	URVEILLANCE CASE REPORT -
Patient's Name <u>:</u> (Last, First, MI.)	Phone No.:() Patient
Address:	Chart No.:
	Hospital:
	ide)
CENTERS FOR DISEASE CONTROL AND PREVENTION ATLANTA, GA 30333 A CORE COMPONENT OF THE EMERGI	ACTERIAL CORE Cs) CASE REPORT NG INFECTIONS PROGRAM NETWORK DR OFFICE USE ONLY - OMB No. 0920-0978
1. STATE: 2. STATE I.D.: 3. DATE FIRST POSITIVE CULTURE C	
(Residence of Patient) (Residence of Patient) (Date Specimen Collected Mo. Day Year	
	-/LAB I.D. WHERE 7b. HOSPITAL I.D. WHERE PATIENT TREATED:
8. DATE OF BIRTH: 9a. AGE: 10. SEX: Mo. Day Year 1 □ Male 9b. Is age in day/mo/yr? 2 □ Fem 1 □ Days 2 □ Mos. 3 □ Yrs. 10. SEX:	1 Black 1 Native Hawaiian
12a. BACTERIAL SPECIES ISOLATED FROM ANY NORMALLY STERILE SITE: 1 Neisseria meningitidis 3 Group B Streptococcus 5 Group A Streptococcus 2 Haemophilus influenzae 4 Listeria monocytogenes 6 Streptococcus pneumor	12b. OTHER BACTERIAL SPECIES ISOLATED FROM ANY NORMALLY STERILE SITE: (specify)
• 13. STERILE SITES FROM WHICH ORGANISM ISOLATED: (Check all that apply) 1 □ Blood 1 □ Peritoneal fluid 1 □ Bone 1 □ Joint 1 □ CSF 1 □ Pericardial fluid 1 □ Muscle/Fascia/Tendon 1 □ Pleural fluid 1 □ Other normally sterile site (specify)	14. OTHER SITES FROM WHICH ORGANISM ISOLATED: (Check all that apply) 1 Placenta 1 Wound 1 Sinus I body site (specify) 1 Amniotic fluid 1 Middle ear
INFLUENZA 15. Did this patient have a positive flu test 10 days prior to or following any	ABCs positive culture? 1 Yes 2 No 9 Unknown
16.WAS PATIENT HOSPITALIZED? If YES, date of admission: Mo. Date of discharge: Mo. 1 Yes 2 No	Par 17. If patient was hospitalized, was this patient admitted to the ICU during hospitalization? 1 Yes 2 No 9 Unknown
18a. Where was the patient a resident at time of initial culture? 1 Private residence 4 Homeless 7 Non-medical ward 2 Long term care facility 5 Incarcerated 8 Other(specify)	18b. If resident of a facility, what was the name of the facility? 19a. Was patient transferred from another hospital? 19b. If YES, hospital I.D.:
20a. WEIGHT:	4 - A - Π(b) =LΛ
Ibsoz_OR kg_OR Unknown 20b. HEIGHT: 1 Private ft in_OR 0R Unknown	1 Military 1 Other(specify) 1 Indian Health Service (IHS) 1 Uninsured tance program 1 Incarcerated 1 Unknown
22. OUTCOME: 1 Survived 2 Died 9 Unknown 22a. If survived, patient disch	arged to: 1 Home 2 LTC/SNF 3 LTACH 4 Other 9 Unknown
23. If patient died, was the culture obtained on autopsy? 1 Yes 2 No 9 Unknown	If discharged to LTC/SNF or LTACH, what is the Facility ID
24a. At time of first positive culture, patient was: 1 Pregnant 2 Postpartum 3 Neither 9 Unknown	26. TYPES OF INFECTION CAUSED BY ORGANISM: (Check all that apply) 1 Bacteremia 1 Peritonitis 1 Endometritis
24b. If pregnant or postpartum, what was the outcome of fetus:	without Focus
1 Survived, no apparent illness 4 Abortion/stillbirth 9 Unknown 2 Survived, clinical infection 5 Induced abortion 3 Live birth/neonatal death 6 Still pregnant 24c. Mark if this is a HiNSES fetal death with placenta and/or amniotic fluid isolate, a stillbirth or neonate <22 wks gestation	1 Meningitis 1 Otitis media 1 1 Otitis media 1 1 Pneumonia 1 1 Cellulitis 1 1 Cellulitis 1 1 Septic arthritis 1
