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A FoodNet A

CDC's FoodNet Hemolytic Uremic Syndrome (HUS) Surveillance
Case Report Form

1A. Case ID YYYY[Year]XX[Fipscode]001[Record]	_____
2A. State ID	_____
3A. FoodNet Person ID (if applicable)	_____
4A. Site	_____
5A. Date entered	_____/_____/_____

Demographic Information

Instructions: Complete the following demographic information as it pertains to the patient diagnosed with HUS.

6A. Date of Birth _____/_____/_____

7A. State of Residence _____

8A. County of residence _____

9A. Sex O Male O Female O Unknown

10A. Ethnicity O Hispanic O Non-Hispanic O Unknown

11A. Race O Black O White O Asian
O American Indian / Alaska Native
O Pacific Islander / Native Hawaiian
O Multi-Racial O Other O Unknown

Clinical Information

Instructions: Complete the following by interviewing the attending physician and/or reviewing patient's medical record.

12A. Is the date of HUS diagnosis known? O yes O no

13A. Date of HUS diagnosis? _____/_____/_____

14A. Did the patient have diarrhea in the 3 weeks before HUS diagnosis? O yes O no O unknown

if yes 15A. Date of diarrhea onset _____/_____/_____

16A. Did stools contain visible blood at the time? O yes O no O unknown

17A. Was diarrhea treated with antimicrobial medications? O yes O no O unknown

if yes 18A. Types of antimicrobials used to treat diarrhea: (check all that apply)

- ☐ Azithromycin (Zithromax, Z-Pak)
- ☐ Ceftriaxone (Rocephin)
- ☐ Ciprofloxin (Cipro)
- ☐ Levofloxacin (Levaquin)
- ☐ Metronidazole (Flagyl)
- ☐ Piperacillin
- ☐ Tazobactam
- ☐ Trimethoprim Sulfamethoxazole (Bactrim, Septra)
- ☐ Vancomycin (Vancocin)
- ☐ Other _____
- ☐ Unknown

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Clinical Information Continued

19A. Did the patient have contact with another person with diarrhea or HUS during the 3 weeks before HUS diagnosis (include daycare, household, etc)? O yes O no O unknown

20A. Was the patient treated with an antimicrobial medication (ANY antibiotic) for any other reason than diarrhea during the 3 weeks before HUS diagnosis? O yes O no O unknown

if yes 21A. Reason treated with antimicrobial _____

22A. Types of antimicrobials used to treat conditions other than diarrhea: (check all that apply)

- ☐ Azithromycin (Zithromax, Z-Pak)
- ☐ Ceftriaxone (Rocephin)
- ☐ Ciprofloxin (Cipro)
- ☐ Levofloxacin (Levaquin)
- ☐ Metronidazole (Flagyl)
- ☐ Piperacillin
- ☐ Tazobactam
- ☐ Trimethoprim Sulfamethoxazole (Bactrim, Septra)
- ☐ Vancomycin (Vancocin)
- ☐ Other _____
- ☐ Unknown

Other medical conditions present during 3 weeks before HUS diagnosis:

23A. Other gastrointestinal illnes O yes O no O unknown

24A. Urinary tract infection O yes O no O unknown

25A. Respiratory tract infection O yes O no O unknown

26A. Other acute illness O yes O no O unknown

if yes Describe _____

27A. Pregnancy O yes O no O unknown

28A. Kidney disease O yes O no O unknown

29A. Immune compromising condition or medication O yes O no O unknown

if yes

30A. Malignancy O yes O no O unknown

31A. Transplanted organ or bone marrow O yes O no O unknown

32A. HIV infection O yes O no O unknown

33A. Steroid Use (parenteral or oral) O yes O no O unknown

Other O yes O no O unknown

Describe _____

Laboratory values within 7 days before and 3 days after HUS diagnosis

Instructions: Record the correct unites or convert to the correct units before entering into the HUS database, especially for platelet count (e.g., enter a platelet count of 33,700/mm3 as 33.7)

34A. Highest serum creatinine _____ mg/dL (suggested range: 0.10-30.00)

35A. Highest serum BUN _____ mg/dL (suggested range: 4.0-100.0)

36A. Highest WBC _____ K/mm^3 (suggested range: 0.50-125.00)

