CENTRE HOSPITALIER UNIVERSITAIRE DE LIEGE, Service de microbiologie médicale

BELGIAN REFERENCE CENTRE FOR GROUP B STREPTOCOCCI Pierrette Melin

SURVEILLANCE OF INFECTIOUS DISEASES

Infant's name (initials or a code) :

Mother's name (initials or a code) :

Identification, address of laboratory sending the isolate :

Identification number attributed by reference laboratory:
GBS 20 _ _ - _ _ _

Date of reception:

INFANT INFORMATION

1. Date of birth: __ __ / __ __ / __ __ __ __

2. Did the birth occur outside of the hospital? ❑yes ❑no ❑unknown
IF YES, please check one:
❑Home birth ❑Birthing centre ❑En route to hospital ❑unknown

3. At onset of symptoms, was infant still hospitalized since birth?
❑yes ❑no

4. Was infant transferred from another hospital? ❑yes ❑no

5. Date 1st GBS positive culture obtained for infant (date specimen drawn): __ __ /__ __ /__ __ __ __

6. Did the baby receive breast milk from the mother before onset of infection? ❑yes ❑no ❑unknown

Condition at birth

7. Gestational age in completed weeks: __ __ (do not round up)

8. Birth weight: __ . __ __ __ kg

9. Sex: ❑Male ❑Female

10. Apgar: at 1 min __ __ at 5 min __ __

11. Delivery in twins: ❑yes ❑no IF YES, priority in birth: ❑1st ❑ 2nd

Clinical signs of severe infection and diagnosis

12. Onset of symptoms: at birth ❑yes or at __ __ hours or at __ __ __ days

13. Relevant symptoms at onset (Check all that apply):

❑ hypothermia	❑ apnea	❑ reduced capillary refill	❑ lethargy	❑ abdominal distension
❑ fever	❑ grunting	❑ hypotension	❑ irritability	❑ diarrhea
❑ poor feeding	❑ tachypnea	❑ tachycardia	❑ seizures	❑ vomiting
❑ greyish skin	❑ cyanosis	❑ bradycardia	❑ apnoeic spells	❑ hepato-splenomegaly
❑ marbled limbs	❑ respiratory distress	❑ shock	❑ bulging fontanel	❑ jaundice
		❑ oliguria (<1ml/kg/h)		

14. Types of infection caused by GBS (Check all that apply):

❑ bacteremia without focus	❑ meningitis	❑ multi organ failure
❑ sepsis (bacteremia + clinical signs of sepsis)	❑ pneumonia	❑ cellulitis
❑ septic shock (sepsis + vasopressor therapy)	❑ osteomyelitis or arthritis	❑ other (specify) ……

Paraclinical assessment of infection

Bacteriology

16. Blood culture(s), positive for GBS: ❑ Yes ❑ No ❑ Not done

17. CSF culture for GBS: ❑ Positive ❑ Negative ❑ Not done

18. Other site(s) from which GBS isolated (Check all that apply):
❑ pleural fluid ❑ gastric fluid
❑ endotracheal aspirate (if intubated or chest infiltrate)
❑ muco-cutaneous swabs, specify number : __ __
❑ other (specify): ……

Haematology at onset

19. Leucocyte count: _ _ , _ _ _ /mm³ ❑ not done ❑ unknown

20. Neutrophil count: _ _ , _ _ _ /mm³ ❑ not done ❑ unknown

21. Platelet count: _ _ _ , _ _ _ /mm³ ❑ not done ❑ unknown

22. **C-reactive protein** ❑ not done ❑ unknown
at onset : _____ mg/L
at peak: _____ mg/L Peak at day …… after onset

Chest Xray

23. ❑ Pathological ❑ Normal ❑ Not done

If pathological, please check all that apply:
❑ focal ❑ pleural effusion ❑ interstitial diffuse thickening ❑ hyaline membrane
❑ other (specify): ……

Management and Outcome

24. Which type of care was necessary? ❑ Neonatal intensive care ❑ Neonatal care

25. Were antibiotics given? ❑ yes, at birth, prophylaxis (< 72 h) ❑ yes, at birth, treatment (> 72 h) ❑ yes, at onset of symptoms
❑ yes, at day ___ after onset of symptoms ❑ no ❑ unknown

26. Outcome: ❑ recovery ❑ death ❑ survival with neurological sequelae ❑ unknown

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MATERNAL INFORMATION

GBS 20 _ _ - _ _ _

Prenatal and obstetrical information

27. Maternal age at delivery: __ __ years | 22. gestity: __ __ | 23. parity: __ __

28. Was maternal GBS colonization screened for in prenatal care? ❑ yes, performed at __ __ weeks of gestation ❑ no ❑ unknown

! ***If yes*** *check specimen and result of culture* ❑ vaginal swab ❑ recto-vaginal swab ❑ unknown ❑ GBS positive ❑ Negative ❑ unknown

! *If positive by another test, check the type* ❑ PCR ❑ antigenic test ❑ other

29. Was maternal GBS colonization screened for at time of delivery? ❑ yes ❑ no ❑ unknown

! ***If yes*** *check result* ❑ GBS positive ❑ Negative ❑ unknown

30. Was duration of membrane rupture before delivery ❑ <12h ❑ ≥12h and <18h ❑ ≥18h ❑ unknown

31. Type of delivery: ❑ vaginal ❑ Vaginal + forceps ❑ Vaginal + vacuum ❑ planned C-section ❑ emergency C-section ❑ unknown

If delivery was by C-section*:* Did labor or contractions begin before C-section? ❑ yes ❑ no ❑ unknown

Did membrane rupture happen before C-section? ❑ yes ❑ no ❑ unknown

32. Intrapartum fever (T°≥ 38.0°C): ❑ yes ❑ no ❑ unknown

33. GBS bacteriuria during this pregnancy? ❑ yes ❑ no ❑ unknown

34. Previous infant with invasive GBS disease? ❑ yes ❑ no ❑ unknown

35. Were GBS test results available to care givers at the time of delivery? ❑ yes ❑ no ❑ unknown

Intrapartum antibiotics

36.Were antibiotics given to the mother intrapartum? ❑ yes ❑ no ❑ unknown

! ***If yes,*** *give the following data:*

- First dose given __ __ __ hours before delivery and a total of __ __ doses given before delivery.
- Of the following antibiotic(s):
  - ❑ penicillin ❑ ampicillin ❑ cephalosporin
  - ❑ clindamycin ❑ erythromycin ❑ vancomycin ❑ other, specify ……
- Administered ❑ IV ❑ IM ❑ PO

37. What was the reason for administration of intrapartum antibiotics?

❑ GBS prophylaxis ❑ C-section prophylaxis ❑ suspected amnionitis ❑ other, specify …… ❑ unknown

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Part of the CRF reserved to the Reference laboratory

GROUP B STREPTOCOCCI GBS 20 _ _ - _ _ _

Received isolate

❑ *S.agalactiae* identification confirmed ❑ Not *S.agalactiae*, but identified as ……

❑ Not viable, no growth ❑ Contaminated culture

Capsular serotype

Phenotype

❑ Ia ❑ Ib ❑ II ❑ III ❑ IV ❑ V ❑ VI ❑ VII ❑ VIII ❑ IX ❑ NT

Genotype

❑ Ia ❑ Ib ❑ II ❑ III ❑ IV ❑ V ❑ VI ❑ VII ❑ VIII ❑ IX ❑ NT

Results from extra typing methods

Pili genes

❑ PI-1 ❑ PI-2A ❑ PI-2B ❑ none ❑ other: .....

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