2(2) 1. No 2. Yes →
 Date(mm/dd): ZBII09MM V2(2)/ ZBII09DD V2(2)/ ZBII09DT
110. Study medication tapered for discontinuation ZBII10SM V2(2) 1. No 2. Yes →
 Date(mm/dd): ZBII10MM V2(2)/ ZBII10DD V2(2)/ ZBII10DT

Investigator Signature: ZBIINSIG V2(2) _____ Date: ZBISIGMM V2(2)/ ZBISIGDD V2(2)/ ZBISIGYY V2(4)/ ZBISIGDT
 Month Day Year
 ZBICMMNT V2(800) Comment