

2012 Active Bacterial Core Surveillance (ABCs) Case Report Form Instructions

Revised: March 2012

GENERAL INSTRUCTIONS

Where to look for information necessary to complete the case report form:

The minimum sources of information that should be used to complete the following form are 1) the admission history and physical (H&P), 2) the discharge summary (or DC summary), and 3) the face sheet. In the H&P, useful information (including underlying causes or prior illnesses) is often listed under the heading “Past Medical History” (PMH). Other portions of the medical chart, such as laboratory or radiology reports, will often have useful information; however, reviewing these other sections is not required for the completion of the case report form.

Where to send completed form:	By mail (please mark the envelope “confidential”) to: MDH – Acute Disease Investigation and Control 625 Robert St. N P.O. Box 64975 St. Paul, MN 55164-0975
By fax to: 651-201-5743	
For immediate reporting by phone : 651-201-5414 or 1-877-676-5414	

Top of Form

Bacterial species isolated	ABCs pathogens are listed here. Indicate pathogen that was isolated from a normally-sterile site. See Question 25 below.
Onset Date	Patient’s date of illness onset.
Reporting Date	Date form completed.

A. Demographic Information

1. Name	Patient’s name: Last name, first name, middle initial.
2. DOB and Age	Patient’s date of birth; use 4 digit year. Patient’s age at the time of collection of the first positive invasive culture. If patient’s age is 30 days to 11 months, indicate age in months. If patient is 12 months or older, indicate age in years. Examples: 34 days of age should be coded as Age=1 and Unit=2; 14 months of age should be coded as Age=1 and Unit=3. Indicate if age is in days, months, or years (see explanation above).
3. Gender	Indicate the patient’s gender.
4. Medical Record #	Patient medical record number.

5. Preferred Language	Indicate patient's preferred language.
6. Country of Birth	Indicate the country where the patient was born.
7. Address	Patient's home address, including Number, Street, City, State, ZIP Code, and County. If "Homeless," enter this on Address line and check off 'Homeless.' If a resident of a long-term care facility (LTCF) or other chronic care facility enter the facility address on this line. Check off 'long term care facility' as appropriate in Question 13 and enter the name of the facility as indicated.
8. Phone 1 st and 2 nd	1 st is patient's primary phone number, including area code. 2 ND is an alternate phone number for patient, including area code.
9. Occupation	The patient's current occupation.
10. Parent/ Guardian	If patient is a minor, list a parent or guardian.
11. Ethnicity	Ethnicity of patient as noted in chart or reported by physician or ICP. Check one EVEN IF race is already indicated. Hispanic or Latino ethnicity indicates a person of Cuban, Mexican, Puerto Rican, South or Central American, or some other Hispanic origin, regardless of race. For example, many whites are also Hispanic or Latino. Do not make assumptions based on name. If not noted or unsure, check "Unknown." Note: Some institutions combine race/ethnicity coding. For example, a person's race might be defined as "Hispanic or Latino." In this case, race would be coded "unknown" on the CRF and ethnicity would be "Hispanic or Latino."
12. Race	Race of patient as noted in the chart or reported by physician or IP. Multiple boxes can be checked. Do not make assumptions based on name or native language. If race is unknown, please check "Unknown." The minimum categories for the Federal statistics of race data are defined as follows: <u>American Indian or Alaskan Native</u> : A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. <u>Black or African American</u> : A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American". <u>Native Hawaiian or other Pacific Islander</u> : A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <u>Asian</u> : A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Can include the following: Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands,

<p>12. <i>Race</i> (continued)</p>	<p>Thailand, and Vietnam. <u>White</u>: A person having origins in any of the original peoples of Europe, the Middle East, or North Asia.</p>
<p>13. Where was the patient a resident at the time of culture?</p> <p>Also see Table 1 and Table 2</p>	<p>If known, indicate where patient was a resident at time of initial culture.</p> <p><i>Clarification of residence types:</i> <u>Private residence</u>: Select if the patient was living at their private residence prior to their first positive culture. <u>Long term care facility</u>: Patient is a resident (for at least 30 days) of a nursing home (or long term care facility), rehabilitation facility, or skilled nursing facility. This does <i>not</i> refer to facilities where the patient received daily outpatient therapy, <i>nor</i> does it include group homes, or assisted living facilities (See Table 1). If the patient resides in a long term care facility, indicate name of facility. <u>Long term acute care facility (LTAC)</u>: Long term acute care facilities are those that specialize in caring for patients with complex medical problems for extended periods of time (at least 25 days). These facilities may be located within acute care hospitals or may be freestanding. Patients treated in LTAC facilities should NOT be considered hospitalized. <u>Incarcerated</u>: Patient is admitted from a correctional facility of any kind. <u>College dormitory</u>: Patient lives in a college dormitory, fraternity or sorority house, or other campus housing. <u>Non-medical ward</u>: Case was a patient in a non-medical ward (e.g., psychiatric ward) of a hospital or treatment facility when the culture was collected. <u>Other</u>: None of the above options apply. <u>Unknown</u>: Select if patient’s residence prior to first positive culture is unknown. Note: If the case is a newborn, indicate the residence of the mother.</p>
<p>14. Type of Insurance</p>	<p>Check ALL types of insurance as noted in the hospital chart. If a patient’s insurance status changes during hospitalization, indicate insurance status at admission.</p> <p><i>Clarification of insurance types:</i> <u>Medicare</u>: the national health insurance program for people 65 years and older (also covers some people under the age of 65 with disabilities and people with end-stage renal disease). <u>Private</u>: patient receives and pays for medical care as part of a private or managed care system. <u>Medicaid/State assistance program</u>: program that pays for medical assistance for certain people with low incomes and resources. State assistance programs are those state programs that provide medical coverage to individuals who are otherwise insured, uninsurable, or those with special health care needs. <u>Indian Health Service (IHS)</u>: provides health services to American Indians and Alaska Natives.</p>

14. Type of Insurance (continued)	<p><u>Military</u>: patient receives federal medical care due to current or past military status (e.g., Tricare).</p> <p><u>Uninsured</u>: if there is no record of insurance in the chart, check for uninsured status in the social service assessment which, in some hospitals, is included in the discharge planning document. If uninsured status cannot be confirmed, check “Unknown.” If “self pay,” select uninsured.</p> <p><u>Incarcerated</u>: if patient is a prisoner needing health care while incarcerated.</p> <p><u>Other</u>: these include “private pay” (i.e., service is not covered by state or federal government; patient generally pays out of pocket (self-pay) at time of service and may or may not be reimbursed later by a private insurance company).</p>
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B. Laboratory and Facility Information

