



ABCs Case Notification Form

<http://edcp.org/eip>

Last Name: _____ First Name: _____ M.I: _____

State ID: MD _____ Date of Birth: ___/___/_____ Patient Chart #: _____

County of Residence: _____ Hospital Name: _____

Patient Address: _____

Primary Care Physician: _____ Phone #: _____

<p><u>CULTURE INFORMATION:</u></p> <p>Date of first positive culture: ___/___/_____</p> <p>Bacterial species isolated:</p> <p><input type="checkbox"/> <i>Haemophilus influenzae</i></p> <p><input type="checkbox"/> Group A <i>Streptococcus (S. pyogenes)</i></p> <p><input type="checkbox"/> Group B <i>Streptococcus (S. agalactiae)</i></p> <p><input type="checkbox"/> <i>Listeria monocytogenes</i></p> <p><input type="checkbox"/> <i>Neisseria meningitidis</i></p> <p><input type="checkbox"/> <i>Streptococcus pneumoniae</i></p> <p><input type="checkbox"/> Other bacterial species isolated: _____</p> <p>Hospital Lab Accession #: _____</p>	<p><u>SITES FROM WHICH ORGANISM ISOLATED:</u></p> <p><i>(Check all that apply)</i></p> <p><u>Always considered sterile sites:</u></p> <p><input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Bone</p> <p><input type="checkbox"/> CSF</p> <p><input type="checkbox"/> Joint (Synovial Fluid)</p> <p><input type="checkbox"/> Pericardial Fluid</p> <p><input type="checkbox"/> Peritoneal Fluid</p> <p><input type="checkbox"/> Pleural Fluid</p> <p><input type="checkbox"/> Muscle* (<i>for Group A Strep</i>)</p> <p><input type="checkbox"/> Internal Body Site*</p> <p><input type="checkbox"/> Other normally sterile site*: _____</p> <p><u>Potential Exceptions to sterile site requirement:</u></p> <p><i>(refer to notes below)</i></p> <p><input type="checkbox"/> Wound*</p> <p><input type="checkbox"/> Placenta*</p> <p><input type="checkbox"/> Amniotic Fluid*</p>
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Person Reporting Case: _____ Date of Report: ___/___/_____

*Notes on Body Sites

* *Internal Body Site*: Specimen obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, ovary, or vascular tissue. An abscess specimen obtained from other normally sterile sites is also counted as a surveillance case.

* *Muscle*: Includes tissue or biopsy that is surgically obtained **for Group A *Streptococcus* only.**

* Specimens from skin infections such as skin abscesses, boils or furuncles or specimens from middle ear, amniotic fluid, placenta, sinus, wound, lung, gallbladder, appendix, cornea, cord blood, or throat are not considered sterile sites for any ABCs organism and should not be indicated as the only specimen from which the pathogen was isolated. Two exceptions to this rule are listed below:

-GBS placental isolates associated with fetal demise: If Group B *Streptococcus* is isolated from the **placenta and/or amniotic fluid ONLY** and fetal death occurs, it is considered a case for this surveillance system and should be reported to ABCs.

-If Group A *Streptococcus* is isolated from a **wound culture** (e.g., incision) and is accompanied by necrotizing fasciitis or Streptococcal Toxic Shock Syndrome (STSS), it is considered a case for this surveillance system and should be reported to ABCs.

--- To report a case ---

Phone: 410-223-1810

OR

FAX: 410-223-1815