2013 ABCs Neonatal Sepsis Surveillance Form Instructions

Last Revised: 12/20/2012

Only complete the Neonatal Sepsis Surveillance case report form for infants 0-2 days of life ((Culture date - Birth date) <3). Do not complete a Neonatal Sepsis Surveillance form on organisms considered contaminants (Please see contaminant section and Table 1 for explanations and list of contaminants.) Do not complete Neonatal Sepsis Surveillance forms on stillbirths or on infants born outside of a participating surveillance area hospital (e.g., home birth).

The inclusion criteria for neonatal sepsis cases are as follows:
- ✓ Infant 0-2 days of age
- ✓ Bacterial pathogens, which includes the ABCs and FoodNet pathogens, isolated from blood or cerebrospinal fluid (CSF), not deemed a contaminant
- ✓ Live birth of infant at a hospital included in the neonatal sepsis surveillance area

The exclusion criteria for neonatal sepsis cases are as follows:
- ✕ Isolation of a contaminant organism (also listed in Table 1):
- ✕ Infant less than or equal to 22 weeks gestation
- ✕ Culture collected greater than 12 hours after death
- ✕ Births outside of participating surveillance area hospital (e.g. home births)
- ✕ Stillbirths

GENERAL INSTRUCTIONS

The sources of information that should be used to complete the neonatal sepsis case report form are: 1) Neonatal summary sheet, 2) Discharge summary, 3) Admitting H&P/Admission History and Physical (MD), 3) Physician progress notes, 4) Nursing assessment form, 5) Nursing progress notes, and 6) Microbiology records. *For general reference and guide to neonatal charts, please reference Table 2.*

If the baby was treated for the infection in the same hospital as the birth hospital, there should be a single chart. If the baby was discharged (went home) and then was readmitted for infection to a different hospital, the baby will have 2 separate charts.

It is only necessary to collect information that is readily available in the medical chart. Very often charts will only tell you that something happened. Charts will not tell you that something did NOT happen. For example, if an infant was diagnosed and/or treated for the clinical syndrome of meningitis, this would be noted in the chart. If there is no mention of meningitis in the chart, you would answer "No" to this question.

Conventions for filling out form:

Record all times as military time (i.e., 3:00pm=1500 and 3:00am=0300). Valid time values are 0000 (12:00 AM) to 2359 (11:59 pm).All dates should be recorded as Month/Day/4-Digit Year: 05/16/79 = 05/16/1979. Be careful around January and December; it's easy to forget to change the year when a record spans this period.

Patient identifier information (NOT transmitted to CDC)

Note: information found on patient intake or face sheet in medical chart or hospital computer database

	Definition	Special Instructions/Note
Infant's Name	Infant's name	Last name, first name, middle initial
Infant's Chart No.	Infant's chart number	
Mother's Name	Mother's name	Last name, first name, middle initial
Mother's Chart No.	Mother's chart number	
Mother's Date of Birth	Mother's date of birth	
Hospital Name	Name of hospital	
Mother's Address	Mother's address	Includes Number, Street, City, State and ZIP Code. If "Homeless", enter this on Address line.

Information obtained for cases with neonatal sepsis

	Definition	Special Instructions/Note
Hospital/Lab ID (where culture identified)	ABCs hospital/laboratory unique identifier. This field refers to the hospital or reference laboratory where the original primary culture was identified from an infant neonatal case.	Each ABCs site has its own system of assigning a unique ID to each hospital or lab. Please note the name of the hospital; the hospital/lab ID will be assigned by ABCs personnel.
State ID	ABCs case unique identifier.	Each ABCs site has its own system of assigning a unique ID to each case. In general, the first 2 spaces designate the location and are followed by 5 numbers. This state ID is assigned by ABCs personnel. **IMPORTANT**: The state ID links all information pertaining to this particular case including the Neonatal Infection Expanded Tracking form, the ABCs CRF, and potentially the lab isolate form.
State	Use the 2 letter postal code (e.g., NY) of the patient's state of residence.	California uses "EB" & "SF".
County	Infant's county of residence.	
1. Date and time of birth	Record the infant's date and time of birth.	If both the infant's date and time of birth are missing, mark the "Unknown" checkbox. If the infant's date of birth is known but the time of birth is missing, indicate the date of birth and mark the "Unknown" checkbox. If the infant's time of birth is known but the date of birth is missing, indicate the time of birth and mark the "Unknown" checkbox. The unknown box should only be checked if