15. Reporter	The name and phone number of the person reporting the case (e.g., infection preventionist, laboratory contact).
16. Institution/ Clinic	The clinic, hospital, or lab of the reporter and the city in which it is located.
17. Ordering Provider	The name and phone number of the physician or other provider who ordered the laboratory test.
18. Primary Care Provider	The name and phone number of the patient’s primary care provider.
19. Lab Name	The name and phone number of the hospital or reference laboratory where the original primary culture was identified from a patient specimen.
20. MDH Contact	Indicate one or more contacts for MDH staff to call if form is incomplete or further information is needed. If medical records should be contacted, enter under “other.”
21. Patient hospitalized?	<p>If the patient was hospitalized in an acute care facility, indicate the name of the hospital where the patient received treatment for infection due to ABCs pathogen. This may be different than facility entered in Question 19 and most commonly is hospital of discharge.</p> <p>Indicate dates of admission and discharge. If the patient was admitted through the ER into an acute care hospital, the date of admission is the date of the ER visit.</p> <p>If case was a patient on a non-medical ward when the culture was collected list the admission and discharge dates for the acute care portion of the hospital stay only.</p> <p>If patient is <i>discharged</i> from the hospital to a long-term care facility or hospice, OR, if the patient was transferred to a long term care unit (e.g., skilled nursing care unit or hospice) within the hospital, use this date of transfer as the date of discharge. (In this instance, the discharge date from this type of long-term care facility or hospice should NOT be used.)</p>

<p>21. Patient hospitalized? (continued)</p>	<p>Likewise, if a patient is <i>admitted from</i> a long-term rehabilitation or specialty unit, other long-term care facility or hospice, please use the date or transfer to the acute care facility as the date of admission. For cases that die during hospitalization: if the date of death and the discharge date differ, enter the date of death as the discharge date.</p> <p>Additional notes on hospitalization status:</p> <ul style="list-style-type: none"> • ER visits and outpatient visits are not hospitalizations. If the patient is admitted to an acute care facility following an ER or outpatient visit then the patient has been hospitalized. • For a patient to be considered hospitalized, the culture date should occur no more than 7 days before hospital admission date. • A case would not be considered hospitalized for a particular illness episode if the culture date is <i>after</i> the hospital discharge date. • A case would not be considered hospitalized if admitted for a <24-hour observation period only.
<p>22. If hospitalized, admitted to ICU?</p>	<p>Indicate if patient was admitted to the intensive care unit (ICU) any time during <i>this</i> hospitalization. Other specialty units such as MICUs (medical intensive care unit), SICU (surgical ICU), PICU (pediatric ICU), NICU (neonatal ICU) and CCU (cardiac care unit) are considered ICUs. Please note these are examples only and do not constitute an exhaustive list of ICU's. A step-down unit is <i>not</i> considered an ICU for ABCs.</p>
<p>23. Patient transferred from another hospital?</p>	<p>Indicate if patient was admitted to and transferred <i>from</i> another acute care hospital prior to receiving treatment at the hospital where the chart is being reviewed. (If the patient was admitted from a long-term care facility, see instructions for Questions 13 and 21 above). If YES, indicate the acute care hospital <i>from which</i> the patient was transferred.</p>
<p>24. Specimen Collection Date</p>	<p>Indicate the date of collection of the first positive culture from a normally sterile site, not the date when the culture was first noted to have growth.</p>
<p>25. Specimen Source: Sterile Sites</p> <p>Also see Table 4</p>	<p>Indicate ALL sterile sites from which the ABCs organism was isolated. (See below for site-specific clarifications.)</p> <p>If isolated from an internal body site or other normally sterile site, please specify the site. Internal body site should be specified as one of the following: brain, heart, kidney, liver, lymph node, ovary, pancreas, spleen, vitreous fluid, or vascular tissue.</p> <p>Please note that this list is not exhaustive; sterile sites not included on this list should be captured under the “other normally sterile site” field. Please discuss all questionable sterile sites with MDH.</p> <p><i>Clarifications:</i> <u>Bone</u>: includes bone marrow. <u>Peritoneal fluid</u>: includes abdominal fluid, ascites. If ruptured appendix or perforated bowel is noted in the medical chart, a case report form should not be completed as contamination of peritoneal fluid is likely.</p>

<p>25. <i>Specimen Source: Sterile Sites</i> (continued)</p>	<p><u>Muscle/Fascia/Tendon</u>: includes muscle biopsy or muscle tissue that is surgically obtained (considered an acceptable sterile site for GAS only). <u>Joint</u>: includes synovial fluid, needle aspirate or culture of any specific joint (knee, ankle, elbow, hip, or wrist). There is no need to enter the specific joint in the “other” field. If you would like to indicate the specific joint, do so in the Comments field. <u>Pleural fluid</u>: includes “chest fluid,” thoracentesis fluid. <u>Internal body site</u>: specimen obtained from surgery or aspirate from one of the following: brain, heart, kidney, liver, lymph node, ovary, pancreas, spleen, vitreous fluid, or vascular tissue. Vascular tissue is defined as blood-bearing vasculature such as artery, vein, aorta (including descending or ascending aorta, aorta tissue) vena cave, aneurysm wall.</p> <ul style="list-style-type: none"> • Specimens from superficial skin infections such as superficial skin abscesses, boils, or furuncles or specimens from amniotic fluid, appendix, cord blood, cornea, gallbladder, lung, middle ear, placenta, sinus, throat, or wound are <u>not</u> considered sterile sites for any ABCs organism and should <u>not</u> be indicated as the <u>only</u> specimen from which the pathogen was isolated. • While superficial skin abscesses do not meet the sterile site criteria, an abscess specimen obtained from a normally sterile body site will be counted as a case for surveillance. The “internal body site” field should be used if the abscess is obtained from one of the organs in the pick list under this field (e.g., a brain abscess should be coded as “internal body site, brain”). If the abscess is obtained from a body site that is not in the pick list, please list the site and write the word “abscess” in the “other, specify” field (“abscess” alone is not an acceptable sterile site). • If the culture is taken ≤ 12 hours after death in an autopsy, these specimens <i>may</i> be considered sterile sites. Cultures taken > 12 hours after death will not be considered sterile site cultures for ABCs purposes.
<p>Other site(s) from which organism isolated</p>	<p>For ABCs organisms, indicate if the pathogen was isolated from any of these other sites on the same culture date as the sterile site culture marked above.</p> <p>Note: A case report form is generated <i>only</i> when the pathogen is isolated from <i>one of the sterile sites</i> listed above, regardless if the pathogen is also isolated from one of these other sites. Two exceptions:</p> <p><u>Exception 1</u>: If GBS is isolated from the placenta and/or amniotic fluid ONLY and a fetal death occurs, it is considered a case and a case report form should be completed.</p>

