

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 Address: _____ City: _____ State: _____ Zip: _____



Patient Identifier Information is NOT transmitted to the CDC

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



CORE INFORMATION

HOSPITAL/LAB (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)

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"/> 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): (specify) _____* |
| <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 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"/> 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>) _____* |
| <input type="checkbox"/> Other Proteus (40): (species) _____ | |

* 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	Antibiotic	SIR	Sign	MIC	Method
				(1=broth, 2=E-test, 3=other, 4=Vitek, 5=Kirby-Bauer)					(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 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"/> 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>) _____* |
| <input type="checkbox"/> Other Proteus (40): (species) _____ | |

* 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) _____

SURVEILLANCE OFFICE USE ONLY

25. How was neonatal sepsis case identified? State reportable disease system (1)
 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: _____

