

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

2020 ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) CASE REPORT

A CORE COMPONENT OF THE EMERGING INFECTIONS PROGRAM

Form Approved
 0920-0978



- SHADED AREAS FOR OFFICE USE ONLY -

1. STATE: (Patient Residence)	2. STATE I.D.:	3. PATIENT I.D.:	4. Date reported to EIP site: Mo. Day Year	5. CRF Status: 1 ☐ Complete 2 ☐ Incomplete 3 ☐ Edited & Correct 4 ☐ Chart unavailable after 3 requests 7 ☐ QA Review Change	
6. COUNTY: (Residence of Patient)	7b. HOSPITAL I.D. WHERE PATIENT TREATED:	8. DATE OF BIRTH: Mo. Day Year	9a. AGE:	10. SEX: 1 ☐ Male 2 ☐ Female	11a. ETHNIC ORIGIN: 1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino 9 ☐ Unknown
11b. RACE: (Check all that apply) 1 ☐ White 1 ☐ Black 1 ☐ American Indian or Alaska Native 1 ☐ Asian 1 ☐ Native Hawaiian or Other Pacific Islander 1 ☐ Unknown			9b. Is age in day/mo/yr? 1 ☐ Days 2 ☐ Mos. 3 ☐ Yrs.		

Lab Repeating Group Section (T1-T10)						
T1	T2	T3	T3a	T4	T5	T6
Test Type	Date of Specimen Collection Mo. Day Year	Test Method (non-culture)	Hospital/Lab I.D. where test identified	Site from which organism isolated	Bacterial Species Isolated*	Test Result
1						
2						
3						
2						

* For other bacterial pathogens (i.e. non-ABCs), write-in pathogen name

16. WAS PATIENT HOSPITALIZED? 1 ☐ Yes 2 ☐ No	If YES, date of admission: Mo. Day Year	Date of discharge: Mo. Day Year	T7 Isolate/ Specimen Available?	T8 Isolate/ specimen N/A, why not?	T9 Shipped to CDC?	T10 If shipped, accession #
			1			
			2			
			3			
			2			

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) _____ 3 ☐ Long term acute care facility 6 ☐ College dormitory 9 ☐ Unknown	18b. If resident of a facility, what was the name of the facility? _____ Facility ID: _____	19a. Was patient transferred from another hospital? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	19b. If YES, hospital I.D.: _____
--	--	--	---

20a. WEIGHT: ____ lbs ____ oz OR ____ kg OR ☐ Unknown	21. TYPE OF INSURANCE: (Check all that apply) 1 ☐ Private 1 ☐ Military 1 ☐ Other(specify) _____ 1 ☐ Medicare 1 ☐ Indian Health Service (IHS) 1 ☐ Uninsured 1 ☐ Medicaid/state assistance program 1 ☐ Incarcerated 1 ☐ Unknown	
20b. HEIGHT: ____ ft ____ in OR ____ cm OR ☐ Unknown		
20c. BMI: ____ . ____ OR ☐ Unknown		

22. OUTCOME: 1 ☐ Survived 2 ☐ Died 9 ☐ Unknown	22a. If survived, patient discharged to: 1 ☐ Home 2 ☐ LTC/SNF 3 ☐ LTACH 5 ☐ Left AMA 9 ☐ Unknown If discharged to LTC/SNF or LTACH, list Facility ID _____ 4 ☐ Other, Specify _____
23. If patient died, was the culture obtained on autopsy? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	

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 without Focus 1 ☐ Peritonitis 1 ☐ Endometritis 1 ☐ Meningitis 1 ☐ Pericarditis 1 ☐ STSS 1 ☐ Otitis media 1 ☐ Septic abortion 1 ☐ Necrotizing fasciitis 1 ☐ Pneumonia 1 ☐ Chorioamnionitis 1 ☐ Puerperal sepsis 1 ☐ Cellulitis 1 ☐ Septic arthritis 1 ☐ Septic shock 1 ☐ Epiglottitis 1 ☐ Osteomyelitis 1 ☐ Other (specify) _____ 1 ☐ Hemolytic uremic syndrome (HUS) 1 ☐ Empyema 1 ☐ Abscess (not skin) 1 ☐ Endocarditis 1 ☐ Unknown
24b. If pregnant or postpartum, what was the outcome of fetus: 1 ☐ Survived, no apparent illness 2 ☐ Survived, clinical infection 3 ☐ Live birth/neonatal death 4 ☐ Abortion/stillbirth 5 ☐ Induced abortion 6 ☐ Still pregnant 9 ☐ Unknown	
24c. ☐ Mark if this is a HiNSSES fetal death with placenta and/or amniotic fluid isolate, a stillbirth, or neonate <22 wks gestation.	
24d. ☐ Mark if this is a GBS Blood Spot Study case that lives outside ABCs catchment area	

