Invasive Streptococcal Disease Case Report

Texas Department of State Health Services
Infectious Disease Control Unit
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PATIENT INFORMATION

Name:_____
Last First MI

Address:_____
Street City County Zip

(_____)_____ _____/_____/_____ _____ _____ **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Phone Birth Date Sex Race*

*W = White; B = Black/African American; N = American Indian/Alaska Native; P = Native Hawaiian/Pacific Islander; A = Asian; O = Other; U = Unknown

MEDICAL INFORMATION

_____ (_____)_____
Physician Name Physician Phone

Hospitalized? ☐ Yes ☐ No **Hospital Name** _____ _____/_____/_____ _____/_____/_____
Admit Date Discharge Date

Onset Date _____/_____/_____ **Type of Infection:** ☐ Bacteremia ☐ Pneumonia ☐ Toxic Shock Syndrome ☐ Necrotizing Fasciitis

☐ Meningitis ☐ Sinusitis ☐ Otitis Media ☐ Endocarditis ☐ Peritonitis ☐ Septic Arthritis ☐ Other (specify): _____

Outcome (check one): ☐ Died _____/_____/_____ ☐ Recovering ☐ Unknown
Date

Did patient have underlying conditions? (check all that apply): ☐ Diabetes Mellitus ☐ HIV ☐ AIDS ☐ Asthma ☐ Drug Abuse ☐ Stroke

☐ Alcohol abuse ☐ Past Smoker ☐ Current Smoker ☐ Sickle Cell Disease ☐ Organ Transplant ☐ Malignancy ☐ Cochlear Implant

☐ Chronic Lung Disease (COPD) ☐ Chronic Heart Disease (CHF) ☐ Renal Failure ☐ Other Disease (specify) _____

Did the patient receive the polysaccharide pneumococcal vaccine? ☐ Yes ☐ No ☐ Unknown

Did the patient receive the conjugate pneumococcal vaccine? ☐ Yes ☐ No ☐ Unknown

LABORATORY INFORMATION (please attach lab report if available)

Date Collected _____/_____/_____ **Specimen Source:** ☐ CSF ☐ Blood ☐ Other Sterile Site (specify): _____

Bacterial Species (check one): ☐ Group A Strep (*S. pyogenes*) ☐ Group B Strep (*S. agalactiae*) ☐ *Streptococcus pneumoniae*

COMMENTS

Reported by: _____ **Phone:** (_____)_____ **Date Reported:** _____/_____/_____

Investigated by: _____ **Investigation Start Date:** _____/_____/_____

Agency: _____ **Phone:** (_____)_____

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