

2021 ABCs Case Report Form Instructions



2021



ABCs CRF Instructions

Table of Contents

Revision History**Error! Bookmark not defined.**

General instructions 3

Specific instructions..... 4

 Patient identifier information (NOT transmitted to CDC)..... 4

 Information obtained for cases identified with any invasive ABCs organism 5

 Organism-specific questions..... 25

Haemophilus influenzae..... 27

Neisseria meningitidis..... 27

Streptococcus pneumoniae..... 29

 Group A *Streptococcus* 25

 Comments 30

 Information completed by ABCs personnel only 30

Table 1: Federal Statistics of Race Data Definitions 31

Table 2: Defined Sterile Sites 32

Table 3: Types of Settings – Residence at time of culture or discharge location 38

Table 4: Types of Insurance..... 40

Table 4.2: Medicaid/ Public Health Insurance Programs by ABCs State..... 45

Table 5: Definitions* & Special Instructions for Infection Types caused by ABCs Organisms.. 47

Table 6: Specific Underlying Diseases: Definitions & Clarifications 50

Table 7: Special Notes/Instructions for Some Underlying Conditions..... 57

Table 8: Comparison of Underlying Conditions - ABCs & MRSA 60

Table 9: GLOSSARY - ABCs Underlying Causes/Prior Illnesses..... 63

Table 10: Commonly Noted Diseases/Syndromes *NOT* Considered an ABCs Underlying Cause, Prior Illness or Syndrome..... 66

Table 11: List of Available CIDT/NAAT Panels 67

Table 12: Common controlled substances 68



ABCs CRF Instructions

General instructions

The minimum sources of information that should be used to complete the ABCs case report form are; 1) the admission history and physical (H&P), 2) the discharge summary (or DC summary) and/or the discharge narrative, and 3) the face sheet. In the H&P, useful information (including underlying causes or prior illnesses) is often listed under the heading “Past Medical History” (PMH). Other portions of the medical chart, such as laboratory or radiology reports, progress notes around the date of culture, and nurses notes, will often have useful information; however, reviewing these other sections is not required for ALL questions on the case report form. (Questions that require the review of additional data sources have the data source indicated below).

Very often charts will only tell you that something happened. Charts will not tell you that something did NOT happen. For example, if a woman was pregnant, this would be noted in the chart. If there is no mention of pregnancy in the chart, and the woman was of childbearing age, you would answer “No” to this question.



ABCs CRF Instructions

Specific instructions

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
Name	Patient’s name: Last name, first name, middle initial	
Phone	Patient’s home phone number, including area code	
Address	Patient’s home address, including Number, Street, City, State and ZIP Code.	<p>Resource: ABCs Residency Guidelines document</p> <p>If case is experiencing homelessness and an address is not associated with the patient, for example, this patient is not currently a resident of a shelter, mission, church community center, etc.; enter “Homeless” on the Address line and select “Homeless” for Question 18a. Please refer to Table 3, page 34 for the HHS definition of persons experiencing homelessness.</p> <p>If the case is associated with a shelter and that address is on the face sheet of the medical record enter the address here; however, check “Homeless” for Question 18a.</p> <p>If a resident of a long-term care facility (LTCF) or other chronic care facility enter the facility address on this line, check off ‘long term care facility’ as appropriate in Question 18a and enter the name of the facility in Question 18b, along with the Facility ID.</p> <p>A person with a P.O. Box address should not be ruled out as a case. Sites should employ methods to determine whether or not the person is a resident of the surveillance area. If the address can’t be 100% confirmed using site resources, only then will the person not be included as a case.</p>



ABCs CRF Instructions

	Definition	Special Instructions/Note
Nursing Home	Name of nursing home or long term care facility in which patient currently resides	Database screen only
Chart Number	Patient chart number	

Information obtained for cases identified with any invasive ABCs organism

Note: Items 2, 3, 4, 6a, 6b, 23c, 23d, 32, and 33 are filled out by ABCs personnel.

****REMINDER:** For all information listed on the CRF, we are interested in the clinical information immediately surrounding their ABCs infection **ONLY**. Specifically - only the medical records pertaining to the invasive ABCs infection (i.e., only hospital records for the dates of admission through discharge for hospitalization associated with the invasive ABCs infection) should be used to complete the following questions.

Question	Definition	Special Instructions/Notes
1. State	Use the 2-letter postal code of patient's state of residence.	Minnesota uses "MN"
2. 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. NOTE: This state ID is used for every bacterial isolate from the same illness episode for that case. IMPORTANT: The state ID links all information pertaining to this particular isolate including the CRF, the lab isolate form, and supplemental forms used for special studies.
3. Patient ID (2019)	ABCs Person Identifier	Each ABCs site has its own system of assigning a unique ID to each person. One person will have only one Patient ID but could have multiple StateIDs.
4. Date of report	Date reported to the ABCs site.	This is the date that the ABCs personnel were first notified or made aware of this case.
5. County	Patient's county of residence.	Should be limited to the county within each site's ABCs surveillance area.
6a. Hospital/lab ID where culture identified	ABCs laboratory unique identifier; this field refers to the hospital or reference laboratory where the original primary culture was identified from a patient specimen.	Please use the unique laboratory identifier as each laboratory should have its own lab ID. Each ABCs site has its own system of assigning a unique ID to each hospital or lab. Write the name of the hospital or lab on the



ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
		form; the hospital/lab ID will be assigned by ABCs personnel and will match the coding scheme used for core MRSA.
6b. Hospital ID where patient treated	Hospital where patient received treatment for infection due to ABCs pathogen.	This may be different than the HospID of test (now part of the Lab Repeating Group) and most commonly is the hospital of discharge. Record the name of the hospital; hospital ID will be assigned by ABCs personnel. Note: The patient does not need to be hospitalized in order to have received treatment.
7. Date of birth	Patient's date of birth.	Use 4-digit year (i.e., mm/dd/yyyy)
8a. Age	Patient's age at the time of collection of the first positive invasive culture.	If patient's age is 30 days to 11 months, indicate age in months. If patient is 12 months or older, indicate age in years. <i>Examples:</i> 34 days of age should be coded as Age=1 and Unit=2 (see 10b); 14 months of age should be coded as Age=1 and Unit=3 (see 10b).
8b. Age units	Indicate if age is in days, months, or years (see explanation of age above).	
9. Sex	Indicate the genetic sex of the case (e.g., male or female).	
10a. Ethnic Origin	Ethnicity of patient as noted in chart or reported by physician or ICP. Check one EVEN IF race is already indicated. Hispanic or Latino ethnicity indicates a person of Cuban, Mexican, Puerto Rican, South or Central American, or some other Hispanic origin, regardless of race. For example, many whites are also Hispanic or Latino.	<i>Resource: Table 1</i> Do not make assumptions based on name. If not noted or unsure, check "Unknown". NOTE: Some institutions combine race/ethnicity coding. For example, a person's race might be defined as "Hispanic or Latino". In this case, code race as "unknown" on the CRF and ethnicity as "Hispanic or Latino".

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
10b. 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 native language. If race is unknown, please check “Unknown”.	<p><i>Resource: Table 1 – Includes the minimum categories for the Federal statistics of race data.</i></p> <p>NOTE: Some institutions combine race/ethnicity coding. For example, a person’s race might be described as “Hispanic or Latino”. In this case, code race as “unknown” on the CRF and ethnicity as “Hispanic or Latino”.</p>
11a. Date of Specimen Collection (2019)	<p>Indicate the <u>date of collection</u> of the first positive invasive culture or first positive CIDT of a normally sterile site. For culture positives: note this is NOT the date when the culture was first noted to have growth.</p> <p>Capture all culture results if this is a CIDT positive. Do not capture negative CIDT results.</p>	Record each test in its own row.
12a. Pathogen	Indicate invasive ABCs organism isolated and specify (if any) <u>non-ABCs</u> organisms identified from the same sterile site on the same culture date as the first positive invasive ABCs culture.	<p>If a case has more than one invasive ABCs surveillance organism isolated, separate state IDs must be assigned, separate CRFs must be completed for each organism, and each entered individually into the database.</p> <p>Options*: 1=Neisseria meningitidis 2=Haemophilus influenzae 3=Group B Streptococcus 5=Group A Streptococcus 6=Streptococcus pneumoniae</p> <p>* For other bacterial pathogens (i.e. non-ABCs) write-in pathogen name under 12b</p>

ABCs CRF Instructions

<p>13a. Source (2019)</p>	<p>Indicate site (sterile or non-sterile) from which the ABCs organism was isolated. This field now captures any sterile or non sterile source.</p> <p>However, to be an ABCs case, there must be a report of isolation or detection of an ABCs pathogen from a sterile source (i.e. Blood, CSF, etc.). For ABCs organisms, only record if the pathogen was isolated from any of these other (non-sterile) sites on the same culture date as the sterile site culture.</p> <p>In the event a case has multiple organisms identified from multiple sites, list the ABCs sterile site positive test first.</p>	<p><u>For Sterile Site Questions: Resource: Table 2</u></p> <p>Clarifications: A case report form is generated <i>only</i> when the pathogen is isolated from <i>one of the sterile sites</i> listed in the options below, regardless of whether the pathogen is also isolated from one of these other sites. There is one exception:</p> <p><u>Exception:</u> If GAS is isolated from a wound AND accompanied by necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS), it is considered a case and a case report form should be completed. If the above is true for a GAS case, remember to check off either NF or STSS in ‘Types of Infections’ for question 26.</p> <p>Starting 2018, the special exception for GBS isolated from the placenta and/or amniotic fluid only when a fetal death occurs no longer applies.</p> <p>Clarifications for sterile sites: Do not record ambiguous and non-specific sources (i.e. fluid, abscess, tissue, aspirate, etc.) as sterile sites. To be considered a sterile site for ABCs, additional information on the actual location within the body needs to accompany the reported source. Examples of how to report these include: abdominal abscess, deep leg tissue, groin aspirate, etc. Note: this differs from core MRSA where the only acceptable ‘other’ sterile site entries are “fluid (sterile)” and “deep tissue”.</p> <p>Cultures from bowel are NOT considered sterile for any ABCs organism; however, peritoneal fluid is. If an ABCs pathogen is cultured from peritoneal fluid, it will be considered a sterile site, even in the presence of a perforated bowel. (Note: this differs from core MRSA.) While superficial skin abscesses do not meet the sterile site criteria, an abscess specimen obtained from a normally sterile body site will</p>
-------------------------------	--	---

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
		<p>be counted as a case for surveillance. The “internal body site” field should be used if the abscess is obtained from one of the organs in the pick list for this field (e.g., a brain abscess should be coded as “internal body site, brain”). If the abscess is obtained from a body site that is not in the pick list, please list the site and write the word “abscess” in the “other, specify” field (“abscess” alone is not an acceptable sterile site).</p> <p>Specimens from superficial skin infections (e.g. superficial skin abscesses, boils, furuncles or specimens from amniotic fluid, appendix, aqueous fluid, catheter, cord blood, cornea, gallbladder, lung, middle ear, placenta, sinus (all types), sputum, throat, or urine) are NOT considered sterile sites for any ABCs organism and should <u>not</u> be indicated as the <u>only</u> specimen from which the pathogen was isolated.</p> <p>If the culture is taken \leq 12 hours after death, autopsy specimens <i>may</i> be considered sterile sites. Autopsy specimens should be discussed with CDC on a case-by-case basis. Cultures taken $>$ 12 hours after death will not be considered sterile site cultures for ABCs.</p> <p>For cases with a CIDT: At this point, there is only one FDA approved panel to detect ABCs pathogens directly from CSF. In the future, other panels may be developed/approved or sites may encounter labs that have developed their own CIDT.</p> <p>Select ‘Blood’ for tests using a positive blood culture (e.g. Filmarray BCID panel).</p>

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
14a. Test Method (2019)	Type of test used and the result of the test performed	<p><u>Resource: Table 11</u></p> <p>One option should be selected for each positive or negative (if culture) result. If multiple tests were used, each should be reported. Options include:</p> <p>Culture PCR Biofire Filmarray Meningitis/Encephalitis Panel Biofire Filmarray Blood Culture ID (BCID) Verigene Gram + Blood Culture (BCT) Test Bruker MALDI Biotyper CA System BD Directigen Meningitis Combo Test Kit ThermoFisher Wellcogen Bacterial Antigen Rapid Alere BinaxNOW Antigen Card Other (please specify) Unknown</p>
11b to 14b	If there is a 2 nd positive culture or CIDT, please list the information here.	

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
<p>15. Was patient hospitalized?</p>	<p>Indicate whether or not the patient was hospitalized at an acute care facility during this event. If appropriate, indicate the dates of admission and discharge.</p> <p>If a case is transferred from another hospital, please use the date of admission from the first hospital and use the date of discharge from the second hospital. If the patient is admitted through the ER into an acute care hospital, the date of admission is the date of the ER visit. NOTE: if case was a patient on a non-medical ward when the culture was collected (see 18a), list the admission and discharge dates for the acute care portion of the hospital stay only.</p> <p>If patient is <i>discharged</i> from the hospital to a long-term care facility or hospice, OR, if the patient was transferred to a long term care unit (e.g., skilled nursing care unit or hospice) within the hospital, use this date of transfer as the date of discharge. In this instance, the discharge date from this type of long-term care facility or hospice should NOT be used. Likewise, if a patient is <i>admitted from</i> a long-term rehabilitation or specialty unit, other long-term care facility or hospice, please use the date of transfer to the acute care facility as the date of admission.</p>	<p>For cases that die during hospitalization: if the date of death and the discharge date differ, enter the date of death.</p> <p>Additional notes on hospitalization status:</p> <ul style="list-style-type: none"> • ER visits and outpatient visits are not hospitalizations. If the patient is admitted to an acute care facility following an ER or outpatient visit then the patient has been hospitalized. • For a patient to be considered hospitalized, the culture date should occur no more than 7 days before hospital admission date. Note: starting in 2012, this rule applies to core ABCs <i>only</i>. MRSA surveillance has expanded their definition to 30 days from initial culture date. • A case would not be considered hospitalized for a particular illness episode if the culture date is <i>after</i> the hospital discharge date. • A case would not be considered hospitalized if admitted for a <24-hour observation period only. A case would be considered hospitalized if admitted for 24 or more hours in an observation unit or ER. • If a person left the hospital against medical advice (AMA) and was readmitted for care (related to that same infection) within 24 hours count as part of the same hospitalization. If the readmission was >24 hours then it would not be count as part of the same hospitalization. Should further clarification be needed, please contact CDC.

