

2008 ABCs Case Report Form Instruction Sheet

Revised: January, 2008

GENERAL INSTRUCTIONS

Where to look for information necessary to complete case report form:

The *minimum* sources of information that should be used to complete the following form are 1) the admission history and physical (H&P), 2) the discharge summary (or DC Summary), and 3) the face sheet. In the H&P, useful information (including underlying or prior illnesses) is often listed under the heading “Past Medical History” (PMH). Other portions of the medical chart, such as laboratory or radiology reports, will often have useful information; however, reviewing these other sections is not required for the completion of the case report form.

Where to send completed form:

Each site to add information here.

Patient identifier information (NOT transmitted to CDC)

Note: information found on patient intake or face sheet in medical chart or hospital computer database

Name	Patient’s name: Last name, first name, middle initial
Phone	Patient’s home phone number, including area code
Address	Patient’s home address, including Number, Street, City, State and ZIP Code If “Homeless”, enter this on Address line
Nursing Home	Name of nursing home in which patient currently resides (on screen only)
Chart number	Patient chart number

Information obtained for cases with any invasive ABCs organism identified

Note: Items 1-4 are filled out by ABCs personnel, except as indicated.

1. State	Use 2 letter postal code (e.g., NY) of patient’s state of residence (except for California which uses “EB” & “SF”).
2. County	Patient’s county of residence
3. State ID	ABCs case unique identifier. Each ABCs site has its own system of assigning a unique ID to each case. In general, the first 2 spaces designate the location and are followed by 5 numbers. This state ID is assigned by the ABCs personnel. Note that this State ID is used for every bacterial isolate from the same illness episode for that case. IMPORTANT: The state ID links all information pertaining to this particular isolate including the CRF, the lab isolate form, and forms used for special studies.

4a. Hospital/lab ID where culture identified	ABCs laboratory unique identifier. Each ABCs site has its own system of assigning a unique ID to each hospital or lab. Please note name of hospital or lab on the form; the hospital/lab ID will be assigned by ABCs personnel. This field refers to the hospital or reference laboratory where the original patient specimen was identified from primary culture.
4b. Hospital ID where patient treated	Hospital where patient received treatment for infection due to the ABCs pathogen; may be different than 4a; most commonly is hospital of discharge. Please note the name of the hospital; the hospital ID will be assigned by ABCs personnel. Note: The patient does not need to be hospitalized in order to have a treatment hospital indicated.
5. Was patient hospitalized?	<p>If Yes, indicate dates of admission and discharge. If a case is transferred from another hospital, please use the date of admission from the first hospital and use the date of discharge from the second hospital. If the patient is admitted through the ER into an acute care hospital, the date of admission is the date of the ER visit.</p> <p>If patient is <i>discharged to</i> a long-term rehabilitation unit, other long-term care facility or hospice, please use the date of transfer to the rehabilitation unit as the date of discharge. Likewise, if a patient is <i>admitted from</i> a long-term rehabilitation unit, other long-term care facility or hospice, please use the date of transfer to the acute care facility as the date of admission.</p> <p>NOTE: ER visits and outpatient visits are not hospitalizations. If the patient is admitted following an ER or outpatient visit then the patient has been hospitalized.</p> <p>NOTE: For a patient to be considered hospitalized, culture date should occur no more than 7 days before hospital admission date.</p>
6a. Was patient transferred from another hospital?	Indicate if patient was transferred from another acute care hospital prior to receiving treatment at the hospital where the chart is being reviewed. (If the patient was admitted from a long-term care facility, see instructions for 5 as above.)
6b. Hospital ID	The acute care hospital from which the patient was transferred. Please note the name of the hospital; the hospital ID will be assigned by ABCs personnel.
7. Was patient a resident of a nursing home or other chronic care facility at time of first positive culture?	Includes nursing home, long term care facility and other chronic (where the patient has lived for at least 30 days) care facilities where the patient has been living. This does <i>not</i> refer to facilities where the patient receives daily outpatient therapy <i>nor</i> does it include prisons, group homes, rehabilitation hospitals or assisted living facilities.
8. Date of birth	Patient's date of birth; use 4 digit year.

