PATIENT ID:___ ___ ___ ___ ___ ___ ___ ___

Form Approved
OMB No. 0920-0009

Invasive Methicillin-resistant *Staphylococcus aureus* Active Bacterial Core Surveillance (ABCs) Case Report

Patient Name:_____ **Phone: ( )** _____-_____
(Last, First, M.I)

Address: _____ **Chart Number:** _____
(Number, Street, Apt #)

_____ _____ _____ - _____
(City) (State) (Zip) (Plus 4)

- Patient Identifier Information Is Not Transmitted to CDC -

1. STATE : (*Residence of Patient*) ____ ____	**2. COUNTY:** (*Residence of Patient*) _____	**3. STATE I.D.:** ___ ___ ___ ___ ___ ___ ___	**4a. HOSPITAL/LAB I.D. WHERE CULTURE IDENTIFIED:** ___ ___ ___ ___ ___	**4b. HOSPITAL I.D. WHERE PATIENT TREATED:** ___ ___ ___ ___ ___

5. DATE OF BIRTH: ____/_____/_____	**6a. AGE:** ___ ___ ___	**6b. Is age unit in day/mo/yr?** 1 ☐ Day 2 ☐ Month 3 ☐ Year	**7a. SEX:** 1 ☐ Male 2 ☐ Female 9 ☐ Unknown	**7b. ETHNIC ORIGIN:** 1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino 9 ☐ Unknown	**7c. RACE:** (*Check ALL that apply*) 1☐ American Indian or Alaskan Native 1☐ Asian 1☐ Black or African American 1☐ Native Hawaiian or other Pacific Islander 1☐ White 1☐ Unknown

8. WAS PATIENT HOSPITALIZED? 1 ☐ Yes 2 ☐ No
If YES, date of admission: ____/_____/_____
Date of discharge: _____/_____/_____

9. WAS AN INFECTION RELATED TO THE INITIAL CULTURE INCLUDED IN THE ADMISSION DIAGNOSIS? (Was MRSA infection the reason for hospital admission?)
1 ☐ Yes 2 ☐ No 9 ☐ Unknown

10. LOCATION OF CULTURE COLLECTION: (*Check ONE*)
Hospital Inpatient: 1 ☐ ICU 2 ☐ Other Unit 3 ☐ Emergency room
4 ☐ Outpatient
5 ☐ Nursing home 6 ☐ Rehabilitation facility 7 ☐ Home health
8 ☐ Prison/Jail 9 ☐ Unknown
10 ☐ Other: (*specify*)_____

11. PATIENT OUTCOME:
1 ☐ **SURVIVED** ⇨ **Discharged to: (Check one)** 1☐ Home 2☐ Nursing Home 3☐ Rehabilitation Facility 4☐ Hospital 5 ☐ Prison/Jail 9 ☐ Unknown
6 ☐ Other (*specify*)_____
2 ☐ **DIED** ⇨ **Date of Death:** ____/_____/_____ **Was MRSA contributory or causal?** 1 ☐ Yes 2 ☐ No 9 ☐ Unknown
9 ☐ **UNKNOWN**

12. DATE OF INITIAL CULTURE:
____/_____/_____

13. STERILE SITE(S) FROM WHICH MRSA WAS INITIALLY ISOLATED: (*Check ALL that apply*)
1☐ Blood 1☐ Peritoneal fluid 1 ☐ Bone
1☐ CSF 1 ☐ Pericardial fluid
1☐ Pleural fluid 1 ☐ Joint/Synovial fluid
1☐ Internal body site: (*specify*)_____
1☐ Other sterile site: (*specify*) _____

14. Were cultures of the <u>SAME</u> sterile site(s) positive between 7 and 30 days after initial culture?
1☐ Yes 2 ☐ No 9 ☐ Unknown

15. Were cultures of <u>OTHER</u> sterile site(s) positive within 30 days of initial culture?
1 ☐ Yes 2 ☐ No 9 ☐ Unknown

IF YES, list site(s):
1. _____
2. _____
3. _____

16. NON-STERILE SITE(S) FROM WHICH MRSA WAS ISOLATED <u>WITHIN 72 HOURS BEFORE OR AFTER</u> INITIAL STERILE SITE CULTURE: (*Check ALL that apply*)
1 ☐ Sputum 1 ☐ Ear
1 ☐ Nares 1 ☐ Rectal/Stool
1 ☐ Urine 1 ☐ Nasopharynx
1 ☐ Catheter/Device 1 ☐ Throat
1 ☐ Eye 1 ☐ Sinus
1 ☐ Skin 1 ☐ Other

If SKIN, check culture type below:
1☐ Traumatic Wound 1☐ Pressure Ulcer
1☐ Surgical Incision 1☐ Not Specified
1☐ Other: (*specify*):_____

