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 Birt	th: : / / / / Month day year (4 digits)		
			Month day year (4 digits)		
Mother's Address	3:	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)						
	e ID	State of Residence	County of Residence			
	Date & time of birth: / / / year (4		es in military format, e.g. midnight = 0000)	Unknown		
2.	A. Hospital of birth:					
	<b>B.</b> Date and time of discharge from hospital	of birth: / / //	digits) (in military format	) 🗌 Unknown		
3.	Was the infant transferred to another hospit	•	1)			
	IF YES A. Hospital where in	fant was transferred:(ID)				
	<b>B.</b> Date of transfer:	Month day year (4 digits)	C. Date of discharge:/	y year (4 digits)		
4.	Was the infant discharged to home and rea	dmitted for sepsis?	1)			
		eated for sepsis:	C Date of discharge: /	1		
	<b>b.</b> Date of readmiss	ion:// Month day year (4 digits)	C. Date of discharge:/	year (4 digits)		
5A.	Outcome of hospitalization:   Survived	(1) Died (3)	☐ Unknown (9)			
5B.	If survived, did patient have the following ne ☐ Seizure d	· · · · · · · · · · · · · · · · · · ·	vident on discharge? ( <i>check all that ap</i> rment (1)			
6.	Sex:	emale (2) Unknown (9)				
7.	Ethnicity: ☐ Hispanic or Latino (1	) ☐ Not Hispanic or La	tino (2) Unknown (9)			
8.	Race: (check all that apply)  White (1)  Black (1)  Unknown (1)  American Indian or Alaska Native (1)  Native Hawaiian or Other Pacific Islander (1)  Asian (1)					
9.	9. Birth weight: lboz (Or grams)					
10.	10. A. Gestational age: (99=Unknown) B. Determined by: Dates (1) Physical exam (2) Ultrasound (3) Assisted Reproductive Technology (4) Unknown (9)					
11.	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 abscence of symptoms) (1) Unknown (1) Other (1) ( <i>specify</i> ):					
	.,,	-	<del></del>			

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	B1. Antibiotic Name	B2. # of doses	B3. Start Date	B4. Stop Date
	1		//	_
L			Month day year (4 digits	) Month day year (4 digits
	2		//	_   / /
-			Month day year (4 digits	) Month day year (4 digits
	3		//	_   / /
L			Month day year (4 digits	)   Month day year (4 digits
anism	isolated – organism #1 (Please do <b>no</b> t	t renort any contaminants	Refer to contaminant list in	n instruction sheet).
			<b>1</b>	,
H	Bacteroides fragilis (2) Other Bacteroides (36): (species) Campylobacter (33): (species) Other Citrobacter (37): (species)	L C	☐ Pseudomonas aeruginosa ☐ Other Pseudomonas(41):	(16) (species)
	Campylobacter (33): (species)		Salmonella (18): (species	)
	Other Citrobacter (37): (species)		Serratia marcescens (19)	,
	Enterobacter cloacae (6)		Shigella (34): (species)	
	Other Enterobacter (38): (species)	Ē	Staphylococcus aureus (2	20)
	Enterococcus (7)		Streptococcus Group A (3	
	Other Enterococcus (43): (species)		Streptococcus Group B (2	
	Eschericia coli (8)		] Streptococcus Group D (2	21)
	Haemophilus influenzae (28)		] Streptococcus Group G (2	22)
	Klebsiella oxytoca (10)		Streptococcus pneumonia	
	Klebsiella pneumoniae (11)		Streptococcus viridans (2	3) ` ´
	Other Klebsiella (39): (species)		Other Streptococcus (42)	(species)
	Listeria monocytogenes (30)		Vibrio (35): (species)	, ,
	Neisseria meningitidis (27)		Yersinia enterocolitica (25	5)
			Other (26): (specify)	
	Peptostreptococcus (12)		Other (26): (Specify)	
culture	Proteus mirabilis (14)  Other Proteus (40): (species)  site, organism #1 (check all that apply	*	ONLY choose this if the organism does	
	Proteus mirabilis (14) Other Proteus (40): (species) site, organism #1 (check all that apply	') □ Blood (1) □ CS	ONLY choose this if the organism does	not fall into any of the above specified cate
ollect	Proteus mirabilis (14) Other Proteus (40): (species)	by) Blood (1) CS sm #1: / / Month day / year t report any contaminant u	F (1)  Lab Accession N	not fall into any of the above specified cate
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<b>14.</b> Organism isolated – organism #3 (Please do <b>not</b> report any contaminant unless a case is co-infected with a neonatal pathogen. Refer to contaminant list in the instruction sheet.)						
Culture	□ Bacteroides fragilis (2) □ Other Bacteroides (36): (species) □ Campylobacter (33): (species) □ Other Citrobacter (37): (species) □ Enterobacter cloacae (6) □ Other Enterobacter (38): (species) □ Enterococcus (7) □ Other Enterococcus (43): (species) □ Eschericia coli (8) □ Haemophilus influenzae (28) □ Klebsiella oxytoca (10) □ Klebsiella pneumoniae (11) □ Other Klebsiella (39): (species) □ Listeria monocytogenes (30) □ Neisseria meningitidis (27) □ Peptostreptococcus (12)		Salmonella (18): (species)  Serratia marcescens (19)  Shigella (34): (species)  Staphylococcus aureus (20)  Streptococcus Group A (31)  Streptococcus Group B (29)  Streptococcus Group D (21)  Streptococcus Group G (22)  Streptococcus pneumoniae (32)  Streptococcus viridans (23)  Other Streptococcus (42): (species)  Vibrio (35): (species)  Yersinia enterocolitica (25)  Other (26): (specify)  *ONLY choose this if the organism does not fall into any of the above specified categories  *(1)  Lab Accession No.			
<b>15</b> . Was any a	<b>15.</b> Was any additional blood culture performed? ☐ Yes (1) ☐ No (2)					
IF YES	Test date	Test result	IF POSITIVE, organism isolated			
	/// Month day year (4 digits)	☐ Positive (1) ☐ Negative (0)				
	// Month day year (4 digits)	☐ Positive (1) ☐ Negative (0)				
	Month day year (4 digits)	☐ Positive (1) ☐ Negative (0)				
<b>16.</b> Does this patient have a CORE ABCs pathogen? ☐ Yes (1) ☐ No (2) ☐ Unknown (9)						
SURVEILLANCE OFFICE USE ONLY						
17. 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)						
<b>18.</b> Neonatal sepsis case report form status:  ☐ Complete (1) ☐ Incomplete (2) ☐ Edited & Correct (3) ☐ Chart unavailable after 3 requests (4)						
19. Date of report: / / / year (4 digits)						
* Do NOT include any personal identifying information in the comments section. All comments are transmitted to CDC.  20. Comments:						