9a. Age	Patient's age at the time of collection of the first positive invasive culture. If patient's age is 30 days to 11 months, indicate age in months. If patient is 12 months or older, indicate age in years. Examples: 34 days of age should be coded as Age=1 and Unit=2 (see 9b); 14 months of age should be coded as Age=1 and Unit=3 (see 9b).
9b. Age units	Indicate if age is in days, months or years (see explanation above).
10. Sex	Male or female
11a. Ethnicity	<p>Ethnicity of patient as noted in chart or reported by physician or ICP. Check one EVEN IF race already indicated. For example, many whites are also Hispanic or Latino. Do not make assumptions based on name. If not noted or unsure, check "unknown."</p> <p>(Some institutions combine race/ethnic coding. For example, they might define a person's race as "Hispanic or Latino". In this case race would be coded "unknown" on the CRF, and ethnicity would be "Hispanic or Latino".)</p>
11b. Race	Race of patient as noted in chart or reported by physician or ICP. Multiple boxes can be checked. If race is unknown, please indicate.
12a. Weight	Optional Indicate weight in pounds (lbs) and ounces (oz) <u>OR</u> in kilograms (kg)
12b. Height	Optional Indicate height in feet (ft) and inches (in) <u>OR</u> in centimeters (cm)
13. Type of Insurance	<p>Optional Check ALL types of insurance as noted in the hospital chart.</p> <p><i>Clarifications of insurance types:</i></p> <p><u>Medicare</u>: the national health insurance program for people 65 years and older (also covers some people under the age of 65 with disabilities and people with end-stage renal disease).</p> <p><u>Military/VA (Veterans Administration)</u>: patient receives federal medical care due to current or past military status.</p> <p><u>Medicaid/state assistance program</u>: program that pays for medical assistance for certain people with low incomes and resources. State assistance programs are those state programs that provide medical coverage to individuals who are otherwise uninsured or uninsurable.</p> <p><u>Other</u>: includes options such as "private-pay" (i.e., service is not covered by state or federal government; patient generally pays out of pocket at time of service and may or may not be reimbursed later by a private insurance company).</p>

<p>16. If patient <1 month of age, gestational age and birth weight</p>	<p>Complete gestational age and birthweight for any newborn from which a positive invasive culture was taken, if this fetus/infant was given a separate identity. This question refers to live births only. Products of conception that were cultured (such as placenta), but not identified as “baby” are part of the mother’s culture history.</p> <p>Indicate gestational age in weeks and birth weight in grams. If gestational age is unknown, write “99” for weeks. If birth weight in <i>grams</i> is not available, write weight in lbs/oz and it can be converted at data entry; if birth weight is <i>not known</i>, enter “9999” for birth weight.</p>
<p>17. Types of infection (See Table 1)</p>	<p>Check ALL that apply to this episode of infection. Do not include previously existing or chronic infections. “Bacteremia without focus” should be chosen ONLY if no other type of infection is noted besides bacteremia. If no type of infection is indicated in the medical chart, “Unknown” should be selected.</p> <p>Further instructions and definitions of terms are in Table 1 at end of this document.</p> <p>If the final diagnosis of a patient’s illness is not the same as the admitting diagnosis, consider only the final (or discharge) diagnosis. Often the admitting diagnosis of a patient’s illness is unknown and clarified only in the discharge summary or discharge diagnosis. (For example, a patient may be admitted with the provisional diagnosis of “pneumonia” but actually found to have “asthma”.)</p>
<p>18a. Bacterial species isolated from sterile site</p>	<p>Indicate invasive ABCs organism isolated. NOTE: If a case has more than one invasive ABCs surveillance organism isolated, separate State IDs must be assigned, separate case report forms must be completed for each organism, and each entered individually into the database.</p>
<p>18b. Other bacterial species isolated from sterile site</p>	<p>Specify any <u>non-ABCs</u> organisms identified from the same sterile source on the same culture date as the first positive invasive culture.</p>