2 Survived, clinical infection 5 Induced abortion 3 Live birth/neonatal death 6 Still pregnant	1 Meningitis 1 Otitis media 1 Septic abortion 1 Pneumonia 1 Chorioamnionitis 1 Puerperal sepsis

CDC	52.15A	REV.	10-2015

- ACTIVE BACTERIAL CORE SURVEILLANCE CASE REPORT -

- IMPORTANT - PLEASE COMPLETE THE BACK OF THIS FORM -

1 Charlen Construct 1 Comparison Structure 1 Particular Structure		T UNAVAILABLE, check appropriate box) 1 None 1 Unknown
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Choice: Similar Retaildown		
I	1 Changia Chin Dreedadawa	1 Splanactomy/Acalenia
-IMPORTANT - PLEASE COMPLETE FOR THE RELEVANT ORGANISM - HEAMOPAULUS INFLUENZAE Say Mark was the sereotype? I Desting to find the function P = to tested or Unknown patient receive framephila influenzae backless DOC		1 Other prior illness (specify)
Hetheroterius 22b. Mist vasis te serotyper 22b. Mist vasis te serotyper <		
22a. What was the serverype1 2 1 2 1 <td< td=""><td></td><td>ETE FOR THE RELEVANT ORGANISM -</td></td<>		ETE FOR THE RELEVANT ORGANISM -
2ab. H-15 years of age and scroppe for or unknown (did 1 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		5 e 7 f 8 Other (<i>specify</i>)
part ends to extend the informance bracked in this opt? (5 years of age with Holdware steady) use classical histor? (5 years of age with Holdware steady) use classical histor? (5 years of age with Holdware steady) 1	28b. If <15 years of age and serotype 'b' or 'unknown' did 1 Yes 2 No 9	Unknown 28c.Were records obtained to verify
Main Day Yes 1 Day Yes 2 Day Yes 3 Day Yes 4 Day Yes 3 Day Yes 3 Day Yes 3 Day Yes 4 Day Yes 5 Day Day 3 Day Day Day 3 Day Day Day Day 3 Day Day Day Day Day 3 Day Day Day Day Day Day 3 Day Day Day Day Day Day Day 3 Day		st below. vaccination history? (<5 years of age
1 1		TURER LOT NUMBER with Hib/unknown serotype, only)
2		1 🗌 Yes 2 🗌 No
2		If YES, what was the source of the
4 1	2	
4 1		1 Vaccine Registry
4 1 Other(specify) NELSERUA MENINGTIDS: 2		
NEISEEM MENNIGITIONS 29. What uses the 1 A 2 B 3 C 4 Y 5 W135 6 Not Groupable & Other	4	
29. What was the 1 A 2 B 3 C 4 Y 5 W135 6 Not Groupable 8 OtherOuthown 20. Is patient currently attending college? 1 Yes 2 No 9 Unknown 31. Did patient receive meningscoccal vaccine? Yes 2 No 9 Unknown Yes 2 No 9 Unknown 1		
second prop 1		the an other and a second
DOSE NYTE DATE GVEN NAME MANUFACTURER LOT NUMBER 32. Did patient receive pneumococcal vaccine? 1 Image: Display the second sec	serogroup?	1 Yes 2 No 9 Unknown
DOSE NYTE DATE GVEN NAME MANUFACTURER LOT NUMBER 32. Did patient receive pneumococcal vaccine? 1 Image: Display the second sec	21 Did nationt receive maning access ly accine? 1 Voc. 2 No. 9 Unknown KVS	
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1 If YES, please note which pneumococcal vaccine was received: 2 Image: construction of the constend te consthe construction of the construction of the		
