Undetermined source for *Salmonella* Infantis infections among detention center inmates — South Carolina, 2016

*Chart abstraction form to be used by federal employees*

**MEDICAL RECORD ABSTRACTION FORM**

**CDC ID:**  **Date:** //  **Data collector** **initials: \_\_\_\_\_**

1. **Patient’s Name:**
2. **Unit:**
3. **DOB:** //
4. **When was the first documented episode of diarrhea:** //
5. **Admission date:** //
6. **Discharge date:** //

**MEDICAL RECORD ABSTRACTION FORM**

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| **Part 1. Demographic Information** | |
| **1. Gender:** M F  Unknown | 1. **Race** *(check all that apply)*   American Indian or Alaska Native Asian  Black or African American White  Native Hawaiian/other Pacific Islander Unknown  Other race |
| 1. **Ethnicity**   Hispanic or Latino  Not Hispanic or Latino  Unknown | 1. **Unit of residence:** \_\_\_\_\_\_\_\_\_\_\_\_ Unknown |
| 1. **Underlying conditions** *(check all that apply)* None Unknown  |  |  | | --- | --- | | Asplenia  Autoimmune disease  Cancer, any (incl. leukemia/lymphoma)  Chronic kidney disease (with or without dialysis)  Chronic liver disease (incl. cirrhosis)  Chronic pulmonary disease (incl. COPD/emphysema, asthma)  Congestive heart failure  Connective tissue disease  Diabetes mellitus  Gastroesophageal reflux disease (GERD)  HIV/AIDS | Ischemic heart disease/Myocardial infarction/Peripheral vascular dz  IVDU in past year  Peptic ulcer disease  Pregnancy (current)  Prosthetic device or vascular graft  Recurrent cystitis or urinary tract infection  Sickle cell disease  Smoking in past year  Transplant (incl. solid organ, hematopoietic stem cell, bone marrow)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. **How long did the patient remain in the medical unit?**   **\_\_\_\_\_\_\_\_\_** Hours Days Did not go to medical unit Unknown | |
| 1. **In the 30 days prior to illness onset, did the patient receive any form of antacid?:** *(check all that apply)*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Y** | **N** | **Unk** |  |  | |  |  |  | a. Calcium carbonate (may be taken for heartburn/indigestion)? *[Common medication names include Tums, Maalox, Mylanta, Rolaids]* | Name(s): \_\_\_\_\_\_\_\_\_ | |  |  |  | b. H2 receptor blocker (may be taken for peptic ulcer disease)? [Common medication names include cimetidine (Tagamet), ranitidine (Zantac), famotidine (Pepcid), nizatidine (Axid)] | Name(s): \_\_\_\_\_\_\_\_\_ | |  |  |  | c. Proton pump inhibitor (may be taken for peptic ulcer disease or gastroesophageal reflux disease [GERD])? *[Common medication names include omeprazole (Prilosec), pantoprazole (Protonix), lansoprazole (Prevacid), esomeprazole (Nexium)]*  d.Other | Name(s): \_\_\_\_\_\_\_\_\_  Name(s): \_\_\_\_\_\_\_\_\_ |  1. **In the 30 days prior to illness onset, did the patient receive any of the following?:** *(check all that apply)*  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  | a. Any form of radiation therapy? |  | |  |  |  | b. Abdominal surgery (e.g. removal of appendix, removal of gallbladder, any surgery of the stomach, small intestine or large intestine) | Notes: \_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | c. Any oral or intravenous (IV) steroid? *[Common steroids include prednisone, prednisolone, methylprednisolone, hydrocortisone, dexamethasone]* | Name(s): \_\_\_\_\_\_\_\_\_ | |  |  |  | d. Any other oral, intravenous (IV), or injectable immune-suppressing medication? *[Common medication names include azathioprine, cyclosporine, methotrexate, tacrolimus (FK 506), sirolimus, rituximab, infliximab, etanercept, or other chemotherapy]* | Name(s): \_\_\_\_\_\_\_\_\_ | |  |  |  | e. Probiotics | Name(s): \_\_\_\_\_\_\_\_\_ | | |

**MEDICAL RECORD ABSTRACTION FORM**

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| 1. **In the 30 days prior to illness onset, did the patient receive any antimicrobial medication(s)?**   No antimicrobial medication was given  Yes antimicrobial medication was given (please list them below)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Drug no.** | **Drug name** | **Route** | **Start date** *(mm/dd/yy)* | **End date** *(mm/dd/yy)* | **Other Comments** | | 1 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 2 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 3 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 4 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 5 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 6 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 7 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | |

**CDC ID:**  **Date:** //  **Data collector** **initials: \_\_\_\_\_**

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| **Part 2. Medical unit Information** |
| 1. **When was the first documented episode of diarrhea?** // 2. **When was the patient first seen in the medical unit:** // 3. **What was the highest documented temperature at the time of medical unit visit?** \_\_\_\_\_\_°C ­­­\_\_\_\_\_\_\_°F Unknown 4. **What were the documented clinical signs and symptoms?**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Symptom | Yes/No/Don’t Know | Onset Date | Resolution Date (only applicable for highlighted symptoms, V/D/F) | Notes | | Nausea | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Vomiting | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  | | Diarrhea | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  | | Bloody diarrhea | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Abdominal pain/cramping | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Fever | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  | | Chills | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Headache | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Body aches | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Fatigue/Tiredness | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Dizziness | Yes No Unk | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |  |  |   **MEDICAL RECORD ABSTRACTION FORM**  **CDC ID:**  **Date:** //  **Data collector** **initials: \_\_\_\_\_**   1. **Was any treatment given to the patient in the medical unit?** Yes No Unknown    1. If yes, please select all that apply:   Probiotics (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Analgesic/antipyretic medication (specify: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Antidiarrheal medication (specify: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Antiemetic medication (specify: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Antimicrobial medication (specify: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Oral fluids for rehydration (specify: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Intravenous fluids for rehydration (specify: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **If any antimicrobial medication(s) were given to treat the gastrointestinal illness, please list them below. If none were given, please mark that none were given.**   No antimicrobial medication was ever given     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Drug no.** | **Drug name** | **Route** | **First date** *(mm/dd/yy)* | **Last date** *(mm/dd/yy)* | **Other Comments** | | 1 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 2 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 3 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 4 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 5 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 6 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  | | 7 |  | IV IM  PO INH | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |  |  1. **What diagnoses were given to the patient in the medical unit?**  |  |  | | --- | --- | | **No.** | **Diagnoses** | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  | | 6 |  | | 7 |  |  1. **Was this patient ever hospitalized?** Yes No Unknown    1. *If yes, on what day was he/she admitted?* //    2. *When was he/she discharged?* //    3. *What were the discharge diagnoses?*  |  |  | | --- | --- | | **No.** | **Discharge diagnoses** | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  | | 6 |  | | 7 |  |  1. **Were any specimens collected for laboratory testing at the medical unit?** Yes No Unknown    1. *If yes, please proceed to Part 3 of this form.*    2. *If no,* ***end of survey.*** |

**MEDICAL RECORD ABSTRACTION FORM**

**CDC ID:**  **Date:** //  **Data collector** **initials: \_\_\_\_\_**

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| **Part 3. Laboratory testing – Positive Culture Data** |
| 1. **Were cultures done?** Yes No Unknown   *If “Yes,” complete the table below.*  **Positive Cultures**     | **Culture No.** | **Specimen ID**  **--------------------**  **Alternate ID** | **Specimen** | **Collect date (mm/dd/yy)** | **Positive for any pathogen?** | **Pathogens identified** | **AST data recorded in AST Table?** | | --- | --- | --- | --- | --- | --- | --- | | 1 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | | 2 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | | 3 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | | 4 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | | 5 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | | 6 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | | 7 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | | 8 |  | Stool  Blood  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Y N Unk | Path1 \_\_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_\_ | Path1: Y N  Path2: Y N  Path3: Y N | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICAL RECORD ABSTRACTION FORM**  **CDC ID:**  **Date:** //  **Data collector** **initials: \_\_\_\_\_**   1. **Table 4: Antimicrobial Sensitivity**   **Complete the AST table below by filling in the culture no. from the positive culture table, checking the appropriate pathogen, and circling the corresponding AST results.**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Culture No. \_\_\_\_\_\_\_ Pathogen No. \_\_\_\_\_\_\_ | | Culture No. \_\_\_\_\_\_\_ Pathogen No. \_\_\_\_\_\_\_ | | Culture No. \_\_\_\_\_\_\_ Pathogen No. \_\_\_\_\_\_\_ | | Culture No. \_\_\_\_\_\_\_ Pathogen No. \_\_\_\_\_\_\_ | | | Amoxicillin-clavulanic acid | S I R N | Amoxicillin-clavulanic acid | S I R N | Amoxicillin-clavulanic acid | S I R N | Amoxicillin-clavulanic acid | S I R N | | Ampicillin | S I R N | Ampicillin | S I R N | Ampicillin | S I R N | Ampicillin | S I R N | | Azithromycin | S I R N | Azithromycin | S I R N | Azithromycin | S I R N | Azithromycin | S I R N | | Cefoxitin | S I R N | Cefoxitin | S I R N | Cefoxitin | S I R N | Cefoxitin | S I R N | | Ceftiofur | S I R N | Ceftiofur | S I R N | Ceftiofur | S I R N | Ceftiofur | S I R N | | Ceftriaxone | S I R N | Ceftriaxone | S I R N | Ceftriaxone | S I R N | Ceftriaxone | S I R N | | Chloramphenicol | S I R N | Chloramphenicol | S I R N | Chloramphenicol | S I R N | Chloramphenicol | S I R N | | Ciprofloxacin | S I R N | Ciprofloxacin | S I R N | Ciprofloxacin | S I R N | Ciprofloxacin | S I R N | | Gentamicin | S I R N | Gentamicin | S I R N | Gentamicin | S I R N | Gentamicin | S I R N | | Kanamycin | S I R N | Kanamycin | S I R N | Kanamycin | S I R N | Kanamycin | S I R N | | Streptomycin | S I R N | Streptomycin | S I R N | Streptomycin | S I R N | Streptomycin | S I R N | | Sulfamethoxazole | S I R N | Sulfamethoxazole | S I R N | Sulfamethoxazole | S I R N | Sulfamethoxazole | S I R N | | Tetracycline | S I R N | Tetracycline | S I R N | Tetracycline | S I R N | Tetracycline | S I R N | |  | S I R N |  | S I R N |  | S I R N |  | S I R N | |  | S I R N |  | S I R N |  | S I R N |  | S I R N | |  | S I R N |  | S I R N |  | S I R N |  | S I R N | |

1. **Culture-Independent Diagnostic Tests:**

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| **Test** | **Results & Notes** |
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**END OF ABSTRACTION**