

NBS Patient ID: _____

Streptococcus (Group A) Invasive Disease**Demographic Information**

Residency: _____ State: _____ County: _____ ZIP: _____

Date of birth: _____

Sex: Male FemaleHispanic or Latino in origin: Yes No Unknown

Race description

 American Indian or Alaska Native Other/Multiracial: _____ Asian Unknown Black or African American White Native Hawaiian or Other Pacific Islander**Other Patient Information**If the patient has healthcare coverage, what type of insurance do they use? Declined to answer Private/HMO/PPO/Managed care plan Military/VA Medicaid Indian Health Services (IHS) Medicare Other: _____ No healthcare coverage Unknown

Weight: _____

Height: _____

Reporting Source

Date of report: _____

Reporting source: _____

Earliest date reported to county: _____ State: _____

Reporter: _____

Clinical Information

Physician: _____

Was the patient hospitalized before or during the infection?

 Yes No Unknown

Date admitted to the hospital: _____

Date discharged from the hospital: _____

Hospital name: _____

Patient chart number: _____

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Illness onset date: _____

Illness end date: _____

Symptoms experienced (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Abscess (not skin) | <input type="checkbox"/> Epiglottitis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Bacteremia without focus | <input type="checkbox"/> Hemolytic Uremic Syndrome (HUS) | <input type="checkbox"/> Puerperal sepsis |
| <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Septic abortion |
| <input type="checkbox"/> Chorioamnionitis | <input type="checkbox"/> Necrotizing fasciitis | <input type="checkbox"/> Septic arthritis |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Streptococcal toxic-shock syndrome (STSS) |
| <input type="checkbox"/> Empyema | <input type="checkbox"/> Otitis media | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Pericarditis | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Endometritis | <input type="checkbox"/> Peritonitis | |

Date first positive culture obtained: _____

Sterile sites from which organism isolated (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Muscle |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Pericardial fluid |
| <input type="checkbox"/> Cerebral spinal fluid | <input type="checkbox"/> Peritoneal fluid |
| <input type="checkbox"/> Internal body site | <input type="checkbox"/> Pleural fluid |
| <input type="checkbox"/> Joint | <input type="checkbox"/> Other normally sterile site (specify): _____ |

Nonsterile sites from which organism isolated (check all that apply):

- Amniotic fluid
- Middle ear
- Placenta
- Sinus
- Wound
- Other (specify): _____

Did patient have any underlying conditions? Yes No Unknown

If yes, check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Current smoker | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Deaf/profound hearing loss | <input type="checkbox"/> Organ transplant (specify): _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Other malignancy (specify) _____ |
| <input type="checkbox"/> Atherosclerotic cardiovascular disease (ASCVD)/CAD | <input type="checkbox"/> Emphysema/COPD | <input type="checkbox"/> Renal failure/dialysis _____ |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Heart failure/CHF | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Cerebral vascular accident (CVA)/Stroke | <input type="checkbox"/> HIV | <input type="checkbox"/> Splenectomy/Asplenia |
| <input type="checkbox"/> Cirrhosis/liver failure | <input type="checkbox"/> Hodgkin's disease | <input type="checkbox"/> Systemic lupus erythematosus (SLE) |
| <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Immunoglobulin deficiency | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Complement deficiency | <input type="checkbox"/> Intravenous drug use (IVDU) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> CSF leak (2 deg trauma/surgery) | <input type="checkbox"/> Leukemia | |
| | <input type="checkbox"/> Multiple myeloma | |
| | <input type="checkbox"/> Nephrotic syndrome | |

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Did the patient die from this illness? Yes No Unknown

Epidemiologic

If < 6 years of age, is the patient in daycare? (Daycare is defined as a supervised group of two or more unrelated children for > 4 hours/week.) Yes No Unknown

If yes, name of daycare: _____

Was the patient a resident of a nursing home or other chronic care facility at the time of first positive culture?

Yes No Unknown

If yes, name of facility: _____

Condition-specific Custom Fields

Clinical/Epidemiologic

Patient outcome:

- Survived
- Death due to condition
- Death unrelated
- Unknown

If patient died, date of death: _____

Was the patient seen in an emergency room?

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Yes | } | Date first seen in emergency room: _____ |
| <input type="checkbox"/> No | | Name of emergency room: _____ |
| <input type="checkbox"/> Unknown | | Visit MRN: _____ |

STSS Case Classification Questions

Did the patient have hypotension? (Hypotension: Systolic blood pressure less than or equal to 90 mm Hg for adults or less than the fifth percentile for children under 16 years of age.) Yes No Unknown

Did the patient have multi-organ involvement?

Renal Impairment - Creatinine greater than 2 mg/dl or 2X upper limit of normal; in patients with preexisting renal disease, a greater than twofold elevation over baseline level:

Yes No Unknown

Liver Involvement - Total bilirubin, alanine aminotransferase enzyme, or aspartate aminotransferase enzyme levels at least 2X upper limit of normal; in patients with preexisting liver disease, greater than twofold elevation over baseline level:

Yes No Unknown

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Coagulopathy - Platelets less than 100,000/mm³ or disseminated intravascular coagulation defined by prolonged clotting times, low fibrinogen level, and the presence of fibrin degradation products:

Yes No Unknown

Acute Respiratory Distress Syndrome - Acute onset of diffuse pulmonary infiltrates and hypoxemia in the absence of cardiac failure or by evidence of diffuse capillary leak manifested by acute onset of generalized edema, or pleural or peritoneal effusions with hypoalbuminemia:

Yes No Unknown

Rash - Generalized macular erythroderma that may desquamate:

Yes No Unknown

Soft Tissue Necrosis - Including necrotizing fasciitis, myositis, or gangrene:

Yes No Unknown

Supplemental Demographic Information

I'd like to finish up by asking you a series of questions about your background. These questions provide us with highly useful information about how different illnesses affect different groups of people.

We are asking these questions so we can target our efforts to prevent (*invasive group A Streptococcus*) in Indiana.

You can choose not to answer a question at any point. Any information you give me will be confidential and will not be released to outside of public health, including your medical care team and insurance provider. Do you have any questions?

What is the highest grade or year of school the patient completed?

Declined to answer

Never attended school/only attended kindergarten

Associate's or technical school degree (2 years)

Elementary (grades 1 to 8)

Bachelor's degree (4 years)

Some high school (grades 9 to 11)

Professional degree beyond bachelor's

High school graduate (diploma or GED)

Unknown

Some college (1 to 3 years)

What is the patient's current employment status?

Declined to answer

Employed for wages

Self-employed

Homemaker

Student-employed

Out of work - <1 year

Student-not employed

Out of work - 1+ years

Unable to work

Retired

Unknown

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What is the patient's current housing status?

 Declined to answer Single-family home Barracks Correction facility Apartment Boarding school Dormitory Other: _____ Camp Long-term care

If apartment or single-family home, what is the household size? _____

 Communal living situation Shelter Unknown

In the past 12 months, has the patient delayed receiving healthcare for any of the following reasons?:

 No Couldn't get appointment Declined to answer Clinic/office closed Long wait time Couldn't phone No transportationWhat is the patient's annual household income from all sources in the past 12 months? Declined to answer <\$15,000 \$50,000 to \$74,999 \$15,000 to \$24,999 \$75,000 or more \$25,000 to \$49,999

Investigation Information

How much of the investigation was completed?

 All questions asked Partial questions asked Unable to contact Not investigated

Was this case lost to follow-up?

 Yes No Unknown

Additional Comments

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