<p><i>Other site(s) from which organism isolated (continued)</i></p>	<p><u>Exception 2:</u> If GAS is isolated from a wound AND is accompanied by necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS), it is considered a case and a case report form should be completed.</p> <p>If necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS) accompanies a GAS wound culture, check off either NF or STSS in ‘Types of Infections’ for Question 31.</p>
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C. Clinical Information

<p>26. Died</p>	<p>Did the patient die? (Either before or after discharge.)</p> <p>If patient died, indicate date of death, and whether the initial, sterile site isolate of ABCs pathogen was obtained at autopsy.</p>
<p>27. Outcome of Illness</p>	<p>For hospitalized patients, base outcome on the patient’s status at discharge.</p> <p>If the patient was seen in the ER or outpatient office and was alive upon leaving the ER or office, mark “survived” even if they died shortly after.</p>
<p>28. At first positive culture, patient was pregnant, postpartum, or neither</p>	<p>Indicate whether the patient was pregnant, postpartum, or neither at the time of collection of the first positive invasive culture.</p> <p>If the case is pregnant, enter the due date.</p> <p>For this surveillance project, the postpartum period is defined as the <u>30 days</u> following a delivery or miscarriage.</p> <p>Check “Neither” if a) there is specific mention of a negative pregnancy test, or that the patient is <i>not</i> pregnant, or b) the entire chart was reviewed and there is no indication of being pregnant or postpartum.</p> <p>NOTE: For female cases age <12 years of age or >55 years: “Neither” is assumed unless otherwise indicated in a completed chart.</p> <p>If the chart was incomplete when it was reviewed or the completed chart could not be reviewed, check “Unknown.”</p> <p>If the baby (not the mother) had a GBS infection and the baby is the case being investigated and reported, do not answer this question or Question 29.</p>
<p>29. If pregnant or postpartum, outcome of fetus?</p>	<p>For hospitalized patients, indicate fetal outcome at time of patient’s discharge. If the case is pregnant or postpartum and was seen in the ER or outpatient office, indicate ONE of the possible fetal outcomes upon leaving the ER or office.</p> <p><i>Clarification of fetal outcomes:</i></p> <p><u>Survived, no apparent illness:</u> includes cases in which the baby survived but it was unknown if the baby was ill.</p>

<p>29. If pregnant or postpartum, outcome of fetus? (continued)</p>	<p><u>Survived, clinical infection</u>: includes cases in which the baby survived the infection.</p> <p><u>Live birth/neonatal death</u>: infant born alive but died ≤ 30 days of age.</p> <p><u>Abortion/stillbirth</u>: not born alive, even if death occurred during labor. Specifically, abortion in this instance means death of a fetus <i>before</i> 20 weeks of gestation or when < 500 grams in weight from <i>natural causes</i>. Stillbirth means fetal death (from natural causes) occurring after 20 weeks of gestation or when the fetus is > 500 grams in weight.</p> <p><u>Induced abortion</u>: fetal death due to a deliberate medical procedure.</p> <p><u>Still Pregnant</u>: mother still pregnant at discharge, or if not hospitalized for infection, upon leaving ER or outpatient office.</p> <p><i>Clarification of cases where GBS is isolated from a stillborn infant:</i> If clinical illness is reported for a stillborn, no case report form is needed for the infant (fetus). The only time a “stillborn” might be linked with a GBS case report form is if the mother has GBS and then has a septic abortion; in this case, the fetal outcome would be “abortion/stillbirth.” If the illness is thought to have occurred in a liveborn infant, a case report form <i>should</i> be generated, and the form can indicate the fetal outcome (which may be death). If the gestational age is < 22 weeks, this is considered below the age of fetal viability; if GBS infection results in death, it must be considered a maternal case with the fetal outcome indicated as “abortion/stillbirth.”</p>
<p>30. If case is < 1 month of age, indicate gestational age and birth weight</p> <p>If pregnant, indicate gestational age of fetus, only.</p>	<p>For any case that is a newborn (age < 1 month and from whom a positive invasive culture was taken), complete gestational age and birth weight. (This question refers to live births only.)</p> <p>For pregnant cases, only the gestational age of the fetus should be indicated, (not weight).</p> <p>Products of conception that were cultured (such as placenta), but not identified as “baby” are part of the mother’s culture history.</p> <p>If gestational age is available as weeks and days, record exact age in weeks; do not round up. For example, if the infant was 36 weeks, 6 days at delivery (36_6), the gestational age was 36 weeks. If there are multiple gestational ages in the chart determined by multiple methods, enter the gestational age calculated from last menstrual period (LMP).</p> <p>If gestational age is <i>unknown</i>, write “99” for weeks. If birth weight in <i>grams</i> is not available, write weight in lbs/oz; it can be converted at data entry. If birth weight is <i>unknown</i>, enter “9999” for birth weight.</p>