	Definition	**Special Instructions/Note**
		the date, time, or both variables are missing but have been looked for in the charts. *NOTE*: The date and time of birth should match the date (and time) of birth on the ABCs CRF and/or the Neonatal Infection Expanded Tracking form.
2A. Hospital of birth	The hospital ID where the infant was born.	Please note the name of the hospital of birth; the hospital ID will be assigned by ABCs personnel. *NOTE*: The hospital of birth should match the hospital of birth on the Neonatal Infection Expanded Tracking form.
2B. Date and time of discharge from hospital of birth	Record infant's date and time of discharge from the ***hospital of birth***.	If there are multiple transfers between the birth hospital and another hospital(s) and the infant is not discharged home in between any of those transfers, record the last date the infant was transferred from the birth hospital as the discharge date. For time of discharge from the hospital of birth, the time the physician's order to discharge the infant (under "Physician's Orders") was written may be entered. If both the infant's date and time of hospital discharge are missing, please mark the "Unknown" checkbox. If the infant's date of hospital discharge is known but the time of hospital discharge is missing, indicate the date of hospital discharge and mark the "Unknown" checkbox. If the time of hospital discharge is known but the date of hospital discharge is missing, indicate the time of hospital discharge and mark the "Unknown" checkbox. The unknown box should only be checked if the date, time, or both variables are missing but have been looked for in the charts. *NOTE*: The date and time of discharge from the birth hospital should match the date and time of discharge from the Neonatal Infection Expanded Tracking form.
3. Was infant transferred to another hospital following birth?	Record whether or not the infant was transferred to another hospital (non-birth hospital) following birth.	If there are multiple transfers between the birth hospital and another hospital(s) and the infant is not discharged home in between any of those transfers and the infant is ultimately discharged from the birth hospital, check "No" to this question. If, after multiple transfers, the infant was discharged from the birth hospital and was admitted to a different hospital, check "Yes" and complete questions

	Definition	Special Instructions/Note
		3A-C.
3A. Hospital where infant was transferred	The hospital ID where the infant was transferred following birth.	Please note the name of the hospital; the hospital ID will be assigned by ABCs personnel. *NOTE*: This hospital ID should *not* be the same as the birth hospital.
3B. Date of transfer	Date infant was transferred to another hospital following birth.	If, after multiple transfers between the hospital of birth and another hospital(s), the infant was discharged from the birth hospital and was admitted to a different hospital, enter the last date the infant was transferred from the birth hospital as the transfer date.
3C. Date of discharge	Date infant was discharged from another hospital (aka, the transfer hospital) following birth.	If the infant dies at the transfer hospital, the date of death should be the date of discharge.
4. Was infant discharge to home and readmitted for sepsis?	Record whether or not infant was discharged home from the birth hospital and then readmitted to the hospital for sepsis.	
4A. Hospital where treated for sepsis	The hospital ID where the infant was readmitted following discharge to home.	Please note the name of the hospital; the hospital ID will be assigned by ABCs personnel.
4B. Date of readmission	Date infant was readmitted to hospital for sepsis.	
4C. Date of discharge	Date infant was discharged from hospital for sepsis.	If the infant dies as an admitted patient at the readmission hospital, the date of death should be the date of discharge.
5A. Outcome of hospitalization	Pertains to outcome of the hospitalization and not necessarily to outcomes ascribed to the particular neonatal infection. If an infant survived, proceed to question 5B.	*NOTE*: Outcome should match the outcome variable on the ABCs CRF and/or the Neonatal Infection Expanded Tracking form.
5B. If infant survived, did the patient have the following neurologic or medical sequelae evident on discharge?	For the purposes of neonatal sepsis surveillance, we are interested in collecting information on conditions that were diagnosed during the hospitalization for the neonatal infection and were noted on discharge. Medical sequelae for an infant's hospitalization during a neonatal infection have been narrowed to 3 possible options: seizure disorder, hearing impairments, or requiring oxygen.	Febrile seizures are a form of seizure disorder. If febrile seizure disorder is noted in the chart, this would be equivalent to a seizure disorder. Note: seizures are usually accompanied by other symptoms and signs, so it may be difficult to determine if the infant actually had a seizure disorder. If an infant is described only as being "at risk of" a particular neurologic or medical condition relating to seizure disorder, hearing impairment, or requiring oxygen, question 5b should *not* be completed.