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
16. If patient was hospitalized, was this patient admitted to the ICU?	Indicate if patient was admitted to the intensive care unit (ICU) during <i>this</i> hospitalization.	Other specialty units such as MICUs (medical intensive care unit), SICU (surgical ICU), PICU (pediatric ICU), NICU (neonatal ICU) and CCU (cardiac care unit) are considered ICUs. Please note these are examples <i>only</i> and do not constitute an exhaustive list of ICUs. A step-down unit is <i>not</i> considered an ICU for ABCs.
17a. Where was the patient a resident at time of initial culture?	If known, indicate where patient was a <i>resident</i> at time of initial culture.	<p>Resources: Table 3</p> <p>Please do NOT answer this question if the case is between the ages of 0-89 days. This is inclusive of all ABCs pathogens (per change made at beginning of surveillance year 2012).</p> <p>Note: The specify field will NOT be transmitted to CDC and will NOT be added to the database. This is for site use only.</p> <p>Core MRSA: This question <u>is not</u> equivalent to question 5 on the core MRSA CRF.</p> <p>For persons experiencing homelessness (PEH), see Table 3 for specific instructions on how to complete Q17a.</p>
17b. Name of facility	If patient was a resident of some facility (i.e., a long term care facility or, if the information is desired by ABCs site, <i>any</i> type of chronic care facility) prior to or during the ABCs illness, enter the name of the facility here. Additionally, record the Facility ID assigned to that facility.	<p>Resource: HAIC/ABCs Facility Classifications document</p> <p>Name of facility is NOT transmitted to CDC.</p> <p>Assigning an unknown facility ID: If the exact facility that a patient has been in or was discharged to is unavailable – Do not leave the Facility ID blank, assign a placeholder such as “UNK LTCF” as the facility ID.</p>
18a. Was patient transferred from another hospital?	Indicate if patient was admitted to and transferred <i>from</i> another acute care hospital prior to receiving treatment at the hospital where the chart is being reviewed.	<p>If the patient was admitted from a long-term care facility, see special instructions for question 16 above.</p> <p>Please note that birthing centers do not qualify as a hospital setting. If an infant is transferred from a birthing center to a hospital, check “no” to this question.</p>

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
18b. Transfer	The acute care hospital <i>from which</i> the patient was transferred.	Please note the name of the hospital.
19a. Weight	Indicate weight in pounds (lbs) and ounces (oz) OR in kilograms (kg). Please record weight <i>only</i> in pounds OR kilograms, not both.	<p>If multiple weights are in chart, use weight recorded at admission.</p> <p>If weight is recorded with a decimal number and the decimal number is between 0.1 and 0.4, round down to the nearest whole number. If the decimal number is between 0.5 and 0.9, round up to the nearest whole number. For example. 135.7 lbs should be recorded as 136 lbs and 213.2 lbs should be recorded as 213 lbs.</p>
19b. Height	Indicate height in feet (ft) and inches (in) OR in centimeters (cm).	If multiple heights are in chart, use height recorded at admission.
19c. BMI	Body mass index; preferentially record height and weight.	Record BMI ONLY if height, weight or both are unavailable.
20. Type of insurance	Check ALL types of insurance as noted in the hospital chart. If a patient's insurance status changes during hospitalization, indicate insurance status at admission.	<p><i>Resources:</i> Table 4 and Table 4.2</p> <p><i>Clarification:</i> Some private companies partner with some form of state assistance program, Medicaid, and/or Medicare. In this case, please check both "private" and additional "public" health insurance type. This includes any Medicare Advantage plan (See Tables 4 & 4.2 for more info on MA plans). As an example, 'Medi-Gap' would be recorded as both "Medicare" and "Private". If the MA plan is not documented as private or public (or both), record this in the 'other' field.</p> <p>If the chart notes "self pay", check "uninsured". (change made in 2012)</p> <p>If questions arise in the field on insurance types, please contact CDC for further guidance.</p>
21a. Outcome	<i>Hospitalized patients:</i> indicate the patient's outcome as either "Survived" (patient was discharged alive), or "Died" (patient died during acute hospitalization) upon discharge. Check "Unknown" if the	<i>Clarification:</i> If the patient was seen in the ER or outpatient office and was alive upon leaving the ER or office, mark "survived" even if they died shortly after.

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
	<p>chart is incomplete or if it is not clear from the medical record.</p> <p><i>Non-hospitalized patients:</i> indicate the patient’s outcome as “Survived” (patient left the ER/outpatient clinic or dialysis center/office alive) or “Died” (patient died while seen at the ER/outpatient clinic or dialysis center/office). Check “Unknown” if the chart is incomplete or it is not clear from the information available.</p>	
<p>21b. If survived, patient discharged to: (select option)</p> <p>(2016)</p>	<p>Indicate where patient was discharged to if discharged alive.</p>	<p>Resource: Table 3</p> <p>For information on when to check ‘LTC/SNF’ or ‘LTAC’ options, refer to instructions and examples in the ‘Facility Classification Instructions’ and/or refer to Table 3.</p> <p>“Left AMA” (left against medical advice) (2019) – choose this option if case was hospitalized and leaves before medically discharged. If patient not hospitalized, this option only applies to ER visits and is not applicable to outpatient visits.</p> <p>For persons experiencing homelessness (PEH), see Table 3 for specific instructions on how to complete Q21b.</p>
<p>22. If patient died, was <i>initial</i> culture obtained from autopsy?</p>	<p>This question should be answered only for cases who have died or OUTCOME=2.</p>	<p><i>Reminder:</i> autopsy specimens may be considered sterile site cultures only if the culture is taken ≤ 12 hours after death.</p>

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
<p>23a. At the time of first positive culture, was the patient pregnant or postpartum?</p>	<p>Indicate whether the patient was pregnant or postpartum at the time of collection of the first positive invasive culture. For this surveillance project, the postpartum period is defined as the 30 days following a delivery or miscarriage. Check “Neither” if a) there is specific mention of a negative pregnancy test, or that the patient is <i>not</i> pregnant, or b) the entire chart was reviewed and there is no indication of being pregnant or postpartum. If the chart was incomplete when it was reviewed or the completed chart could not be reviewed, check “Unknown”.</p>	<p>Clarifications: For female cases age <12 years of age or >55 years: “Neither” is assumed unless otherwise indicated in a completed chart.</p> <p>If the baby (not the mother) had a GBS infection and the baby is the case being investigated and reported, question 24a and 24b should <i>not</i> be answered.</p>
<p>23b. If pregnant or postpartum, what was the outcome of the fetus?</p>	<p>If the case is pregnant or postpartum and was seen in the ER or outpatient office, indicate ONE of the possible fetal outcomes upon leaving the ER or office. For hospitalized patients, indicate fetal outcome on patient’s discharge. If the baby survived but it was unknown if the baby was ill, check “survived, no apparent illness”.</p>	<p>Clarification of fetal outcomes: <u>Live birth/neonatal death</u>: infant born alive but died ≤ 30 days of age.</p> <p><u>Abortion/stillbirth</u>: not born alive, even if death occurred during labor. Specifically, abortion in this instance means death of a fetus <i>before</i> 20 weeks of gestation or when < 500 grams in weight from <i>natural causes</i>. Stillbirth means fetal death (from natural causes) occurring after 20 weeks of gestation or when the fetus is > 500 grams in weight.</p> <p><u>Induced abortion</u>: fetal death due to a deliberate medical procedure.</p> <p>Clarification of maternal GBS cases starting 2018: GBS isolates from non-sterile sites including placenta or amniotic fluid, from a fetal death DO NOT COUNT as maternal ABCs cases and NO case report form is completed.</p> <p>If the illness is thought to have occurred in a liveborn infant, a case report form <i>should</i> be</p>

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
		<p>generated, and the form can indicate the fetal outcome (which may be death).</p> <p>If the gestational age is < 22 weeks, this is considered below the age of fetal viability and is NOT an ABCs case.</p>
<p>23c. Mark if this is a HiNSES fetal death with placenta and/or amniotic fluid isolate, a stillbirth, or neonate <22 wks gestation.</p>	<p>Cases with a positive culture for <i>Haemophilus influenzae</i> that were isolated from a placenta or amniotic fluid, were from a stillbirth or a neonate <22 weeks of gestation do not count as ABCs cases.</p>	<p>The HiNSES CRF must also be completed for these cases. See HiNSES Protocol and HiNSES CRF Instructions for more information.</p>
<p>23d. Mark if this a GBS blood spot study case that lives outside the ABCs catchment area.</p>	<p>For MDH staff.</p>	
<p>24. If case is <1 month of age, gestational age and birth weight; if case is pregnant, gestational age only</p>	<p>For any case that is a newborn (age < 1 month and from whom a positive invasive culture was taken), complete gestational age and birth weight. (This question refers to live births only.) For pregnant cases, only the gestational age of the fetus should be indicated. Products of conception that were cultures (such as placenta), but not identified as “baby” are part of the mother’s culture history.</p>	<p>Indicate gestational age in weeks and birth weight in grams. If gestational age is available as weeks and days, record exact age in weeks; do not round up. For example, if the infant was 36 weeks, 6 days at delivery (36_6), the gestational age was 36 weeks. If there are multiple gestational ages in the chart determined by multiple methods, enter the gestational age calculated from last menstrual period (LMP). If gestational age is <i>unknown</i>, write “99” for weeks. If birth weight in <i>grams</i> is not available, write weight in lbs/oz; it can be converted at data entry. If birth weight is <i>unknown</i>, enter “9999” for birth weight.</p>
<p>25. Types of infection caused by organism</p>	<p>Check ALL types of infections or clinical syndromes caused by the ABCs organism that apply to this infectious episode. Do not include previously existing or chronic infections. “Bacteremia without</p>	<p>Resource: Table 5</p> <p>Infection types should only be checked if the chart indicates that infection type. If the organism is isolated from a sterile site and the infection type is ‘unknown’, do not recode infection type to match that sterile site.</p>

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes																					
	<p>focus” should be checked ONLY if no other type of infection or clinical syndrome caused by the organism is noted in the chart (and IF the organism is isolated from blood only). If no type of infection or clinical syndrome is indicated in the medical chart, “Unknown” should be selected.</p>	<p>Infection type in this instance should be “Unknown”. <i>(It is important that variables accurately reflect what is indicated in the charts. This does not preclude recoding undertaken during analysis.)</i></p> <p>Examples:</p> <table border="1" data-bbox="886 516 1495 1075"> <thead> <tr> <th data-bbox="886 516 1089 663">Infection Type in Medical Chart</th> <th data-bbox="1089 516 1292 663">Organism Isolated from</th> <th data-bbox="1292 516 1495 663">Infection Type Recorded on CRF</th> </tr> </thead> <tbody> <tr> <td data-bbox="886 663 1089 737">Peritonitis</td> <td data-bbox="1089 663 1292 737">Peritoneal fluid</td> <td data-bbox="1292 663 1495 737">Peritonitis</td> </tr> <tr> <td data-bbox="886 737 1089 810">Unknown</td> <td data-bbox="1089 737 1292 810">Peritoneal fluid</td> <td data-bbox="1292 737 1495 810">Unknown</td> </tr> <tr> <td data-bbox="886 810 1089 884">Pericarditis</td> <td data-bbox="1089 810 1292 884">Pericardial fluid</td> <td data-bbox="1292 810 1495 884">Pericarditis</td> </tr> <tr> <td data-bbox="886 884 1089 957">Unknown</td> <td data-bbox="1089 884 1292 957">Pericardial fluid</td> <td data-bbox="1292 884 1495 957">Unknown</td> </tr> <tr> <td data-bbox="886 957 1089 1031">Osteomyelitis</td> <td data-bbox="1089 957 1292 1031">Bone</td> <td data-bbox="1292 957 1495 1031">Osteomyelitis</td> </tr> <tr> <td data-bbox="886 1031 1089 1075">Unknown*</td> <td data-bbox="1089 1031 1292 1075">Bone</td> <td data-bbox="1292 1031 1495 1075">Unknown</td> </tr> </tbody> </table> <p>*Note: this instruction differs from core MRSA instructions.</p> <p>If the final diagnosis of a patient’s illness is not the same as the admitting diagnosis, consider only the final (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, a patient may be admitted with the provisional diagnosis of “pneumonia” but actually found to have “asthma”.</p> <p>Instructions for completion of infection types are listed in Table 5. Infection type definitions are provided for reference only and should not be used to make clinical judgments on infection type.</p>	Infection Type in Medical Chart	Organism Isolated from	Infection Type Recorded on CRF	Peritonitis	Peritoneal fluid	Peritonitis	Unknown	Peritoneal fluid	Unknown	Pericarditis	Pericardial fluid	Pericarditis	Unknown	Pericardial fluid	Unknown	Osteomyelitis	Bone	Osteomyelitis	Unknown*	Bone	Unknown
Infection Type in Medical Chart	Organism Isolated from	Infection Type Recorded on CRF																					
Peritonitis	Peritoneal fluid	Peritonitis																					
Unknown	Peritoneal fluid	Unknown																					
Pericarditis	Pericardial fluid	Pericarditis																					
Unknown	Pericardial fluid	Unknown																					
Osteomyelitis	Bone	Osteomyelitis																					
Unknown*	Bone	Unknown																					

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
<p>26a. Underlying causes or prior illness</p>	<p>Check ALL underlying illnesses or prior conditions available in the picklist as noted in the hospital chart or by reporting physician or ICP.</p> <p>At least ONE box should be checked for Question 26a. Check “none” if the chart is available and no underlying causes are found. Check “unknown” if no chart is available for review and no underlying diseases are known.</p> <p>Further instructions, definition of terms and abbreviations are in Tables 6-10 at the end of this document.</p>	<p><i>Resources:</i> Table 6, Table 7, Table 8, Table 9, Table 10</p> <p>If the underlying condition or prior illness is NOT included in the list on the case report form, it is not considered a risk factor for illness and should not be added to “other”. The “other prior illness” variable is only for local ABCs site use.</p> <p>Any underlying condition listed on the form should be considered an “underlying condition or prior illness”, except when it is obvious, that the condition no longer exists OR when the condition is a new condition that occurred during the current illness. Types of infections caused by the ABCs pathogen (see Question 26) should NOT be indicated in the specify field for underlying conditions.</p> <p>NOTE: Starting in 2014, the checkboxes for “Chronic Renal Insufficiency” and “Renal Failure/Dialysis” have been removed. Instead, there are checkboxes for “Chronic Kidney Disease” and “Current Chronic Dialysis”. Starting 2016, further changes were made to harmonize with the list of conditions per the Charlson Index.</p> <p>In 2018, smoking, alcohol and drug abuse variables were removed from underlying conditions. A ‘Substance Use Section’ was created to collect information previously collected and more (Q27b-27d)</p> <p>In 2019, added checkbox to capture HbA1C value (%) and date most recently tested. See Table 6 for more details.</p>



ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
	<p>Section: Substance Use, Current</p> <ul style="list-style-type: none"> - Record substance use within the past year <p>General Sources of Information (use all if available):</p> <ul style="list-style-type: none"> - ED Notes: These are useful in finding general descriptions of the initial reason for visit, especially if related to injection practices. They are also useful in clarifying whether patient injects drugs; these notes will document “track marks” under “Skin/Extremities” in the Physical section of the notes. These notes will also often document the date of last use of the substance - Social Worker/Case Manager notes: these notes often provide very clear and detailed information about the patient and any of their injection practices. They may also detail how frequently the patient injects, when they last injected, and how long they have been injecting. They may also provide information on the patient’s living situation. In the instance where a patient is unable to provide a history themselves, discussions with family members are often documented and the above information may still be available. - Drug Screen/Urine Toxicology: These do not usually distinguish between illegal vs. prescription drugs (heroin v. oxycodone) and are time sensitive but they do provide a general sense of what drugs a patient may have used recently. In rare instances, the UTox can screen positive for a specific drug class, but this is a false positive based on the patient’s prescriptions. In these cases, there should be a note to indicate that this is a false positive. However, it is best to verify with the prescribed medications list. <i>Only use information from this source to add information. In other words, if the Urine toxicology screen is positive and there is no mention of drug use/abuse in general within the chart, do not check off the substance use boxes.</i> - Infectious Disease Consult (or Progress Note): Unlike other progress notes, which have a tendency to repeat the same information from note to note and may only answer one of the drug-related questions, ID consults or progress notes often contain additional information related to drug use, especially if hospitalization is related to an infection due to injection drug behaviors/practices. - H&P and Discharge Summary: These notes may not have the specifics needed to answer the substance use questions but should still be reviewed for each case. 	

