West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

Group A Streptococcus

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address: _____
City/State/Zip: _____
Phone (home): _____ Phone (work) : _____
Occupation/grade:_____ Employer/School:_____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
*Name:*_____ *Phone:* _____

Birth date: __ / __ / ____ Age: _____
Gender: ☐Male ☐Female ☐Unk

Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk

Race: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐ Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigator : _____
Investigator phone: _____
Investigation Start Date: __ / __ / ____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
WVEDSS ID: _____
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unk

REPORTING SOURCE

Date of report: __/__/____ Report Source: ☐Laboratory ☐Hospital ☐Physician ☐Public Health Agency ☐Other
Report Source Name: _____ Address: _____ _____ Phone: _____
Earliest date reported to county: __/__/____ Earliest date reported to state: __/__/____
Reporter Name: _____ ____ Address: _____ Phone: _____

CLINICAL

Physician Name: _____ Physician Facility : _____
Physician Address: _____ Phone: _____

Hospital Y N U
☐ ☐ ☐ Hospitalized for this illness? If yes: Hospital name: _____
Admit date: __ / __ / ____ Discharge date: __ / __ / ____

Condition Illness onset date: __ / __ / ____ Diagnosis date: __ / __ / ____ Illness end date: __ / __ / ____

Types of infection caused by organism:

☐ Abscess (not skin)	☐ Bacteremia without focus	☐ Cellulitis	☐ Chorioamnionitis
☐ Conjunctivitis	☐ Empyema	☐ Endocarditis	☐ Endometritis
☐ Epiglottitis	☐ Hemolytic uremic syndrome (HUS)	☐ Meningitis	☐ Necrotizing fasciitis
☐ Osteomyelitis	☐ Otitis media	☐ Pericarditis	☐ Peritonitis
☐ Pneumonia	☐ Puerperal sepsis	☐ Septic abortion	☐ Septic arthritis
☐ Streptococcal toxic-shock syndrome (STSS)		☐ Other (specify) _____	☐ Unknown

Date first positive culture obtained: __/__/____

Sterile sites from which organism was isolated: ☐ Blood ☐ Bone ☐ Cerebral Spinal Fluid ☐ Internal body site ☐ Joint ☐ Muscle ☐ Pericardial Fluid ☐ Peritoneal Fluid ☐ Pleural Fluid ☐ Other normally sterile site (specify) _____

Nonsterile sites from which organism isolated:☐Amniotic fluid ☐Middle ear ☐Placenta ☐Sinus ☐Wound ☐Other (specify) _____

Did patient have any underlying medical conditions? ☐ **Y** ☐ **N** ☐ **U** If yes, specify:

☐ AIDS	☐ Alcohol abuse	☐ Asthma
☐ Atherosclerotic Cardiovascular Disease	☐ Burns	☐ Cerebral vascular accident (CVA)/Stroke
☐ Cirrhosis/liver failure	☐ Cochlear implant	☐ Complement deficiency
☐ CSF leak (2 deg trauma/surgery)	☐ Current smoker	☐ Deaf/profound hearing loss
☐ Diabetes mellitus	☐ Emphysema/COPD	☐ Heart failure/CHF
☐ HIV	☐ Hodgkin's disease	☐ Immunoglobulin deficiency
☐ Immunosuppressive therapy (steroids, chemo)	☐ IVDU	☐ Leukemia
☐ Multiple myeloma	☐ Nephrotic syndrome	☐ Obesity
☐ Renal failure/dialysis	☐ Sickle cell anemia	☐ Splenectomy/Asplenia
☐ Systemic lupus erythematosus (SLE)	☐ Unknown	☐ Other prior illness (specify)_____
☐ Other malignancy (specify) _____	☐ Organ transplant (specify)_____	

Did patient die from this illness? ☐ **Y** ☐ **N** ☐ **U** If yes, date of death: __/__/____

EPIDEMIOLOGIC

☐ **Y** ☐ **N** ☐ **U** If <6 years of age, is the patient in daycare? If yes, name of day care facility: _____

☐ **Y** ☐ **N** ☐ **U** Was the patient a resident of a nursing home or other chronic care facility at time of first positive culture? If yes, name of chronic care facility? _____

☐ **Y** ☐ **N** ☐ **U** Is this case part of an outbreak? If yes, name of outbreak? _____

Where was the disease acquired?

☐ Indigenous, within jurisdiction ☐ Out of country ☐ Out of jurisdiction, from another jurisdiction ☐ Out of state ☐ Unknown

Confirmation method:

☐ Active surveillance	☐ Case/Outbreak management	☐ Clinical diagnosis (not lab confirmed)	☐ Epidemiologically linked
☐ Lab confirmed	☐ Lab report	☐ Local/State specified	☐ Medical record review
☐ No information given	☐ Occupational disease surveillance	☐ Provider certified	☐ Other (specify): _____

Did the patient have surgery? ☐ **Y** ☐ **N** ☐ **U** If yes, date of surgery: __/__/____

Did the patient deliver a baby? ☐ **Y** ☐ **N** ☐ **U** If yes, delivery method: ☐ Vaginal ☐ C-section ☐ Unknown

Date of delivery: __/__/____

Did the patient have: ☐ Varicella ☐ Penetrating trauma ☐ Blunt trauma ☐ Surgical wound (post-operative) ☐ None ☐ Unknown

PUBLIC HEALTH ACTIONS/NOTES

☐ Lost to follow-up

Note: Patients with hypotension during the first 48 hours after the first positive culture for Invasive Group A Strep AND involvement of two or more organs (see details below) are defined as having streptococcal toxic shock syndrome (STSS) for surveillance purposes. Please fill out STSS form instead.

- Hypotension definitions
  - ADULTS (age 16 and older): Systolic blood pressure fell to 90 or below during the first 48 hours
  - CHILDREN (< age)16): Blood pressure fall below the 5th percentile for age?
- Organ Involvement definitions - For all of the following symptoms, refer to the 48-hour interval after hospitalization or onset of illness.
  - RENAL IMPAIRMENT: Creatinine > 2mg/dL (>177 umol/L) for adults or greater than or equal to twice the upper limit of normal for age. In patients with pre-existing renal disease, a greater than two-fold elevation over the baseline level.
  - COAGULOPATHY: Platelets < 100,000/mm3 (<100 X 10^6/L) or disseminated intravascular coagulation, defined by prolonged clotting times, low fibrinogen level, and the presence of fibrin degradation products.
  - LIVER INVOLVEMENT: Alanine aminotransferase, aspartate aminotransferase, or total bilirubin levels greater than or equal to twice the upper levels of normal for the patient's age. In patients with pre-existing liver disease, a greater than two-fold increase over the baseline level.
  - ACUTE RESPIRATORY DISTRESS SYNDROME: Acute onset of diffuse pulmonary infiltrates and hypoxemia in the absence of cardiac failure or by evidence of diffuse capillary leak manifested by acute onset of generalized edema, pr pleural or peritoneal effusions with hypoalbumenemia.
  - GENERALIZED ERYTHEMATOUS MACULAR RASH WITH OR WITHOUT DESQUAMATION
  - SOFT TISSUE NECROSIS: Includes necrotizing fasciitis or myositis or gangrene.