25. If patient <1 month of age, indicate gestational age and birth weight. If pregnant, indicate gestational age of fetus, only. Gestational age: ____ (wks) Birth weight: ____ (gms)
--

27. 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 ☐ Connective Tissue Disease (Lupus, etc.)	1 ☐ Immunosuppressive Therapy (Steroids, etc.)	1 ☐ Peripheral Neuropathy
1 ☐ Asthma	1 ☐ CSF Leak	1 ☐ Eculizumab (Soliris) - N.men. only	1 ☐ Peripheral Vascular Disease
1 ☐ Atherosclerotic CVD (ASCVD)/CAD	1 ☐ Deaf/Profound Hearing Loss	1 ☒ Ravulizumab (Ultomiris) - N.men. only	1 ☐ Plegias/Paralysis
1 ☐ Bone Marrow Transplant (BMT)	1 ☐ Dementia	1 ☐ Leukemia	1 ☐ Premature Birth (specify gestational age at birth) (wks)
1 ☐ CVA/Stroke/TIA	1 ☐ Diabetes Mellitus,	1 ☐ Multiple Myeloma	1 ☐ Seizure/Seizure Disorder
1 ☐ Chronic Hepatitis C	1 ☐ HbA1C _____(%), Date ____/____/____	1 ☐ Multiple Sclerosis	1 ☐ Sick Cell Anemia
1 ☐ Chronic Kidney Disease	1 ☐ Emphysema/COPD	1 ☐ Myocardial Infarction	1 ☐ Solid Organ Malignancy
1 ☐ Chronic Liver Disease/cirrhosis	1 ☐ Heart Failure/CHF	1 ☐ Nephrotic Syndrome	1 ☐ Solid Organ Transplant
1 ☐ Current Chronic Dialysis	1 ☐ HIV Infection	1 ☐ Neuromuscular Disorder	1 ☐ Splenectomy/Asplenia
1 ☐ Chronic Skin Breakdown	1 ☐ Hodgkin's Disease/Lymphoma	1 ☐ Obesity	1 ☐ Other prior illness (specify): _____
1 ☐ Cochlear Implant	1 ☐ Immunoglobulin Deficiency	1 ☐ Parkinson's Disease	
1 ☐ Complement Deficiency		1 ☐ Peptic Ulcer Disease	

SUBSTANCE USE, CURRENT

27b. SMOKING: 1 ☐ None 1 ☐ Unknown 1 ☐ Tobacco 1 ☐ E-Nicotine Delivery System 1 ☐ Marijuana
(check all that apply)

27c. ALCOHOL ABUSE: 1 ☐ Yes 0 ☐ No 9 ☐ Unknown

27d. OTHER SUBSTANCES: (check all that apply) 1 ☐ None 1 ☐ Unknown

Documented Use Disorder (DUD)/Abuse

Mode of delivery: (check all that apply)

1 ☐ Marijuana/cannabinoid (other than smoking)	1 ☐ DUD or Abuse	1 ☐ IDU	1 ☐ Skin popping	1 ☐ non-IDU	1 ☐ Unknown
1 ☐ Opioid, DEA schedule I (e.g., heroin)	1 ☐ DUD or Abuse	1 ☐ IDU	1 ☐ Skin popping	1 ☐ non-IDU	1 ☐ Unknown
1 ☐ Opioid, DEA schedule II - IV (e.g., methadone, oxycodone)	1 ☐ DUD or Abuse	1 ☐ IDU	1 ☐ Skin popping	1 ☐ non-IDU	1 ☐ Unknown
1 ☒ Opioid, NOS	1 ☒ DUD or Abuse	1 ☒ IDU	1 ☒ Skin popping	1 ☒ non-IDU	1 ☒ Unknown
1 ☐ Cocaine	1 ☐ DUD or Abuse	1 ☐ IDU	1 ☐ Skin popping	1 ☐ non-IDU	1 ☐ Unknown
1 ☒ Methamphetamine	1 ☐ DUD or Abuse	1 ☐ IDU	1 ☐ Skin popping	1 ☐ non-IDU	1 ☐ Unknown
1 ☐ Other* (specify): _____	1 ☐ DUD or Abuse	1 ☐ IDU	1 ☐ Skin popping	1 ☐ non-IDU	1 ☐ Unknown
1 ☐ Unknown substance	1 ☐ DUD or Abuse	1 ☐ IDU	1 ☐ Skin popping	1 ☐ non-IDU	1 ☐ Unknown

- IMPORTANT - PLEASE COMPLETE FOR THE RELEVANT ORGANISM -

HAEMOPHILUS INFLUENZAE

28a. What was the serotype? 1 ☐ b 2 ☐ Not Typeable 3 ☐ a 4 ☐ c 5 ☐ d 6 ☐ e 7 ☐ f 8 ☐ Other (specify) _____ 9 ☐ Not tested or Unknown

28b. If <15 years of age and serotype 'b' or 'unknown' did patient receive Haemophilus influenzae b vaccine? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown
If YES, please complete the list below.