17. TYPES OF MRSA INFECTION ASSOCIATED WITH CULTURE(S): (*Check **ALL** that apply*)

Bacteremia		Endocarditis	Septic Arthritis		
1 ☐ Primary	1 ☐ Meningitis	1 ☐ Native valve	1☐ Native joint	1 ☐ Cellulitis	1 ☐ Other infections: (*specify*)
2 ☐ Secondary	1 ☐ Peritonitis	2 ☐ Prosthetic valve	2☐ Prosthetic joint	1 ☐ Traumatic wound	_____
9 ☐ Not specified	1 ☐ Pneumonia	1 ☐ Abscess (not skin)	1☐ Bursitis	1 ☐ Surgical incision	_____
	1 ☐ Pericarditis	1 ☐ Surgical site (internal)	1☐ Otitis media	1 ☐ Pressure ulcer	
	1 ☐ Osteomyelitis				

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18. UNDERLYING CONDITIONS: (*Check ALL that apply*) (If none or chart unavailable, check appropriate box) 1 ☐ **NONE** 1 ☐ **UNKNOWN**

1 ☐ Current Smoker	1 ☐ Heart Failure/CHF	1 ☐ Diabetes	1 ☐ Immunosuppressive Therapy
1 ☐ Alcohol abuse	1 ☐ Atherosclerotic Cardiovascular Disease	1 ☐ Chronic Renal Insufficiency	1 ☐ Influenza (*within 10 days of initial culture)*
1 ☐ IVDU	1 ☐ CVA/Stroke (Not TIA)	1 ☐ Chronic Liver Disease	Bite: 1☐ Spider 1☐ Insect 1☐ Other
1 ☐ HIV	1 ☐ Emphysema/COPD	1 ☐ Rheumatoid Arthritis	1 ☐ Abscess/Boil
1 ☐ AIDS or CD4 count<200	1 ☐ Asthma	1 ☐ Folliculitis	1☐ Other dermatological Condition (*specify*)::
1 ☐ Solid Organ Malignancy	1 ☐ Systemic Lupus Erythematosus	1 ☐ Eczema	_____
1 ☐ Hematologic Malignancy	1 ☐ Sickle Cell Anemia	1☐ Psoriasis	1 ☐ Other: (*specify*) _____

19. CLASSIFICATION – Healthcare-associated and Community-associated: (*Check all that apply*)

1 ☐ **Previous documented MRSA infection or colonization**

If YES: Month_____ Year _____ **OR** previous STATEID_____

1 ☐ **Culture collected > 48 hours after hospital admission**

1 ☐ **Hospitalized within year before index culture date.**

1 ☐ **Surgery within year before index culture date.**

1 ☐ **Dialysis within year before index culture date.**
(*Hemodialysis or Peritoneal dialysis*)

1 ☐ **Residence in a long-term care facility within year before index culture date.**
If YES: 1 ☐ Nursing Home 3 ☐ Other: (*specify*) _____
2 ☐ Rehabilitation facility
9 ☐ Unknown
Resident at time of culture: 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

1 ☐ **Invasive device or catheter in place at time of admission/evaluation?**
If YES, (*Check **ALL** that apply*):
1 ☐ Urinary 1☐ Gastrointestinal 1☐ Other:
1☐ Respiratory 1☐ Central Vascular _____

20. SUSCEPTIBILITY RESULTS:
[S=Sensitive (1), I=Intermediate (2), R=Resistant (3), U=Unknown/Not Reported (9)]

Ciprofloxacin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Oxacillin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Clindamycin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Penicillin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Daptomycin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Quinupristin/Dalfopristin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Doxycycline:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Rifampin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Erythromycin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Tetracycline:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Gatifloxacin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Trimethoprim-sulfamethoxazole:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Gentamicin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Vancomycin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Levofloxacin:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	Other:	☐ **S** ☐ **I** ☐ **R** ☐ **U**
Linezolid:	☐ **S** ☐ **I** ☐ **R** ☐ **U**	(*specify*) _____	

21a. OXACILLIN ZONE SIZE:

☐_____**mm** ☐ Not Reported

21b. OXACILLIN MIC:

☐_____**µg/ml** ☐ Not Reported

22. WAS CULTURE POLYMICROBIAL?

☐ Yes ☐ No ☐ Unknown

IF YES, List other bacterial species isolated:

1_____

2_____

23. WAS PATIENT RECEIVING ANTIBIOTICS AT TIME OF CULTURE?

1 ☐ Yes **If YES, please list:** (*Use codes in Appendix 1*)
2 ☐ No 1_____ 3_____
9 ☐ Unknown 2_____ 4_____

24. WAS PATIENT PRESCRIBED ANTIBIOTICS AT THE TIME OF CULTURE? (Was antibiotic treatment initiated or changed?)

1 ☐ Yes **If YES, please list:** (*Use codes in Appendix 1*)
2 ☐ No 1_____ 3_____
9 ☐ Unknown 2_____ 4_____

25. Was case first identified through audit?	**26. CRF status:**	**27. Does this case have recurrent MRSA disease?**	**28. Date reported to EIP site:**	**29. Initials of S.O.**
1 ☐ Yes 2 ☐ No 9 ☐ Unknown	1☐ Complete 2☐ Incomplete 3☐ Edited & Correct 4☐ Chart unavailable after 3 requests	1 ☐ Yes 2 ☐ No 9 ☐ Unknown **If YES, previous (1st) STATE ID:** ___ ___ ___ ___ ___ ___ ___	_____/_____/_____	_____

30. COMMENTS:_____

_____

_____

_____

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