<p>19. Sterile site(s)</p>	<p>Indicate ALL sterile sites from which the ABCs organism was isolated. (<i>See below for further clarifications.</i>) If isolated from an internal body site or other normally sterile site, please specify the site. Internal body site should be specified as one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, or ovary. Please note that this list is not exhaustive; sterile sites not included on this list should be captured under the “other normally sterile site” field. Please discuss all questionable sterile sites with CDC.</p> <p>Specimens from skin infections such as skin abscesses, boils or furuncles or specimens from middle ear, amniotic fluid, placenta, sinus, wound, lung, gallbladder, appendix, cornea, cord blood or throat are not considered sterile sites for any ABCs organism and should not be indicated as the <u>only</u> specimen from which the pathogen was isolated. (ABSCESS CURRENTLY UNDER DISCUSSION)</p> <p><u>Clarifications:</u></p> <p><i>Pleural fluid:</i> includes “chest fluid”, thoracentesis fluid</p> <p><i>Peritoneal fluid:</i> includes abdominal fluid, ascites. If ruptured appendix or perforated bowel is noted in the medical chart, a case report form should <u>not</u> be completed as contamination of peritoneal fluid is likely.</p> <p><i>Joint:</i> includes synovial fluid; fluid, needle aspirate or culture of any specific joint (knee, ankle, elbow, hip, wrist). (There is no need to enter the specific joint in the “other” field. If you would like to indicate the specific joint, do so in “Comments” section.)</p> <p><i>Bone:</i> includes bone marrow</p> <p><i>Muscle:</i> includes tissue or biopsy that is surgically obtained (considered an acceptable sterile site for GAS only)</p> <p><i>Internal Body Site:</i> specimen obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, or ovary.</p> <p>Note: while skin abscesses do not meet the sterile site criteria, an abscess specimen obtained from a normally sterile body site will be counted as a case for surveillance. The “internal body site” field should be used if the abscess is obtained from one of the organs in the pick list under this field (e.g., a brain abscess should be coded as “internal body site, brain”). If the abscess is obtained from a body site that is not in the pick list, please list the site and write the word “abscess” in the “other, specify” field (“abscess” alone is not an acceptable sterile site.)</p>
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	<p>If the culture is taken ≤ 12 hrs after death, autopsy specimens <i>may</i> be considered sterile sites. Autopsy specimen should be discussed with CDC on a case-by-case basis. Cultures taken >12 hrs after death will not be considered sterile site cultures for ABCs purposes.</p>
20. Date of first positive culture	<p>Indicate the date of <u>collection</u> of the first positive invasive culture of a normally sterile site, not the date when the culture was first noted to have growth.</p>
21. Other site(s) from which organism isolated: (placenta, amniotic fluid, middle ear, sinus, wound, other site)	<p>For ABCs organisms, indicate if the pathogen was isolated from any of these other sites on the same culture date as the sterile site culture (#19). If other site is marked, please specify in the space provided.</p> <p>NOTE: A case report form is generated <i>only</i> when the pathogen is isolated from <i>one of the sterile sites</i> as indicated in question 19, regardless if the pathogen is also isolated from one of these other sites. Two exceptions to this rule exist.</p> <p>Exception 1: if GBS is isolated from the placenta and/or amniotic fluid ONLY and a fetal death occurs, it is considered a case and a case report form should be completed.</p> <p>Exception 2: if GAS is isolated from a wound AND is accompanied by necrotizing fasciitis or STSS (streptococcal toxic shock syndrome), it is considered a case and a case report form should be completed.</p>
22. Underlying causes or prior illness (See Table 2)	<p>Check ALL underlying illnesses or prior conditions as noted in hospital chart or by reporting physician or ICP.</p> <p>Exception: As of January 1, 2004, check "AIDS"=1 if a) AIDS is listed in the chart OR b) if HIV+ is indicated AND the CD4 count was EVER less than 200, even if AIDS is not listed in the chart. The lowest CD4 count is often listed in the admission history and physical or discharge summary.</p> <p>Any listed condition should be considered a “prior” condition <i>except when</i> it is obvious that the condition no longer exists OR when the condition is a new condition that occurred during the current illness.</p> <p>At least ONE box should be checked. Check “none” if a chart is available and no underlying causes are found. Check “unknown” if no chart was available for review and no underlying diseases are known.</p> <p>For substance abuse questions (current smoker, alcohol abuse, and IVDU), check “yes” if the substance abuse is current OR if the timing of the use is unknown (i.e., “history of alcohol abuse”) and “no” if the substance abuse is clearly indicated as “former” or never existed.</p> <p><i>Examples:</i></p>

What is in chart:	Underlying illness or prior condition?
h/o heart failure	yes
h/o acute leukemia	yes
h/o smoking	yes
h/o smoking, stopped 10 years ago	no
h/o colon cancer	yes
acute renal failure	no
chronic renal failure	yes
h/o chemotherapy	yes
*If question remains about classification of <i>past</i> malignancy, contact CDC.	
Further instructions, definitions of terms and abbreviations are in Tables 2 - 4 at the end of this document.	

