Patient ID:										
Patient's Name:			L CORE SU	RVEILLANCE CASE	REPORT	Г — Phone No.:	()			
(Last, First, M.I.)						Patient				
Audress	(Nu	umber, Street, Apt. No.)				Gilait No				
	(City, State)		(Zip Co	de) ·						
- Patient identifier information is NOT transmitted to CDC -										
HEALTH & HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION AND PREVENTION AND PREVENTION										
1. STATE: 2. COUNTY (Residence of (Residence	STATE: 2. COUNTY: 3.		STATE I.D.: 4a. HOS		SPITAL	/LAB I.D. WHERE	E 4b. HOSPITAL I.D. WHERE PATIENT TREATED			
patient)										
5. Where was the patient a resid	dent prior to admission	at time of first	6. DATE	OF BIRTH:	7	7a. AGE:	7b. Is age in day/mo/yr?			
positive culture? 1 Private Residence 1 Incarcerated 1 Unk 1 Long Term Care Facility 1 Transferred from hospital/acute care facility				Day Year			1 Days 2 Mos. 3 Yrs.			
1 Homeless		8c. RACE: (Check a				Bd. WEIGHT:				
1∏⊦	Ba. SEX: 8b. ETHNIC ORIGIN: 8c. F		all that apply) 1	Asian			oz ORkg 🗌 Unk			
	Not Hispanic or Latino	1 Black or African A		Native Hawaiian or Other Pacific Is	lander 4	Be. HEIGHT:				
2	Jnk	1 American or Alaska		Unk		ft	in OR cm Unk			
8f. TYPE OF INSURANCE: (Che	eck all that apply)									
	Medicaid/state assistar			vate/HMO/PPO/manag			1 🗌 No health coverage			
1 Military/VA 1	Indian Health Service (HIS)	1 🗌 Oth	er: (specify)			1 Unk			
9. WAS PATIENT HOSPITALIZED? 10. WAS AN INFECTION REL 1 Yes 2 No 9 Unk If YES: Date of admission INCLUDED IN THE ADMIS Mo. Day Year 1 Day Year 1 Yes			IRE IISSION SA infection	0 Hospital Inpatient 5 Long Term Care Facility vition 3 Emergency Room 9 Unk						
Date of discharge] No] Unk		11b. DATE OF INITIAL CULTURE:						
12. PATIENT OUTCOME:				13a. At time of first positive culture, patient was: 13b. If pregnant or post-partun, what was the outcome of the fetus:						
1 Survived If survived, was the patient transferred to a LTCF? 1 Yes 2				1 Pregnant	Survived 4					
Mo. Day Year				2 Post-part	um		nvived, 5 Induced abortion			
2 Died Date of Death:			9 Unk	3 Neither		Liv	re birth/neonatal 9 🗌 Unk			
9 Unk				9 🗌 Unk		3 🗌 de	ath			
14. STERILE SITE(S) FROM WH ISOLATED: (Check all that ap		LY 15		res of the SAME		ere cultures of <u>O</u> ithin 30 days of ir	THER sterile site(s) positive			
				sterile site(s) positive between 7 and 30 days after initial culture?						
