Form Approved
OMB No. 0920-1011
Exp. Date 03/31/2017

# 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:** ☐☐/☐☐/☐☐☐☐

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## Part 1. Demographic Information

**1. Gender:** ☐M ☐F ☐Unknown

**2. Race** *(check all that apply)*

☐American Indian or Alaska Native
☐Asian
☐Black or African American
☐White
☐Native Hawaiian/other Pacific Islander
☐Unknown
☐Other race

**3. Ethnicity**

☐Hispanic or Latino
☐Not Hispanic or Latino
☐Unknown

**4. Unit of residence:** _____ ☐Unknown

**5. 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 _____

**6. How long did the patient remain in the medical unit?**

_____ ☐Hours ☐Days ☐Did not go to medical unit ☐Unknown

**7. In the 30 days <u>prior</u> 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)]* | Name(s): _____ |
| | | | d.Other | Name(s): _____ |

**8. In the 30 days <u>prior</u> 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): _____ |

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**9. In the 30 days prior to illness onset, did patient receive any antimicrobial medication(s)?**

| 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 | ___/___/___ | ___/___/___ | |

☐ No antimicrobial medication was given

☐ Yes antimicrobial medication was given (please list them below)

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## Part 2. Medical unit Information

10. **When was the first documented episode of diarrhea?** ☐☐/☐☐/☐☐☐☐
11. **When was the patient first seen in the medical unit:** ☐☐/☐☐/☐☐☐☐
12. **What was the highest documented temperature at the time of medical unit visit?**
    _____°C _____°F ☐Unknown
13. **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 | ___/____/_____ | | |

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**14. Was any treatment given to the patient in the medical unit?** ☐Yes ☐No ☐Unknown

a. 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: _____

**15. 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 | ___/___/___ | ___/___/___ | |

**16. What diagnoses were given to the patient in the medical unit?**

| No. | Diagnoses |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |

***17.*** **Was this patient ever hospitalized?** ☐Yes ☐No ☐Unknown

*b. If yes, on what day was he/she admitted?* ☐☐/☐☐/☐☐☐☐

*c. When was he/she discharged?* ☐☐/☐☐/☐☐☐☐

*d. What were the discharge diagnoses?*

| No. | Discharge diagnoses |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |

**18. Were any specimens collected for laboratory testing at the medical unit?** ☐Yes ☐No ☐Unknown

e. *If yes, please proceed to Part 3 of this form.*

f. *If no,* ***end of survey.***

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## Part 3. Laboratory testing – Positive Culture Data

**19. 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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**20. 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 |

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

| Test | Results & Notes |
|---|---|
| | |
| | |
| | |
| | |

**END OF ABSTRACTION**