DOSE	Mo.	Day	Year	VACCINE NAME / MANUFACTURER	DOSE	Mo.	Day	Year	VACCINE NAME / MANUFACTURER
1					3				
2					4				

NEISSERIA MENINGITIDIS

29. What was the serogroup?

1 ☐ A 2 ☐ B 3 ☐ C 4 ☐ Y 5 ☐ W135
6 ☐ Not Groupable 8 ☐ Other _____ 9 ☐ Unknown

30. Is patient currently attending college?

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

31. Did patient receive meningococcal vaccine? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown If YES, complete the table

Type Codes:	DOSE	TYPE	DATE GIVEN	VACCINE NAME / MANUFACTURER		
			Mo.	Day	Year	
1= ACWY conjugate (Menactra, Menveo, MenHibrix)	1					
2= ACWY polysaccharide (Menomune)	2					
3= B (Bexsero, Trumenba)	3					
9= Unknown	4					

STREPTOCOCCUS PNEUMONIAE

32. Did patient receive pneumococcal vaccine?

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If YES, please note which pneumococcal vaccine was received:
(Check all that apply)

1 ☐ Prevnar®, 7-valent Pneumococcal Conjugate Vaccine (PCV7)
1 ☐ Prevnar-13®, 13-valent Pneumococcal Conjugate Vaccine (PCV13)
1 ☐ Pneumovax®, 23-valent Pneumococcal Polysaccharide Vaccine (PPV23)
1 ☐ Vaccine type not specified

If between .2 months and <5 years of age and an isolate is available for serotyping, please complete the IPD in Children expanded form.

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/necrosis 1 ☐ Other (specify) _____

GROUP 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

If YES, date of surgery or skin incision: Mo. Day Year

9 ☐ Unknown date

34. Did the patient deliver a baby (vaginal or C-section)?

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If YES, date of delivery: Mo. Day Year

9 ☐ Unknown date

35. Did patient have:

1 ☐ Varicella	1 ☐ Surgical wound (post operative)
1 ☐ Penetrating trauma	1 ☐ Burns
1 ☐ Blunt trauma	

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)

1 ☐ 0-7 days 2 ☐ 8-14 days 9 ☐ Unknown days

36. COMMENTS: _____

37. Was case first identified through audit? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

38. Does this case have recurrent disease with the same pathogen? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If YES, previous (1st) state I.D.:

39. Initials of S.O.: _____

Submitted By: _____ Phone No.: () _____ Date: ____/____/____

Physician's Name: _____ Phone No.: () _____

VALUE SETS for LAB REPEATING GROUP

T1 - Test Type

1=PCR
2=Culture
3=Antigen
7=Other
9=unknown

T3 - Test Method (if non-culture)

1=Biofire Filmarray Meningitis/Encephalitis Panel
2=other
3=Biofire Filmarray Blood Culture ID (BCID) Panel
4=Verigene Gram + Blood Culture (BCT) Test
5=Bruker MALDI Biotyper CA System
6=BD Directigen Meningitis Combo Test Kit
7=ThermoFisher Wellcogen Bacterial Antigen Rapid
8=Alere BinaxNOW Antigen Card
9=Unknown

T4 - Site

Sterile Sites

1=Blood
2=Bone
3=Brain
4=CSF
5=Heart
6=Joint
7=Kidney
8=Other Sterile Site
9=unknown
10=Liver
11=Lymph node
12=Muscle/Fascia/Tendon
13=Ovary
14=Pancreas
15=Pericardial Fluid

Non-Sterile Sites

16=Peritoneal Fluid
17=Pleural fluid
18=Spleen
19=Vascular Tissue
20=Vitreal fluid
21=Amniotic fluid
24=Placenta
27=Wound

T5 - Bacterial Species Isolated*

1=*Neisseria meningitidis*
2=*Haemophilus influenzae*
3=Group B Streptococcus
5=Group A Streptococcus
6=*Streptococcus pneumoniae*

T6 - Test Result

1=Positive
0=Negative

T7 - Isolate Available

1=Yes
2=No

T8 - No Isolate, why not

1=N/A at Hospital Lab 2=N/A at State Lab
3=Hospital refuses
4=Isolate Discrepancy (2x)
5=No DNA (non-viable)
6=Isolate N/A for collection

T9 - Shipped to CDC?

1=Yes
0=No

* For other bacterial pathogens (i.e. non-ABCs) write-in pathogen name