1 CSF 1 Bone			1 Yes 2 No 9 Unk			If Yes, list site(s):				
1 Pleural fluid 1 Internal body site (<i>specify</i>)						1 Blood 1 Joint/Synovial fluid				
1 Peritoneal fluid						I CSF I Bone I Pleural fluid 1 Internal body site (specify)				
1 Pericardial fluid 1 Other sterile site (specify)						1 Peritoneal fluid				
			1	1 Pericardial fluid 1 Other sterile site (specify)						
needed, and completing and reviewing th	e collection of information. An a	agency may not conduc	t or sponsor, an	d a person is not required to	o respond t	o a collection of inform	ata sources, gathering and maintaining the data mation unless it displays a currently valid OMB C, CDC/ATSDR Reports Clearance Officer,			

17. TYPES OF MRSA INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) 1 None 1 Unk										
1 Bacteremia	1 Osteomyelitis	1 Surgical Site (internal)	1 🗌 Traumatic Wound							
1 Empyema	1 Urinary Tract	1 Septic Arthritis	1 Surgical Incision							
1 Meningitis	1 Endocarditis	1 Bursitis	1 Pressure Ulcer							
1 Peritonitis	1 Skin Abscess	1 Septic Shock	1 Septic Emboli							
1 Pneumonia (If checked, go	1 Abscess (not skin)	1 Cellulitis	1 Other: (<i>specify</i>)							
to question 21)										
18. UNDERLYING CONDITIONS: (Check all that apply) (if none or no chart available, check appropriate box) 1 None 1 Unk										
	Peripheral Vascular Disease (PV			Abscess/Boil						
	Heart Failure/CHF Atherosclerotic Cardiovascular	1 Diabetes	1 🛄 Eczema 1 🛄 Influenza (within 10	Psoriasis						
1 Other Drug Use	Disease (ASCVD)/CAD	1 Chronic Liver Disease	days of initial culture)							
	CVA/Stroke (Not TIA)	1 Rheumatoid Arthritis	1 Other Dermatological Cond	lition(s): (specify)						
	Emphysema/COPD	1 Obesity								
1 Solid Organ Malignancy 1	Asthma	1 Premature Birth	1 Other condition(s): (specify	<i>'</i>)						
1 Hematologic Malignancy 1	Systemic Lupus Erythematosus	1 🗌 Immunosuppressive Therap	ру							
19. CLASSIFICATION – Healthcare-associated and Community-associated: (Check all that apply) 1 None 1 Unk										
1 Previous documented MBSA infection or colonization 1 Surgery within year before index culture date 1 Residence in a long-term care facility										
Month Year	OR previous STATE I.D.:		within year before i	ndex culture date.						
If YES:		1 Dialysis within year before index (Hemodialysis or Peritoneal dialy		theter in place at						
1 Culture collected >48 hours after hospital admission.										
1 Hospitalized within year before in	ndex culture date.									
Month Year	¬									
If YES:	1 Unk									
20. SUSCEPTIBILITY RESULTS: [S=Ser	nsitive (1), I = Intermediate (2), R = R	esistant (3), U = Unknown/Not reported	(9)]							
				SUIRU						
	U Penicillin:		Chloramphenicol:	S 🗌 I 🗌 R 🗌 U						
	U Quinupristin/Dalfop	oristin:		S 🗌 I 🗌 R 🗌 U						
	U Rifampin:		Nafcillin:	S 🗌 I 🗌 R 🗌 U						
Erythromycin:	U Tetracycline:		Ampicillin:	S 🗌 I 🗌 R 🔲 U						
Gatifloxacin:	U Trimethoprim-sulfa	methoxazole:	Imipenem:	S 🗌 I 🗌 R 🔲 U						
Gentamicin:										
	_U									
21. SUPPLEMENTAL PNEUMONIA QUESTIONS. Please complete if the patient was determined to have pneumonia per question 17.										
a. Are any of the following listed in the		_ • •	Results (Check all that apply) 1 Not							
1 MRSA pneumonia	1 Staphylococcal pneumonia		eumonia/pneumonia 1 🗌 Pleural e ensity/opacity 1 🗌 Consolid							
1 Aspiration pneumonia	1 No pneumonia specified	1 Cavitation	1 🗌 Not avail							
			out pneumonia 1 Other: (s	pecify)						
b. Discharge diagnosis (<i>Check all that apply</i>) 1 N/A 1 Unk 1 482.40 1 482.41 1 482.49 1 V09.0 1 None listed d. 1 MRSA positive non-sterile respiratory specimens										
		CE OFFICE USE ONLY -	25 Data reported to EID eiter	26. Initials of						
22. Was case first identified through	nete recurrent MRSA	If YES, previous	25. Date reported to EIP site:	S.O:						
	nplete	(1 st) STATE I.D.:	Mo. Day Year							
	d & Correct 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
after 3	3 requests									
27. COMMENTS:										
I										