

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: ____ / ____ / ____ C. Date of discharge: ____ / ____ / ____
Month day year (4 digits) 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: ____ / ____ / ____ C. Date of discharge: ____ / ____ / ____
Month day year (4 digits) 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)
(Weeks) Assisted Reproductive Technology (4) Unknown (9)

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*): _____

11A. Did the infant receive antibiotics during the first illness episode? Yes (1) No (2) Unknown (9)

IF YES

	B1. Antibiotic Name	B2. # of doses	B3. Start Date	B4. Stop Date
1	_____	_____	___/___/_____ Month day year (4 digits)	___/___/_____ Month day year (4 digits)
2	_____	_____	___/___/_____ Month day year (4 digits)	___/___/_____ Month day year (4 digits)
3	_____	_____	___/___/_____ Month day year (4 digits)	___/___/_____ Month day year (4 digits)

12. 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): (<i>specify</i>) _____ * |
| <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

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

Collection date of first positive culture, organism #1: ___/___/_____
Month day year (4 digits) Lab Accession No. _____

Was a second blood culture performed? Yes (1) No (2)

IF YES

Test date	Test result	IF POSITIVE, organism isolated
___/___/_____ Month day year (4 digits)	<input type="checkbox"/> Positive (1) <input type="checkbox"/> Negative (0)	_____

13. 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"/> 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): (<i>specify</i>) _____ * |
| <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

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

Collection date of first positive culture, organism #2: ___/___/_____
Month day year (4 digits) Lab Accession No. _____

Was a second blood culture performed? Yes (1) No (2)

IF YES

Test date	Test result	IF POSITIVE, organism isolated
___/___/_____ Month day year (4 digits)	<input type="checkbox"/> Positive (1) <input type="checkbox"/> Negative (0)	_____

14. 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"/> 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): (<i>specify</i>) _____ * |
| <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

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

Collection date of first positive culture, organism #3: ___/___/___ Lab Accession No. _____
Month day year (4 digits)

Was a second blood culture performed? Yes (1) No (2)

IF YES	Test date	Test result	IF POSITIVE, organism isolated
	___/___/___ <small>Month day year (4 digits)</small>	<input type="checkbox"/> Positive (1) <input type="checkbox"/> Negative (0)	_____

15. 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) _____

SURVEILLANCE OFFICE USE ONLY

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

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

18. 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.

19. Comments: _____