	Definition	**Special Instructions/Note**
	Please indicate which of these sequelae were evident upon discharge as those that were diagnosed during the hospitalization.	
6. Sex	Indicate the genetic gender of the case (e.g., male or female).	
7. Ethnicity	Ethnicity of patient as noted in chart or reported by physician or ICP. Check EVEN IF race is already indicated. Hispanic or Latino ethnicity indicates a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. For example, many whites are also Hispanic or Latino.	Do not make assumptions based on name or language spoken by the mother. If ethnicity is not noted or you are unsure, check "unknown". *NOTE***:** Some institutions combine race/ethnic coding. For example, a person's race might be defined as "Hispanic or Latino". In this case, race would be coded as "unknown" on the NNS CRF and ethnicity would be "Hispanic or Latino".
8. Race	Race of patient as noted in the chart or reported by physician or ICP. Multiple boxes can be checked. Do not make assumptions based on name or language spoken by the mother. If race is unknown, check "Unknown".	*Resources:* Table 3 The minimum categories for the Federal statistics of race can be found in *Table 3*. *NOTE***:** Some institutions combine race/ethnic coding. For example, a person's race might be defined as "Hispanic or Latino". In this case, race would be coded as "unknown" on the NNS CRF and ethnicity would be "Hispanic or Latino".
9. Birth Weight	Indicate weight at birth in pounds (lbs) and ounces (oz) <u>OR</u> in grams (kg).	*NOTE*: Birth weight of the infant should match the birth weight of the infant on the ABCs CRF and/or the Neonatal Infection Expanded Tracking form.
10A. Gestational age	Record gestational age of infant at birth. "Gestational age" refers to <u>completed weeks</u>.	If gestation is estimated as 36 weeks and 6 days, the gestational age entered should be 36. If gestational age is unknown, enter "99" for gestational age. If discrepant values for gestational age are found throughout the chart, the gestational age should be calculated based on the dates given for the last menstrual period (LMP). Gestational age is calculated from the first day of the mother's last menstrual period, not from the date of conception, to the date of birth. *NOTE*: The gestational age at birth should match the gestational age on the ABCs CRF and/or the Neonatal Infection Expanded Tracking form.
10B. Method by which gestational	Record method in which gestational age was determined.	Check "Unknown" if you cannot find information on how gestational age was

	Definition	Special Instructions/Note
age determined		determined.
11. Clinical syndromes	Check ALL that applies to this episode of infection. Do not include previously existing chronic infections. If no type of infection is indicated in the medical chart, "Unknown" should be selected.	*Resources:* Table 4 If the final diagnosis is not the same as the admitting diagnosis, consider only the final diagnosis (or discharge) diagnosis. Often the admitting diagnosis of a patient's illness is unknown and clarified only in the discharge summary or discharge diagnosis. For example, an infant may be admitted with the provisional diagnosis of "pneumonia" but actually found to have "asthma". Further instructions and definitions of terms are in Table 4 at the end of this document. *NOTE*: • This question refers to the predominant clinical manifestations of the neonatal infection (e.g., sepsis vs. meningitis, etc.) during this episode of infection. • Septicemia/symptomatic bacteremia should NOT be checked if meningitis and/or pneumonia are present. • If the patient meets our case definition but the physician deems the isolate a contaminant and the clinical presentation unremarkable (e.g., no apparent syndrome or symptom), asymptomatic bacteremia should be checked. • Chorioamnionitis should NOT be recorded here. If the chart notes the mother had chorioamnionitis, make a note in the comment's field.

