NEONATAL INFECTION EXPANDED TRACKING FORM

Infant's Name: _____ (Last, First, M.I.) Infant's Chart No.: _____

Mother's Name: _____ (Last, First, M.I.) Mother's Chart No.: _____

Mother's Date of Birth: __ __ /__ __ /__ __ __ __ (month day year (4 digits)) Culture date: _____ Hospital Name: _____

Patient identifier information is NOT transmitted to CDC-

ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs)
NEONATAL INFECTION EXPANDED TRACKING FORM

OMB No. 0920-0978

STATEID __ __ __ __ __ __ __ **HOSPITAL ID (of birth; if home birth leave blank)** __ __ __ __ __

Infant Information Were labor & delivery records available? ☐ Yes (1) ☐ No (0)

1. Date of Birth: __ __ /__ __ /__ __ __ __ (month day year (4 digits))
   Time of birth: ___ ___ ___ ___ ☐ Unknown (1) (times in military format)

2. Did this birth occur outside of the hospital?
   ☐ Yes (1) ☐ No (0) ☐ Unknown (9)
   IF YES, please check one: ☐ Home Birth (1) ☐ Birthing Center (2) ☐ En route to hospital (3) ☐ Other (4) ☐ Unknown (9)

3a. Gestational age of infant at birth in completed weeks:
__ __ (do not round up)

3b. Date of maternal last menstrual period (LMP): __ __ /__ __ /__ __ __ __ (month day year (4 digits))
☐ Unknown (1)

4. Birth weight: ___ lbs ___oz
OR __ __ __ __ grams

5. Date & time of newborn discharge from hospital of birth: __ __ /__ __ /__ __ __ __ (month day year (4 digits)) __ __ __ __ (time) ☐ Unknown (1)

6. Outcome: ☐ Survived (1) ☐ Died (2) ☐ Unknown (9)

7. Was the infant discharged to home and readmitted to the birth hospital? ***(for GBS cases only)***: ☐ Yes (1) ☐ No (0)
IF YES, date & time of readmission: __ __ /__ __ /__ __ __ __ (month day year (4 digits)) __ __ __ __ (time) ☐ Unknown (1)

8. Was the infant admitted to a different hospital from home? ***(for GBS cases only)***: ☐ Yes (1) ☐ No (0)
IF YES, hospital ID: ___ ___ ___ ___ ___
AND date & time of admission: __ __ /__ __ /__ __ __ __ (month day year (4 digits)) __ __ __ __ (time) ☐ Unknown (1)

9a. Were ***any*** ICD-9 codes reported in the discharge diagnosis of the infant's chart?
☐ Yes (1) ☐ No (0) ☐ Unknown (9)

9b. **IF YES, Were any of the following ICD-9 codes reported in the discharge diagnosis of the chart?** (*Check all that apply*)
- ☐ 041.02: Streptococcus group b (1)
- ☐ 041.0: Streptococcus, unspecified (1)
- ☐ 038.0: Streptococcus septicemia (1)
- ☐ 320.2: Streptococcal meningitis (1)

9c. Were ***any*** ICD-10 codes reported in the discharge diagnosis of the infant's chart?
☐ Yes (1) ☐ No (0) ☐ Unknown (9)

9d. **IF YES, were any of the following ICD-10 codes reported in the discharge diagnosis of the chart?** (*Check all that apply*)
- ☐ A40.1: Sepsis due to streptococcus, group B (1)
- ☐ A40.9: Streptococcus sepsis, unspecified (1)
- ☐ P36: Bacterial sepsis of newborn (1)
- ☐ P36.0: Sepsis of newborn due to streptococcus, group B (1)
- ☐ P36.1: Sepsis of newborn to other unspecified streptococci (1)
- ☐ B95.1: Streptococcus, group b as the cause of disease classified elsewhere (1)
- ☐ B95.5: Unspecified streptococcus as the cause of disease classified elsewhere (1)
- ☐ G00.2: Streptococcal meningitis (1)

10. Did the baby receive breast milk from the mother? (***for late-onset GBS cases only***): ☐ Yes (1) ☐ No (0) ☐ Unknown (9)
IF YES, did the baby receive breast milk before onset of GBS ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA(0920-0978). **Do not send the completed form to this address.**

Maternal Information

11. Maternal admission date & time: __ __ /__ __ /__ __ __ __ (month / day / year (4 digits)) __ __ __ __ (time) ☐ Unknown (1)

12. Maternal age at delivery (years): __ __ years

13. Maternal blood type: ☐ A (1) ☐ B (2) ☐ AB (3) ☐ O (4)

14. Did mother have a prior history of penicillin allergy? ☐ Yes (1) ☐ No (0)

IF YES, was a previous maternal history of anaphylaxis noted? ☐ Yes (1) ☐ No (0)

15. Date & time of membrane rupture: __ __ /__ __ /__ __ __ __ (month / day / year (4 digits)) __ __ __ __ (time) ☐ Unknown (1)

16. Was duration of membrane rupture greatrer than or equal to18 hours? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

17. If membranes ruptured at less than 37 weeks, did membranes rupture before onset of labor? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

18. Type of rupture: ☐ Spontaneous (1) ☐ Artificial (2)

19. Type of delivery: *(Check all that apply)*

☐ Vaginal (1) ☐ Vaginal after previous C-section (1) ☐ Primary C-section (1) ☐ Repeat C-section (1)