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes						
<p>26b. Smoking, current (2018)</p>	<p>Check all applicable smoking options as noted for the patient in the medical record.</p> <p>If a person quit smoking <i>within the past 12 months</i>, consider this person a current smoker.</p> <p>Updated in 2019 to clarify definition of marijuana use.</p>	<p>Tobacco: Includes Smoker of cigarettes, cigars, or tobacco smoked by pipe but does not include smoking crack or other illicit drugs. Chewing tobacco should be included in ‘Q27d, Other Substances’ under ‘Other, specify’ and specify as ‘chewing tobacco’. The mode of delivery would be ‘non-IDU’. Smoking crack or other illicit drugs should be listed under Q27d – Substance abuse.</p> <p>E-Nicotine Delivery System (ENDS): includes e-cigarettes, personal vaporizers, vape pens, e-cigars, e-hookahs, vaping devices; devices that deliver aerosolized liquids containing nicotine. Common terms used in medical records; ‘vaping’, ‘e-smoking’, ‘mods’, ‘tank-systems’.</p> <p>Marijuana: includes the following terms: marijuana, hashish, cannabis preparations, THC (tetrahydrocannabinol), sinsemilla, hash oil, waxy budder, shatter. Does not include synthetic cannabinoids such as Spice and K2 (report under “other”). This list is not comprehensive. Can include recreational use. If mode of delivery unknown for marijuana, categorize under ‘Other substances’, mode of delivery is unknown. Vaping marijuana: capture here.</p> <p>Examples:</p> <table border="1" data-bbox="886 1356 1490 1579"> <thead> <tr> <th data-bbox="886 1356 1175 1392">Chart Notes</th> <th data-bbox="1175 1356 1490 1392">Substance checkbox</th> </tr> </thead> <tbody> <tr> <td data-bbox="886 1392 1175 1467">H/o smoking</td> <td data-bbox="1175 1392 1490 1467">Current Smoker – ‘Tobacco’</td> </tr> <tr> <td data-bbox="886 1467 1175 1579">H/o smoking, stopped 10 years ago</td> <td data-bbox="1175 1467 1490 1579">No checkbox</td> </tr> </tbody> </table>	Chart Notes	Substance checkbox	H/o smoking	Current Smoker – ‘Tobacco’	H/o smoking, stopped 10 years ago	No checkbox
Chart Notes	Substance checkbox							
H/o smoking	Current Smoker – ‘Tobacco’							
H/o smoking, stopped 10 years ago	No checkbox							

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
<p>26c. Alcohol Abuse, current (2018)</p>	<p>Current: abuse of alcohol within the past 12 months or timing unknown.</p>	<p>Includes documentation in the medical record of any of the following terms: “alcoholic,” “alcoholism,” “alcohol dependence,” “alcohol addiction”, “alcohol use disorder”, also check this box if referred/transferred to a treatment program. Note: alcohol can be abbreviated as ‘ETOH’ in the medical record. If a history of alcohol abuse is noted in the chart, without specifying whether the condition still exists, record as current alcohol abuse. Note that “history” is sometimes abbreviated as “hx” or “h/o” for “history of.”</p> <p>If the above terms are not present, but a quantity of alcohol use is indicated in the medical record, check this box for patients who are reported to regularly consume ≥ 15 alcoholic drinks per week for males, and ≥ 8 alcoholic drinks per week for females. One drink = 12 ounces of beer, or 5 ounces of wine, or 1.5 ounces of distilled spirits¹.</p> <p>From 1998-2012, the CRF only asked about Alcohol Abuse, in general. In 2013, two checkboxes were added to the CRF to record both current and past alcohol abuse. In 2018, we removed the check box from the underlying conditions section of the CRF and placed as a separate question. See data dictionary for more information.</p>

¹ <https://health.gov/dietaryguidelines/2015/guidelines/appendix-9/>

ABCs CRF Instructions

<p>26d. Other Substances (2019)</p>	<p>Current abuse of substances other than alcohol or those in the smoking category (tobacco, marijuana, e-cigarettes) within the past 12 months or timing unknown.</p> <p>If no substance abuse noted in the medical record, check ‘None’. If chart is unavailable, check ‘Unknown’.</p> <p>Note: Information from a urine toxicology screen should be used only to add information. In other words, if the urine toxicology screen is positive and there is no mention of drug use/abuse in general within the chart, do not check the substance use boxes. Positive urine toxicology screens should not be used as the sole indicator for determining drug use.</p> <p>Examples:</p> <table border="1" data-bbox="386 1100 859 1875"> <thead> <tr> <th>Chart Notes</th> <th>Substance checkbox</th> </tr> </thead> <tbody> <tr> <td>H/o IDU, 5 months ago</td> <td>Yes, Current Substance Use – check appropriate substance type (if known), ‘DUD’ and ‘IDU’</td> </tr> <tr> <td>IDU use on and off 10 years</td> <td>Yes, Current Substance Use – check appropriate substance type, ‘DUD’ and then ‘IDU’</td> </tr> <tr> <td>Medical marijuana use (if not smoked or unknown)</td> <td>Yes, Current Substance Use – check ‘marijuana/cann</td> </tr> </tbody> </table>	Chart Notes	Substance checkbox	H/o IDU, 5 months ago	Yes, Current Substance Use – check appropriate substance type (if known), ‘DUD’ and ‘IDU’	IDU use on and off 10 years	Yes, Current Substance Use – check appropriate substance type, ‘DUD’ and then ‘IDU’	Medical marijuana use (if not smoked or unknown)	Yes, Current Substance Use – check ‘marijuana/cann	<p>Resources: Table 12, 1. DEA schedule 2. NIH information on opioids</p> <p>Substance Type Categories</p> <p>Marijuana/cannabinoid: includes the following terms: marijuana, hashish, cannabis preparations, cannabidiol or ‘CBD oil’, THC (tetrahydrocannabinol), sinsemilla, hash oil, waxy budder, and shatter. Does not include synthetic cannabinoids such as Spice and K2 (report under “other”). This list is not comprehensive. Can include recreational use. If mode of delivery unknown for marijuana, check ‘unknown’ mode of delivery. Vaping marijuana: capture in only in smoking.</p> <p>Opioid, DEA schedule I (e.g., heroin): includes opioids that have a high potential for abuse, with no currently accepted medical treatment use in the United States, and which by law are not available by prescription. Examples include heroin and synthetic fentanyl-related substances (fentanyl analogs) such as carfentanil, China White, methyl fentanyl, acetyl fentanyl, furanyl fentanyl. If type of fentanyl is unknown, check this box.</p> <p>Opioid, DEA schedule II-IV (e.g., oxycodone): Includes opioids that have a high potential for abuse but have an accepted medical use in the United States. Examples include hydromorphone (Dilaudid), meperidine (Demerol), OxyContin and Percocet (brand names of oxycodone), morphine, MS Contin, Opana, codeine, Vicodin, oxymorphone, tramadol, fentanyl (not synthetic), etc. This also includes methadone and suboxone.</p> <p>Opioid, NOS (not otherwise specified): Check this box only if opioid use specified in MR where specific opioid being used/abused is not noted.</p>
Chart Notes	Substance checkbox									
H/o IDU, 5 months ago	Yes, Current Substance Use – check appropriate substance type (if known), ‘DUD’ and ‘IDU’									
IDU use on and off 10 years	Yes, Current Substance Use – check appropriate substance type, ‘DUD’ and then ‘IDU’									
Medical marijuana use (if not smoked or unknown)	Yes, Current Substance Use – check ‘marijuana/cann									

ABCs CRF Instructions

	<p>mode of delivery).</p>	<p>abinoid’, and ‘Unknown’ for mode of delivery</p>	<p>Cocaine: Check if patient documented to use cocaine (including crack).</p> <p>Methamphetamine: Check if patient documented to use methamphetamine. Other names for methamphetamine can include: Crank, Chalk, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed, Desoxyn (https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts#methamphetamine)</p> <p>Other (specify): Collect drug information on the following: hallucinogens (LSD, mushrooms, ayahuasca, DMT, etc.), club drugs (MDMA [Ecstasy], GHB, etc.), dissociative drugs (ketamine, PCP, etc.), other stimulants (amphetamines, Khat, etc.) inhalants, mescaline (Peyote), Kratom (has opioid like activity but should be included in other), bath salts, synthetic cannabinoids (Spice, K2, etc.), etc. If there is a medication that would not be captured by one of the other checkboxes, and is associated with documented use disorder or abuse, record it in this field. Reference Table 12.</p> <p>Unknown substance(s): includes instances in which terms like “polysubstance abuse” or “substance abuse” are noted in the medical record, but there is no specification as to which substance or substances were used.</p> <p>Documented Use Disorder/Abuse: Check this box only if documentation of a use disorder is in the chart. Terms that suggest DUD or abuse include addiction, dependence, drug-seeking behavior, recent episodes of withdrawal or overdose.</p> <p>Mode of Delivery: IDU: Injection drug use, including intravascular or intramuscular (IM) injection.</p> <p>For reference- definition of IDU²: A method of illicit drug use. The drugs are injected directly</p>
	<p>Previous drug abuse of heroin, has been clean for >1 year. Receives daily treatment of Methadone at clinic. No mention in chart of DUD or abuse (of Methadone or other substances)</p>	<p>Yes, check ‘Opioid, DEA Schedule II-IV’. Do not check the ‘DUD or Abuse’ box and indicate the mode of delivery if known.</p>	

ABCs CRF Instructions

Question	Definition	Special Instructions/Notes
		<p>into the body—into a vein, into a muscle, or under the skin—with a needle and syringe.</p> <p>IDU of a controlled substance as indicated in the chart using terms such as injection drug use (IDU), intravenous drug use (IVDU), intravenous drug abuse (IVDA). It is described in the “social history” section of a medical history or otherwise documented that the patient was not taking the substance as prescribed (e.g., “Patient admits that he has been crushing up his OxyContin pills and injecting himself.”)</p> <p>Do NOT include intravenous (IV) or other injected medications indicated in a medication administration record, medication reconciliation form, or in the prior medications list from a medical history. Instead, check the non-IDU box. (See further instructions under Non-IDU).</p> <p>Skin popping: subcutaneous or intradermal injection or deposition.</p> <p>Non-IDU: non-injection drug use, including other forms of drug use such as snorting, inhaling, oral, etc.</p> <p>Unknown: Check if the mode of drug delivery not specified in the medical record.</p>

² <https://aidsinfo.nih.gov/understanding-hiv-aids/glossary/1585/injection-drug-use>



ABCs CRF Instructions
 Organism-specific questions

Group A Streptococcus

*NOTE: Starting in 2014, for sites participating in the severe Group A Streptococcal Evaluation, the first four questions on the “Severe Group A Streptococcus Supplemental Form” should be completed for all GAS cases. If the GAS case is hypotensive, the rest of the supplemental form should be completed.

	Definition	Special Instructions/Notes
27a. Did patient have surgery or any skin incision in last 14 days?	Did the patient have any surgery or any procedure requiring a skin incision in the 14 days prior to collection of the first positive invasive GAS culture (the date of specimen collection)? If “yes”, record date of surgery or skin incision. Starting in 2017 , if “yes”, but date of surgery or skin incision is unknown, record “Unknown date”.	Starting in 2013 , please note the change in time frame from 7-days to 14-days . Clarification: An arteriovenous (AV) fistula, AV graft or venous catheter that is used for dialysis would only be considered a skin incision if the surgery to establish this vascular access was done within the specified time frame (within 7-days of culture date prior to 2013 or 14-days of the culture date 2013 and forward). If there is an existing AV fistula, graft or catheter or the date when it was created is not specified, the fistula/graft/catheter would not be considered a skin incision.
27b. Did patient deliver a baby in last 14 days?	Did the patient deliver a baby in the 14 days prior to the date of collection of the first positive invasive GAS culture (the date of specimen collection)? If “yes”, record date of delivery. Starting in 2017 , if “yes”, but date of delivery is unknown, record “Unknown date”.	Starting in 2013 , please note the change in time frame from 7-days to 14-days .



ABCs CRF Instructions

<p>27c. GAS-specific underlying conditions</p>	<p>For each condition, indicate whether or not the patient had one or more of these conditions in the 14 days prior to the date of collection of the first positive invasive GAS culture.</p> <p>NOTE: change in time frame starting in 2013 expanded from 7-days to 14-days.</p>	<p>Starting in 2013, please note the change in time frame from 7-days to 14-days.</p> <p>For “surgical wound”, check the box if <i>any</i> surgical wound was noted in the chart or by the physician. This refers to <i>any</i> surgical wound present when the positive GAS culture was collected. (For example, check the box even if the surgery occurred 2 weeks prior to the isolate collection, as long as the wound was still present during the current GAS infection.) For “burns” check the box if burns were present (i.e. the skin was compromised) during this ABCs infection, even if the initial burn occurred >14 days prior to culture.</p> <p>Beginning in 2013, please record the number of days prior to the first positive culture in which the GAS-specific condition occurred. Please pick one: 1) between 0-7 days or 2) 8-14 days prior to the first positive culture. Beginning in 2017, if number of days is unknown, select “9- Unknown days”.</p> <p>If there is <u>more than one</u> condition present, record the timing based on the most recent skin injury to the culture date.</p> <p>Clarifications: <u>Penetrating Trauma</u>: trauma that breaks the skin (e.g., knife wound, bug bite). In the case of IDU, check penetrating trauma only if an observation of fresh or recent “needle tracks or marks” or if the ‘last use’ of the IDU was specified to be within the 14 days prior to admission (e.g. chart notes ‘last use day before admission’ for an IDU) was noted in the chart or by the physician. <u>Blunt Trauma</u>: trauma that does not break the skin (e.g., falling down stairs and sustaining bruises, getting hit by a baseball bat). If frostbite recorded in chart, mark here and note ‘frostbite’ in general comments section.</p> <p>NOTE: If nature of trauma is unclear, sites should email CDC for clarification.</p>
--	--	---

ABCs CRF Instructions

Haemophilus influenzae

	Definition	Special Instructions/Notes
28a. Serotype	<i>Haemophilus influenzae</i> serotype determined by the primary culture laboratory. If the primary culture laboratory does not perform serotyping, indicate serotype determined at other laboratory within the EIP site (either reference lab or state lab).	If not tested or unknown, please indicate as such.
28b. Receipt of Hib vaccine?	For any patient <15 years of age with Hib or unknown serotype, indicate doses of Hib vaccine received.	<p>If “yes”, for each dose received record the date given, vaccine name or manufacturer. If both vaccine name and manufacturer are available, record vaccine name only. If the vaccine name/manufacturer is unknown, please record “Unknown”.</p> <p>If “day” of month is unknown, enter “15”. If “month” is not known, use the Comment field to indicate <i>year</i> of Hib vaccination and include the phrase “Hib vaccination month unknown”.</p> <p>In 2018, collection of vaccine lot number was discontinued.</p>

Neisseria meningitidis

	Definition	Special Instructions/Notes
29a. Serogroup	<i>Neisseria meningitidis</i> serogroup as determined by the primary culture laboratory. If the primary culture laboratory does not perform serogrouping, indicate serogroup determined at other laboratory with the EIP site (either reference lab or state lab).	If not tested or unknown, please indicate “Unknown”.
29b. Is patient currently attending college?	For patients who are 15-24 years of age at time of collection of invasive culture, check “yes” if the patient attends college. If not, check “no”. If unknown, mark “unknown”.	<p>If the patient is less than 15 or is older than 24 years, leave the question blank.</p> <p>NOTE: “college” is not specifically defined but instead will be self-identified by the case.</p>
29c. Did patient receive	Did the patient receive meningococcal vaccine? If “yes”, for each dose received record the	<p>If “day” of the month is unknown, enter “15”.</p> <p>If “month” is not known, use the Comments field to indicate year of meningococcal</p>

