

**NEONATAL SEPSIS SURVEILLANCE FORM**

Infant's Name: \_\_\_\_\_ Infant's Chart No.: \_\_\_\_\_  
(Last, First, M.I.)

Mother's Name: \_\_\_\_\_ Mother's Chart No.: \_\_\_\_\_  
(Last, First, M.I.)

Hospital Name: \_\_\_\_\_ Mother's Date of Birth: : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month day year (4 digits)

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

-Patient Identifier Information is NOT transmitted to CDC-

**ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs)  
 NEONATAL SEPSIS SURVEILLANCE FORM**



**CORE INFORMATION**

HOSPITAL/LAB ID (Where culture identified) \_\_\_\_\_  
(ID)

State ID \_\_\_\_\_ State of Residence \_\_\_\_\_ County of Residence \_\_\_\_\_

1. Date & time of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ (list times in military format, e.g. midnight = 0000)  Unknown  
Month day year (4 digits) time

2. A. Hospital of birth: \_\_\_\_\_  
(ID)

B. Date and time of discharge from hospital of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ (in military format)  Unknown  
Month day year (4 digits) time

3. Was the infant transferred to another hospital following birth?  Yes (1)  No (2)  Unknown (9)

**IF YES** A. Hospital where infant was transferred: \_\_\_\_\_  
(ID)

B. Date of transfer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month day year (4 digits)

C. Date of discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month day year (4 digits)

4. Was the infant discharged to home and readmitted for sepsis?  Yes (1)  No (2)  Unknown (9)

**IF YES** A. Hospital where treated for sepsis: \_\_\_\_\_  
(ID)

B. Date of readmission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month day year (4 digits)

C. Date of discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month day year (4 digits)

5A. Outcome of hospitalization:  Survived (1)  Died (3)  Unknown (9)

5B. If survived, did patient have the following neurologic or medical sequelae evident on discharge? *(check all that apply)*  
 Seizure disorder (1)  Hearing impairment (1)  Requiring oxygen (1)  None (1)

6. Sex:  Male (1)  Female (2)  Unknown (9)

7. Ethnicity:  Hispanic or Latino (1)  Not Hispanic or Latino (2)  Unknown (9)

8. Race: *(check all that apply)*  White (1)  American Indian or Alaska Native (1)  
 Black (1)  Native Hawaiian or Other Pacific Islander (1)  
 Unknown (1)  Asian (1)

9. Birth weight: \_\_\_\_ lb \_\_\_\_ oz (Or \_\_\_\_\_ grams)

10. A. Gestational age: \_\_\_\_ (99=Unknown) B. Determined by:  Dates (1)  Physical exam (2)  Ultrasound (3)  Unknown (9)  
(Weeks)

11. Clinical Syndromes (check all that apply):

- Septicemia/symptomatic bacteremia (without meningitis or pneumonia) (1)
- Pneumonia (1)
- Meningitis (1)
- Cellulitis (1)
- Asymptomatic bacteremia (i.e., cultures obtained despite absence of symptoms) (1)
- Unknown (1)
- Other (1) (specify): \_\_\_\_\_

Questions 12-15 pertain to organism #1.

12. Culture site, organism #1 (check all that apply)  Blood (1)  CSF (1)

13. Collection date of first positive culture, organism #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month day year (4 digits)

14. Organism isolated – organism #1 (Please do **not** report any contaminants. Refer to contaminant list in instruction sheet):