<p>31. Types of infection caused by organism</p> <p>Also see Table 3</p>	<p>Check ALL types of infections and clinical syndromes caused by the ABCs organism that apply to this infectious episode. Do not include previously existing or chronic infections.</p> <p>EXCEPTION:</p> <p>“Bacteremia without focus” should be checked ONLY if no other type of infection or clinical syndrome caused by the organism is noted in the chart (and IF the organism is isolated from blood only).</p> <p>“Septic shock” should only be checked if the phrase “septic shock” or “sepsis shock” is present in the history & physical or discharge summary.</p> <p>Starting in 2011, check “empyema” only if the chart indicates that the infection is empyema of the lungs <u>or</u> if no specific body site is indicated. Do not check if the empyema is in another body site (e.g., empyema of brain).</p> <p>If no type of infection or clinical syndrome is indicated in the medical chart, “Unknown” should be selected.</p> <p>If the final diagnosis of a patient’s illness is not the same as the admitting diagnosis, consider only the final (or discharge) diagnosis. Often the admitting diagnosis of a patient’s illness is unknown and clarified only in the discharge summary or discharge diagnosis. For example, a patient may be admitted with the provisional diagnosis of “pneumonia” but actually be found later to have “asthma.”</p>
<p>32. Positive Influenza Test</p>	<p>Indicate if case has a documented positive influenza test of any type (i.e., rapid test, culture, serology or PCR) within 10 days prior to or following any positive ABCs culture. Mark ‘yes’ if a documented positive influenza test is noted in the chart, ‘no’ if a documented negative influenza test is noted, and ‘unknown’ if an influenza test was performed and documented but the result is unknown OR if no record of an influenza test is found in the chart.</p>
<p>33. Other bacterial species isolated from sterile site</p>	<p>Specify any <u>non-ABCs</u> organisms identified from the same sterile site on the same culture date as the first positive invasive ABCs culture.</p>
<p>34. Patient Weight</p>	<p>Indicate weight in pounds (lbs) and ounces (oz) OR in kilograms (kg). Please record weight <i>only</i> in pounds OR kilograms, not both. If multiple weights are in chart, use weight recorded at or closest to admission.</p>
<p>35. Patient Height</p>	<p>Indicate height in feet (ft) and inches (in) OR in centimeters (cm).</p>
<p>36. BMI</p>	<p>Record body mass index <u>only</u> if height and/or weight are unavailable.</p>

<p>37. Underlying causes or prior illnesses</p> <p>Also see Tables 5-7</p>	<p>Check ALL underlying illnesses or prior conditions available in the pick list as noted in hospital chart or by reporting physician or IP.</p> <p>At least ONE box should be checked for Question 37. Check “none” if the chart is available and no underlying causes are found. Check “unknown” if no chart is available for review and no underlying diseases are known.</p> <p>NOTE: Changes in 2011 include the following: a) List of underlying conditions are now in alphabetical order; b) a checkbox for “chronic renal insufficiency” has been added and is separate from (renal failure/dialysis”); and c) several neurologic conditions have been added as listed here (see also Tables 3 and 4):</p> <ul style="list-style-type: none"> Dementia Multiple sclerosis Neuromuscular disorder Parkinson’s disease Peripheral neuropathy Plegias/paralysis Seizure/seizure disorder <p>NOTE: If the underlying condition or prior illness is NOT included in the list on the case report form, it is not considered a risk factor for illness and should not be added to “other”. The “other prior illness” variable is only for local ABCs site use.</p> <p>Mark the “AIDS” checkbox if: a) AIDS is listed in the chart OR b) HIV + is indicated AND the CD4 count was EVER less than 200, even if AIDS is not listed in the chart. The lowest CD4 count is often listed in the admission history and physical or discharge summary. If “AIDS” is checked, “HIV Infection” should also be checked.</p> <p>For substance abuse questions (i.e., current smoker, alcohol abuse, and IVDU), check “yes” in the checkboxes if the substance abuse is current OR if the timing of the use is unknown (e.g., history of alcohol abuse) and do <i>not</i> check if the substance abuse is clearly indicated as “former” (e.g., “former IV drug user”).</p> <p>Indicate gestational age for premature births in number of <i>completed</i> weeks. If gestational age is available as weeks and days, record exact age in weeks only; do not round up. For example, if the infant was 26 weeks, 6 days at delivery (26_6), enter 26 weeks for gestational age. If there are multiple gestational ages in the chart determined by multiple methods, enter the gestational age calculated from last menstrual period (LMP).</p>
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<p>37. <i>Underlying causes or prior illnesses</i></p>	<p>Any underlying condition listed on the form should be considered an “underlying condition or prior illness,” except when it is obvious that the condition no longer exists OR when the condition is a new condition that occurred during the current illness. Types of infections caused by the ABCs pathogen (see Question 31) should NOT be indicated in the specify field for underlying conditions.</p> <p>Examples:</p> <table border="1" data-bbox="430 483 1430 819"> <thead> <tr> <th data-bbox="430 483 803 514">What is in chart:</th> <th data-bbox="803 483 1430 514">Underlying illness or prior condition?</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 514 803 546">h/o heart failure</td> <td data-bbox="803 514 1430 546">yes</td> </tr> <tr> <td data-bbox="430 546 803 577">h/o acute leukemia</td> <td data-bbox="803 546 1430 577">yes</td> </tr> <tr> <td data-bbox="430 577 803 609">h/o smoking</td> <td data-bbox="803 577 1430 609">yes</td> </tr> <tr> <td data-bbox="430 609 803 640">h/o smoking, stopped 10 years ago</td> <td data-bbox="803 609 1430 640">no</td> </tr> <tr> <td data-bbox="430 640 803 672">h/o colon cancer</td> <td data-bbox="803 640 1430 672">yes</td> </tr> <tr> <td data-bbox="430 672 803 703">acute renal failure</td> <td data-bbox="803 672 1430 703">no</td> </tr> <tr> <td data-bbox="430 703 803 735">chronic renal failure</td> <td data-bbox="803 703 1430 735">yes</td> </tr> <tr> <td data-bbox="430 735 803 766">h/o chemotherapy</td> <td data-bbox="803 735 1430 766">yes</td> </tr> </tbody> </table> <p>For other questions about classification of <i>past</i> malignancy, contact MDH.</p>	What is in chart:	Underlying illness or prior condition?	h/o heart failure	yes	h/o acute leukemia	yes	h/o smoking	yes	h/o smoking, stopped 10 years ago	no	h/o colon cancer	yes	acute renal failure	no	chronic renal failure	yes	h/o chemotherapy	yes
What is in chart:	Underlying illness or prior condition?																		
h/o heart failure	yes																		
h/o acute leukemia	yes																		
h/o smoking	yes																		
h/o smoking, stopped 10 years ago	no																		
h/o colon cancer	yes																		
acute renal failure	no																		
chronic renal failure	yes																		
h/o chemotherapy	yes																		

D. Pathogen and Vaccine Information (Pathogen-specific questions)

HAEMOPHILUS INFLUENZAE

<p>38. Serotype</p>	<p><i>Haemophilus influenzae</i> serotype determined by the primary culture laboratory. If the primary culture laboratory does not perform serotyping, leave blank</p>
<p>39. Receipt of Hib vaccine?</p>	<p>For any patient <15 years of age with Hib or <i>H. influenzae</i> with serotype unknown, indicate doses of Hib vaccine received. If YES, for each dose write the date given, vaccine name and manufacturer, and vaccine lot number.</p> <p>Note: For all dates, if day of month is unknown, enter “15”. If month is not known, use the Comment field (Question 47) to indicate <i>year</i> of Hib vaccination and include the phrase “Hib vaccination month unknown.”</p>
<p>40. Were records obtained to verify vaccination history?</p>	<p>It is only necessary to verify vaccination history for cases <5 years of age. If available/accessible, vaccination registries may be used to verify information on vaccination history. If registries are not available/accessible OR vaccination history is missing, leave field blank. In this case, providing the child’s primary care provider (Question 18) would be helpful.</p> <ul style="list-style-type: none"> Healthcare provider includes primary care physicians, pediatricians, or public health clinics.