ABCs CRF Instructions

	Definition	Special Instructions/Notes
meningococcal vaccine?	<p>type, date given, vaccine name or manufacturer. If both vaccine name and manufacturer are available, record vaccine name only. If the vaccine name/manufacturer is unknown, please record “Unknown”.</p> <p>For vaccine Type, please record as one of the type codes listed on the CRF.</p> <p>In 2018, collection of vaccine lot number was discontinued.</p>	<p>vaccination and include the phrase “meningococcal vaccination month unknown”.</p> <p>The following are the currently licensed meningococcal vaccines in addition to the manufacturer of each: Menactra (conjugate), Sanofi Pasteur Menveo (conjugate), GSK/Novartis Menomune (polysaccharide), Sanofi Pasteur MenHibrix (conjugate), GSK/Novartis Bexsero (serogroup B), GSK/Novartis Trumenba (serogroup B), Pfizer</p>
29d. If survived, did patient have any of the following sequelae evident upon discharge? (check all that apply)	<p>Please indicate any and all sequelae that were either present at the time of discharge from the acute care facility that admitted the case for meningococcal disease, or that occurred during the course of the acute hospitalization.</p> <p>Note: please capture only sequelae that are new-onset; please do not include any of the listed disease processes/sequelae if they were present prior to the meningococcal disease episode.</p> <p>If unable to find any evidence of any of the listed sequelae in the hospital chart of the patient, please mark ‘None indicated’.</p> <p>Hearing deficits may include impairment (decreased ability to hear), loss (inability to hear); a failed hearing test may indicative of hearing impairment or loss.</p> <p>Amputation may include loss of a digits/digits (fingers or toes) or of a limb (arm or leg).</p>	<p>Reminder: Please review progress notes and the discharge summary in addition to all relevant notes from the hospitalization course in order to determine if any sequelae were present. This could include notes from specialists such as audiologists, physical therapists, occupational therapists, neurologists, and surgeons.</p>

ABCs CRF Instructions

	Definition	Special Instructions/Notes
	<p>Evidence of seizures may include physical convulsions. These seizure episodes may include acute limited events, or may include repeated episodes.</p> <p>Evidence of paralysis may include loss of the ability to move a part of the body.</p> <p>Evidence of spasticity may include a change in muscle tone such as hypertonia, or an increase in muscle stiffness, or increased deep tendon reflexes.</p> <p>Skin scarring/necrosis may include any changes to the skin that were not present prior to hospitalization; skin grafting may have been used to treat this sequelae.</p> <p>If a sequelae not captured by the provided list occurs and is believed to be related to the meningococcal disease episode, please mark 'Other' and write in the name of the sequelae/disease process.</p>	

Streptococcus pneumoniae

	Definition	Special Instructions/Notes
30. Receipt of pneumococcal vaccine?	<p>Did the patient receive pneumococcal vaccine? If "yes", indicate the specific pneumococcal vaccine(s) received by checking the appropriate box(es): <i>Prevnar</i>[®] (PCV7), <i>Prevnar-13</i>[®] (PCV13), and/or <i>Pneumovax</i>[®] (PPV23).</p> <p>NOTE: <i>Prevnar-13</i>[®] licensed in 2010.</p>	<p>Clarifications: Complete this question for all ages and include any vaccination prior to the current hospitalization stay. If the person received the pneumococcal vaccine during the most recent/current hospitalization, check "no". If the vaccine type is unknown, check the box "vaccine type not specified". If there is no mention of pneumococcal vaccine in the chart, mark 'no'; only mark 'unknown' if chart is not complete.</p>

ABCs CRF Instructions

	Definition	Special Instructions/Notes
		Vaccine information (dates of immunization, manufacturer, vaccine name, lot #) will continue to be collected for pneumococcal cases ≥ 2 months to < 5 years of age with an isolate available for serotyping. Please use the Invasive Pneumococcal Disease in Children expanded form and continue to complete this expanded form during and after PCV13 study enrollment.

Comments

	Definition	Special Instructions/Notes
31. Comments	Use this space to add other information that might not have fit the choices provided or to enhance existing information.	

Information completed by ABCs personnel only

	Definition	Special Instructions/Notes
32. Audit	Was the case first identified through the audit? Check “yes” or “no”	Audit definitions will vary across ABCs sites; however, ABCs requires a minimum of one formal audit of all labs each year to assess cases found outside of active, routine surveillance.
33. Recurrent disease	Indicate whether or not this patient was previously infected by the same pathogen as in a previous case report.	<p>Cases of recurrent disease should be identified from the beginning of pathogen surveillance at each site to the current surveillance year.</p> <p>For <i>Streptococcus pneumoniae</i>, the specimen from the current case must have been isolated <u>8 or more</u> days after any previous case due to the same pathogen. For all other pathogens, the specimen from the current case must have been isolated <u>30 or more</u> days after any previous case due to the same pathogen. The previous STATEID should <u>always</u> be the STATEID from the FIRST episode (i.e. not the most recent episode) of invasive disease. This definition of recurrent disease is true for any</p>



ABCs CRF Instructions

	Definition	Special Instructions/Notes
		ABCs case, regardless of whether positive by culture or a CIDT result.

Table 1: Federal Statistics of Race Data Definitions

Includes the minimum categories and definitions recommended by the Office of Management and Budget-15 Directive (OMB-15) for federal agencies to collect data on race and ethnicity.

The values for each category is taken from the CDC/HL7 Race and Ethnicity Code Set.

Ethnicity	Definition
Hispanic or Latino origin	A person of Spaniard, Andalusian, Asturian, Castilian, Catalonian, Belearic Islander, Gallego, Valencian, Canarian, Spanish Basque, Mexican, Mexican American, Mexicano, Chicano, La Raza, Mexican American Indian, Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian, Salvadoran, Central American Indian, Canal Zone, Argentinean, Bolivian, Chilean, Colombian, Ecuadorian, Paraguayan, Peruvian, Uruguayan, Venezuelan, South American Indian, Criollo, Latin American, Puerto Rican, Cuban, Dominican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
Not of Hispanic or Latino origin	A person not of any Spanish culture or origin.
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. This category includes people who indicated their race(s) as “American Indian or Alaska Native” or reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup’ik, or Central American Indian groups or South American Indian groups. For additional categories, refer to the HL7 race and ethnicity code set document link below.
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. It includes people who indicated their race(s) as “Asian” or reported entries such as Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, Bangladeshi, Bhutanese, Burmese, Taiwanese, Hmong, Indonesian, Okinawan, Pakistani, Sri Lankan, Iwo Jiman, Laotian, Maldivian, Nepalese, Singaporean, Madagascar and Other Asian or provided other detailed Asian responses.
Black or African American	A person having origins in any of the black racial groups of Africa. It includes people who indicated their race(s) as “Black, African Am., or Negro” or reported entries such as African American, African, Botswanan, Ethiopian, Liberian, Namibian, Kenyan, Nigerian, Zairean, Bahamian, Barbadian, Dominican, Dominica Islander, Jamaican, Tobagoan, Tinidadian, West Indian or Haitian.

ABCs CRF Instructions

Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race(s) as “Pacific Islander” or reported entries such as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander” or provided other detailed Pacific Islander responses. In addition, this category would include the following Pacific Islander groups reported in the 1990 Census along with categories from HL7 race and ethnicity code set: Carolinian, Fijian, Kosraean, Mariana Islander, Marshallese, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, New Hebrides, Ponapean (Pohnpeian), Polynesian, Solomon Islander, Saipanese, Kiribati, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese..
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race(s) as “White” or reported entries such as European, Armenian, English, French, Irish, German, Italian, Polish, Scottish, Assyrian, Egyptian, Iranian, Iraqi, Palestinian, Syrian, Afghanistani, Israeli, Lebanese, Arab, Middle Eastern or North African, Moroccan, or Caucasian. Note: this list/example is not exhaustive.

Reference: <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>

Reference: <https://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf>

Reference: <https://www.gpo.gov/fdsys/pkg/FR-1997-07-09/pdf/97-17664.pdf>

Reference: https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf

Table 2: Defined Sterile Sites

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
Blood	<ul style="list-style-type: none"> • Blood • Blood from an indwelling line 	<ul style="list-style-type: none"> • Blood clot 	<ul style="list-style-type: none"> • Blood from a recently removed line • Catheter site • Catheter tip • Cord blood (Note: this differs for core MRSA)
CSF	<ul style="list-style-type: none"> • Cerebral spinal fluid • Cranial fluid • Spinal fluid • VP Shunt fluid/infection 		

ABCs CRF Instructions

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
Pleural Fluid	<ul style="list-style-type: none"> • Chest fluid • Chest fluid from chest tube • Empyema or Empyema fluid • Fluid unspecified from Pleura • Pleural fluid • Pleural peel • Pleural abscess • Pleural tissue • Parietal pleura • Thoracentesis fluid 		<ul style="list-style-type: none"> • C h e s t w a l l a b s c e s s (N o t e: t h i s d i f f e r s f o r c o r e M R S A)
Peritoneal Fluid/abdominal cavity	<ul style="list-style-type: none"> • Abdominal fluid (Note: this differs from core MRSA) • Ascites (fluid) • Intraperitoneal fluid/abscess • Paracentesis fluid • Pericolic space • Peritoneal abscess • Peritoneal dialysate • Peritoneal dialysate effluent 	<ul style="list-style-type: none"> • Pelvic abscess • Pelvic fluid 	<ul style="list-style-type: none"> • Appendix rupture • Bowel (intact or perforated) • Hemodialysis dialysate • Hemodialysis effluent • Unspecified dialysate or effluent

ABCs CRF Instructions

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
	<ul style="list-style-type: none"> • Peritoneal fluid, whether or not there is a perforated bowel (Note: this differs for core MRSA) • Peritoneum • Retroperitoneal abscess 		
Pericardial Fluid	<ul style="list-style-type: none"> • Pericardial fluid 		
Joint/Synovial Fluid	<ul style="list-style-type: none"> • Bursa • Disc space • Fluid unspecified from joint or synovial • Glenohumeral joint • Hip capsule • Hip-internal abscess • Hip tissue/Biopsy • Joint or synovial fluid • Knee prepatella • Knee tissue/Biopsy • Meniscus • Needle aspirate of any specific joint • Popliteal fossa • Popliteal space abscess • Prepatellar bursa • Prosthetic hardware/Swab ○ Hip prosthesis ○ Knee arthroplasty ○ Metatarsal implant • Subacromal space abscess • Synovium 	<ul style="list-style-type: none"> • Ganglion cyst (Note: this differs for core MRSA) • Humeral head • Olecranon (bone vs joint) • Surgical tissue • Wrist specimens 	
Bone	<ul style="list-style-type: none"> • Bone • Bone abscess • Bone marrow • Bone surgically obtained • Clavical tissue • Cranial bone flap • Disc abscess • Disc fluid • Humerus abscess • Intraspinous abscess 	<ul style="list-style-type: none"> • Bone exposed to wound (Note: this differs from core MRSA) • Olecranon (Bone vs joint) 	

ABCs CRF Instructions

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
	<ul style="list-style-type: none"> • Mastoid • Mastoid bone • Medullary canal tissue • Paraspinal abscess • Periosteum • Spinal or lumbar abscess or Phlegmon • Spinal or lumbar surgical specimen • Spinal or lumbar tissue spinal swab • Transmetatarsal tissue • Vertebral disk 	<ul style="list-style-type: none"> • Prosthesis fluid • Surgical Tissue • Thoracic tissue • Wrist specimens 	
<p>Muscle/Fascia/Tendon (Sterile for GAS, only)</p> <p>*Note: Fascia & Tendon added to CRF in 2012</p>	<ul style="list-style-type: none"> • Deep muscle tissue • Flexor tendon sheath • Flexor tendon sheath abscess • Fascia • Gastrocnemius muscle • Iliocostalis muscle • Muscle Abscess • Psoas abscess • Psoas muscle • Tendon • Tendon abscess • Thenar space 	<ul style="list-style-type: none"> • Pyomyositis abscess (Note: this differs from core MRSA) • Plantar tissue • Retropharyngeal abscess • Surgical tissue 	<ul style="list-style-type: none"> • Exposed muscle collected from wound
<p>Internal body site</p>	<p>Sterilely Obtained Biopsy/Tissue/Abscess/Aspirate/Fluid/Swab from:</p> <ul style="list-style-type: none"> • Brain <ul style="list-style-type: none"> ○ Brain abscess fluid ○ Epidural abscess ○ Epidural fluid ○ Intradural fluid ○ Meninges ○ Sagittal tissue ○ Note: epidural abscess and fluid, intradural fluid, and meninges differ from core MRSA which codes these as "CSF" 	<ul style="list-style-type: none"> • Breast (Note: this differs from core MRSA) • Deep neck abscess • Surgical tissue 	<ul style="list-style-type: none"> • Bartholin gland (abscess) • Bronchoalveolar lavage • Bronchoalveolar specimen • Bronchogenic cyst • Lung • Vein tissue that recently had a line removed

ABCs CRF Instructions

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
	<ul style="list-style-type: none"> ● Heart ○ Bypass graft ○ Mitral valve ● Kidney ○ Renal ○ Perinephric/perirenal ○ Subphrenic ● Liver ○ Perihepatic ● Lymph node ○ Lymph node abscess ● Ovary ○ Ovarian abscess ○ Tubo-ovarian abscess ● Pancreas ● Spleen ● Vascular tissue (blood bearing vasculature) ○ Artery ○ Aortic sac ○ AV fistula/graft ○ Iliac artery wall ○ Popliteal artery ○ Popliteal tissue artery ● Vitreous fluid 		
Other sterile site	<p>Sterilely Obtained Biopsy/Tissue/Abscess/Aspirate/Fluid/Swab**</p> <p>Deep Tissue**</p> <ul style="list-style-type: none"> ● Arytenoid tissue ● Bladder ● Corpus cavernosium ● Deep foot tissue ● Endometrium ● Inguinal sac ● Intraparotid abscess ● Mediastinum ● Omentum ● Parotid gland ● Prostate ● Rectus Sheath 	<ul style="list-style-type: none"> ● Allograft ● Axilla ● Breast ● Groin abscess ● Mastoid cavity ● Mesh ● Scrotum ● Stenson's Duct ● Surgical tissue 	<ul style="list-style-type: none"> ● Amniotic fluid ● Aqueous fluid ● Bartholin gland (abscess) ● Bile/biliary fluid ● Boils ● Bowel ● Bronchoalveolar lavage ● Catheter tip/site ● Cholecystectomy fluid

ABCs CRF Instructions

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
	<ul style="list-style-type: none"> • Sarcoma Mass • Scalp-internal • Scleral Buckle • Scrotal Abscess • Scrotal Sac • Thyroid <p>Fluid (Sterile)**</p> <ul style="list-style-type: none"> • Lymphocele • Pacer Pocket Fluid • Subgaleal Fluid 	<ul style="list-style-type: none"> • Surgical swab <p>Note: Axilla, Breast, Groin Abscess, and Mastoid Cavity differs from core MRSA</p> <ul style="list-style-type: none"> • Deep Pelvic Abscess • Abdominal seroma • Abdomen/Chest wall abscess • Deep abscess • Deep neck abscess • Groin abscess • Hematoma seroma • Intra-abdominal abscess • Seroma, in general • Subcutaneous implant pocket • Umbilical hernia sac 	<ul style="list-style-type: none"> • Cord blood (Note: this differs from core MRSA) • Cornea • Ear • Furuncles • Gallbladder • Gland/Cyst – Any type • Glandular abscess • Hemodialysis Dialysate • Hidradinitis suppurativa • Incision fluid drainage • Jackson Pratt drain fluid • Lacrimal sac • Lung • Middle Ear • Oral cavity • Pacemaker • Paranasal sinus • Peritonsillar Abscess • Placenta • Rheumatoid Nodule • Sebaceous Gland • Skin • Skin abscess • Sphenoid Sinus • Sputum • Subcutaneous Fat • Superficial abscess • Superficial Skin Abscesses



ABCs CRF Instructions

CRF Check Box (Sterile Site)	Sterile Sites	Sites that require clarification*	Non-Sterile Sites
			<ul style="list-style-type: none"> • Superficial Skin Infections • Throat • Thyroglossal duct cyst • Urine • Urinary Catheter • Wound[‡] • Wound Vac Fluid

* Surveillance sites should email CDC to inquire about these sites to determine whether sterile.