- |   |  |
|---|--|
| <input type="checkbox"/> Bacteroides fragilis (2)                 | <input type="checkbox"/> Pseudomonas aeruginosa (16)               |
| <input type="checkbox"/> Other Bacteroides (36): (species) _____  | <input type="checkbox"/> Other Pseudomonas(41): (species) _____    |
| <input type="checkbox"/> Campylobacter (33): (species) _____      | <input type="checkbox"/> Salmonella (18): (species) _____          |
| <input type="checkbox"/> Other Citrobacter (37): (species) _____  | <input type="checkbox"/> Serratia marcescens (19)                  |
| <input type="checkbox"/> Enterobacter cloacae (6)                 | <input type="checkbox"/> Shigella (34): (species) _____            |
| <input type="checkbox"/> Other Enterobacter (38): (species) _____ | <input type="checkbox"/> Staphylococcus aureus (20)                |
| <input type="checkbox"/> Enterococcus (7)                         | <input type="checkbox"/> Streptococcus Group A (31)                |
| <input type="checkbox"/> Other Enterococcus (43): (species) _____ | <input type="checkbox"/> Streptococcus Group B (29)                |
| <input type="checkbox"/> Eschericia coli (8)                      | <input type="checkbox"/> Streptococcus Group D (21)                |
| <input type="checkbox"/> Haemophilus influenzae (28)              | <input type="checkbox"/> Streptococcus Group G (22)                |
| <input type="checkbox"/> Klebsiella oxytoca (10)                  | <input type="checkbox"/> Streptococcus pneumoniae (32)             |
| <input type="checkbox"/> Klebsiella pneumoniae (11)               | <input type="checkbox"/> Streptococcus viridans (23)               |
| <input type="checkbox"/> Other Klebsiella (39): (species) _____   | <input type="checkbox"/> Other Streptococcus (42): (species) _____ |
| <input type="checkbox"/> Listeria monocytogenes (30)              | <input type="checkbox"/> Vibrio (35): (species) _____              |
| <input type="checkbox"/> Neisseria meningitidis (27)              | <input type="checkbox"/> Yersinia enterocolitica (25): _____       |
| <input type="checkbox"/> Peptostreptococcus (12)                  | <input type="checkbox"/> Other (26): (specify) _____*              |
| <input type="checkbox"/> Proteus mirabilis (14)                   |  |
| <input type="checkbox"/> Other Proteus (40): (species) _____      |  |

\* ONLY choose this if the organism does not fall into any of the above specified categories

15A. Were MICs reported for this organism:  Yes (1)  No (2)  Unknown (9)

15B. Resistance Pattern, organism #1 (MIC preferred to SIR; attach copy of antibiogram if available):

Antibiotic	SIR	Sign	MIC	Method	(1=broth, 2=E-test, 3=other, 4=Vitek, 5=Kirby-Bauer)	Antibiotic	SIR	Sign	MIC	Method	(1=broth, 2=E-test, 3=other, 4=Vitek, 5=Kirby-Bauer)
1. Amikacin	___	___	___	___		14. Levofloxacin	___	___	___	___	
2. Ampicillin	___	___	___	___		15. Ofloxacin	___	___	___	___	
3. Cefazolin	___	___	___	___		16. Oxacillin	___	___	___	___	
4. Cefotaxime	___	___	___	___		17. Penicillin	___	___	___	___	
5. Ceftazidime	___	___	___	___		18. Piperacillin	___	___	___	___	
6. Ceftriaxone	___	___	___	___		19. Rifampin	___	___	___	___	
7. Cefuroxime	___	___	___	___		20. Tetracycline	___	___	___	___	
8. Chloramphenicol	___	___	___	___		21. TMP/Sulfa	___	___	___	___	
9. Ciprofloxacin	___	___	___	___		22. Tobramycin	___	___	___	___	
10. Clindamycin	___	___	___	___		23. Vancomycin	___	___	___	___	
11. Erythromycin	___	___	___	___		24. _____	___	___	___	___	
12. Gentamicin	___	___	___	___		(Other: Specify)					
13. Imipenem	___	___	___	___		25. _____	___	___	___	___	
						(Other: Specify)					
						26. _____	___	___	___	___	
						(Other: Specify)					

Questions 16-19 pertain to organism #2.

16. Culture site, organism #2 (check all that apply)  Blood (1)  CSF (1)

17. Collection date of first positive culture, organism #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month day year (4 digits)

18. Organism isolated – organism # 2 (Please do **not** report any contaminant unless a case is co-infected with a neonatal pathogen. Refer to contaminant list in the instruction sheet.)