NEISSERIA MENINGITIDIS

41. Serogroup	<i>Neisseria meningitidis</i> serogroup as determined by the primary culture laboratory. If the primary culture laboratory does not perform serogrouping, leave field blank.
42. Is patient currently attending college?	For patients who are 15-24 years of age on culture date, check “yes” if the patient attends college. If not, check “no.” If unknown, mark “unknown.” If the patient is less than 15 or is older than 24 years, leave the question blank. <ul style="list-style-type: none">Note: “college” is not specifically defined but can be self-identified by the case.
43. Did patient receive Meningococcal vaccine?	Did the patient receive meningococcal vaccine? If YES, indicate which meningococcal vaccine(s) was (were) received by checking the appropriate box(es). If the vaccine name/manufacturer is unknown, please check “Unknown.” Note: Although unlikely, it is possible that the patient received <u>two</u> doses of meningococcal vaccine. If the patient received two doses of either <i>Menomune</i> ® or <i>Menactra</i> ®, list the date and lot number for the most recent dose under the appropriate name (<i>Menomune</i> ® or <i>Menactra</i> ®) and the first of the two doses under “other.” Please also specify the vaccine name under “other.” If day of the month is unknown, enter “15”. If month is not known, use the Comments field (Question 47) to indicate year of meningococcal vaccination and include the phrase “meningococcal vaccination month unknown.”

STREPTOCOCCUS PNEUMONIAE

44. Patient received pneumococcal vaccine?	Did the patient receive pneumococcal vaccine? If YES, indicate the specific pneumococcal vaccine(s) received by checking the appropriate box(es): <i>Pneumovax</i> ® (PPV23), <i>Prevnar</i> ® (PCV7), <i>Prevnar-13</i> ® (PCV13), and/or <i>Pneumovax</i> ® (PPV23). If type of vaccine is unknown, select vaccine type not specified. Note: <i>Prevnar-13</i> ® was licensed in 2010.
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GROUP A STREPTOCOCCUS

45. Did patient have surgery or any skin incision?	Did the patient have any surgery or any procedure requiring a skin incision in the 7 days prior to collection of the first positive invasive GAS culture (the date of specimen collection)? If YES, give date of surgery or skin incision.
46. Did patient deliver a baby?	Did the patient deliver a baby in the 7 days prior to the date of collection of the first positive invasive GAS culture (the date of specimen collection)? If YES, give date of delivery.

47. GAS-specific underlying conditions	<p>For each condition, indicate whether or not the patient had one or more of these conditions in the 7 days prior to the date of collection of the first positive invasive GAS culture.</p> <p>For “surgical wound”, check the box if <i>any</i> surgical wound was noted in the chart or by the physician. This refers to <i>any</i> surgical wound present when the positive GAS culture was collected. (For example, check the box even if the surgery occurred 2 weeks prior to the isolate collection, as long as the wound was still present during the current GAS infection.) For “burns” check the box if burns were present (i.e. the skin was compromised) during this ABCs infection, even if the initial burn occurred >7 days prior to culture.</p> <p><i>Clarifications:</i> <u>Penetrating Trauma</u>: trauma that breaks the skin (e.g., knife wound). <u>Blunt Trauma</u>: trauma that does not break the skin (e.g., falling down stairs and sustaining bruises, or getting hit by a baseball bat).</p>
48. Comments	Use this space to add other information that did not fit the choices provided or to enhance existing information.

E. Office Use Only *Note: MDH staff will complete these fields.*

Table 1:

TYPES AND DEFINITIONS OF CHRONIC CARE FACILITIES

Facilities included in the category of “nursing home” or “chronic care facility,” for ABCs surveillance, are chronic care facilities where patients would typically live for at least 30 days. These include nursing homes, long term care facilities, rehabilitation and skilled nursing facilities. This does *not* refer to facilities where the patient receives daily outpatient therapy *nor* does it include prisons, group homes or assisted living facilities.

Rehabilitation facility: facilities where the patient is admitted for the purpose of receiving rehabilitation following a recent or current hospitalization. These include facilities within hospitals that are designated as rehabilitation units and rehabilitation facilities within nursing homes, even if the patient is scheduled to be discharged home after completion of rehabilitation. Drug rehabilitation facilities are NOT rehabilitation facilities for our surveillance network.

Skilled Nursing Facility: a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services. The level of care provided requires the daily involvement of skilled nursing or rehabilitation staff (e.g. registered nurse or licensed practical nurse), and that, as a practical matter, cannot be provided on an outpatient basis. Examples of skilled nursing care may include intravenous injections and physical therapy.

Facilities NOT considered chronic care facilities for ABCs: home health care, long term acute care hospitals (LTACs), assisted living facilities (ALFs).

LTACs: acute care hospitals that specialize in caring for patients with complex medical problems for extended periods of time (at least 25 days). These hospitals may be located within acute care hospitals or may be freestanding. Patients treated in LTAC facilities will NOT be considered hospitalized.

ALFs: facilities that provide custodial care such as assistance with daily living, like bathing and dressing) are not considered skilled nursing facilities.

Table 2:**RESIDENCE AT TIME OF INITIAL CULTURE**

Resident type	Clarification/Definition
Private Residence	Select if the patient was living at his/her private residence prior to the first positive culture
Long term care facility	Patient is a resident of a nursing home (or long term care facility), rehabilitation facility, or skilled nursing facility. This does <i>not</i> refer to facilities where the patient received daily outpatient therapy, <i>nor</i> does it include group homes, or assisted living facilities (See Table 1). If the patient resides in a long term care facility, complete Question 7b.
Long term acute care facility	Long term acute care facilities are those that specialize in caring for patients with complex medical problems for extended periods of time (at least 25 days). These facilities may be located within acute care hospitals or may be freestanding. Patients treated in LTAC facilities will NOT be considered hospitalized.
Homeless	Patient is homeless or resident of a shelter.
Incarcerated	Patient is admitted from a correctional facility of any kind.
College dormitory	Patient lives in a college dormitory, fraternity or sorority house, or other campus housing.
Non-medical ward	Case was a patient in a non-medical ward (e.g., psychiatric ward) of a hospital or treatment facility when the culture was collected.
Other	None of the above options apply.
Unknown	Select if patient's residence prior to first positive culture is unknown.