‡ Wounds are not considered a sterile site with the exception of isolation of GAS and presence of NF and/or STSS.

**General sterile site note: Do not record ambiguous and non-specific sources as sterile sites. Examples of ambiguous sources include the following: fluid (sterile), abscess, tissue, surgical specimen (sterile), aspirate, etc. To be considered a sterile site for ABCs, additional information on the actual location within the body needs to accompany the reported source. Examples of these should be reported as (but are not limited too): abdominal abscess, deep leg tissue, groin aspirate, etc. (Note: this is different than core MRSA where the only acceptable ‘other’ sterile site entries are “fluid (sterile)” and “deep tissue”.)

Table 3: Types of Settings – Residence at time of culture or discharge location (Q18a, 22a)

Location/Settings	Definition
Home/Private Residence (Q18a, 22a)	<p>A patient who resides at a private residence. In addition to a patient’s personal home, the following facility types are also included in the definition of home: home health, residential hospice, assisted living facilities, home hospice, children in foster care, resident of a halfway House, Boarding Home, Group Home, or Military Base or a patient staying in a hotel, etc.</p> <ul style="list-style-type: none"> ▪ If patient was discharged to home hospice (Q22a), please write “Home hospice” in the comment section.
Homeless	<p>A patient who is documented to be experiencing homelessness in the medical record at the time of positive culture. A person experiencing homelessness is defined as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing. A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation” U.S. Department of Health and Human Services [Section 330 of the Public Health Service Act (42 U.S.C., 254b)].</p>

ABCs CRF Instructions

Location/Settings	Definition
	<p>HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice. National Health Care for the Homeless Council. https://nhchc.org/understanding-homelessness/faq/</p> <ul style="list-style-type: none"> ▪ Q18a: “Homeless” If it is clear from the medical record that the person’s living situation is ‘unstable or non-permanent’, or otherwise meets the above definition, then check ‘Homeless’. If it is unclear based on documentation in the medical record whether the person’s residence at time of culture fits the above definition of homelessness, check ‘Unknown’. ▪ Q22a: If case is a PEH, and was discharged to LTC/SNF, LTACH or Left AMA, select the appropriate checkbox. If discharged ‘Home’ or some other location, select “Other” and specify ‘Homeless’ <p>If a patient is experiencing homelessness and is receiving medical respite in a free-standing facility, “homeless” should be selected. ABCs will use the Public Health Service Act/Health and Human Services definition as our standard. Please adhere to this definition and refrain from making judgement calls (i.e. single room occupancies may be a gray area but they are listed in the definition of experiencing homelessness).</p>
Incarcerated (Q18a)	A patient who is a resident of a correctional facility of any kind (e.g. county jail, federal prison, etc.)
College Dormitory (Q18a)	Patient lives in a college dormitory, fraternity or sorority house, or other campus housing.
Long Term Care/Skilled Nursing Facility (LTC/SNF) (Q18a, 22a)	<p>The following facilities are considered part of our “Long Term Care Facility” category: nursing homes, skilled nursing facilities, inpatient hospice and physical rehabilitation facilities.</p> <p>This does <i>not</i> refer to nursing homes/skilled nursing units or wards within a hospital or facilities where the patient receives daily outpatient therapy. It also does not include prisons, group homes, rehabilitation facilities for drug addiction, or assisted living facilities. Drug Rehabilitation Facilities are not Rehabilitation Facilities.</p> <p>NOTE: “Assisted Living Facility” (ALF) facilities that provide custodial care such as assistance with daily living, like bathing and dressing) are not considered skilled nursing facilities and should not be classified under LTCF. A free-standing “psychiatric residential facility” should be considered a LTCF</p>
Long Term Acute Care Hospital	A Long Term Acute Care Hospital (LTACH) includes acute care hospitals that specialize in caring for patients with complex medical problems for extended periods of time (at least 25 days). These hospitals may be located

ABCs CRF Instructions

Location/Settings	Definition
(Q18a, 22a)	<p>within acute care hospitals or may be freestanding. The major corporations that manage these types of facilities are listed below, this information might be helpful in identifying this type of facility.</p> <ul style="list-style-type: none"> ▪ Triumph HealthCare ▪ LifeCare Hospitals ▪ Kindred ▪ Select Medical Corporation ▪ Promise ▪ Regency Hospital Company <p>Patients treated in LTAC facilities will NOT be considered hospitalized.</p>
Non-medical ward	Case was a patient in a non-medical ward (e.g., psychiatric ward) of a hospital or treatment facility when the culture was collected.
Other	<p>Use this to specify a location type that does not fit any of the given definitions.</p> <p><i>Q18a, 22a:</i> If a patient was a resident of a drug rehabilitation facility or discharged to a drug rehabilitation facility, please check “Other” and specify “DRUG REHAB.”</p>
Psychiatric Facilities	<p>A psychiatric hospital (participating in Medicare and accredited by AoA or JCAHO) is not considered an acute care hospital for ABCs and would not count towards hospitalization.</p> <p>A free-standing psychiatric residential facility is considered a LTCF</p> <ul style="list-style-type: none"> ▪ Q18a, 22a: Long Term Care/Skilled Nursing Facility <p>Note: if patient was residing in the Psych ward of a hospital, Q18a would be non-medical ward.</p>
Unknown	Select if patient’s residence prior to first positive culture is unknown.

Table 4: Types of Insurance

Type of Insurance	Inclusions	Examples
Private	<p>Includes any commercial carriers (i.e. Blue Cross), fee-for-service company as well as managed care (HMOs, PPOs,) supplemental insurance, flexible spending accounts (FSAs), Health/Medical Savings Accounts (HSAs), and Health Reimbursement Accounts (HRAs). Excludes plans paid that are paid</p>	<p>The following are a list of private commercial carriers (NOTE: list is <i>not</i> exhaustive of all carriers).</p> <p>AARP Aetna Aflac American Postal Workers Union (APWU) Health Plan</p>



ABCs CRF Instructions

Type of Insurance	Inclusions	Examples
	<p>through public payers (Medicaid, Medicare and other public payers listed in row below) and excludes plans for only one type of service, such as accidents or dental care.</p>	<p>AmeriChoice (subsidiary of UnitedHealth Group), Anthem <u>Blue Cross Blue Shield</u> <u>CDPHP</u> (also counts as state program in NY state) Cariten Senior Healthcare, Cigna <u>Federal Employees Health Benefits (FEHB)</u> First Choice Health <u>Government Employees Hospital Association (GEHA)</u> <u>Health Partners</u> HealthSprings HighMark Humana & Humana Gold <u>John Deere Health Care</u> (subsidiary of UnitedHealth Group) <u>LaborCare</u> (PPO option of Medica) <u>MMSI</u> <u>MP Health Plans</u> <u>Medica</u> (subsidiary of Aetna and UnitedHealth Group) <u>Mega Life and Health Insurance Company</u> <u>National Association of Letter Carriers (NALC) Health Benefit Plan</u> <u>Patient Choice Healthcare Inc.</u> Physicians Mutual PreferredOne <u>Reliant Standard Life, BasicMed Plan</u> <u>SelectCare</u> (PPO option of Medica) <u>Total Longterm Care for Seniors</u> (Supplemental Healthcare for Seniors) <u>Tower Life</u> <u>UMR</u> (subsidiary of UnitedHealth Care) <u>UniCare</u> <u>United American Insurance Company</u> <u>UnitedHealth Group, United American Healthcare Corporation (UAHC)</u> <u>VHP Community Care</u></p> <p>The following are NOT Health Insurance Companies</p>



ABCs CRF Instructions

Type of Insurance	Inclusions	Examples
		<p>Farm Family Life (this is a life and assets insurance company) GTL (this is a life insurance company) OmniCare (this is solely a prescription/pharmaceutical care company for Seniors) Sompo Japan Insurance Company of America (this is solely an auto, home, boat, airplane, and/or business insurance company) **Be careful with companies that are designated as “life insurance”; some are basic life, no health insurance and others offer a Medicare supplement which is considered “Private”.</p> <p>Note: Some of these private companies may be found partnered with some form of state assistance program, Medicaid, and/or Medicare. In this case, please check both “private” and additional “public” health insurance type.</p>
Public	<p>Not a category on the ABCs CRF. Public insurance includes Medicaid, Medicare, any state assistance program, State Children’s Health Insurance Program (S-CHIP), Indian Health Services (IHS), federal/state/local incarcerated prisoners, or other government plan (e.g. Ryan White Act). Note: both Medicaid and Medicare can have plans that include fee-for-service as well as managed care (i.e. HMOs, PPOs).</p>	

ABCs CRF Instructions

Type of Insurance	Inclusions	Examples
Medicare	The national health insurance program for people 65 years and older (also covers some people under the age of 65 with disabilities and people with end-stage renal disease).	<p>Medicare Advantage Plans A Medicare Advantage (MA) Plan is another Medicare health plan choice one can have as part of Medicare. They are sometimes called “Part C” or “MA Plans” and are offered by private companies approved by Medicare.</p> <p>Common names of private companies that serve as MA: AmeriGroup, HealthSprings, Humana Gold</p> <p>*Note: AmeriGroup can be either a Medicare Advantage Plan or a Medicaid Assistance Plan.</p>
Medicaid/state assistance program	A program that pays for medical assistance for certain people with low incomes and resources. State assistance programs are those state programs that provide medical coverage to individuals who are otherwise insured, uninsurable, or those with special health care needs. Some Medicaid programs are called “Medical Assistance Program”, “Title 19”, or “{State} Medicaid, such as “California Medicaid”. CHIP or S-CHIP programs can also be under “Title XXI Program” or “{State} Chip, such Maryland Children’s Health Program.	<p>Table 4.2 below offers additional names for the public health insurance programs of each ABCs state.</p> <p>Medicaid Assistance Plans A Medicaid Assistance (MA) Plan In addition to common names of MA Plans by state in Table 4.2, there are several private companies that provide MA plans to the public: Prepaid Medical Assistance Program (PMAP), AmeriGroup</p> <p>*Note: AmeriGroup can be either a Medicare Advantage Plan or a Medicaid Assistance Plan.</p>
Military	Covers patients that receive federal medical care due to current or past military status.	Includes VA (Veterans Administration), Tricare, CHAMPUS, CHAMPVA.
Indian Health Service	IHS provides health services to American Indians and Alaska Natives	

ABCs CRF Instructions

Type of Insurance	Inclusions	Examples
Incarcerated	All prisoners are afforded health care while incarcerated. Insurance is paid for by the prison in which they are incarcerated, which is ultimately a publically funded source. For example, if a person is incarcerated in a state prison, health care is paid through the state's bureau of prison's budget.	Includes the following company that contracts with various Bureau of Prisons to provide healthcare at a reduced cost to the payer: Prison Health Services (PHS) Correctional Healthcare
Other	Includes individuals reported as having organ donation and/or workman's compensation as well as private pay (i.e. service that is not covered by state or federal government).	
Uninsured	Includes individuals reported as having self paid (i.e. pays out of pocket); no charge, charity, indigent care (separate from a previously noted state-sponsored program for indigent care in the above table), and/or pending insurance. Persons are considered uninsured if they do not have private health insurance, Medicare, Medicaid, State Children's Health Insurance Program coverage, state-sponsored or other government-sponsored health plan, or military health-care plan. Persons with only a private plan that pays for only one type of service (e.g. unintentional injuries or dental care) will also be considered uninsured. If there is no record of insurance in the chart, check for uninsured status in the social service assessment, which in some hospitals, is included in the discharge planning document.	Please note the change in instructions starting in 2012 for self pay.
Unknown	Includes individuals in which insurance type is unable to be determined in the medical record.	



ABCs CRF Instructions

Table 4.2: Medicaid/ Public Health Insurance Programs by ABCs State

Note: This table lists additional names for the public health insurance programs of each ABCs state.

State	Medicaid	CHIP	State/Other program
CA	Medi-Cal; Health Insurance Premium Payment Program (HIPP)	Healthy Families Program (HFP)	Access for Infants & Mothers (AIM); County Medical Services Program (CMSP); California Children’s Services (CCS); Major Risk Medical Insurance Program (MRMIP); CARE Health Insurance Premium Payment Program; California Major Risk Medical Insurance Program; Healthy Kids Program
CO	Primary Care Physician Program (PCPP); Baby Care/Kids Care; Health Colorado	Child Health Plan Plus (CHP +); Children’s Basic Health Plan	Health Care Program for Children with Special Needs (HCP); CUHIP – Colorado Uninsurable Health Insurance Plan; CoverColorado; Colorado Indigent Care Program (CICP)
CT	Medical Assistance Program; Husky Part A	The HUSKY Plan; HUKSY Plus; HUSKY Part B	Refugee Medical Assistance; Children with Special Health Care Needs; Connecticut Health Reinsurance Association (HRA); Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP); State-Administered General Assistance Medical Aid (SAGA); Family Health Services Division (BCH)
GA	Right from the Start (RSM); Health Insurance Premium Payment Program (HIPP); Katie Beckett/TEFRE; Georgia Healthy Families	PeachCare for Kids; Georgia Healthy Families	Children’s Medical Services (CMS); Indigent Care Trust Fund (ICTF)
MD	Medical Assistance Program; HealthChoice; REM Program	Maryland Children’s Health Program (MCHP); HealthChoice	AIDS Insurance Assistance Program (MAIAP); Children’s Medical Services (CMS); Primary Adult Care (PAC)
MN	Medical Assistance (MA)	Children’s Health Insurance Program	Minnesota Care; Minnesota General Assistance Medical Care Program (GAMC); HIV/AIDS Insurance Continuation Program; Minnesota Children with Special Health Care Needs (MCSHN); Minnesota Comprehensive Health Association (MCHA)



ABCs CRF Instructions

State	Medicaid	CHIP	State/Other program
NM	SALUD!	New MexiKids; New MexiTeens	Insurance Assistance Program; Children’s Medical Services (CMS); New Mexico Medical Insurance Pool (NMMIP); New Mexico Health Insurance Alliance (NMHIA); New Mexico State Coverage Insurance (NMSCI); State Coverage Insurance (SCI); Premium Assistance for Kids (PAK); UNM Care Program
NY	The Partnership Plan; Medicaid	Child Health Plus	Family Health Plus; FHPlus; Health New York; Physically Handicapped Children’s Program; Children with Special Health Care Needs Program (CSHCN); ADAP Plus Insurance Continuation Program (APIC); CDPHP (a combination commercial and state-based program); Fidelis Care
OR	Oregon Health Plan (OHP)	Oregon SCHIP	CareAssist; Oregon Services for Children with Special Health Needs; Oregon Medical Insurance Pool (OMIP); Family Health Insurance Assistance Program (FHIAP); Insurance Purchasing Cooperative; Children Development and Rehabilitation Center
TN	TennCare	Cover Kids	Children’s Special Services (CSS); CoverTN; Access TN