Questions 12-23:

These questions pertain to culture sites, collection dates, isolates, and SIR/MIC data on up to three organisms during the hospitalization. This will allow description of up to three isolates for cases with more than one isolate per culture and/or more than one isolate per hospitalization. **If the same organism is isolated more than once in a 3-day period, only the first positive culture for each organism should be reported.** We will not track more than three organisms per case.

Contaminants:

Although a space is provided for organisms other than the choices listed on the form, there are numerous pathogens considered to be contaminants (Table 1). Some organisms may be isolated in a culture from a sterile site, but considered to be a contaminant and not a true neonatal pathogen. Laboratories will often report these organisms as general categories of bacteria and not speciate them. DO NOT COMPLETE A CASE REPORT FORM FOR COMMON CONTAMINANTS. However, if a contaminant organism is reported in addition to a pathogen that is listed on the neonatal sepsis organism checklist, both the pathogen and the contaminant should be reported as this is a potential polymicrobial infection and will be tracked by CDC. In cases like these, please list the contaminant organism after the neonatal sepsis pathogen. For example, if both *E. coli* and *Neisseria elongata* have been isolated from an infant, *E. coli* should be reported under organism #1 (question #14) and *Neisseria elongata* should be reported under organism #2 (question #18).

For the purposes of this surveillance system, **coagulase negative Staphylococci should not be reported as a pathogen**. (See Table 1 for examples of coagulase negative Staphylococci.) Conversely, *Staphylococcus aureus* (coagulase positive *Staphylococcus*) should <u>always</u> be reported as a pathogen. If the pathogen is deemed Methicillin-resistant *Staphylococcus aureus* (MRSA), an antibiotic resistance value should also be reported. For example if MRSA is the reported organism, "Staphylococcus aureus (20)" should be marked in question(s) 14, 18, or 22 and the resistance pattern for methicillin should be marked in question(s) 15b, 19b, or 23b, respectively.

If the patient meets our case definition, the case should be reported whether a physician considers the isolate to be a contaminant.

Questions 12-15 pertain to organism #1; Questions 16-19 pertain to organism #2; Questions 20-23 pertain to organism #3

	Definition	**Special Instructions/Notes**
12, 16, 20: Culture Site	Record the sterile site from which the neonatal pathogen was isolated.	Culture sites are limited to blood and cerebrospinal fluid (CSF) specimens only. Do not complete a neonatal CRF for cases from sites other than these. ***NOTE***: Cord blood is not considered an acceptable sterile site.
13, 17, 21: Collection date of first positive culture	Indicate the **<u>date of collection</u>** of the first positive invasive culture, not the date when the culture was first noted to have growth.	
14, 18, 22: Organism isolated	Record the organism isolated from the infant from the options listed in the pick list.	*Resources:* Table 5 Please see Table 5 for instructions on how to code organisms (i.e., Enterococci, Foodborne pathogens, NOS organisms, "other" organisms, and Streptococci) in the pick list. Below are some typical abbreviations you may see in the laboratory records and on the organism pick list: "Klebsiella" may also appear as "Klebs"; "Proteus" may also appear as "Prot"; and "Streptococcus" may also appear as "Strep". If further species identification is provided for an organism but does not fit into one of the designated categories, select "Other" from the list and write the available information in the "specify" field provided.
15A, 19A, 23A: Were MICs reported for organism isolates?	Indicate if MICs were or were not reported for the isolated organism(s).	