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Type Code: 1 = ACWY conjugate (Menactra, Menveo, MenHibrix) 2 = ACWY polysacharide (Menomune) 3= 8 (Basseo, Trumenba) 9= Unknown 31b. If survived, did patient have any of the following sequelae evident upon discharge? (check all that apply) 1 None 1 Unknown 1 = Hearing deficits 1 Amputation (digit) 1 Amputation (limb) 1 Seizures 1 Paralysis or spasticity 1 Skin Scarring/necross 6ROUP A STREPTOCOCCUS (#33-35 refer to the 14 days prior to first positive culture) 33. Did the patient have surgery or any skin incision? 1 = Yes 2 No 9 Unknown 44. Did the patient have surgery or any skin incision? 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes 2 No 9 Unknown 1 = Yes, date of surgery or skin incision: 1 = Yes 2 No 9 Unknown 1 = Yes, date of surgery or skin incision: 1 = Yes 2 No 9 Unknown 1 = Yes, date of durgery or skin incision = Universe personse, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information unless treat stin injury) 2 = No OC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA(0920-0978). Do not s		1 Prevnar [®] , 7-valent Pneumococcal Conjugate Vaccine (PCV7) 1 Prevnar-13 [®] , 13-valent Pneumococcal Conjugate Vaccine (PCV13) 1 Preumovax [®] , 23-valent Pneumococcal Polysaccharide Vaccine (PF - 1 Vaccine type not specified
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33. Did the patient have surgery or skin incision? 1Yes 2No 9Unknown 34. Did the patient deliver a baby (vaginal or C-section)? 1Penetrating trauma 1Burns If YES, date of surgery or skin incision: Mo. Day Year Mo. Day Year If YES, date of delivery: Mo. Day Year If YES, date of surgery or skin incision: Mo. Day Year If YES, date of delivery: Mo. Day Year If YES to any of the above, record the number of days prior to the first positive culture (if > 1, use the most recent skin injury) 36. COMMENTS: Mo. Day Year IO ays 2O + 3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	3	
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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 30329, ATTN: PRA(0920-0978). Do not send the completed form to this address. 37. Was case first identified through audit? 38. Does this case have 1 / Yes 2 / No 9 / Unknown 38. Does this case have 1 / Yes 2 / No 11 / Yes 2 / No 12 / No 12 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 11 / Yes 2 / No 12 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 138. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. Does this case have 1 / Yes 2 / No 148. D	3	1 Prevnar®, 7-valent Pneumococcal Conjugate Vaccine (PCV7) 1 Prevnar®, 7-valent Pneumococcal Conjugate Vaccine (PCV13) 1 Prevnar-13®, 13-valent Pneumococcal Conjugate Vaccine (PCV13) 1 Pneumovax®, 23-valent Pneumococcal Polysaccharide Vaccine (PF 1 Vaccine type not specified If between ≥2 months and<5 years of age and an isolate is available serotyping, please complete the Invasive Pneumococcal Disease in Children expanded form.
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37. Was case first identified through audit? 1 Yes 2 No 38. Does this case have 1 Yes 2 No If YES, previous (1st) state I.D.: 39. S.O. Initials 38. Does this case have 1 Yes 2 No 9 Unknown If YES, previous (1st) state I.D.: 9 Date: / Submitted By: Phone No.: () Date: /	3	1 Prevnar®, 7-valent Pneumococcal Conjugate Vaccine (PCV7) 1 Prevnar-13®, 13-valent Pneumococcal Conjugate Vaccine (PCV13) 1 Pneumovax®, 23-valent Pneumococcal Polysaccharide Vaccine (PF 1 Vaccine type not specified If between ≥2 months and<5 years of age and an isolate is available serotyping, please complete the Invasive Pneumococcal Disease in Children expanded form.
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