- |   |  |
|---|--|
| <input type="checkbox"/> Bacteroides fragilis (2)                 | <input type="checkbox"/> Other Proteus (40): (species) _____       |
| <input type="checkbox"/> Other Bacteroides (36): (species) _____  | <input type="checkbox"/> Pseudomonas aeruginosa (16)               |
| <input type="checkbox"/> Campylobacter (33): (species) _____      | <input type="checkbox"/> Other Pseudomonas(41): (species) _____    |
| <input type="checkbox"/> Other Citrobacter (37): (species) _____  | <input type="checkbox"/> Salmonella (18): (species) _____          |
| <input type="checkbox"/> Enterobacter cloacae (6)                 | <input type="checkbox"/> Serratia marcescens (19)                  |
| <input type="checkbox"/> Other Enterobacter (38): (species) _____ | <input type="checkbox"/> Shigella (34): (species) _____            |
| <input type="checkbox"/> Enterococcus (7)                         | <input type="checkbox"/> Staphylococcus aureus (20)                |
| <input type="checkbox"/> Other Enterococcus (43): (species) _____ | <input type="checkbox"/> Streptococcus Group A (31)                |
| <input type="checkbox"/> Eschericia coli (8)                      | <input type="checkbox"/> Streptococcus Group B (29)                |
| <input type="checkbox"/> Haemophilus influenzae (28)              | <input type="checkbox"/> Streptococcus Group D (21)                |
| <input type="checkbox"/> Klebsiella oxytoca (10)                  | <input type="checkbox"/> Streptococcus Group G (22)                |
| <input type="checkbox"/> Klebsiella pneumoniae (11)               | <input type="checkbox"/> Streptococcus pneumoniae (32)             |
| <input type="checkbox"/> Other Klebsiella (39): (species) _____   | <input type="checkbox"/> Streptococcus viridans (23)               |
| <input type="checkbox"/> Listeria monocytogenes (30)              | <input type="checkbox"/> Other Streptococcus (42): (species) _____ |
| <input type="checkbox"/> Neisseria meningitidis (27)              | <input type="checkbox"/> Vibrio (35): (species) _____              |
| <input type="checkbox"/> Peptostreptococcus (12)                  | <input type="checkbox"/> Yersinia enterocolitica (25): _____       |
| <input type="checkbox"/> Proteus mirabilis (14)                   | <input type="checkbox"/> Other (26): ( <i>specify</i> ) _____*     |

\* ONLY choose this if the organism does not fall into any of the above specified categories

19A Were MICs reported for this organism:  Yes (1)  No (2)  Unknown (9)

19B. Resistance Pattern, organism #2 ( **MIC preferred to SIR**; attach copy of antibiogram if available):

Antibiotic	SIR	Sign	MIC	Method	(1=broth, 2=E-test, 3=other, 4=Vitek, 5=Kirby-Bauer)	Antibiotic	SIR	Sign	MIC	Method	(1=broth, 2=E-test, 3=other, 4=Vitek, 5=Kirby-Bauer)
1. Amikacin	___	___	___	___		14. Levofloxacin	___	___	___	___	
2. Ampicillin	___	___	___	___		15. Ofloxacin	___	___	___	___	
3. Cefazolin	___	___	___	___		16. Oxacillin	___	___	___	___	
4. Cefotaxime	___	___	___	___		17. Penicillin	___	___	___	___	
5. Ceftazidime	___	___	___	___		18. Piperacillin	___	___	___	___	
6. Ceftriaxone	___	___	___	___		19. Rifampin	___	___	___	___	
7. Cefuroxime	___	___	___	___		20. Tetracycline	___	___	___	___	
8. Chloramphenicol	___	___	___	___		21. TMP/Sulfa	___	___	___	___	
9. Ciprofloxacin	___	___	___	___		22. Tobramycin	___	___	___	___	
10. Clindamycin	___	___	___	___		23. Vancomycin	___	___	___	___	
11. Erythromycin	___	___	___	___		24. _____	___	___	___	___	
12. Gentamicin	___	___	___	___		(Other: Specify)	___	___	___	___	
13. Imipenem	___	___	___	___		25. _____	___	___	___	___	
						(Other: Specify)	___	___	___	___	
						26. _____	___	___	___	___	
						(Other: Specify)	___	___	___	___	

Questions 20-23 pertain to organism #3.

20. Culture site, organism #3 (*check all that apply*)  Blood (1)  CSF (1)

21. Collection date of first positive culture, organism #3: \_\_\_ / \_\_\_ / \_\_\_  
Month day year (4 digits)

22. Organism isolated – organism #3 (Please do **not** report any contaminant unless a case is co-infected with a neonatal pathogen. Refer to contaminant list in the instruction sheet.)