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Laboratory Values Continued

37A. Lowest hemoglobin _____ g/dL (suggested range: 2.0-30.0)

38A. Lowest hematocrit _____ % (suggested range: 0.0-100.0)

39A. Lowest platelet count _____ K/mm^3 (suggested range: 3.0-600.0)

40A. Microangiopathic changes O yes O no O unknown O not tested

Other laboratory findings within 7 days before and 3 days after HUS diagnosis:

41A. Blood (or heme) in urine O yes O no O unknown O not tested

42A. Protein in urine O yes O no O unknown O not tested

43A. RBC in urine by microscopy O yes O no O unknown O not tested

Epi Information

Instructions for Hospital Discharge Data: All records meeting the ICD9-or ICD10-CM codes specified in the surveillance protocol should be reviewed even if the case had already been identified through Active Surveillance in order to obtain potentially missing information. If a case is captured through HDD and was previously identified through the network of practitioners, sites should check that the abstracted information from active surveillance is current and complete. In the event that additional information is available, this should be included in the FoodNet HUS surveillance system. If a discrepancy is identified, the most current information should be used.

44A. How was patient's illness first identified by public health (state or local health department or EIP)?

- O Report of HUS case by a physician or service participating in the FoodNet HUS active surveillance network
- O Report of HUS case by a non-participating physician or service
- O Routine STEC infection active surveillance
- O Retrospective review of hospital discharge data
- O Other (please specify) _____
- O Unknown

45A. Date reported to public health or identified by hospital discharge data review _____/_____/_____

46A. Was hospital discharge data review completed for this case (to verify or supplement information)? O yes O no O unknown

47A. Date of HDD (hospital discharge data) review _____/_____/_____

48A. Is this case epidemiologically linked to a confirmed or probable Shiga toxin-producing *E.coli* (STEC) case? O yes O no O unknown

49A. Is this case outbreak related? O yes O no O unknown

Form A Comments, Composite Variables, and Status

50A. Completed by (initials): _____

51A. Comments _____

_____

_____

55A. Complete? O incomplete O unverified O complete

B FoodNet B

CDC's Foodnet Hemolytic Uremic Syndrome Surveillance
Microbiology Report Form

Instructions: Enter the most relevant microbiology tests associated with this HUS case by specimen source. If multiple positive stool specimens were tested, prioritize specimens tested by the SPHL or CDC. Include positive stool with any evidence of STEC, and, if applicable, serum sent to CDC for testing of abxbodies against STEC and/or one other positive specimen if additional results are available. In addition, you will be prompted to enter negative results (if applicable) only for evidence of STEC.

Stool Specimen

1B. Was stool collected? O yes O no O unknown

2B. Date stool specimen collected _____/_____/_____

3B. State Lab ID: _____

Instructions: Answer below questions as they pertain to the stool specimen collected at each lab. You will be asked about other specimens in the other pathogens section.

4B. Questions	Clinical Lab	State or Local PHL	CDC Lab (Federal)
Was this specimen forwarded to the lab?	O yes O no O unk	O yes O no O unk	N/A
Was testing performed at lab?	O yes O no O unk	O yes O no O unk	O yes O no O unk
Was a Shiga toxin test performed? (e.g. PCR, EIA)	O yes O no O unk	O yes O no O unk	N/A
Shiga toxin test result	O positive O negative	O positive O negative	O positive O negative
Shiga toxin type	O stx1 O stx2 O stx1 & stx2 Oundifferentiated	O stx1 O stx2 O stx1 & stx2 Oundifferentiated	O stx1 O stx2 O stx1 & stx2 Oundifferentiated
Was a CIDT for *E. coli* O157 performed? (e.g. Immunocard Stat)	O yes O no O unk	O yes O no O unk	N/A
CIDT result?	O positive O negative	O positive O negative	N/A
Did the test include H7?	O yes O no O unk	N/A	N/A
Was a culture for *E.coli* O157 performed?	O yes O no O unk	O yes O no O unk	N/A
Was *E.coli* O157 isolated?	O yes O no O unk	O yes O no O unk	O yes O no O unk
Was a culture for *E.coli* non-O157 performed?	N/A	O yes O no O unk	N/A
Was *E.coli* non-O157 isolated?	N/A	O yes O no O unk	O yes O no O unk
O Antigen	N/A	OO26 OO111 OO103 O O121 OO45 O O145 Orough Ound Onot found	
H Antigen	O H7 pos O H7 neg O non-motile Onot tested		