ABCs CRF Instructions

Table 5: Definitions* & Special Instructions for Infection Types caused by ABCs Organisms

* Definitions to be used for reference only

Term	Definition (These definitions are only provided for educational/informational purposes; they are not to be used to recode any variable)	Additional Instructions for Infection Types
Bacteremia without focus	Bloodstream infection without any other type of infection indicated.	Check only if no other type of infection or clinical syndrome is noted in the chart and the organism is isolated from the blood only. (“Sepsis”, “septicemia”, and “bloodstream infection” are also considered “bacteremia” for ABCs surveillance purposes.)
Meningitis/ Encephalitis	Inflammation of the membranes of the brain or spinal cord.	To list this as the type of infection caused by an ABCs organism, “meningitis” or “encephalitis” must be listed in the chart as a diagnosis made by a health care provider. If these terms are not found in the chart, do not check this syndrome. If the ABCs pathogen was isolated in the CSF then the infection type will likely be recoded during analysis. The following CSF abnormalities <u>alone</u> are <u>not</u> acceptable: any abnormal protein level or an increase in white blood cells (WBC).
Otitis media	Middle ear infection	
Pneumonia	Inflammation or infection of the lung.	Aspiration pneumonia (including if bilateral) and community-acquired pneumonia are acceptable types of pneumonia. Necrotizing pneumonia should also be marked as ‘pneumonia. If reviewing radiology reports (<i>not</i> required), radiographic findings that indicate pneumonia include the following: bronchopneumonia, consolidation, and infiltrate. Atelectasis, pulmonary edema and pleural effusion alone should <i>not</i> be considered evidence of pneumonia.
Cellulitis	Inflammation of dermal and subcutaneous layers of skin.	Can include things such as necrotizing cellulitis, orbital or periorbital cellulitis or chest wall cellulitis.
Epiglottitis	Inflammation of the epiglottis	

ABCs CRF Instructions

Term	Definition (These definitions are only provided for educational/informational purposes; they are not to be used to recode any variable)	Additional Instructions for Infection Types
HUS	Hemolytic Uremic Syndrome: syndrome characterized by fever, thrombocytopenia, microangiopathic hemolytic anemia, hypertension and varying degrees of acute renal failure.	HUS should only be checked if the chart indicates “hemolytic uremic syndrome” or “HUS”.
Abscess (not skin)	Circumscribed collection of pus. This can be in a collection of pus in an organ (i.e., liver) or within the subcutaneous layer or deeper tissues under the skin.	Can include various abscesses such as parapharyngeal abscess, retropharyngeal abscess, peritonsillar abscess, perirectal abscess, sacral abscess, epidural abscess (or spinal epidural abscess), pyomyositis (a skeletal muscle abscess), or subdural empyema (an intracranial abscess).
Peritonitis	Inflammation of the lining of the abdominal cavity	Record only if the chart notes “peritonitis”. If sterile site source is peritoneal fluid and the infection type is unknown, record “Unknown” infection type. Do NOT check “peritonitis”.
Pericarditis	Inflammation of the membranes around the heart	Record only if the chart notes “pericarditis”. If sterile site source is pericardial fluid and the infection type is unknown, record “Unknown” infection type. Do NOT check “pericarditis”.
Septic abortion	Abortion in which the conceptus and upper genital tract (e.g., uterus) are infected	
Chorioamnionitis	Inflammation of the membranes surrounding the fetus.	Chorioamnionitis is a maternal infection only.
Septic arthritis	Infection of a joint (i.e., wrist, knee, ankle, etc)	Includes “septic knee” and prosthetic joint infections such as ‘infection of knee or hip prosthesis/hardware’. Also includes ‘septic joint’ – this can be any joint, e.g. metacarpal, shoulder, wrist, hip, knee, ankle, etc.

ABCs CRF Instructions

Term	Definition (These definitions are only provided for educational/informational purposes; they are not to be used to recode any variable)	Additional Instructions for Infection Types
Osteomyelitis	Infection of the bone and/or bone marrow (does not include mastoiditis)	Record only if the chart notes “osteomyelitis”. If sterile site source is bone and the infection type is unknown, record “Unknown” infection type. Do NOT check “osteomyelitis”. Note: this differs from MRSA instructions.
Endocarditis	Infection of the inner lining of the heart (i.e., endocardium). This may involve only the membrane covering the heart valves or the lining of the chambers of the heart.	
Empyema	The presence of pus in a body cavity. Empyema usually refers to collections of pus in the space around the lungs (pleural cavity) but may refer to other areas of the body.	Empyema should NOT be checked as an infection type if it is a documented infection of a body site other than lung.
Endometritis	Inflammation of the inner lining of the uterus	
STSS	Streptococcal Toxic Shock Syndrome: rapidly progressing infection causing shock and injury to internal organs such as the kidneys, liver, and lungs.	STSS should only be checked if the organism is GAS and the chart indicates “toxic shock” or STSS. “Septic shock” is not necessarily equivalent to “toxic sock”. See ‘septic shock’ below. Please do NOT recode the STSS variable to “yes” if STSS or “toxic shock” is NOT already indicated in the medical chart, even if the case meets the official CSTE case definition of STSS using individual components of the chart. Sites may instead indicate that the case meets the STSS case definition in the Comments field or in a separate database.
Necrotizing fasciitis	Rapidly spreading and destructive infection of muscle and fat tissue	

ABCs CRF Instructions

Term	Definition (These definitions are only provided for educational/informational purposes; they are not to be used to recode any variable)	Additional Instructions for Infection Types
Puerperal sepsis	Condition in which a woman has a sustained fever due to an infection within the first 10 postpartum days.	Puerperal sepsis should only be checked if the phrases “postpartum fever”, “postpartum sepsis”, “puerperal fever”, “puerperal sepsis”, or “fever in the postpartum period” are present in the chart.
Septic shock	Condition caused by an infection in the bloodstream in which leads to very low blood pressure and low blood flow.	Septic shock should only be checked if the phrase “septic shock” or “sepsis shock” is indicated in the chart. This 'Septic shock' checkbox will be consistent with the MRSA CRF.
“Other”	Other infection types noted in the chart but not in the infection type pick-list.	Acceptable syndromes include (but are not limited to): <ul style="list-style-type: none"> - Kidney infection (pyelonephritis) - Urinary tract infection - Sinusitis - Pharyngitis - Gangrene - Mastoiditis

Table 6: Specific Underlying Diseases³: Definitions & Clarifications

Note: Making clinical judgments on these underlying conditions should ***not*** be undertaken by the chart reviewer. The underlying disease or prior illness indicated on the CRF should reflect only what is specifically written in the chart.

Underlying cause/prior illness	Definitions (definitions only provided for educational/informational purposes; not to be used to recode any variable)	Additional instructions/clarifications
AIDS or CD4 count <200	This includes patients 1) diagnosed with AIDS and 2) those who are HIV+	The CD4 count from the <i>current</i> illness/admission being investigated may be used to determine if the person has AIDS and is most often listed in the

³ For information on changes to collection of underlying conditions over time, refer to data dictionary.

ABCs CRF Instructions

	and whose CD4 count was <i>ever</i> <200, even if AIDS is not a diagnosis noted in the chart.	<p>admission history and physical or discharge summary; prior charts do not need to be reviewed.</p> <p>The lowest CD4 count is often listed in the admission history and physical or discharge summary. If “AIDS” is checked, “HIV Infection” should also be checked, but if HIV is present, AIDS should only be checked if it is the diagnosed in the chart of if the CD4 count is <200.</p> <p>Note: for MRSA starting in 2014, the AIDS checkbox will only be checked if the case patient had AIDS starting in 2014. CD4 count below 200 will not be included.</p>
Asthma	Chronic lung disease in which the airways become narrowed and inflamed.	Note on “Reactive airway disease”. RAD is a term used in young children who have had several episodes of wheezing; it’s a precursor to asthma, but not all persons with RAD with have asthma. Unless “asthma” is stated in the chart, RAD alone would not count as asthma (and would also not count as emphysema or COPD.
Atherosclerotic cardiovascular disease (ASCVD)/CAD		This is also described as Arteriosclerotic Heart Disease, CAD (coronary artery disease), and CHD (coronary heart disease). Also includes heart attack/myocardial infarctions. If heart attack/MI, also check MI box.
Bone marrow transplant/BMT		May be indicated as ‘bone marrow transplant’, ‘BMT’ ‘hematopoietic stem cell transplantation’ or ‘HSCT’, ‘peripheral blood stem cell transplantation’ or ‘PBSCT’.
Cerebral vascular accident (CVA)/Stroke/TIA (TIA added 2016)		Includes any history of CVA or stroke.
Chronic Hepatitis C (2018)	Chronic Infection with the Hepatitis C virus	<p>This does <i>NOT</i> include acute hepatitis C infection (HCV). Acute HCV is defined as any of the following:</p> <ol style="list-style-type: none"> 1. Documentation in the clinical notes or interpretation of the lab results of the words “acute Hepatitis C”. 2. A positive HCV RNA test in the setting of a negative HCV antibody test (identification during the seronegative window period). 3. A positive HCV antibody test after a prior negative HCV antibody test (seroconversion).

ABCs CRF Instructions

		If any of the 3 criteria listed above are found in the medical record, do not check the chronic HCV box. If there is documentation of hepatitis with NO clarification of whether the disease is acute or chronic, then do check the chronic HCV box. If there is documentation in the medical record that a patient has been cured of HCV, then do not check the chronic HCV box.
Chronic kidney disease (2014)	Chronic renal disease; a progressive loss in renal function over time.	New checkbox in 2014 replacing “Chronic renal insufficiency”. Does not include patients with <i>acute</i> renal failure. Also, not all persons with CKD will be on dialysis. See Table 7 for further clarification.
Current chronic dialysis (2014)	A process to remove waste and excess water from the blood. It is used as an artificial replacement for lost kidney function and needed when a person’s kidneys can no longer take care of the body’s needs.	We are only interested in whether a patient was on “chronic dialysis” before his/her infection with the ABCs pathogen. They may have received “chronic dialysis” either as in inpatient or outpatient. They may have received either “hemodialysis” or “peritoneal dialysis”. If the patient was placed on dialysis as a result of their infection, do NOT check this box. See Table 7 for further clarification. NOTE: “Chronic kidney disease” and “current chronic dialysis” are overlapping variables (either or both may be checked).
Chronic skin breakdown		This refers to a <u>chronic</u> dermatological condition in which the integrity of the skin is compromised, such as psoriasis, eczema, or other chronic skin ulcers, including decubitus ulcers.
Chronic Liver Disease/Cirrhosis (updated, 2016)	Cirrhosis, chronic liver failure and chronic hepatitis	This does <i>not</i> include acute hepatitis A, hepatitis B, or hepatitis C infection and does not include <i>acute</i> liver failure. Also does not include Chronic Hepatitis C infections – this should be captured under the ‘Chronic Hepatitis C’ checkbox. If ‘alcoholic liver disease’ noted in chart even in the absence of the mention of chronic liver disease or cirrhosis, check this box.
Cochlear implant	An electrode-containing device which is placed in the inner ear to activate auditory nerves.	

ABCs CRF Instructions

Complement deficiency	Complement deficiencies are a group of disorders in which there is a reduced level of specific proteins that are needed for a normal immune response (“complement”).	Examples of specific complement deficiencies are: C1 qrs deficiency, C3 deficiency, C2-C4 deficiency, C5-9 deficiency.																								
Connective Tissue Disease (Lupus, etc) (2016)	Connective-tissue diseases (CTDs) per the Charlson index include Systemic Lupus Erythematosus (SLE or lupus), Polymyositis (PM), Polymyalgia rheumatica (“PMR”), Rheumatoid arthritis (“RA”, not <i>osteo</i>), or Mixed connective-tissue disease (MCTD). Also include here systemic sclerosis (SSc); dermatomyositis (DM); and Sjögren syndrome, which should not be included <u>unless</u> it is accompanied by SLE, PM, PMR or RA.	<p>The following conditions, if listed alone, are sufficient to check this box: SLE, PMR, PM or RA. MCTD is an overlapping syndrome that involves multiple connective tissue diseases. If you see SSc, SM or Sjogren’s Syndrome in the medical record it MUST be accompanied by SLE, PMR, PM or RA in order for you to check this box.</p> <table border="1" data-bbox="995 737 1495 1304"> <thead> <tr> <th>Term(s) In Medical Record</th> <th>Should you check the box?</th> </tr> </thead> <tbody> <tr> <td>SLE</td> <td>Yes</td> </tr> <tr> <td>PMR</td> <td>Yes</td> </tr> <tr> <td>PM</td> <td>Yes</td> </tr> <tr> <td>RA</td> <td>Yes</td> </tr> <tr> <td>SSc</td> <td>No</td> </tr> <tr> <td>SSc, SLE</td> <td>Yes</td> </tr> <tr> <td>DM*</td> <td>No</td> </tr> <tr> <td>DM*, PMR</td> <td>Yes</td> </tr> <tr> <td>Psoriatic arthritis</td> <td>No</td> </tr> <tr> <td>Sjogren’s Syndrome</td> <td>No</td> </tr> <tr> <td>Sjogren’s Syndrome, RA</td> <td>Yes</td> </tr> </tbody> </table> <p>*DM=dermatomyositis</p>	Term(s) In Medical Record	Should you check the box?	SLE	Yes	PMR	Yes	PM	Yes	RA	Yes	SSc	No	SSc, SLE	Yes	DM*	No	DM*, PMR	Yes	Psoriatic arthritis	No	Sjogren’s Syndrome	No	Sjogren’s Syndrome, RA	Yes
Term(s) In Medical Record	Should you check the box?																									
SLE	Yes																									
PMR	Yes																									
PM	Yes																									
RA	Yes																									
SSc	No																									
SSc, SLE	Yes																									
DM*	No																									
DM*, PMR	Yes																									
Psoriatic arthritis	No																									
Sjogren’s Syndrome	No																									
Sjogren’s Syndrome, RA	Yes																									
CSF leak	Cerebrospinal fluid leak																									
Deaf/Profound hearing loss		This does not include <u>mild</u> hearing loss.																								
Dementia	Significant loss of brain and/or cognitive function that interferes with daily function.	Includes Alzheimer’s, multi-infarct dementia, and senile dementia. Does not include persons with diminished capacity and/or considered mentally challenged.																								
Diabetes mellitus		Includes either type I <i>or</i> type II (both “insulin-dependent” and “adult-onset”). Also includes glucose intolerance and new-onset diabetes. Do NOT include patients noted as “pre-diabetic” or those with gestational diabetes. It is not necessary to look at the results of glucose tolerance test in laboratory results section of the chart for an																								

