Unique ID: _____

Invasive Group A Streptococcal Disease *(Streptococcus pyogenes)* Case Report Form

Date of Initial Report: ____/____/_____ (dd/mm/yyyy) **Date of Update:** ____/____/_____ (dd/mm/yyyy)
Person Reporting: _____ **Phone:** ( ) ____ - _____ ext: ____
Jurisdiction Reporting: _____

PATIENT INFORMATION

Last name: _____ **First name:** _____
Birthdate (dd/mm/yyyy)**:** ____/____/_____ or **Age**: _____ years or _____ months
Sex: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ Non-Aboriginal ☐ First Nations ☐ Inuit ☐ Metis ☐ Other: _____ ☐ Unknown

CLINICAL PRESENTATION and UNDERLYING CONDITIONS/ILLNESSES

Date of onset of symptoms (dd/mm/yyyy)**:** ____/____/_____
Admitted to hospital? ☐ Yes → *if yes,* Admission date (dd/mm/yyyy): ____/____/_____
☐ No Discharge date (dd/mm/yyyy): ____/____/_____ or ☐ Not discharged
☐ Unknown
Admitted to ICU? ☐ Yes ☐ No ☐ Unknown
Outcome: ☐ Survived (recovered) ☐ Died → *if yes,* Date of death (dd/mm/yyyy): ____/____/_____
☐ Survived with long-term sequelae, please specify: _____

Syndrome	Yes	No	Unk
Meningitis			
Septicaemia			
Bacteremia			
Cellulitis			
Pneumonia			
Necrotizing fasciitis			
Myositis			
Gangrene			
Toxic shock syndrome			
Septic arthritis			
Other, specify: _____			

Underlying Conditions and/or Risk factors	Yes	No	Unk
Alcohol abuse			
Homelessness			
Injection drug use			
Chronic lung disease			
Diabetes			
Immunodeficiency disease			
Immunosuppressive therapy			
Post-partum			
Surgery/surgical wound			
Trauma or burn			
Skin infection or dermatological condition			
Varicella (if yes, date: / /) dd/mm/yyyy			
Contact with person with iGAS			
Other, specify: _____			
Other, specify: _____			

LABORATORY INFORMATION

Specimen source: ☐ Blood ☐ CSF ☐ Joint fluid ☐ Tissue (please specify): _____
☐ Other, specify: _____

Serotyping: Emm type: _____ T type: _____ Serum opacity factor (SOF): _____