5B. Was immunomagnetic separation (IMS) used to identify common STEC serogroups? O yes O no O unknown

6B. What serogroup(s) did the IMS procedure target? (check all that apply)
☐ O157 ☐ O26 ☐ O45 ☐ O103 ☐ O111 ☐ O121 ☐ O145

7B. Was whole genome sequencing (WGS) performed on this isolate? (at state or CDC) O yes O no O unknown

8B. Sequencing ID: _____

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CDC Serology Tests

9B. Has patient serum or plasma been sent to CDC for testing for antibodies to O157 or other STEC? O yes O no O unknown

10B. Date serology specimen collected? _____/_____/_____

11B. State laboratory ID for serum _____

12B. Was there more than one serology result for this case? O yes O no O unknown

13B. Questions						
LPS type	Titer IgG	Interpretation of IgG		Titer IgM	Interpretation of IgM	
		Positive	Negative		Positive	Negative
O O157 O O111						
O O157 O O111						
O O157 O O111						

Other Pathogens (co-infections) and Other Specimens

14B. Questions	Clinical Lab	State or Local PHL	CDC Lab (federal)
Were any other pathogens identified?	Oyes Ono O unk	Oyes Ono O unk	Oyes Ono O unk
Specimen source	Same stool used for STEC testing	Same stool used for STEC testing	Same stool used for STEC testing
Test type	Oculture OCIDT	Oculture OCIDT	Oculture OCIDT
Pathogen			
Other Specimens (second specimen)			
Was any other specimen collected?	Oyes Ono O unk		
Date other specimen collection	_____/_____/_____		
Specimen source			
Test type 1	Oculture Ononculture (CIDT)		
Pathogen 1			
Test type 2	Oculture Ononculture (CIDT)		
Pathogen 2			
Where positive? (check all that apply)	☐ clinic ☐ State or local ☐ CDC		
Other specimen State lab id			

Form B Comments, Composite Variables, and Status

15B. Completed by (initials) _____

16B. Comments _____

_____

_____

20B. Complete? O incomplete O unverified O complete

C FoodNet C

CDC's Foodnet Hemolytic Uremic Syndrome Surveillance
Chart Review Form

Instructions: Complete after patient has been discharged; use hospital discharge summary, consultation notes and DRG coding sheet. Complete one composite form for all institution where hospitalized.

Hospitals

1C. Was patient hospitalized? O yes O no O unknown

2C. Date of first admission: _____/_____/_____

3C. Date of last discharge: _____/_____/_____

Complications

Did any of the following complications occur during this admission:

				Date of onset
4C.	Pneumonia	O yes O no O unknown	*if yes*	5C. ____/____/____
6C.	Seizure	O yes O no O unknown	*If yes*	7C. ____/____/____
8C.	Paralysis or hemiparesis	O yes O no O unknown	*If yes*	9C. ____/____/____
10C.	Blindness	O yes O no O unknown	*if yes*	11C. ____/____/____
12C.	Other major neurologic sequelae	O yes O no O unknown	*if yes*	13C. ____/____/____

if yes, Describe: _____

Were any of the following procedures performed during this admission:

14C.	Peritoneal dialysis	O yes O no O unknown
15C.	Hemodialysis	O yes O no O unknown
	Transfusion with:	
	16C. packed RBC or whole blood	O yes O no O unknown
	17C. platelets	O yes O no O unknown
	18C. fresh frozen plasma	O yes O no O unknown
19C.	Plasmapheresis	O yes O no O unknown
20C.	Laparotomy or other abdominal surgery* (*other than insertion of dialysis catheter)	O yes O no O unknown

if yes Describe: _____

Discharge

21C. Condition at discharge O dead O alive

if dead	22C. Date deceased	_____/_____/_____
if alive	23C. Requiring dialysis	O yes O no O unknown
	24C. With neurologic deficits	O yes O no O unknown

Form C Comments, Composite Variables, and Status

25C. Completed by (initials): _____

26C. Comments _____

28C. Complete? O incomplete O unverified O complete