	Definition	Special Instructions/Notes
15B, 19B, 23B: Resistance pattern of organism isolated	Restrict the **S**usceptible, **I**ntermediate, and **R**esistant field to character values: S, I, or R. The MIC sign field has spaces for $<, \leq, \geq, >$ or $=$ values. The MIC value field has spaces for both alphanumeric and numeric values.	If two MIC values are reported for the antibiotic of an organism, record the first value of the two reported numbers. For example, if the antibiotic is "TMP/Sulfa" and the reported MIC value in the chart is "2/38", record the first number in the TMP/Sulfa MIC value field (Question 15b, Number 21).
24. Does patient have a CORE ABCs pathogen?	This question was modified in 2005 to include two additional spaces for state IDs of core ABCs pathogens.	The state ID fields allows neonatal sepsis surveillance data to be linked to ABCs case report form data when an ABCs case is identified as part of neonatal sepsis surveillance.

To be filled out by ABCs personnel only

	Definition	Special Instructions/Notes
25. How was neonatal sepsis case identified?	As a result of changes in case finding methodology in 2005, this question was modified to capture how the case was identified.	Use "check all that apply" for cases found by multiple methods (e.g., case originally identified through active contact with clinical personnel and later found on laboratory audit). • **State reportable disease system:** Case identification through state reportable diseases system • **Lab surveillance:** Case identification during monthly lab surveillance or audit of laboratory records • **Active contact with clinical personnel:** Case identification by established hospital contact such as NICU nurse, ICP, or Level 2 Nursery Head Nurse • **Other & specify**
26. NNS CRF status	Record the current status of the neonatal sepsis case report form in terms of completion.	
27. Date of report	Indicate the date reported to the ABCs site.	This is the date that the ABCs personnel were first notified or made aware of this case.
28. Comments	Use this space to add other information that might not have fit the choices provided or to enhance existing information.	Do NOT include any personal identifying information in the comments section. All comments are transmitted to CDC.

Table 1: List of organisms that we will consider contaminants when isolated from sterile site cultures in neonates. These should not be entered in the neonatal sepsis surveillance database, but should be entered in the contaminant log

Organism	Rule:	Comment
Aerococcus	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Aerococcus* species" or speciated. A common species includes *Aerococcus urinae*.
Bacillus	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Bacillus* species" or speciated.
Brachybacterium	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Brachybacterium* species" or speciated; also known as Micrococcus.
Burkholderia	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Burkholderia* species" or speciated. A common species includes *Burkholderia pickettii*.
Capnocytophago	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Capnocytophago* species" or speciated
Coagulase negative Staphylococcus	**NEVER REPORT AS A PATHOGEN** **Note: *Staphylococcus aureus* is the ONLY staph species that should be reported**	You may see this reported as CONS, coag neg staph, or speciated. Common species include: *S. auricularis, S. capitis, S. cohnii, S. epidermidis, S. haemolyticus, S. lugdunensis, S. saccharolyticus, S. saphrophyticus, S. simulans, S. warneri, S. xylosus*.
Corynebacterium	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Corynebacterium* species" or "Diphtheroids" (not further characterized) or speciated.
Cupriavidus ("Ralstonia")	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Cupriavidus (Ralstonia)* species" or speciated. Common species include "*Cupriavidus paucula*"; can also be reported as "*Ralstonia paucula*".
Flavimonas	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Flavimonas* species" or speciated. A common species includes F. *oryzihabitans*.
Gemella	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Gamella* species" or speciated.
Granulicatella	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Granulicatella* species" or speciated. A common species includes *G. adiacens*.

Organism	Rule:	Comment
Haemophilus – non *influenzae*	**NEVER REPORT AS A PATHOGEN with the following exception:** ***Haemophilus influenzae* is the ONLY Haemophilus species that should be reported**	You may see this reported as "*Haemophilus species*" or speciated. A common species includes *H. segnis*.
Lactobacillus	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Lactobacillus* species" or speciated.
Micrococcus	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "Micrococcus", "Brachybacterium" or speciated
Morganella	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Morganella* species" or speciated. A common species includes *M. morganii*.
Mycobacterium – non TB	**NEVER REPORT AS A PATHOGEN with the following exception:** ***Mycobacterium tuberculosis, M. africanum, M. bovis,* and *M. leprae* are known as "mycobacteria other than tuberculosis (MOTT)" and are the only *Mycobacterium* species that should be reported**	You may see this reported as "Mycobacterium species" or speciated. Common non-TB mycobacterium species includes *M. avium* complex (MAC), *M. marinum*, and *M. abscessus*.
Neisseria – non *meningitidis*	**NEVER REPORT AS A PATHOGEN with the following exception:** ***Neisseria meningitidis* is the only Neisseria species that should be reported**	You may see this reported as "*Neisseria species*" or speciated. Common species include *N. sicca, N. subflava, N. elongata*.
Ochrobactrum	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Ochrobactrum species*" or speciated. A common species includes "*O. anthropi*".
Paenibacillus	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Paenibacillus* species" or speciated.
Prevotella	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Prevotella* species" or speciated.
Propionibacterium	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Propionibacterium* species" or speciated.
Roseomonas	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Roseomonas* species" or speciated. A common species include "*R. gilardii*".

Organism	Rule:	Comment
Staphylococcus	**NEVER REPORT AS A PATHOGEN** **with the following exception:** *Staphylococcus aureus* **is the ONLY staph species that should be reported**	You may see this reported as CONS, coag neg staph, or speciated. Common species include: *S. auricularis, S. capitis, S. cohnii, S. epidermidis, S. haemolyticus, S. lugdunensis, S. saccharolyticus, S. saphrophyticus, S. simulans, S. species, S. warneri, S. xylosus.*
Stenotrophomonas	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Stenotrophomonas species*" or speciated. A common species includes "*S. pauimobi*".
Stomatococcus	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Stomatococcus* species" or speciated.
Tatumella	**NEVER REPORT AS A PATHOGEN**	You may see this reported as "*Tatumella* species" or speciated. A common species includes *T. ptyseos.*

Table 2: Reference Guide to Neonatal Chart

Chart Component	Variables Likely found
Neonatal Summary Sheet	Date & time of birth, hospital of birth, date & time of discharge from hospital, transfer of infant to another hospital following birth, readmission to hospital for sepsis, sex, race, ethnicity, birth weight, gestational age
Discharge Summary	Outcome of hospitalization, gestational age, clinical syndromes
Admission History & Physical/ Admitting H&P (MD)	Date & time of discharge from hospital, gestational age, date of birth (sometimes time), sex, clinical syndromes
Progress Notes (MD)	Clinical syndromes
Nursing Assessment Form	Date/time of birth, sex, race, may have information on clinical presentation
Nursing Progress Note	Same as MD progress note, but more detailed
Microbiology records	Organism isolated, collection date, culture site, resistance pattern (i.e., SIR/MIC data)

NOTE: Locations, names of forms and tests vary with different hospitals

Table 3: Federal Statistics of Race Data Definitions

The minimum categories for the Federal statistics of race data are defined as follows:

Race	Definition
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Can include the following:

	Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".
Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Asia.

Table 4: Definition of Clinical Syndromes

Term	Definition
Septicemia/symptomatic bacteremia (w/o meningitis or pneumonia)	Bloodstream infection
Pneumonia	Inflammation or infection of the lung. Aspiration pneumonia and community-acquired pneumonia are acceptable types of pneumonia. If reviewing radiology reports (which is not required), radiographic findings that indicate pneumonia include the following: bronchopneumonia, consolidation, and infiltrate. Atelectasis, pulmonary edema, and pleural effusion alone should *not* be considered evidence of pneumonia.
Meningitis	Inflammation of the membranes of the brain or spinal cord. To list this as a clinical syndrome, "meningitis" must be listed in the chart as a diagnosis made by a health care provider.
Cellulitis	Bacterial infection below the surface of the skin characterized by erythema, warmth, swelling, and pain. Can cause fever, chills, and enlarged lymph nodes.
Asymptomatic bacteremia	Bloodstream infection with absence of other symptoms
"Other"	Record additional syndromes if noted in the chart.
Unknown	If no type of infection is indicated in the medical chart, "Unknown" should be recorded.

Table 5: Specific Organism Instructions

Organism	Instruction
Enterococci	*Enterococci* are sometimes reported speciated and other times just reported as "*Enterococci*". If an *Enterococcus* is reported with a species, record the organism as "Other Enterococcus (43)" and enter the species in the "specify" field.
Foodborne pathogens	Since 2005, ABCs core pathogens and additional Foodborne pathogens have been included in the list of organisms isolated. "Specify" fields have been provided for the following organisms: *Campylobacter, Salmonella, Shigella, and Vibrio*. If a species is indicated for one of these pathogens, please select the organism from the pick list and use the "specify" field corresponding to the organism to indicate the species. If the species is not known, select the

Organism	Instruction
	organism from the list and enter "NOS" in the organism's "specify" field. For example, if *Campylobacter jejuni* is isolated from the case patient, select "Campylobacter (33)" from the list and enter "jejuni" in the Campylobacter specify field: ▢ Campylobacter (33): (species) ___*jejuni*___ If a Salmonella NOS is isolated from the case patient, select "Salmonella (18)" from the list and enter "NOS" in the Salmonella specify field: ▢ Salmonella (18): (species) ___NOS___
NOS organism	If a species is not reported in the medical chart for a particular organism (e.g., the organism isolated is reported simply as "Pseudomonas" or "Streptococcus"), then this is considered not otherwise specified/speciated (NOS). These should be recorded as "NOS" in the organism's "specify" fields. For example, if a *Bacteroides* NOS is isolated from the case patient, select "Other Bacteroides (36): (species)" from the organism pick-list and enter "NOS" in the Other Bacteroides specify field. ▢ Other Bacteroides (36): (specify species) ___NOS___ *NOTE*: Only use the "NOS" option when the species is ***not*** documented in the chart.
Other *[insert Genus name]*	Additionally, if species identification is provided for either the *Bacteroides, Citrobacter, Enterobacter, Enterococcus, Klebsiella, Proteus, Pseudomonas, or Streptococcus* Genus' and the species does not match the species options on the pick list, the species should be recorded in the respective Genus' "Other Species" specify field. For example, if *Citrobacter diversus* is isolated from the case patient, select "Other Citrobacter (37): species" from the organism pick-list and enter "diversus" in the Citrobacter specify field. ▢ Other Citrobacter (37): (specify species) ___diversus___

Streptococci	*Streptococci* should always be reported as pathogens.
	• If the isolate is described only as "*Streptococcus*", select "Other Streptococcus (42): (species)" from the organism pick list and enter "NOS" in the Streptococcus specify field (see above for the *Bacteroides* example).
	• The following groups and subsequent species are categorized as ***Viridans streptococci***:
	  – Mutans group: *Streptococcus mutans*
	  – Salivarius group: *Streptococcus salivarius*
	  – Anginosus group: *Streptococcus anginosus, Streptococcus constellatus, Streptococcus intermedius*
	  – Sanguinus group: *Streptococcus sanguinus, Streptococcus parasangunis*
	  – Mitis group: *Streptococcus mitis, Streptococcus oralis*
	• If the isolate is reported as "*Strep sanguis*", "Strep species resembling *Strep mitis*", or "Strep alpha hemolytic", record the organism isolated as "Streptococcus viridans (23)".
	• If the isolate is reported as "Beta-hemolytic strep, not group A or group B", or "*Strep milleri*", record as "Other Streptococcus (42)" and enter species in the Streptococcus specify field.

Table 6: Log of contaminant organisms (those listed in Table 1) isolated from neonates who otherwise met the case definition

Chart Number	Date of Birth	Date of Culture	Culture Site	Organism