☐ Forceps (1) ☐ Vacuum (1) ☐ Unknown (1)

If delivery was by C-section: Did labor begin before C-section? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

Did membrane rupture happen before C-section? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

20. Intrapartum fever (T ≥ 100.4 F or 38.0 C): ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, 1st recorded T ≥ 100.4 F or 38.0 C at: __ __ / __ __ /__ __ __ __ (month / day / year (4 digits)) __ __ __ __ (time) ☐ Unknown (1)

21. Were antibiotics given to the mother intrapartum? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, answer a-b and Questions 22-23

a) Date & time antibiotics 1st administered: (before delivery) __ __ /__ __ /__ __ __ __ (month / day / year (4 digits)) __ __ __ __ (time) ☐ Unknown (9)

b) Antibiotic 1: _____ ☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: __ __ /__ __ /__ __ __ __ Stop date (if applicable): __ __ /__ __ /__ __ __ __

Antibiotic 2: _____ ☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: __ __ /__ __ /__ __ __ __ Stop date (if applicable): __ __ /__ __ /__ __ __ __

Antibiotic 3: _____ ☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: __ __ /__ __ /__ __ __ __ Stop date (if applicable): __ __ /__ __ /__ __ __ __

Antibiotic 4: _____ ☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: __ __ /__ __ /__ __ __ __ Stop date (if applicable): __ __ /__ __ /__ __ __ __

Antibiotic 5: _____ ☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: __ __ /__ __ /__ __ __ __ Stop date (if applicable): __ __ /__ __ /__ __ __ __

Antibiotic 6: _____ ☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: __ __ /__ __ /__ __ __ __ Stop date (if applicable): __ __ /__ __ /__ __ __ __

22. Interval between receipt of 1st antibiotic and delivery: ___ ___ ___ (hours) ___ ___ (minutes) ___ ___ (days)*
**Day variable should only be completed if the number of hours >24*

23. What was the reason for administration of intrapartum antibiotics? (*Check all that apply*)
☐ GBS prophylaxis (1) ☐ Prolonged latency (1) ☐ Mitral valve prolapse prophylaxis (1)
☐ Suspected amnionitis/ chorioamnionitis (1) ☐ C-section prophylaxis (1) ☐ Other (1)
☐ Unknown (1)

24. Did mother have chorioamnionitis or suspected chorioamnionitis? ☐ Yes (1) ☐ No (0)

******Questions 25–33 should only be completed for early- and late-onset GBS cases******

25. Did mother receive prenatal care? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

26. Please record the following: the total number of prenatal visits AND the first and last visit dates to the prenatal as recorded in the labor and delivery chart
No. of visits: __ __ First visit: __ __ /__ __ /__ __ __ __ Last visit: __ __ /__ __ /__ __ __ __ ☐ Unknown (1)
month day year (4 digits) month day year (4 digits)

27. Estimated gestational age (EGA) at last documented prenatal visit: ___ ___ . ___ ___ (weeks)

28. GBS bacteriuria during this pregnancy? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)
IF YES, what order of magnitude was the colony count?
☐ 0 (1) ☐ <10,000 (2) ☐ 10k–<25,000 (3) ☐ 25k–<50,000 (4) ☐ 50k–<75,000 (5) ☐ 75k–<100,000 (6)
☐ ≥100,0000 (7) ☐ Unknown (9)

29. Previous infant with invasive GBS disease? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

30. Previous pregnancy with GBS colonization? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

31a. Was maternal group B strep colonization screened for BEFORE admission (in prenatal care)?
☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, list dates, test type, and test results below:

Test date (list most recent first):	Test type:	Test Result (Do not include urine here!)
1. __ __ /__ __ /__ __ __ __	☐ Culture (1) ☐ PCR (2) ☐ Rapid antigen (3) ☐ Other (4) ☐ Unknown (9)	☐ Positive (1) ☐ Negative (0) ☐ Unknown (9)
2. __ __ /__ __ /__ __ __ __	☐ Culture (1) ☐ PCR (2) ☐ Rapid antigen (3) ☐ Other (4) ☐ Unknown (9)	☐ Positive (1) ☐ Negative (0) ☐ Unknown (9)

31b. If the *most recent* test was GBS positive was antimicrobial susceptibility performed BEFORE admission (in prenatal care)?
☐ Yes (1) ☐ No (0) ☐ Unknown (9)
IF YES, Was the isolate resistant to clindamycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)
Was the isolate resistant to erythromycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

32a. Was maternal group B strep colonization screened for AFTER admission (before delivery)? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, list date of *most recent* test, test type and test results below:

Test date (list most recent first):	Test type:	Test Result (Do not include urine here!)
__ __ /__ __ /__ __ __ __	☐ Culture (1) ☐ PCR (2) ☐ Rapid antigen (3) ☐ Other (4) ☐ Unknown (9)	☐ Positive (1) ☐ Negative (0) ☐ Unknown (9)

32b. If the *most recent* test was GBS positive, was antimicrobial susceptibility performed AFTER admission?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, Was the isolate resistant to clindamycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

Was the isolate resistant to erythromycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

33. Were GBS test results available to care givers at the time of delivery? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

34. COMMENTS: _____

_____

_____

_____

_____

35. Neonatal Infection Expanded Form Tracking Status:

☐ Complete (1) ☐ Partial (2) ☐ Chart unavailable (3) ☐ Edited & corrected (4)