ORGANISM-SPECIFIC QUESTIONS

HAEMOPHILUS INFLUENZAE

23. Receipt of Hib vaccine?	<p>For any patient <15 years of age with Hib or serotype unknown, indicate doses of Hib vaccine received. If yes, for each dose write date given, vaccine name and manufacturer, and vaccine lot number.</p> <p>Note: For all dates, if “day” of month is unknown, enter “15”. If “month” is not known, use Comment field to indicate <i>year</i> of Hib vaccination and include the phrase “month unknown”</p>
23b. Were records obtained to verify vaccination history?	<p>It is only necessary to verify vaccination history for cases <u><5 years of age</u>. If available/accessible, state vaccination registries may be used to verify information on vaccination history. If state registries are not available/accessible OR vaccination history is missing from the state registry, vaccination history should be verified by the child’s healthcare provider.</p> <p><i>Clarifications:</i> Healthcare provider – includes primary care physicians, pediatricians, or public health clinics</p>
24. Serotype	<p><i>Haemophilus influenzae</i> serotype determined by the primary culture laboratory. If the primary culture laboratory does not perform serotyping, indicate serotype determined at other laboratory within the EIP site (either reference lab or state lab). If not tested or unknown, please indicate such.</p>

NEISSERIA MENINGITIDIS

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25. Serogroup	<i>Neisseria meningitidis</i> serogroup as determined by the primary culture laboratory. If the primary culture laboratory does not perform serogrouping, indicate serogroup determined at other laboratory within the EIP site (either reference lab or state lab). If not tested or unknown, please indicate such.
26. Is patient currently attending college?	For patients who are 15-24 years old at time of collection of invasive culture check “yes” if the patient attends college. If not, check no; if unknown, mark “unknown”. If the patient is age less than 15 or is older than 24 years, leave the question blank. NOTE: “college” is not to be specifically defined but instead will be as self-identified by the case.
27. Did patient receive meningococcal vaccine?	Did the patient receive meningococcal vaccine? If yes, indicate which meningococcal vaccine(s) was (were) given by checking the appropriate box (es). If the vaccine name/manufacturer is unknown, please check ‘Not Known’. NOTE: Although unlikely, it is possible that the patient received <u>two</u> doses of meningococcal vaccine. If the patient received two doses of either <i>Menomune</i> or <i>Menactra</i> , list the date and lot number for the <u>most recent</u> dose under the appropriate name (<i>Menomune</i> or <i>Menactra</i>) and the first of the two doses under “other”. Please also specify the vaccine name under “other”. If “day” of month is unknown, enter “15”. If "month" is not known, use Comment field to indicate <i>year</i> of meningococcal vaccination and include the phrase "month unknown".

STREPTOCOCCUS PNEUMONIAE

28. Receipt of pneumococcal conjugate vaccine?	Did the patient <15 years of age receive the (typically 7- or 9-valent) pneumococcal conjugate vaccine? Note: If yes, for each dose write dates given, vaccine name and manufacturer, and vaccine lot numbers. If “day” of month is unknown, enter “15”. If "month" is not known, use Comment field to indicate <i>year</i> of pneumococcal conjugate vaccination and include the phrase "month unknown".
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GROUP A STREPTOCOCCUS