*Note: If the case is an infant and between the ages 0-89 days, this question should not be answered.

Table 3:

**TYPES OF INFECTION CAUSED BY ORGANISM,
DEFINITIONS**

Term	Definition
Abscess (not skin)	Circumscribed collection of pus. This can be in a collection of pus in an organ (i.e., liver) or within the deeper tissues under the skin.
Bacteremia without focus	Bloodstream infection without any other type of infection indicated. Can include bacteremia, sepsis, and septicemia IF the organism is isolated from the blood only.
Cellulitis	Inflammation of dermal and subcutaneous layers of skin.
Chorioamnionitis	Inflammation of the membranes surrounding the fetus. Chorioamnionitis is a maternal infection only.
Empyema	The presence of pus in a body cavity. Empyema usually refers to collections of pus in the space around the lungs (pleural cavity) but may refer to other areas of the body. (Empyema should NOT be checked on the case report form if it is a documented infection of a body site other than lung).
Endocarditis	Infection of the inner lining of the heart (i.e., endometrium). This may involve only the membrane covering the heart valves or the lining of the chambers of the heart.
Endometritis	Inflammation of the inner lining of the uterus.
Epiglottitis	Inflammation of the epiglottis.
HUS	Hemolytic Uremic Syndrome: syndrome characterized by fever, thrombocytopenia, microangiopathic hemolytic anemia, hypertension and varying degrees of acute renal failure.
Meningitis/ encephalitis	Inflammation of the membranes of the brain or spinal cord. To list this as the type of infection caused by the ABCs organism, a) "meningitis" or "encephalitis" must be listed in the chart as a diagnosis made by a health care provider, b) the ABCs pathogen must be isolated from CSF, OR c) a CSF gram stain must be positive for one of the ABCs pathogens. The following CSF abnormalities <u>alone</u> are <u>not</u> acceptable: any abnormal protein level or an increase in white blood cells (WBC).
Necrotizing fasciitis	Rapidly spreading and destructive infection of muscle and fat tissue.
Osteomyelitis	Infection of the bone and/or bone marrow (does not include mastoiditis).
"Other"	Acceptable syndromes include (but are not limited to): <ul style="list-style-type: none"> - Kidney infection (pyelonephritis) - Urinary tract infection - Sinusitis - Pharyngitis - Gangrene - Mastoiditis

Otitis media	Middle ear infection.
Pericarditis	Inflammation of the membranes around the heart.
Peritonitis	Inflammation of the lining of the abdominal cavity.
Pneumonia	Inflammation or infection of the lung. Aspiration pneumonia and community-acquired pneumonia are acceptable types of pneumonia. If reviewing radiology reports (which is <i>not</i> required), radiographic findings that indicate pneumonia include the following: bronchopneumonia, consolidation, and infiltrate. Atelectasis, pulmonary edema and pleural effusion alone should <i>not</i> be considered evidence of pneumonia.
Puerperal sepsis	Condition in which a woman has a fever for more than two consecutive days (exclusive of the first postpartum day) within the first 10 postpartum days.
Septic abortion	Abortion in which the conceptus and upper genital tract (e.g., uterus) are infected.
Septic arthritis	Infection of a joint (i.e., wrist, knee, ankle, etc)
Septic shock	Condition caused by an infection in the bloodstream in which leads to very low blood pressure and low blood flow. 'Septic shock' should only be checked if the phrase 'septic shock' or 'sepsis shock' is present in the history & physical or discharge summary. Septic Shock is not necessarily equivalent to Toxic Shock. See 'STSS' (toxic shock) below.
STSS	Streptococcal Toxic Shock Syndrome: a rapidly progressing infection causing shock and injury to internal organs such as the kidneys, liver, and lungs. Toxic Shock is not necessarily equivalent to Septic Shock. See 'septic shock' above.

*Other types of infection/syndromes, see "Other" in table above

Table 4:

DEFINED STERILE SITES

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
Blood	Blood Blood from an indwelling line	Blood Clot	Blood from a recently removed line Catheter Tip Cord Blood
CSF	Cerebral Spinal Fluid Epidural Abscess (2012) Epidural Fluid (2012) Intradural Fluid (2012)		
Pleural Fluid	Chest fluid Chest fluid from chest tube Empyema or Empyema Fluid Fluid unspecified from Pleura Pleural Fluid Pleural Peel Pleural Abscess Parietal Pleura Thoracentesis Fluid		Chest Wall Abscess
Peritoneal Fluid	Abdominal Fluid Ascites (fluid) Paracentesis Fluid Pericolic Space Peritoneal Dialysate Peritoneal Dialysate Effluent Peritoneal Fluid		Appendix Rupture Hemodialysis Dialysate Hemodialysis Effluent Perforated Bowel Unspecified Dialysate or Effluent
Pericardial Fluid	Pericardial Fluid		
Joint/Synovial Fluid	Bursa (2012) Fluid Unspecified from Joint or Synovial Glenohumeral Joint Hip Capsule (2012) Hip-internal Abscess (2012) Hip Tissue/Biopsy (2012) Joint or Synovial Fluid Knee Tissue/Biopsy (2012) Needle Aspirate of Any Specific Joint	Humeral Head Surgical Tissue	

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
	Popliteal Space Abscess Prepatellar Bursa Prosthetic Hardware/Swab (2012) Hip Prosthesis Knee Arthroplasty Metatarsal Implant Subacromial Space Abscess Synovium (2012)		
Bone	Bone Bone Abscess Bone Marrow Bone-Surgically Obtained Clavical Tissue Disc Abscess (2012) Disc Fluid (2012) Humerus Abscess Intraspinial Abscess Medullary Canal Tissue Paraspinal Abscess (2012) Periosteum Spinal or Lumbar Abscess (2012) Spinal or Lumbar Surgical Specimen (2012) Spinal or Lumbar Tissue Spinal Swab (2012) Transmetatarsal Tissue Vertebral Disk (2012)	Bone Exposed to Wound Prosthesis fluid Surgical Tissue Thoracic tissue	
Muscle/Fascia/Tendon (Sterile for GAS, only) <i>*Note: Fascia & Tendon added to CRF in 2012</i>	Deep Muscle Tissue Flexor Tendon Sheath Fascia Gastrocnemius Muscle Iliocostalis Muscle Tendon	Surgical Tissue	Exposed Muscle Collected from Wound
Internal body site	Sterilely Obtained Biopsy/Tissue/Abscess/Aspirate/Fluid/ Swab from: Brain Sagittal Tissue Heart Bypass Graft Mitral Valve Kidney	Breast Surgical Tissue	Lung Vein Tissue that recently had a line removed

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
	Intra-Abdominal Abscess Pacer Pocket Fluid Subgaleal Fluid		Abscess Placenta [†] Rheumatoid Nodule Sebaceous Gland Skin Sputum Subcutaneous Fat Superficial Skin Abscesses Superficial Skin Infections Throat Urine Urinary Catheter Wound [‡] Wound Vac Fluid

* Surveillance sites should email CDC to inquire about these sites to determine whether sterile.

