

Country: Canada

City: _____

Postal Code: _____

Site of culture: Blood Cerebrospinal Fluid Species/serovar: _____

Date first positive blood or CSF isolate: _____ (dd/mm/yy); date symptom onset: _____ (dd/mm/yy)

Age of patient: _____

Date of birth: _____ (dd/mm/yy)

Patient Initials: _____

Gender: Male Female

Approximate weight of patient _____ kg

Underlying illnesses (please check if present)

Yes No Don't know HIV

If yes, history of opportunistic infection Yes No

Most recent CD4 count: _____ date: _____ (dd/mm/yy)

HIV viral load: _____ date: _____ (dd/mm/yy)

Yes No Don't know Hematologic malignancy or other hematologic condition

If yes, type of malignancy _____

Yes No Don't know Non-hematological malignancy

If yes, type of malignancy _____

Yes No Don't know Solid-organ transplant

If yes, type of transplant _____

Yes No Don't know Diabetes mellitus

If yes, Insulin dependent Non insulin dependent

Yes No Don't know Known history of atherosclerotic disease

Yes No Don't know Is prosthetic valve present?

Other significant past illness (list):

Past exposures/prior antibiotic use:

Yes No Don't know Has patient had any known contacts with persons with diarrheal illness in the week prior to illness?

List countries visited or inhabited in the week prior to onset of symptoms:

Yes No Don't know Did patient visit a farm in the week before onset of symptoms?

If yes, indicate the animals on that farm:

Cow Pig Chicken Turkey

Please list antibiotics given in the 4 weeks prior to onset of symptoms referable to this illness:

Name of antibiotic	Start date	Stop date (approximate if OK)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list antibiotics given between the time of onset of symptoms referable to this illness and the date on which the positive blood or CSF cultures were collected:

Name of antibiotic	Start date	Stop date (approximate if OK)
_____	_____	_____
_____	_____	_____

Antibiotic Use:

Date (first date will be date of first positive blood or CSF culture)	Antibiotic 1 (include dose, frequency and route of administration)	Antibiotic 2 (include dose, frequency, and route of administration)	Antibiotic 3 (include dose, frequency and route of administration)	Reason for change of antibiotic

Outcome:

Date (first date will be date of first positive blood or CSF culture)	Patient location (1=ICU, 2=non-ICU but hospitalized, 3=home)	Maximum temperature (record the highest temperature – in degrees C – on that day)	Lowest systolic blood pressure (record the lowest systolic BP in mm Hg on that day)	White blood cell count (record the white blood cell count on that day in 10 ⁹ /L)	Pitt bacteremia score (see appendix for details)	Positive blood of CSF culture (yes=positive, no=negative, ND=not collected)

Outcome (continued):

Major symptoms resolved: _____ (dd/mm/yy)

Date body temperature fell below 37.5 and remained at ≤ 37.5 C for 48 hours _____ (dd/mm/yy)

Date patient discharged from hospital: _____ (dd/mm/yy)

Complications of Infection:

- None
- Unknown (patient lost to follow-up)
- Meningitis
- Osteomyelitis
- Relapse of bacteremia after antibiotics stopped
- Severe GI tract bleeding
- Intestinal perforation
- Visible jaundice
- Myocarditis
- Endocarditis
- Endovascular infection
- Renal failure
- Other, please specify _____

Yes No Did patient die within one month of the first positive cultures?

If an autopsy was performed, please summarize the results:
