



Infectious Disease Epidemiology Section
Office of Public Health, Louisiana Dept of Health & Hospitals
800-256-2748 (24 hr number) – (504) 219-4563
<http://www.dhh.louisiana.gov/offices/?ID=249>

Group B Streptococcal Newborn Investigation Report

Investigation Information				
Investigated by		Date investigated		
Part of an outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Outbreak Name		
Case Status <input type="checkbox"/> Confirmed <input type="checkbox"/> Not a Case <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Unknown				
Patient Status <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Died		Diagnosis Date		Onset Date
Patient Information / Demographics				
First		Last		Middle
Street Address				
City		Parish		State
Home Phone		Work.		Mobile
Parent/Guardian (required if under 18) First		Last		Middle
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Date of Birth		Age
Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other				
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown				
Worksites/School Occupations/Grade				
Person Providing Referral				
First		Last		Phone
				Ext.
				Email
Primary Physician				
First		Last		Phone
				Ext.
				Email
Street Address				
City		County		State
				Zip

Clinical Information			
Clinical			
Underlying condition			
Gestational Age (weeks)		Birth weight (gms)	
Hospital of delivery		Transfer from	
Mother	<input type="checkbox"/> GBS Positive <input type="checkbox"/> GBS Negative <input type="checkbox"/> Unk		Mother treated Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Antibiotic Chorio-amnionitis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Culture	Date first GBS positive		Polymicrobial <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Source of culture <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Other (specify)		
	Antibiotic sensitivity		
	Serotype	PFGE	Isolate available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Investigation			
Location at date of onset:			
Personnel			
Procedures			
Breast fed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		How done	

Comments or Additional Information

Other Information cont.

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