[†] Amniotic fluid is not considered a sterile site with the exception of isolation of GBS and presence of fetal demise.

[‡] Wounds are not considered a sterile site with the exception of isolation of GAS and presence of NF and/or STSS.

Table 5:

SPECIFIC UNDERLYING DISEASES: DEFINITIONS, ABBREVIATIONS, AND CLARIFICATIONS

Underlying cause/prior illness	Definitions, abbreviations, clarifications
AIDS	<p>This includes patients 1) diagnosed with AIDS and 2) those who are HIV+ and whose CD4 count was <i>ever</i> <200, even if AIDS is not a diagnosis noted in the chart. (The CD4 count from the <i>current</i> illness/admission being investigated may be used to determine if the person has AIDS and is most often listed in the admission history and physical or discharge summary; prior charts do not need to be reviewed.)</p> <p>The lowest CD4 count is often listed in the admission H & P or discharge summary. If “AIDS” is checked, “HIV Infection” should also be checked, but if HIV is present, AIDS should only be checked if it is the diagnosed in the chart or if the CDf count is <200.</p>
Alcohol abuse	Includes ETOHA (ethanol abuse).
Asthma	Chronic lung disease in which the airways become narrowed and inflamed.
Atherosclerotic cardiovascular disease (ASCVD)/CAD	This is also described as Arteriosclerotic Heart Disease, CAD (coronary artery disease), and CHD (coronary heart disease).
Bone marrow transplant/BMT	May be indicated as ‘bone marrow transplant,’ ‘BMT,’ ‘hematopoietic stem cell transplantation,’ ‘HSCT,’ ‘peripheral blood stem cell transplantation,’ or ‘PBSCT.’
Cerebral vascular accident (CVA)/Stroke	Includes any history of CVA or stroke. This does <i>not</i> include a history of a TIA (transient ischemic attack).
Chronic renal insufficiency	Chronic kidney disease. Does not include patients in renal failure or those on dialysis.
Chronic skin breakdown	Presence of a current chronic dermatological condition in the integrity of the skin is compromised, such as psoriasis, eczema, decubitus ulcer or other chronic skin ulcers.
Cirrhosis/liver failure	This does <i>not</i> include hepatitis A, hepatitis B, and hepatitis C infection <i>without</i> liver failure and does not include <i>acute</i> liver failure.
Cochlear implant	An electrode-containing device which is placed in the inner ear to activate auditory nerves.
Complement deficiency	Complement deficiencies are a group of disorders in which there is a reduced level of specific proteins that are needed for a normal immune response (“complement”). (Examples of specific complement deficiencies are: C1

	qrs deficiency, C3 deficiency, C2-C4 deficiency, C5-9 deficiency.)
CSF leak	Cerebrospinal fluid leak.
Current smoker	Includes a smoker of cigarettes or cigars, but does not include smoking crack or other illicit drugs. Smoking crack or other illicit drugs should be listed under “other.” (If a person quit smoking <i>within the past 12 months</i> , consider this person a current smoker.)
Deaf/profound hearing loss	This does not include <u>mild</u> hearing loss.
Dementia	Significant loss of brain and/or cognitive function that interferes with daily function. Includes Alzheimer’s, multi-infarct dementia, and senile dementia. Does not include persons with diminished capacity and/or considered mentally challenged.
Diabetes mellitus	Includes either type I <i>or</i> type II (both “insulin-dependent” and “adult-onset”). Also includes glucose intolerance and new-onset diabetes. Do not include patients noted as “pre-diabetic” or those with gestational diabetes. It is not necessary to look at the results of glucose tolerance test in laboratory results section of the chart for an indication of diabetes. Common abbreviations: DM, AODM, IDDM, NIDDM.
Emphysema/COPD	COPD = chronic obstructive pulmonary disease. Includes chronic bronchitis.
Heart failure/CHF	Congestive heart failure, including cardiomyopathy.
HIV Infection	Not everyone who develops an HIV infection will have AIDS. If “AIDS” is checked, “HIV Infection” should also be checked.
Hodgkin’s disease/lymphoma	This cancer of the lymph system results in “immunocompromised for life” so should be marked if any history.
Immunoglobulin deficiency	Includes syndromes such as SCID (severe combined immunodeficiency), agammaglobulinemia, Ig, IgM, or IgG deficiencies, Wiskott-Aldrich Syndrome.
Immunosuppressive therapy (steroids, chemotherapy, radiation)	Treatment with agents, such as X-rays, corticosteroids, or cytotoxic chemicals that suppress a person’s immune response to antigen(s). If the chemotherapy is ongoing, if patient is between cycles, or if within 2 weeks of completion, this should be checked. Use of steroids is considered an underlying disease or