29. Did patient have surgery in last 7 days?	Did the patient have any surgery in the 7 days prior to collection of the first positive invasive GAS culture (the date of specimen collection)? If YES, give date of surgery.
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30. Did patient deliver a baby in last 7 days?	Did the patient deliver a baby in the 7 days prior to the date of collection of the first positive invasive GAS culture (the date of specimen collection)? If YES, give date of delivery.
31. GAS-specific underlying conditions	<p>For each, indicate whether or not the patient had one or more of these conditions in the 7 days prior to the date of collection of the first positive invasive GAS culture.</p> <p>For “surgical wound”, check the box if <i>any</i> surgical wound was noted in the chart or by the physician. This refers to <i>any</i> surgical wound present when the positive GAS culture was collected. (For example, check the box even if the surgery occurred 2 weeks prior to the isolate collection, as long as the wound was still present during the current GAS infection.)</p> <p><u>Clarifications:</u></p> <p><i>Penetrating Trauma</i> - trauma that breaks the skin (e.g., knife wound)</p> <p><i>Blunt Trauma</i> - trauma that does not break the skin (e.g., falling down stairs and sustaining some bruises, getting hit by a baseball bat)</p>

Comments

32. Comments	Use this space to add other information that might not have fit the choices provided or to enhance existing information.
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To be filled out by ABCs personnel only

33. Audit	Was the case first identified through the audit? Check “yes” or “no”.
34. CRF status	What is the current status of the case report form in terms of completion?
35. Recurrent disease	<p>Indicate whether or not this patient was previously infected by the same pathogen as in a previous case report.</p> <p>For <i>Streptococcus pneumoniae</i>, the specimen from this current case must have been isolated <i>8 or more</i> days after any previous case due to the same pathogen. For all other pathogens, the specimen from this current case must have been isolated <i>30 or more</i> days after any previous case due to the same pathogen.</p>
36. Date of report	Indicate the date reported to the ABCs site. This is the date that the ABCs personnel were first notified or made aware of this case.

Table 1:

**TYPES OF INFECTION CAUSED BY ORGANISM,
DEFINITIONS**

Term	Definition
Bacteremia without focus	bloodstream infection without any other type of infection indicated
Meningitis/ encephalitis	inflammation of the membranes of the brain or spinal cord (To list this as the type of infection caused by the ABCs organism, “meningitis” must be listed in the chart as a diagnosis made by a health care provider, the ABCs pathogen must be isolated from CSF, or a CSF gram stain must be positive for one of the ABCs pathogens. The following CSF abnormalities alone are <u>not</u> acceptable: any abnormal protein level or an increase in white blood cells (WBC))
Otitis media	middle ear infection
Pneumonia	inflammation or infection of the lung. Aspiration pneumonia and community-acquired pneumonia are acceptable types of pneumonia. If reviewing radiology reports (which is <i>not</i> required), radiographic findings that indicate pneumonia include the following: bronchopneumonia, consolidation, and infiltrate. Atelectasis, pulmonary edema and pleural effusion alone should <i>not</i> be considered evidence of pneumonia
Epiglottitis	inflammation of the epiglottis
HUS	Hemolytic Uremic Syndrome: syndrome characterized by fever, thrombocytopenia, microangiopathic hemolytic anemia, hypertension and varying degrees of acute renal failure
Abscess (not skin)	circumscribed collection of pus; this can be in a collection of pus in an organ (i.e., liver) or within the deeper tissues under the skin
Peritonitis	inflammation of the lining of the abdominal cavity
Pericarditis	inflammation of the membrane around the heart
Septic abortion	abortion in which the conceptus and upper genital tract (e.g., uterus) are infected
Chorioamnionitis	inflammation of the membrane surrounding the fetus
Septic arthritis	infection of a joint (i.e., wrist, knee, ankle, etc.)
Osteomyelitis	inflammation of bone marrow and adjacent bone (does not include mastoiditis)
Endocarditis	inflammation of the lining membrane of the heart ("endocardium"). This may involve only the membrane covering the heart valves or the lining of

	the chambers of the heart
Empyema	the presence of pus in a body cavity. Empyema usually refers to collections of pus in the space around the lungs (pleural cavity)
Endometritis	inflammation of the inner lining of the uterus
STSS	Streptococcal Toxic Shock Syndrome: rapidly progressing infection causing shock and injury to internal organs such as the kidneys, liver, and lungs ("Septic shock" is not necessarily equivalent to "toxic shock")
Necrotizing fasciitis	rapidly spreading and destructive infection of muscle and fat tissue
Puerperal sepsis	condition in which a woman has a fever for more than two consecutive days (exclusive of the first postpartum day) within the first 10 postpartum days
"Other"	Acceptable syndromes include (but are not limited to): <ul style="list-style-type: none"> -endocarditis -kidney infection (pyelonephritis) -urinary tract infection -sinusitis -pharyngitis -gangrene -mastoiditis -septic shock/sepsis/septicemia ("septicemia" may be coded as "bacteremia" IF the organism is isolated from the blood only)