ABCs CRF Instructions

		<p>indication of diabetes. Common abbreviations: DM, AODM, IDDM, NIDDM.</p> <p>Note: Core MRSA does include gestational diabetes.</p>
Emphysema/COPD		<p>COPD=chronic obstructive pulmonary disease. Includes chronic bronchitis.</p>
HbA1C	<p>Gives an average of a person's blood sugar levels from the previous 2-3 months. It is useful to gauge the level of blood sugar control for diabetic patients.</p>	<p>Only record HbA1C values if the patient has Diabetes mellitus (type 1 or 2). Do not record values for pre-diabetic or gestational diabetic patients.</p> <p>If the HbA1C value is unknown or not done, enter '99' for the value % and leave date blank.</p> <p>If multiple tests done, record the HbA1C value closest to the culture date. Do not record values in the medical record that occurred after the hospitalization associated with the case.</p>
Heart failure/CHF		<p>Congestive heart failure, including cardiomyopathy</p> <p>Note: Starting in 2015, core MRSA does not include cardiomyopathy as Heart failure, alone.</p>
HIV Infection	<p>Not everyone who develops an HIV infection will have AIDS.</p>	<p>If "AIDS" is checked, "HIV Infection" should also be checked.</p>
Hodgkin's Disease/Lymphoma		<p>This cancer of the lymph system results in "immunocompromised for life" so should be marked if any history.</p>
Immunoglobulin deficiency		<p>Includes syndromes such as SCID (severe combined immunodeficiency), agammaglobulinemia, Ig, IgM, or IgG deficiencies, Wiskott-Aldrich Syndrome.</p>
Immunosuppressive therapy (Steroids, Chemotherapy, Radiation)	<p>Treatment with agents, such as X-rays, corticosteroids, or cytotoxic chemicals that suppress a person's immune response to antigen(s). Immunosuppressive drugs are most commonly used to prevent rejection of organs and tissues after</p>	<p>This should be checked if the chemotherapy is ongoing, if patient is between cycles, or if within 2 weeks of completion.</p> <p>Use of steroids is considered an underlying disease or condition only if they are long-term systemic steroids (this does NOT include topical creams, steroids used only for short course treatment such as one week, and inhaled steroids used for asthma).</p>

ABCs CRF Instructions

	transplant and to treat autoimmune diseases (such as multiple sclerosis, systemic lupus erythematosus, multiple myeloma, inflammatory bowel disease (i.e., Crohn’s and Ulcerative Colitis), rheumatoid arthritis, psoriasis, etc.) and other inflammatory diseases (i.e., sarcoidosis – note sarcoidosis is not an underlying condition for an ABCs infection).	There are numerous brand and generic drug names for immunosuppressive agents. Understanding which conditions persons may be prescribed may help identify the agents. Please see Table 7 for further guidance on specific drug names. If you are uncertain after review of the list of agents listed in Table 7 whether the drug should be considered an immunosuppressive agent, especially if the person has one of the conditions listed previously, please contact CDC.
Eculizumab (Soliris)	An immunosuppressive medication generally prescribed to treat paroxysmal nocturnal hemoglobinuria (PNH), atypical hemolytic uremic syndrome (aHUS) or neuromyelitis optica.	This box only applicable for <i>Neisseria meningitidis</i> cases.
Ravulizumab (Ultomiris)	A monoclonal antibody treatment prescribed for treatment of paroxysmal nocturnal hemoglobinuria (PNH), atypical hemolytic uremic syndrome (aHUS).	This box only applicable for <i>Neisseria meningitidis</i> cases.
Leukemia	A cancer of the hematopoietic system (bone marrow and other blood-forming organs).	This results in an “immunocompromised” condition and includes CML (chronic myelogenous leukemia), CLL (chronic lymphocytic leukemia), AML (acute myelogenous leukemia), ALL (acute lymphocytic leukemia), and myelofibrosis.
Multiple myeloma		This cancer of the hematopoietic system results in “immunocompromised for life” so should be marked if any history.
Multiple sclerosis	Chronic autoimmune disease that affects the brain and spinal cord; the body’s immune system attacks myelin.	

ABCs CRF Instructions

Myocardial Infarction	History of Myocardial Infarction (MI) or <i>Acute myocardial infarction</i> (AMI). It is also known as a <i>heart attack</i> .	Do not mark ‘ASCVD/CAD’ unless noted in the chart.
Nephrotic syndrome	Kidney disorder characterized by excessive loss of protein in urine.	
Neuromuscular disorder	Disorder of the nerves that control voluntary muscles.	Includes muscular dystrophy, myasthenia gravis (not including the ocular form), and amyotrophic lateral sclerosis (ALS), cerebral palsy, reflex sympathetic dystrophy (RSD).
Obesity	The condition of being significantly overweight. Obesity has been defined by the National Institutes of Health (the NIH) as a BMI of 30 and above.	The obesity variable should not be checked in the underlying conditions section if there is no mention of obesity in the chart. (Calculating an obese BMI value using the height and weight data should not be used to complete this variable.)
Parkinson’s disease	Degenerative disorder of the central nervous system due to insufficient dopamine.	
Peptic Ulcer Disease (2016)	Discrete mucosal defects in portions of the gastrointestinal tract (usually gastric or duodenal) exposed to acid and pepsin secretion. Also called “Gastrointestinal Ulcer Disease” or just “Ulcer Disease”.	DO NOT document “GERD” here.
Peripheral neuropathy	Dysfunction of the peripheral nerves.	Also includes Charcot-Marie-Tooth Syndrome, Guillain-Barre Syndrome, Diabetic peripheral neuropathy. If only neuropathy is listed, look for the keywords above before marking as ‘peripheral neuropathy’.
Peripheral Vascular Disease (2016)	Diseases of blood vessels outside the heart and brain. PVD, Peripheral Artery Disease (PAD), Arteriosclerosis obliterans.	Common in lower extremities and diabetic patients.



ABCs CRF Instructions

Plegias/paralysis	Paralysis of extremities.	Includes quadraplegias (paralysis of all four limbs), paraplegias (paralysis of legs) and hemiplegia (paralysis of one side of the body).
Premature birth	Birth of infant prior to 37 weeks gestation	Indicate gestational age for premature births (for children ≤ 2 years old, as of 2009) in number of <i>completed</i> weeks. If gestational age is available as weeks and days, record exact age in weeks only; do not round up. For example, if the infant was 26 weeks, 6 days at delivery (26_6), enter 26 weeks for gestational age. If there are multiple gestational ages in the chart determined by multiple methods, enter the gestational age calculated from last menstrual period (LMP).
Seizure/Seizure disorder	Uncontrolled electrical activity of the brain.	Includes epilepsy. Does NOT include febrile seizures.
Sickle cell anemia		Includes persons with HbSS, HbSC or HbS-beta thalassemia. Common abbreviations: SCD, SS disease, SC disease.
Solid organ malignancy		<p>Malignancy of a solid organ such as liver, kidney, pancreas, heart, lung, or of other organs such as colon, bladder, and skin melanoma (excludes non-melanomatous skin cancer and <i>in situ</i> cervical or ductal carcinoma).</p> <p>Note: MRSA distinguishes between metastatic and non-metastatic disease; ABCs does not. Starting in 2015, MRSA also included 5-year time limit for non-metastatic malignancies.</p>
Solid organ transplant		Transplant of a solid organ such as liver, kidney, pancreas, heart, or lung.
Splenectomy/Asplenia	Absence of spleen or absence of spleen function.	

Table 7: Special Notes/Instructions for Some Underlying Conditions

Underlying Condition	Instruction			
History of Cancer and Other Malignancies	Any history of cancer or other malignancies should be recorded. Secondary effects from treatments place persons at increased risk for infections in both the short and long term. Thus, a maximum time limit for risk cannot be established. If a question remains about the classification of any <i>past</i> malignancies (including those where a time period is noted, previous chemotherapy treatments, etc.), contact CDC. Please note: this differs from core MRSA, which does include a time limit of 5 years.			
	Examples:			
	<table border="1"> <tr> <td>Chart Notes</td> <td>Underlying illness/condition</td> </tr> <tr> <td>H/o heart failure</td> <td>Yes</td> </tr> </table>	Chart Notes	Underlying illness/condition	H/o heart failure
Chart Notes	Underlying illness/condition			
H/o heart failure	Yes			



ABCs CRF Instructions

Underlying Condition	Instruction	
	H/o acute leukemia	Yes
	H/o colon cancer	Yes
	H/o chemotherapy	Yes
	H/o chemotherapy, 10 years ago	Yes
	H/o breast cancer	Yes
Immunosuppressive Therapy Agents	<p>There are numerous brand and generic drug names for immunosuppressive agents. Understanding which conditions persons may be prescribed may help identify the agents.</p> <p>In addition to glucocorticoids (i.e., steroids, including Prednisone, Prednisolone, Methyprednisolone), there are antibodies or binding proteins (i.e., generic drugs often ending in “ab”, such as Rituximab (Brand name: Rituxan), Muroonab, Daclizumab, Infliximab (Brand name: Remicade), Adalimumab (Brand name: Humira), Certolizumab (Brand name: Cimzia), Etanercept (Enbrel)); drugs that inhibit cell division (i.e., Cyclophosphamide, Methotrexate, Azathioprine (Brand name: Imuran), Mercaptopurine (Brand name: Puinethol) and Dactinomycin); and other classes of immunosuppressants (i.e., Tacrolimus (Brand name: Prograf), Sirolimus, Interferons (Brand name: Betarseron), Mycophenolic Acid (Brand names: CellCept or Myfortic), Cyclosporine (Brand names: Neoral, Sandimmune, or Gengraf).</p> <p>If you are uncertain whether the drug should be considered an immunosuppressive agent, especially if the person has one of the conditions listed previously, please contact CDC.</p>	

ABCs CRF Instructions

Underlying Condition	Instruction																				
Kidney Disorders (2014 forward)	<p>The “chronic kidney disease” and “current chronic dialysis” variables are overlapping variables. If the chart notes a person had “chronic kidney disease” but does not note a person was on chronic dialysis before their infection, then only “chronic kidney disease” should be checked. If the chart indicates a person was undergoing chronic dialysis treatment before they had their infection without mention of additional renal conditions, check the “current chronic dialysis” checkbox only. In this instance, “chronic kidney disease” does not need to be indicated. If both “chronic kidney disease” and “current chronic dialysis” are noted, then check both boxes.</p> <p>Examples:</p> <table border="1" data-bbox="483 663 1494 1201"> <thead> <tr> <th data-bbox="483 663 966 699">Chart Notes</th> <th data-bbox="971 663 1494 699">ABCs SO Records</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 705 966 741">Acute Renal Failure</td> <td data-bbox="971 705 1494 741">Neither</td> </tr> <tr> <td data-bbox="483 747 966 783">Chronic Kidney Disease</td> <td data-bbox="971 747 1494 783">Chronic Kidney Disease</td> </tr> <tr> <td data-bbox="483 789 966 825">Dialysis</td> <td data-bbox="971 789 1494 825">Dialysis (only if “chronic”)</td> </tr> <tr> <td data-bbox="483 831 966 894">Renal Failure</td> <td data-bbox="971 831 1494 894">Neither (does not specify that it is “chronic”)</td> </tr> <tr> <td data-bbox="483 900 966 972">End Stage Renal Disease (without mention of dialysis)</td> <td data-bbox="971 900 1494 972">Chronic Kidney Disease</td> </tr> <tr> <td data-bbox="483 978 966 1014">Chronic Renal Insufficiency</td> <td data-bbox="971 978 1494 1014">Chronic Kidney Disease</td> </tr> <tr> <td data-bbox="483 1020 966 1056">Chronic Kidney Disease + Dialysis</td> <td data-bbox="971 1020 1494 1056">Chronic Kidney Disease + Dialysis</td> </tr> <tr> <td data-bbox="483 1062 966 1125">Chronic Renal Insufficiency + Dialysis</td> <td data-bbox="971 1062 1494 1125">Chronic Kidney Disease + Dialysis</td> </tr> <tr> <td data-bbox="483 1131 966 1201">End Stage Renal Disease + Dialysis</td> <td data-bbox="971 1131 1494 1201">Chronic Kidney Disease + Dialysis</td> </tr> </tbody> </table>	Chart Notes	ABCs SO Records	Acute Renal Failure	Neither	Chronic Kidney Disease	Chronic Kidney Disease	Dialysis	Dialysis (only if “chronic”)	Renal Failure	Neither (does not specify that it is “chronic”)	End Stage Renal Disease (without mention of dialysis)	Chronic Kidney Disease	Chronic Renal Insufficiency	Chronic Kidney Disease	Chronic Kidney Disease + Dialysis	Chronic Kidney Disease + Dialysis	Chronic Renal Insufficiency + Dialysis	Chronic Kidney Disease + Dialysis	End Stage Renal Disease + Dialysis	Chronic Kidney Disease + Dialysis
Chart Notes	ABCs SO Records																				
Acute Renal Failure	Neither																				
Chronic Kidney Disease	Chronic Kidney Disease																				
Dialysis	Dialysis (only if “chronic”)																				
Renal Failure	Neither (does not specify that it is “chronic”)																				
End Stage Renal Disease (without mention of dialysis)	Chronic Kidney Disease																				
Chronic Renal Insufficiency	Chronic Kidney Disease																				
Chronic Kidney Disease + Dialysis	Chronic Kidney Disease + Dialysis																				
Chronic Renal Insufficiency + Dialysis	Chronic Kidney Disease + Dialysis																				
End Stage Renal Disease + Dialysis	Chronic Kidney Disease + Dialysis																				

ABCs CRF Instructions

Underlying Condition	Instruction																
Kidney Disorders (up until 2014)	<p>The “chronic renal insufficiency” and “renal failure/dialysis” variables were independent of each other. If the chart noted a person had “chronic kidney disease” but didn’t note a person had renal failure or dialysis, then only “chronic renal insufficiency” was checked. If the chart indicated a person was undergoing dialysis treatment without mention of additional renal conditions, then just the “renal failure/dialysis” checkbox was checked and “chronic renal insufficiency” was not indicated.</p> <p>Examples:</p> <table border="1"> <thead> <tr> <th>Chart Notes</th> <th>ABCs SO Records</th> </tr> </thead> <tbody> <tr> <td>Acute Renal Failure</td> <td>Neither</td> </tr> <tr> <td>Chronic Kidney Disease</td> <td>Chronic Renal Insufficiency</td> </tr> <tr> <td>Dialysis</td> <td>Renal Failure/Dialysis</td> </tr> <tr> <td>Renal Failure</td> <td>Renal Failure/Dialysis</td> </tr> <tr> <td>End Stage Renal Disease</td> <td>Renal Failure/Dialysis</td> </tr> <tr> <td>Chronic Renal Insufficiency</td> <td>Chronic Renal Insufficiency</td> </tr> <tr> <td>Chronic Renal Insufficiency + Dialysis</td> <td>Chronic Renal Insufficiency + Renal Failure/Dialysis</td> </tr> </tbody> </table> <p>Note: core MRSA has different directions for the chronic renal insufficiency and renal failure/dialysis underlying infections</p>	Chart Notes	ABCs SO Records	Acute Renal Failure	Neither	Chronic Kidney Disease	Chronic Renal Insufficiency	Dialysis	Renal Failure/Dialysis	Renal Failure	Renal Failure/Dialysis	End Stage Renal Disease	Renal Failure/Dialysis	Chronic Renal Insufficiency	Chronic Renal Insufficiency	Chronic Renal Insufficiency + Dialysis	Chronic Renal Insufficiency + Renal Failure/Dialysis
Chart Notes	ABCs SO Records																
Acute Renal Failure	Neither																
Chronic Kidney Disease	Chronic Renal Insufficiency																
Dialysis	Renal Failure/Dialysis																
Renal Failure	Renal Failure/Dialysis																
End Stage Renal Disease	Renal Failure/Dialysis																
Chronic Renal Insufficiency	Chronic Renal Insufficiency																
Chronic Renal Insufficiency + Dialysis	Chronic Renal Insufficiency + Renal Failure/Dialysis																

Table 8: Comparison of Underlying Conditions - ABCs & MRSA

Underlying Condition		Definitional Difference
Core ABCs Term	MRSA Term	
NA	Abscess/Boil	NA
AIDS or CD4 count <200	AIDS or CD4 count <200 AIDS (2014)	For MRSA (NOT ABCS) only , the AIDS checkbox will only be checked if the case patient had AIDS starting in 2014. CD4 count below 200 will not be included.
Alcohol Abuse, current	NA	NA
Asthma Emphysema/COPD	Chronic Pulmonary Disease	For MRSA (NOT CORE ABCS) only , if “symptomatic dyspnea due to chronic respiratory conditions” is present, please check the “Chronic Pulmonary Disease” box. The remaining conditions (i.e., COPD, Emphysema (including Chronic Bronchitis), and asthma) are all underlying conditions for both Core ABCs and Core MRSA. Please DO NOT check this box if the patient has Cystic Fibrosis for MRSA, please check the Cystic Fibrosis box.