- |   |  |
|---|--|
| <input type="checkbox"/> Bacteroides fragilis (2)                 | <input type="checkbox"/> Other Proteus (40): (species) _____       |
| <input type="checkbox"/> Other Bacteroides (36): (species) _____  | <input type="checkbox"/> Pseudomonas aeruginosa (16)               |
| <input type="checkbox"/> Campylobacter (33): (species) _____      | <input type="checkbox"/> Other Pseudomonas(41): (species) _____    |
| <input type="checkbox"/> Other Citrobacter (37): (species) _____  | <input type="checkbox"/> Salmonella (18): (species) _____          |
| <input type="checkbox"/> Enterobacter cloacae (6)                 | <input type="checkbox"/> Serratia marcescens (19)                  |
| <input type="checkbox"/> Other Enterobacter (38): (species) _____ | <input type="checkbox"/> Shigella (34): (species) _____            |
| <input type="checkbox"/> Enterococcus (7)                         | <input type="checkbox"/> Staphylococcus aureus (20)                |
| <input type="checkbox"/> Other Enterococcus (43): (species) _____ | <input type="checkbox"/> Streptococcus Group A (31)                |
| <input type="checkbox"/> Eschericia coli (8)                      | <input type="checkbox"/> Streptococcus Group B (29)                |
| <input type="checkbox"/> Haemophilus influenzae (28)              | <input type="checkbox"/> Streptococcus Group D (21)                |
| <input type="checkbox"/> Klebsiella oxytoca (10)                  | <input type="checkbox"/> Streptococcus Group G (22)                |
| <input type="checkbox"/> Klebsiella pneumoniae (11)               | <input type="checkbox"/> Streptococcus pneumoniae (32)             |
| <input type="checkbox"/> Other Klebsiella (39): (species) _____   | <input type="checkbox"/> Streptococcus viridans (23)               |
| <input type="checkbox"/> Listeria monocytogenes (30)              | <input type="checkbox"/> Other Streptococcus (42): (species) _____ |
| <input type="checkbox"/> Neisseria meningitidis (27)              | <input type="checkbox"/> Vibrio (35): (species) _____              |
| <input type="checkbox"/> Peptostreptococcus (12)                  | <input type="checkbox"/> Yersinia enterocolitica (25): _____       |
| <input type="checkbox"/> Proteus mirabilis (14)                   | <input type="checkbox"/> Other (26): ( <i>specify</i> ) _____*     |

\* ONLY choose this if the organism does not fall into any of the above specified categories

23A. Were MICs reported for this organism:  Yes (1)  No (2)  Unknown (9)

23B. Resistance Pattern, organism #3 ( **MIC preferred to SIR**; attach copy of antibiogram if available):

Antibiotic	SIR	Sign	MIC	Method	(1=broth, 2=E-test, 3=other, 4=Vitek, 5=Kirby-Bauer)	Antibiotic	SIR	Sign	MIC	Method	(1=broth, 2=E-test, 3=other, 4=Vitek, 5=Kirby-Bauer)
1. Amikacin	___	___	___	___		14. Levofloxacin	___	___	___	___	
2. Ampicillin	___	___	___	___		15. Ofloxacin	___	___	___	___	
3. Cefazolin	___	___	___	___		16. Oxacillin	___	___	___	___	
4. Cefotaxime	___	___	___	___		17. Penicillin	___	___	___	___	
5. Ceftazidime	___	___	___	___		18. Piperacillin	___	___	___	___	
6. Ceftriaxone	___	___	___	___		19. Rifampin	___	___	___	___	
7. Cefuroxime	___	___	___	___		20. Tetracycline	___	___	___	___	
8. Chloramphenicol	___	___	___	___		21. TMP/Sulfa	___	___	___	___	
9. Ciprofloxacin	___	___	___	___		22. Tobramycin	___	___	___	___	
10. Clindamycin	___	___	___	___		23. Vancomycin	___	___	___	___	
11. Erythromycin	___	___	___	___		24. _____	___	___	___	___	
12. Gentamicin	___	___	___	___		(Other: Specify)					
13. Imipenem	___	___	___	___		25. _____	___	___	___	___	
						(Other: Specify)					
						26. _____	___	___	___	___	
						(Other: Specify)					

24. Does this patient have a CORE ABCs pathogen?  Yes (1)  No (2)  Unknown (9)

If **YES**, State ID on ABCs case report form: (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

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### SURVEILLANCE OFFICE USE ONLY

25. How was neonatal sepsis case identified?  State reportable disease system (1)  
**(check all that apply)**  Lab surveillance (1)  
 Active contact with clinical personnel (1)  
 Other (1) (specify) \_\_\_\_\_

26. Neonatal sepsis case report form status:  
 Complete (1)  Incomplete (2)  Edited & Correct (3)  Chart unavailable after 3 requests (4)

27. Date of report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month day year (4 digits)

\* Do NOT include any personal identifying information in the comments section. All comments are transmitted to CDC.

28. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_