Appendix VIII: *Listeria* Case Form

Draft 2/21/2005

Completed by_____ Date completed_____

Please obtain information from children ≥ one month of age and adults. In the event of a fetal or neonatal (<1 month of age) infection the mother is considered the case-patient and the mother's food consumption history should be collected.

CASE INFORMATION

Patient's name:

Patient's address:

(Street Address) (City) (State) (Zip)

Phone numbers: (h) ( ) (w) ( ) (mobile) ( )

DOB (mm/dd/yyyy): ___/____/___

Ethnicity: (check all that apply)
[ ] Hispanic/Latino
[ ] Non Hispanic/Latino
[ ] Unknown

Race: (check all that apply)
[ ] American Indian/Alaska Native [ ] African American/Black
[ ] Asian [ ] White
[ ] Native Hawaiian/Pacific Islander [ ] Unknown

---------- Please detach at perforation to remove personal identifiers----------

Age: ___ years ____months **Sex:** [ ] M [ ] F [ ] Unknown

State of residence: _____ **PulseNet Pattern Numbers:** *Asc*I:_ GX6A16._____

State (laboratory) ID No _____ *Apa*I:_ GX6A12._____

State Outbreak ID No_____ Other enzyme:_____

CDC ID No _____ **Serotype ____**

CDC Outbreak (EFORS) ID No_____ **Ribotype_____**

PREGNANCY ASSOCIATED CASES AND NEONATAL INFECTIONS (<1 MONTH OF AGE)

PREGNANCY ASSOCIATED CASE? [ ] Yes [ ] No [ ] Unknown.

If NO, skip to 'CASES NOT ASSOCIATED WITH PREGNANCY'.

If yes,

Did the mother have culture-confirmed listeriosis during pregnancy? [ ] Yes [ ] No [ ] Unknown

What type of infection did the pregnant woman have?

[ ] Bacteremia/Sepsis [ ] Meningitis [ ] Febrile gastroenteritis

[ ] Amnionitis [ ] No symptoms [ ] Unknown [ ] Other, specify_____

Type of specimen collected on woman: [ ] Blood [ ] Stool [ ] CSF [ ] None [ ] Other, specify_____

Date specimen collected (mm/dd/yyyy): ___/___/___

What was the outcome of the pregnancy? [ ] Still pregnant [ ] Miscarriage [ ] Stillbirth [ ] Preterm delivery (live birth)

[ ] Term delivery (live birth) [ ] Other, specify_____

Was the mother hospitalized for her listeriosis illness [ ] Yes [ ] No [ ] Unknown

If yes, Date of admission (mm/dd/yyyy) ___/___/___ Date of discharge (mm/dd/yyyy) ___/___/___

Name of Hospital: _____

What was the mother's outcome? [ ] Survived [ ] Died [ ] Unknown

FETAL AND NEONATAL (<1 MONTH OF AGE) INFECTIONS

Did the fetus or neonate have culture-confirmed listeriosis? [ ] Yes [ ] No [ ] Unknown

If yes,

What type of infection did the child have? [ ] Meningitis [ ] Bacteremia/Sepsis [ ] Granulomatosis infantisepticum

[ ] Unknown [ ] Other, specify_____

Type of specimen collected on child: [ ] Blood [ ] CSF [ ] Placenta [ ] Other, specify_____

Date specimen collected (mm/dd/yyyy): ___/___/___ Child's DOB (mm/dd/yyyy): ___/___/___

Child's Outcome: [ ] Survived [ ] Died [ ] Unknown

CASES NOT ASSOCIATED WITH PREGNANCY

Type of specimen collected: [ ] Blood [ ] Stool [ ] CSF [ ] Other, specify_____

Date specimen collected (mm/dd/yyyy): ___/___/___

Type of infection: [ ] Bacteremia/Sepsis [ ] Meningitis [ ] Febrile gastroenteritis

[ ] Unknown [ ] Other, specify_____

Was patient hospitalized? [ ]Yes [ ] No [ ] Unknown

If yes, Date of admission (mm/dd/yyyy) ___/___/___ Date of discharge (mm/dd/yyyy) ___/___/___

Name of Hospital: _____

Case-patient's Outcome: [ ] Survived [ ] Died [ ] Unknown