ABCs CRF Instructions

Underlying Condition		Definitional Difference
Core ABCs Term	MRSA Term	
Atherosclerotic Cardiovascular Disease (ASCVD)/ CAD	NA	NA
Bone Marrow Transplant (BMT)	NA	NA
Cerebral vascular Accident (CVA/Stroke)/TIA	CVA/Stroke	None
Chronic Kidney Disease (2014)	Chronic Kidney Disease (2014)	NA
Current Chronic Dialysis (2014)	NA	Dialysis is not captured in the underlying condition for MRSA, rather on a different portion of their CRF.
Chronic Renal Insufficiency Renal Failure/Dialysis	Chronic Renal Insufficiency	Previous to 2014, for MRSA “Chronic Renal Insufficiency” includes “end stage renal disease”, whereas for Core ABCs “end stage renal disease” is captured in the “Renal Failure/Dialysis” and “chronic kidney disease” is captured in the “Chronic Renal Insufficiency” check box only .
Chronic Skin Breakdown	Chronic Skin Breakdown Decubitus/Pressure Ulcer	For MRSA (NOT CORE ABCs) , do not include patients with decubitus/pressure ulcers in the “Chronic Skin Breakdown” , rather check “Decubitus/Pressure Ulcer”
Chronic Liver Disease/Cirrhosis	Chronic Liver Disease	None
Cochlear Implant	NA	NA
NA	Chronic Cognitive Deficit (2014)	NA
Complement Deficiency	NA	NA
Connective Tissue Disease	Connective Tissue Disease	None
CSF Leak	NA	NA
Smoker (current) – options for tobacco, e-cigarettes, and marijuana.	Current Smoker	None
NA	Cystic Fibrosis	NA
Deaf/Profound Hearing Loss	NA	NA
Dementia	Dementia	None



ABCs CRF Instructions

Underlying Condition		Definitional Difference
Core ABCs Term	MRSA Term	
Diabetes Mellitus	Diabetes	For MRSA (NOT CORE ABCs) , gestational diabetes is included as part of this underlying condition. Gestational diabetes is not collected for ABCs.
NA	Diverticular Disease	NA
NA	Endocarditis	NA
Heart Failure/CHF	Congestive Heart Failure	For MRSA (NOT CORE ABCs) , documentation of cardiomyopathy alone is not sufficient to mark this box; CHF must also be documented.
HIV Infection	HIV	None
Hodgkin's Disease/Lymphoma	Hematological Malignancy	For MRSA (NOT CORE ABCs) , check "Hematological Malignancy" if patient has Hodgkin's Disease, Lymphoma, leukemia or multiple myeloma
Leukemia		
Multiple Myeloma		
Immunoglobulin Deficiency	NA	NA
Immunosuppressive Therapy	NA	NA
NA	Inflammatory Bowel Disease	NA
NA	Influenza	NA
Now under Substance Use Section	IVDU	None
Multiple Sclerosis	NA	NA
Myocardial Infarction	Myocardial Infarct	None
Nephrotic Syndrome	NA	NA
Neuromuscular Disorder	NA	NA
Obesity	Obesity	NA
Now under Substance Use Section	Other Drug Use	NA
Parkinson's Disease	NA	NA
Peptic Ulcer Disease	Peptic Ulcer Disease	None
Peripheral Neuropathy	NA	NA
Peripheral Vascular Disease	Peripheral Vascular Disease	None
Plegias/Paralysis	Hemiplegia/Paraplegia	None
Premature Birth	Premature Birth	None
Seizure/Seizure Disorder	NA	NA



ABCs CRF Instructions

Underlying Condition		Definitional Difference
Core ABCs Term	MRSA Term	
Sickle Cell Anemia	NA	NA
Solid Organ Malignancy	Solid Tumor (non metastatic)	For CORE ABCs (NOT ABCs MRSA), please check this box for both metastatic and non-metastatic tumors. For MRSA (NOT CORE ABCs), treatment within the last 5 years is now part of the definition for non-metastatic malignancies.
	Metastatic Solid Tumor	
Solid Organ Transplant	NA	NA
Splenectomy/Asplenia	NA	NA

Table 9: GLOSSARY - ABCs Underlying Causes/Prior Illnesses

Note: This table provides a list of commonly noted acronyms, symptoms, syndromes or treatments for underlying causes/prior illnesses captured for ABCs.

Acronyms/Symptoms/Syndromes/Treatments	Associated ABCs underlying causes or prior illness
Agammaglobulemia	Immunoglobulin deficiency
ALL (Acute Lymphocytic Leukemia)	Leukemia
ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig’s Disease)	Neuromuscular disorder
Alzheimer’s Disease	Dementia
AML (Acute Myelogenous Leukemia)	Leukemia
AODM (Adult Onset Diabetes Mellitus)	Diabetes mellitus
ASCVD	Atherosclerotic cardiovascular disease
CAD	Atherosclerotic cardiovascular disease
CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy)	Dementia
Cardiomyopathy	Heart failure/CHF
Cerebrospinal fluid leak	CSF leak
CHD (Chronic Heart Disease)	Atherosclerotic Cardiovascular Disease
CHF (Congestive Heart Failure)	Heart failure/CHF
CKD (Chronic Kidney Disease)	Chronic Kidney Disease
CRI (Chronic Renal Insufficiency)	Chronic Kidney Disease
CVA (Cerebral Vascular Accident)	Stroke/CVA
CVD	Cardiovascular Disease
Chronic Bronchitis	Emphysema/COPD
Cigarettes	Tobacco under ‘Smoking, current’
Cigars	Tobacco under ‘Smoking, current’
CLL (Chronic Lymphocytic Leukemia)	Leukemia
CML (Chronic Myelogenous Leukemia)	Leukemia

ABCs CRF Instructions

Acronyms/Symptoms/Syndromes/Treatments	Associated ABCs underlying causes or prior illness
COPD (C hronic O bstructive P ulmonary D isease)	Emphysema/COPD
Cortisone (steroid)*	Immunosuppressive therapy
Cortone (steroid)*	Immunosuppressive therapy
Decadron (steroid)*	Immunosuppressive therapy
Dexamethasone (steroid)*	Immunosuppressive therapy
DM	Diabetes mellitus
Epilepsy	Seizure/Seizure Disorder
ETOH (Ethanol abuse)	Alcohol abuse (under Substance Use section)
HbS-beta thalassemia	Sickle cell anemia
HbSC	Sickle cell anemia
HbSS	Sickle cell anemia
Hydrocortisone (steroid)*	Immunosuppressive therapy
Glioma	Solid organ malignancy
IDDM (I nsulin- D eendent M ellitus)	Diabetes mellitus
Ig Deficiency	Immunoglobulin deficiency
IgG deficiency	Immunoglobulin deficiency
IgM deficiency	Immunoglobulin deficiency
IVDU	Intravenous drug user
Kenacort (steroid)*	Immunosuppressive therapy
Kenalog (steroid)*	Immunosuppressive therapy
Liver failure	Cirrhosis
MD (M uscular D ystrophy)	Neuromuscular disorder
MELAS (M itochondrial E ncephalopathy, L actic A cidosis, and S troke-like episodes)	Dementia
MG (M yasthenia G ravis)	Neuromuscular disorder
MS	Multiple sclerosis
Methylprednisolone (steroid)*	Immunosuppressive therapy
NIDDM (N on I nsulin D eendent D M)	Diabetes mellitus
Pediapred (steroid)*	Immunosuppressive therapy
Prednisolone (steroid)*	Immunosuppressive therapy
Prednisone (steroid)*	Immunosuppressive therapy
Prelone (steroid)*	Immunosuppressive therapy
RSD (Reflex sympathetic dystrophy)	Neuromuscular disorder
SCD (S ickle C ell D isease)	Sickle Cell Anemia
SC disease	Sickle Cell Anemia
SCID (S evere C ombined I mmunodeficiency)	Immunoglobulin deficiency
Solu-Cortef (steroid)*	Immunosuppressive therapy
SoluMedrol (steroid)*	Immunosuppressive therapy
SS disease	Sickle Cell Anemia
Steroids*	Immunosuppressive therapy
Triamcinolone (steroid)*	Immunosuppressive therapy
Wiskott-Aldrich Syndrome	Immunoglobulin deficiency



ABCs CRF Instructions

*Use of steroids are considered an underlying disease or condition ONLY if they are long-term systemic steroids (inhaled steroids are typically not considered an underlying disease or condition)



ABCs CRF Instructions

Table 10: Commonly Noted Diseases/Syndromes *NOT* Considered an ABCs Underlying Cause, Prior Illness or Syndrome

NOTE: If the underlying condition or prior illness is NOT included on the case report form (Question 24), it is not considered a risk factor for an ABCs infection or is not collected systematically, and should not be considered an “other prior illness”. The “other prior illness” variable is only for local ABCs site use.

Abscess
Acute Liver Failure
Acute Kidney Failure
Amputation
Anemia
Autism
Atrial fibrillation
Benign prostatic hyperplasia (BPH)
Chronic Cellulitis
Chronic Lung Disease (in premature infants)*
Deep Vein Thrombosis (DVT)
Developmental delay
Febrile seizures/Convulsions
Gastroesophageal Reflux Disease (GERD)
Gout
Hepatitis A without liver failure
Hepatitis B without liver failure
Hepatitis C without liver failure
Hypertension (HTN)
Inhaled steroids
Joint replacements (e.g., wrist, knee, hip)
Mental illness
Organic Brain Syndrome
Monoclonal gammopathy of undetermined significance (MGUS)
Recurrent diverticulitis
Sjogren’s syndrome**
Steroid Topical Creams
Steroid Short Term Therapy (< 8 days)
Urinary Tract Infection (UTI)

*Does not include chronic obstructive pulmonary disease (COPD) for adults.

**Unless on chronic immunosuppressive drugs/therapy; if present plus therapy noted, check “immunosuppressive therapy”, or if accompanied by SLE, PM, PMR or RA, then check “Connective Tissue Disease”.

Table 11: List of Available CIDT/NAAT Panels

Manufacturer	Platform	Panel Name	Source	Notes	Pathogens							
					GAS	GBS	SPN	Hflu	Nmen	S.A.	MRSA	
BioFire Diagnostics	Filmarray	Blood Culture ID panel	Blood culture		x	x	x	x	x	x	x	x (MecA)
Luminex	Verigene	Gram + Blood culture test	Blood culture		x	x	x				x	x (MecA)
BioFire Diagnostics	Filmarray	Meningitis/Encephalitis panel	CSF			x	x	x	x			
Accelerate Diagnostics	Accelerate	Accelerate PhenoTest BC Kit	Blood culture	Also reports ASTs for some antibiotics		x	x					x



ABCs CRF Instructions

Table 12: Common controlled substances

Drug name(s)	Record as
Alphaprodine, Nisentil	Opioid, DEA schedule II-IV
Alprazolam, Xanax	Other (specify)
Amphetamine, Dexedrine, Adderall, Obetrol	Other (specify)
Benzphetamine, Didrex, Inapetyl	Other (specify)
Buprenorphine, Buprenex, Temgesic, Subutex, Suboxone	Opioid, DEA schedule II-IV
Butabarbital, secbutabarbital, Butisol, Butibel	Other (specify)
Carisoprodol, Soma	Other (specify)
Clonazepam, Klonopin, Clonopin	Other (specify)
Cocaine, crack	Cocaine or methamphetamine
Codeine	Opioid, DEA schedule II-IV
Diazepam, Valium, Diastat	Other (specify)
Dipipanone, Dipipan, phenylpiperone HCl, Diconal, Wellconal	Opioid, DEA schedule I
DMT, Dimethyltryptamine	Other (specify)
Fentanyl analogs, China White, carfentanil, methyl fentanyl, acetyl fentanyl, furanyl fentanyl	Opioid, DEA schedule I*
Fentanyl, Duragesic, Oralet, Actiq, Sublimaze, Innovar	Opioid, DEA schedule II-IV*
GHB, Gamma Hydroxybutyric Acid, gamma hydroxybutyrate	Other (specify)
Heroin	Opioid, DEA schedule I
Hydrocodone, Vicodin	Opioid, DEA schedule II-IV
Hydromorphone, Dilaudid, dihydromorphinone	Opioid, DEA schedule II-IV
Ketamine, Ketaset, Ketalar, Special K, K	Other (specify)
Khat, Cathine, Cathinone	Other (specify)
Kratom	Other (specify)
LSD, lysergide	Other (specify)
Lorazepam, Ativan	Other (specify)
MDMA, Ecstasy, XTC	Other (specify)



ABCs CRF Instructions

Meperidine, Demerol, Mepergan, pethidine	Opioid, DEA schedule II-IV
Mescaline, Peyote	Other (specify)
Methadone, Dolophine, Methadose, Amidone	Opioid, DEA schedule II-IV
Methamphetamine, Desoxyn, ICE, Crank, Speed	Cocaine or methamphetamine
Methylphenidate, Concerta, Ritalin, Methylin	Other (specify)
Midazolam, Versed	Other (specify)
Morphine, MS Contin, Roxanol, Oramorph, RMS, MSIR	Opioid, DEA schedule II-IV
Nicomorphine, Vilan	Opioid, DEA schedule I
Oxycodone, OxyContin, Percocet, Endocet, Roxicodene	Opioid, DEA schedule II-IV
Oxymorphone, Numorphan, Opana	Opioid, DEA schedule II-IV
PCP, Phencyclidine, Sernylan	Other (specify)
PCPy, PHP, rolicyclidine	Other (specify)
Psilocybin, Psilocyn, "Magic mushrooms"	Other (specify)
Propoxyphene, Darvon, Darvocet, Propacet	Opioid, DEA schedule II-IV
Secobarbital, Seconal, Tuinal	Other (specify)
Tapentadol	Opioid, DEA schedule II-IV
Temazepam, Restoril	Other (specify)
Tramadol	Opioid, DEA schedule II-IV
Triazolam, Halcion	Other (specify)
Zaleplon, Sonata	Opioid, DEA schedule II-IV
Zolpidem, Ambien, Ivadal, Stilnoct, Stilnox	Other (specify)

*Synthetic fentanyl-related substances (fentanyl analogs) are considered to be DEA schedule I. Non-synthetic fentanyl is considered to be DEA schedule II. If type of fentanyl is unknown, select DEA schedule I.

Source: https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf