

Patient's Name: _____ Phone No.:() _____
Address: _____ Patient Chart No.: _____
Hospital: _____

- Patient Identifier information is not transmitted to CDC -

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30333

2022 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:
5. CRF Status:
6. COUNTY: (Residence of Patient)

7a. HOSPITAL/LAB I.D. WHERE PATIENT TREATED::
8. DATE OF BIRTH:
9a. AGE:
9b. Is age in day/mo/yr?
10. SEX:
11a. ETHNIC ORIGIN:
11b. RACE: (Check all that apply)

Table with 7 columns: T1 (Test Type), T2 (Date of Specimen Collection), T3 (Test Method), T3a (Hospital/Lab I.D.), T4 (Site from which organism isolated), T5 (Bacterial Species Isolated), T6 (Test Result). Rows 1-4.

T7 - Isolate/Specimen Available?
T8 - If isolate/specimen N/A, why not?
T9 - Shipped to CDC?
T10 - If shipped, accession#
#T1 - Test Type
T3 - Test Method (if non-culture)
T4 - Site
Non Sterile Sites
T5 - Bacterial Species Isolated
T8 - No isolate, why not

16. WAS PATIENT HOSPITALIZED?
If YES, date of admission:
Date of discharge:
17. If patient was hospitalized, was this patient admitted to the ICU during hospitalization?

18a. Where was the patient a resident at time of initial culture?
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:
20b. HEIGHT:
20c. BMI:
21. TYPE OF INSURANCE: (Check all that apply)

22. OUTCOME:
23. If patient died, was the culture obtained on autopsy?
22a. If survived, patient discharged to:
If discharged to LTC/SNF or LTACH, list Facility ID:

24a. At time of first positive culture, patient was:
24b. If pregnant or postpartum, what was the outcome of fetus:
24c. 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.

- IMPORTANT - PLEASE COMPLETE THE BACK OF THIS FORM -

Public reporting burden to collect this information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering/maintaining the data needed, and completing/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 Rd. MS D-74, Atlanta, GA, 30333, ATTN: PRA(0920-0978) Do not send the completed form to this address.

26. TYPES OF INFECTION CAUSED BY ORGANISM: (Check all that apply)

- 1 Abscess (not skin) 1 Chorioamnionitis 1 Empyema 1 Necrotizing fasciitis 1 Peritonitis 1 Puerperal sepsis 1 Septic shock
1 Bacteremia without Focus 1 Endocarditis 1 Hemolytic uremic syndrome (HUS) 1 Osteomyelitis 1 Pericarditis 1 Septic abortion 1 STSS
1 Cellulitis 1 Epiglottitis 1 Meningitis 1 Otitis media 1 Pneumonia 1 Septic arthritis 1 Other (specify):
1 Endometritis 1 Unknown

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 27c. ALCOHOL ABUSE: 1 Yes 0 No 9 Unknown
(check all that apply)

- 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.

Table with columns: DOSE, DATE GIVEN (Mo., Day, Year), VACCINE NAME/MANUFACTURER. Rows 1-4.

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

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

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

Table with columns: DOSE, TYPE, DATE GIVEN (Mo., Day, Year), VACCINE NAME/MANUFACTURER. Rows 1-4.

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

Submitted By:
Phone No.:()
Date: / /
Physician's Name:
Phone No.:()

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.

36. COMMENTS: