



CONFIDENTIAL INVASIVE GROUP A STREPTOCOCCUS (GAS)

CASE REPORT FORM

(see reverse for instructions and routing procedures)

SECTION I: PATIENT INFORMATION

Social Security Number, Driver's License Number, Last Name, First Name, MI, Address, City, State, Zip, County, Phone, Date of Birth, Age, Gender, Race, Ethnicity, Onset Date, Outcome, Hospital Admitting Diagnosis, Residence/location at time of onset

SECTION II: CLINICAL INFORMATION

Disease(s) caused by Group A Streptococcus Infection: CHECK ALL THAT APPLY. Primary Sepsis, Pneumonia, Gangrene, Secondary bacteremia, Meningitis, Nonsurg. wound infxn site, Pharyngitis, Osteomyelitis, Cellulitis/abscess site, Peritonitis, Polyarthrits, Other (specify), Septic arthritis, Necrotizing fasciitis, Endomentritis/postpartum sepsis, Streptococcal Toxic Shock Syndrome, Surgical wound infection site

Underlying illness or prodrome: CHECK HERE IF NONE OR CHECK ALL THAT APPLY. Chronic lung disease, Chronic heart disease, Diabetes mellitus, Acute varicella (chicken pox), Renal failure w/dialysis, Cirrhosis, Obesity, Stroke, Splenectomy/asplenia, Alcohol abuse, Injecting drug use, Smoking (in last 6 mos), Asthma, Sickle cell disease, Vasculitis/Lupus (SLE), Organ transplant, Malignancy (non-skin), Pregnancy/Peripartum, Non-surgical wound, Surgical wound, Blunt trauma

SECTION III: LABORATORY INFORMATION

Positive GAS Cultures

Has the isolate been sent to the state lab for further characterization?

Blood culture date _____

Yes No

CSF date _____

Other date _____

(Please specify) _____

Form Completed by (print name)

County Health Department

Date

Purpose:

Completion of this form will:

- 1) assist with the identification of GAS clusters,
- 2) provide information to assess the severity of disease at the local level,
- 3) provide data for trend analysis, such as changes in serotype distributions, and
- 4) provide important data for public dissemination.

Case Definition (June 2000):

Streptococcal Disease, Invasive, Group A
reporting code 03400

Clinical description:

Invasive group A streptococcal infections may manifest as any of several clinical syndromes, including pneumonia, bacteremia in association with cutaneous infection (e.g., cellulitis, erysipelas, or infection of a surgical or nonsurgical wound), deep soft tissue infection (e.g., myositis or necrotizing fasciitis), meningitis, peritonitis, osteomyelitis, septic arthritis, postpartum sepsis (i.e., puerperal fever), neonatal sepsis, and nonfocal bacteremia.

Laboratory criteria for diagnosis:

Isolation of group A *Streptococcus* (*Streptococcus pyogenes*) by culture from a normally sterile site (e.g., blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

Case classification:

Confirmed: a clinically compatible case that is laboratory confirmed

Instructions:

This form is intended to be completed by county health department epidemiology staff. The form should be submitted to the Bureau of Epidemiology (HSDE) in Tallahassee. County epidemiology staff should complete this form if:

- 1) Group A streptococcus (GAS) has been isolated from a normally sterile site: OR
- 2) GAS isolated from a nonsterile site and patient has GAS systemic disease (e.g. necrotizing fasciitis)

Routing Procedures:

After completing this form, please fax or mail to the Surveillance Section, Bureau of Epidemiology. The confidential fax number and the Bureau's mailing address are as follows:

Florida Department of Health
Bureau of Epidemiology/Surveillance Section
4052 Bald Cypress Way, Bin #A-12
Tallahassee, FL 32399-1720
Confidential Fax #: (850) 414-6894 (SC 994-6894)

Forms Retention Schedule:

This form is subject to the retention period specified in DOH Schedule 1, Item 2. Once data is entered into the Florida morbidity reporting system database, backed-up, and verified as entered, the electronic copy becomes the permanent record and the hard copy of the disease reporting form becomes a duplicate.