



EIA/PCR RESULTS

Complete for *E.coli*:

Complete for all non-*E.coli* pathogens:

49. EIA result at the clinical lab	<input type="checkbox"/> Stx1+	<input type="checkbox"/> Stx2+	<input type="checkbox"/> Stx1+ & Stx2+ →→	<input type="checkbox"/> Positive Undifferentiated	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Unknown
50. EIA result at State Lab	<input type="checkbox"/> Stx1+	<input type="checkbox"/> Stx2+	<input type="checkbox"/> Stx1+ & Stx2+ →→	<input type="checkbox"/> Positive Undifferentiated	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Unknown
51. PCR result at State Lab	<input type="checkbox"/> Stx1+	<input type="checkbox"/> Stx2+	<input type="checkbox"/> Stx1+ & Stx2+ →→	<input type="checkbox"/> Positive Undifferentiated	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Unknown
52. PCR result at CDC	<input type="checkbox"/> Stx1+	<input type="checkbox"/> Stx2+	<input type="checkbox"/> Stx1+ & Stx2+ →→	<input type="checkbox"/> Positive Undifferentiated	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Unknown

OUTBREAK INFO

53. Was the case associated with a known outbreak? Yes No Unknown
54. If yes, CDC NORS outbreak number: _____ (select 1-999999)
55. If yes, State Outbreak Identification Number: _____
56. Type of outbreak Foodborne Waterborne Animal Contact Person-to-Person
Environmental contamination other than food/water Indeterminate Other Unknown

Listeria

57. Is this case pregnancy-associated? Yes No Unknown

58. Outcome of fetus:

- | | |
|--|--|
| <input type="checkbox"/> Survived/no apparent illness | <input type="checkbox"/> Abortion/stillbirth |
| <input type="checkbox"/> Survived/clinical infection | <input type="checkbox"/> Induced abortion |
| <input type="checkbox"/> Survived/otherwise undetermined | <input type="checkbox"/> Abortion/otherwise undetermined |
| <input type="checkbox"/> Live birth/neonatal death | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Live birth/otherwise undetermined | |

59. Types of infections caused by organism (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Abscess (not skin) | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Bacteremia without Focus | <input type="checkbox"/> Otitis Media |
| <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Pericarditis |
| <input type="checkbox"/> Chorioamnionitis | <input type="checkbox"/> Peritonitis |
| <input type="checkbox"/> Empyema | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Endometritis | <input type="checkbox"/> Puerperal sepsis |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Septic Abortion |
| <input type="checkbox"/> Epiglottitis | <input type="checkbox"/> Septic Arthritis |
| <input type="checkbox"/> Hemolytic Uremic Syndrome (HUS) | <input type="checkbox"/> Septic Shock |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Septic Toxic Shock Syndrome (STSS) |
| <input type="checkbox"/> Necrotizing fasciitis | <input type="checkbox"/> Other (specify) _____ |

60. Underlying causes or prior illness (check all that apply):

(If none or unknown, check appropriate box)

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- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> AIDS or CD4 count <200 | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Hodgkin's Disease | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Immunoglobulin deficiency | |
| <input type="checkbox"/> Atherosclerotic cardiovascular disease (ASCVD)/Coronary Artery Disease (CAD) | <input type="checkbox"/> Immunosuppressive therapy (steroids, chemotherapy, radiation) | |
| <input type="checkbox"/> Blunt trauma | <input type="checkbox"/> IVDU (Intravenous Drug User) | |
| <input type="checkbox"/> Bone marrow transplant | <input type="checkbox"/> Leukemia | |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Lymphoma (including Hodgkin's Disease) | |
| <input type="checkbox"/> Cerebral vascular accident (CVA)/Stroke | <input type="checkbox"/> Multiple myeloma | |
| <input type="checkbox"/> Chronic skin breakdown | <input type="checkbox"/> Nephrotic syndrome | |
| <input type="checkbox"/> Cirrhosis/Liver failure | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Other prior illness (specify) _____ | |
| <input type="checkbox"/> Complement deficiency | <input type="checkbox"/> Penetrating trauma | |
| <input type="checkbox"/> CSF leak | <input type="checkbox"/> Premature Birth (before 37 weeks) | |
| <input type="checkbox"/> Current smoker | <input type="checkbox"/> Renal failure/Dialysis | |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Sickle cell anemia | |
| <input type="checkbox"/> Deaf/Profound hearing loss | <input type="checkbox"/> Solid organ malignancy | |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Solid organ transplant | |
| <input type="checkbox"/> Emphysema/COPD | <input type="checkbox"/> Splenectomy/Asplenia | |
| <input type="checkbox"/> Heart failure/CHF | <input type="checkbox"/> Surgical wound (post operative) | |
| <input type="checkbox"/> HIV Infection | <input type="checkbox"/> Systemic Lupus Erythematosus (SLE) | |
| | <input type="checkbox"/> Varicella | |