	condition only if they are long-term systemic steroids (this does NOT include topical creams, steroids used only for short course treatment such as one week, and inhaled steroids used for asthma).
IVDU	Intravenous drug user.
Leukemia	This cancer of the hematopoietic system results in an "immunocompromised" condition. Includes CML (chronic myelogenous leukemia), CLL (chronic lymphocytic leukemia), AML (acute myelogenous leukemia), ALL (acute lymphocytic leukemia).
Multiple myeloma	This cancer of the hematopoietic system results in "immunocompromised for life" so should be marked if any history.
Multiple sclerosis	Chronic autoimmune disease that affects the brain and spinal cord; the body's immune system attacks myelin.
Nephrotic syndrome	Kidney disorder characterized by excessive loss of protein in urine.
Neuromuscular disorder	Disorder of the nerves that control voluntary muscles includes muscular dystrophy, myasthenia gravis, and amyotrophic lateral sclerosis (ALS).
Obesity	The condition of being significantly overweight. The obesity variable should not be checked in the underlying conditions section if there is no mention of obesity in the chart. (Calculating an obese BMI value using the height and weight data should not be used to complete this variable.)
Parkinson's disease	Degenerative disorder of the central nervous system due to insufficient dopamine.
Peripheral neuropathy	Dysfunction of the peripheral nerves.
Plegias/paralysis	Paralysis of extremities; includes quadriplegias (paralysis of all four limbs), paraplegias (paralysis of legs) and hemiplegia (paralysis of one side of the body).
Premature birth	Birth of infant prior to 37 weeks gestation.
Renal failure/dialysis	This does not include <i>acute</i> renal failure or renal insufficiency. Includes end stage renal disease.
Seizure/seizure disorder	Uncontrolled electrical activity of the brain; includes epilepsy.
Sickle cell anemia	Includes persons with HbSS, HbSC or HbS-beta thalassemia. Common abbreviations: SCD, SS disease, SC disease.
Solid organ malignancy	Malignancy of a solid organ such as liver, kidney, pancreas, heart, lung, or of other organs such as colon, bladder, and skin.
Solid organ transplant	Transplant of a solid organ such as liver, kidney, pancreas, heart, or lung.

Splenectomy/Asplenia	Refers to absence of spleen or absence of spleen function.
Systemic Lupus Erythematosis (SLE)	Includes SLE or lupus. This does NOT include discoid lupus erythematosis (DLE).

Table 6:

**GLOSSARY FOR COMMONLY NOTED ACRONYMS, SYMPTOMS, SYNDROMES,
OR TREATMENTS FOR ASSOCIATED ABCS UNDERLYING CAUSES OR PRIOR
ILLNESS**

Acronyms/Symptoms/ Syndromes/Treatments	Associated ABCs underlying causes or prior illness
Agammaglobulinemia	Immunoglobulin deficiency
ALL (Acute Lymphocytic Leukemia)	Leukemia
ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	Neuromuscular disorder
Alzheimer's Disease	Dementia
AML (Acute Myelogenous Leukemia)	Leukemia
AODM (Adult Onset Diabetes Mellitus)	Diabetes mellitus
ASCVD	Atherosclerotic cardiovascular disease
CAD (Coronary Artery Disease)	Atherosclerotic cardiovascular disease
CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy)	Dementia
Cardiomyopathy	Heart failure/CHF
Cerebrospinal fluid leak	CSF leak
CHD (Chronic Heart Disease)	Atherosclerotic cardiovascular disease
CHF (Congestive Heart Failure)	Heart failure/CHF
CVA (Cerebral Vascular Accident)	Stroke/CVA
Chronic Bronchitis	Emphysema/COPD
Cigarettes	Current smoker
Cigars	Current smoker
CLL (Chronic Lymphocytic Leukemia)	Leukemia
CML (Chronic Myelogenous Leukemia)	Leukemia
COPD (Chronic Obstructive Pulmonary Disease)	Emphysema/COPD
Cortisone (steroid)*	Immunosuppressive therapy
Cortone (steroid)*	Immunosuppressive therapy
Decadron (steroid)*	Immunosuppressive therapy
Dexamethasone (steroid)*	Immunosuppressive therapy
DM	Diabetes mellitus
Epilepsy	Seizure/Seizure Disorder
ETOH (Ethanol abuse)	Alcohol abuse
Glioma	Solid organ malignancy
HbS-beta thalassemia	Sickle Cell Anemia
HbSS	Sickle Cell Anemia
HbSC	Sickle Cell Anemia
Hydrocortisone (steroid)*	Immunosuppressive therapy

IDDM (Insulin-Dependent Diabetes Mellitus)	Diabetes mellitus
Ig deficiency	Immunoglobulin deficiency
IgG deficiency	Immunoglobulin deficiency
IgM deficiency	Immunoglobulin deficiency
IVDU	Intravenous drug user
Kenacort (steroid)*	Immunosuppressive therapy
Kenalog (steroid)*	Immunosuppressive therapy
Liver failure	Cirrhosis
MD (Muscular Dystrophy)	Neuromuscular disorder
MELAS (Mitochondrial Encephalopathy, Lactic Acidosis, and Stroke-like episodes)	Dementia
MG (Myasthenia Gravis)	Neuromuscular disorder
MS	Multiple sclerosis
Methylprednisolone (steroid)*	Immunosuppressive therapy
NIDDM (Non Insulin Dependent DM)	Diabetes mellitus
Pediapred (steroid)*	Immunosuppressive therapy
Prednisolone (steroid)*	Immunosuppressive therapy
Prednisone (steroid)*	Immunosuppressive therapy
Prezone (steroid)*	Immunosuppressive therapy
SCD (Sickle Cell Disease)	Sickle Cell Anemia
SC disease	Sickle Cell Anemia
SCID (Severe Combined Immunodeficiency)	Immunoglobulin deficiency
Solu-Cortef (steroid)*	Immunosuppressive therapy
SoluMedrol (steroid)*	Immunosuppressive therapy
SS disease	Sickle Cell Anemia
Steroids*	Immunosuppressive therapy
Triamcinolone (steroid)*	Immunosuppressive therapy
Wiskott-Aldrich Syndrome	Immunoglobulin deficiency

*Use of steroids are considered an underlying disease or condition ONLY if they are long-term systemic steroids (inhaled steroids are typically not considered an underlying disease or condition)

Table 7:

Commonly noted diseases or syndromes that are *NOT* considered an ABCs underlying cause, prior illness or syndrome

NOTE: if the underlying condition or prior illness is NOT included among those listed on the case report form (Question 36), it is not considered a risk factor for purposes of ABCs surveillance, an ABCs infection, is not collected systematically, and should not be considered an “other prior illness”.

Abscess
Acute Liver Failure
Acute Kidney Failure
Amputation
Anemia
Atrial fibrillation
Autism
Chronic Cellulitis
Deep Vein Thrombosis (DVT)
Developmental delay
Gastroesophageal Reflux Disease (GERD)
Gout
Hepatitis A without liver failure
Hepatitis B without liver failure
Hepatitis C without liver failure
Hypertension (HTN)
Inhaled steroids
Joint replacements (e.g., wrist, knee, hip)
Mental illness
Organic Brain Syndrome
Peripheral Vascular Disease (PVD)
Steroid Topical Creams
Steroid Short Term Therapy (< 8 days)
Urinary Tract Infection (UTI)