Table 2:**SPECIFIC UNDERLYING DISEASES: DEFINITIONS, ABBREVIATIONS, AND CLARIFICATIONS**

Current smoker	Includes a smoker of cigarettes or cigars, but does not include smoking crack or other illicit drugs. Smoking crack or other illicit drugs should be listed under “other”. (If a person quit smoking <i>within the past 12 months</i> , consider this person a current smoker.)
Multiple Myeloma	This cancer of the hematopoietic system results in "immunocompromised for life" so should be marked if any history.
Sickle Cell Anemia	Includes persons with HbSS, HbSC or HbS-beta thalassemia. Common abbreviations: SCD, SS disease, SC disease.
Immunoglobulin deficiency	Includes syndromes such as SCID (severe combined immunodeficiency), agammaglobulinemia, Ig, IgM, or IgG deficiencies, Wiskott-Aldrich Syndrome.
Immunosuppressive therapy	If the chemotherapy is ongoing, if patient is between cycles, or if within 2 weeks of completion, this should be checked. Use of steroids is considered an underlying disease or condition only if they are long-term systemic steroids (this does NOT include topical creams, steroids used only for short course treatment such as one week, and inhaled steroids used for asthma).
Leukemia	This cancer of the hematopoietic system results in an "immunocompromised" condition. Includes CML (chronic myelogenous leukemia), CLL (chronic lymphocytic leukemia), AML (acute myelogenous leukemia), ALL (acute lymphocytic leukemia).
Hodgkin’s Disease	This cancer of the hematopoietic system results in "immunocompromised for life" so should be marked if any history.
Emphysema/COPD	COPD=chronic obstructive pulmonary disease. Includes chronic bronchitis.
Diabetes mellitus	Includes either type I or type II (both “insulin-dependent” and “adult-onset”). Also includes glucose intolerance and new-onset diabetes. Do not include patients noted as “pre-diabetic”. It is not necessary to look at the results of glucose tolerance test in laboratory results section of the chart for an indication of diabetes. Common abbreviations: DM, AODM, IDDM, NIDDM.

Renal failure/dialysis	This does not include <i>acute</i> renal failure or renal insufficiency. Includes
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	end stage renal disease.
HIV/AIDS	If the case is HIV+ and the case's CD4 count was ever <200, then mark "AIDS" as an underlying cause, even if AIDS is not a diagnosis noted in the chart. (The CD4 count from the <i>current</i> illness/admission being investigated may be used to determine if the person has AIDS and is most often listed in the admission history and physical or discharge summary; prior charts do not need to be reviewed).
Cirrhosis/liver failure	This does <i>not</i> include hepatitis A, hepatitis B, hepatitis C infection <i>without</i> liver failure and does not include <i>acute</i> liver failure.
Alcohol abuse	Includes ETOHA (ethanol abuse).
Atherosclerotic cardiovascular disease (ASCVD)/ CAD	This is also described as Arteriosclerotic Heart Disease, CAD (coronary artery disease), and CHD (coronary heart disease).
Heart failure/CHF	Congestive heart failure, including cardiomyopathy.
CSF leak	Cerebrospinal fluid leak
IVDU	Intravenous drug user
Cerebral Vascular Accident (CVA)/Stroke	Includes any history of CVA/Stroke. This does <i>not</i> include a history of a TIA (transient ischemic attack).
Cochlear implant	An electrode-containing device which is placed in the inner ear to activate auditory nerves.
Deaf/profound hearing loss	This does not include <u>mild</u> hearing loss.
Complement deficiency	Complement deficiencies are a group of disorders in which there is a reduced level of specific proteins that are needed for a normal immune response ("complement"). (Examples of specific complement deficiencies are: C1 qrs deficiency, C3 deficiency, C2-C4 deficiency, C5-9 deficiency.)
Obesity	The condition of being significantly overweight. It is usually applied to a condition of 30 percent or more over ideal body weight OR to individuals with a body mass index (BMI) of 30 or more. The obesity variable should not be checked in the underlying conditions section if there is no mention of obesity in the chart. Calculating an obese BMI value using the height and weight data should not be used to complete this variable.

