

Patient's Name: (Last, First, MI.) Phone No.:( )
Address: (Number, Street, Apt. No.) Patient Chart No.:
(City, State) (Zip Code) Hospital:

- Patient identifier information is not transmitted to CDC -

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30333

2015 ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) CASE REPORT
NON-BACTEREMIC PNEUMOCOCCAL DISEASE
A CORE COMPONENT OF THE EMERGING INFECTIONS PROGRAM NETWORK



OMB No. 0920-0978

- SHADED AREAS FOR OFFICE USE ONLY -

1. STATE: (Residence of Patient)
2. STATE I.D.:
3. DATE FIRST POSITIVE URINE ANTIGEN TEST COLLECTED (Date Specimen Collected)
4. CRF Status: 1 Complete 2 Incomplete 3 Edited & Correct 4 Chart unavailable after 3 requests

5. COUNTY: (Residence of Patient)
6a. HOSPITAL/LAB I.D. WHERE CULTURE IDENTIFIED:
6b. HOSPITAL I.D. WHERE PATIENT TREATED:

7. DATE OF BIRTH: Mo. Day Year
8a. AGE:
8b. Is age in day/mo/yr? 1 Days 2 Mos. 3 Yrs.
9. SEX: 1 Male 2 Female
10a. ETHNIC ORIGIN: 1 Hispanic or Latino 2 Not Hispanic or Latino 9 Unknown
10b. RACE: (Check all that apply) 1 White 1 Asian 1 Black 1 Native Hawaiian or Other Pacific Islander 1 American Indian or Alaska Native 1 Unknown

11. STERILE SITES FROM WHICH ORGANISM ISOLATED IN ADDITION TO UAT POSITIVE: (Check all that apply)
1 Blood 1 CSF 1 Peritoneal fluid 1 Pericardial fluid 1 Bone 1 Muscle/Fascia/Tendon 1 Joint 1 Pleural fluid 1 Other normally sterile site (specify)
1 Internal body site (specify)

12. WAS PATIENT HOSPITALIZED? 1 Yes 2 No
If YES, date of admission: Mo. Day Year
Date of discharge: Mo. Day Year

13. OUTCOME: 1 Survived 2 Died 9 Unknown

14. UNDERLYING CAUSES OR PRIOR ILLNESSES: (Check all that apply OR if NONE or CHART UNAVAILABLE, check appropriate box) 1 None 1 Unknown
1 AIDS or CD4 count <200 1 Alcohol Abuse, Current 1 Alcohol Abuse, Past 1 Asthma 1 Atherosclerotic Cardiovascular Disease (ASCVD)/CAD 1 Bone Marrow Transplant (BMT) 1 Cerebral Vascular Accident (CVA)/Stroke 1 Chronic Kidney Disease 1 Current Chronic Dialysis 1 Chronic Skin Breakdown 1 Cirrhosis/Liver Failure 1 Cochlear Implant
1 Complement Deficiency 1 CSF Leak 1 Current Smoker 1 Deaf/Profound Hearing Loss 1 Dementia 1 Diabetes Mellitus 1 Emphysema/COPD 1 Heart Failure/CHF 1 HIV Infection 1 Hodgkin's Disease/Lymphoma 1 Immunoglobulin Deficiency 1 Immunosuppressive Therapy (Steroids, Chemotherapy, Radiation)
1 IVDU, Current 1 IVDU, Past 1 Leukemia 1 Multiple Myeloma 1 Multiple Sclerosis 1 Nephrotic Syndrome 1 Neuromuscular Disorder 1 Obesity 1 Parkinson's Disease 1 Other Drug Use, Current 1 Other Drug Use, Past 1 Peripheral Neuropathy
1 Plegias/Paralysis 1 Premature Birth (specify gestational age at birth) (wks) 1 Seizure/Seizure Disorder 1 Sickle Cell Anemia 1 Solid Organ Malignancy 1 Solid Organ Transplant 1 Splenectomy/Asplenia 1 Systemic Lupus Erythematosus (SLE) 1 Other prior illness (specify)

15. DID THE PATIENT HAVE A CHEST CT OR CHEST X-RAY WITHIN 72 HOURS OF ADMISSION?:
1 CT 2 X-ray 3 Both 4 Neither 9 Unknown
If yes, check all that apply from the radiology report:
1 Pneumonia/bronchopneumonia 1 Consolidation 1 Lobar (NOT interstitial) infiltrate 1 For pneumonia/consolidation/infiltrate 1 Single lobar 1 Multiple lobar infiltrate (unilateral) 1 Multiple lobar infiltrate (bilateral)
1 Air space/alveolar density/opacity/disease 1 Atelectasis 1 Cavitation 1 Pleural effusion 1 Pneumonitis 1 Pulmonary edema 1 Interstitial infiltrate
1 Empyema 1 ARDS (acute respiratory distress syndrome) 1 Cannot rule out pneumonia 1 No evidence of pneumonia 1 Report not available 1 Other (specify)

16. WAS THE PATIENT DIAGNOSED WITH PNEUMONIA?: 1 Yes 2 No\* 9 Unknown\*

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.