Table 3:**GLOSSARY FOR COMMONLY NOTED UNDERLYING ACRONYMS AND SYNDROMES,
AND ASSOCIATED ABCS UNDERLYING DISEASE OR ILLNESS**

Acronyms/Symptoms/Syndromes/ Treatments	Associated ABCs underlying disease or illness
Agammaglobulinemia	Immunoglobulin deficiency
ALL (A cute L ymphocytic L eukemia)	Leukemia
AML (A cute M yelogenous L eukemia)	Leukemia
AODM (A dult O nset D iabetes M ellitus)	Diabetes mellitus
ASCVD	Atherosclerotic cardiovascular disease
CAD (C oronary A rtery D isease)	Atherosclerotic cardiovascular disease
Cardiomyopathy	Heart failure/CHF
Cerebrospinal fluid leak	CSF leak
CHD (C hronic H eart D isease)	Atherosclerotic cardiovascular disease
CHF (C ongestive H eart F ailure)	Heart failure/CHF
CVA (C erebral V ascular A ccident)	Stroke/CVA
Chronic Bronchitis	Emphysema/COPD
Cigarettes	Current smoker
Cigars	Current smoker
CLL (C hronic L ymphocytic L eukemia)	Leukemia
CML (C hronic M yelogenous L eukemia)	Leukemia
COPD (C hronic O bstructive P ulmonary D isease)	Emphysema/COPD
Cortisone (steroid)*	Immunosuppressive therapy
Cortone (steroid)*	Immunosuppressive therapy
Decadron (steroid)*	Immunosuppressive therapy
Dexamethasone (steroid)*	Immunosuppressive therapy
DM	Diabetes mellitus
ETOHA (Ethanol abuse)	Alcohol abuse
HbS-beta thalassemia	Sickle Cell Anemia
HbSC	Sickle Cell Anemia
HbSS	Sickle Cell Anemia
Hydrocortisone (steroid)*	Immunosuppressive therapy
IDDM (I nsulin- D eendent D iabetes M ellitus)	Diabetes mellitus
Ig deficiency	Immunoglobulin deficiency
IgG deficiency	Immunoglobulin deficiency
IgM deficiency	Immunoglobulin deficiency
IVDU	Intravenous drug user
Kenacort (steroid)*	Immunosuppressive therapy

Kenalog (steroid)*	Immunosuppressive therapy
Liver failure	Cirrhosis
Methylprednisolone (steroid)*	Immunosuppressive therapy
NIDDM (Non Insulin Dependent DM)	Diabetes mellitus
Pediapred (steroid)*	Immunosuppressive therapy
Prednisolone (steroid)*	Immunosuppressive therapy
Prednisone (steroid)*	Immunosuppressive therapy
Prelone (steroid)*	Immunosuppressive therapy
SCD (Sickle Cell Disease)	Sickle Cell Anemia
SC disease	Sickle Cell Anemia
SCID (Severe Combined Immunodeficiency)	Immunoglobulin deficiency
Solu-Cortef (steroid)*	Immunosuppressive therapy
SoluMedrol (steroid)*	Immunosuppressive therapy
SS disease	Sickle Cell Anemia
Steroids*	Immunosuppressive therapy
Triamcinalone (steroid)*	Immunosuppressive therapy
Wiskott-Aldrich Syndrome	Immunoglobulin deficiency

* Use of steroids are considered an underlying disease or condition ONLY if they are long-term systemic steroids (inhaled steroids are typically not considered an underlying disease or condition)

Table 4:

**Commonly noted diseases or syndromes that are
NOT
considered an ABCs underlying disease or syndrome**

Acute Liver Failure
Acute Renal Failure
Alzheimer's Disease
Anemia
Atrial fibrillation
Gastroesophageal Reflux Disease (GERD)
Hepatitis A without liver failure
Hepatitis B without liver failure
Hepatitis C without liver failure
HTN (hypertension)
Inhaled steroids
Mental Illness
Organic Brain Syndrome
Senile dementia
Steroid Topical Creams
Steroid Short term Therapy (<8 days)
UTI (Urinary Tract Infection)