

**Neonatal and Infant Streptococcus agalactiae (Group B Streptococcus-GBS) Sepsis Questionnaire**

**Australian Paediatric Surveillance Unit**

Please ring Professor Lyn Gilbert on (02) 9845-6238 or Danny Ko on (02) 9845-6255 if you wish to discuss this questionnaire

**REPORTING CLINICIAN**

1. APSU Dr Code/Name  / ..... 2. Month/Year of Report ..... / .....  
3. Date questionnaire completed  /  /

**PATIENT**

4. First 2 letters of first name  5. First 2 letters of surname   
6. Date of Birth  /  /   
7. Sex (tick)  M  F  Indeterminate  Not stated/inadequately described  
8. Postcode of maternal residence

**If this patient is primarily cared for by another physician who you believe will report the case, please complete the questionnaire details above this line and return to APSU. Please keep the patient's name and other details in your records. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.**

The primary clinician caring for this child is: **Name:** ..... **Hospital:** .....

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK= Don't Know, NA = Not applicable

**Maternal**

9. Mother's DOB (if known) day  month  year  or age   
10. Mother's country of birth (tick) Australia  Other (please specify) .....  
11. If mother was born in Australia, is she (tick)  
Aboriginal  Torres Strait Islander  Neither  DK   
12. Does the mother have any of the following chronic medical problems? (circle answer)  
Diabetes Yes/No/ DK If yes what type (tick) gestational  type 1  type 2   
Immunosuppression Yes/No/ DK If yes, specify? .....  
HIV Yes/No/ DK .....  
Other chronic medical problem (please state) .....  
13. Number of births resulting from this pregnancy number =   
14. Is this the first pregnancy? Yes/No If no please answer question 15.  
15. Outcome of previous deliveries  
Live birth yes/no/DK, If yes dates.....  
Neonatal death (within 28 days): yes/no/DK, If yes dates.....  
Stillbirth yes/no/DK, If yes dates.....  
Spontaneous abortion yes/no/DK, If yes dates.....  
Induced abortion yes/no/DK, If yes dates.....  
Ectopic pregnancy yes/no/DK, If yes dates.....  
16. Have any previous infants had GBS infection? Yes/No/DK (circle answer)  
If yes, give details.....

**Antenatal period**

17. Was the mother screened for GBS carriage Yes/No/ DK (circle answer)  
If yes, what was the reason? Routine  Risk factors  If the latter specify.....  
If yes, at what gestational age were specimens collected? ..... (weeks)  
What swabs were taken? (tick) Vaginal  Rectal  Other (specify) .....  
Were any specimens positive for GBS? Yes/No/DK (circle answer)  
If yes, which specimens were positive? (tick)  
Vaginal  Rectal  Vaginal/Rectal (processed together)  Other (specify) .....

18. Did the mother have GBS bacteriuria? Yes/No/DK (circle answer). Bacterial count (if known).....  
 19. Was the mother given antibiotics during labour? Yes/No, If yes: Indication.....Gestation.....

### Intrapartum period

20. Was labour induced by artificial rupture of the membranes? Yes/No/DK (circle answer)  
 21. Did the mother receive intrapartum antibiotic prophylaxis for GBS? Yes/No/DK (circle answer)  
 22. If yes, what antibiotic(s) was used? (tick)  
 penicillin  erythromycin  clindamycin  Other (specify) .....
23. If yes, how long before delivery were the antibiotics given? \_\_\_\_\_ days \_\_\_\_\_ hours \_\_\_\_\_ mins  
 24. Time between membrane rupture and delivery  hours 25. Duration of labour  hours  
 26. Delivery: (tick)  Vaginal - no instruments  Instrumental vaginal  Caesarean  
 27. Did the mother have an intrapartum temperature  $\geq 38^{\circ}$  Celsius? Yes/No/DK (circle answer)

### Infant

28. Birthweight (grams)  29. Gestational age at birth  weeks  
 30. Apgar scores: 1 minute  5 minutes   
 31. Was the infant transferred to another hospital after birth? Yes/No. If yes, please specify \_\_\_\_\_

### Infant's illness

32. Date of onset of group B streptococcal infection: day  month  year   
 (or age at onset if date unavailable \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months)  
 33. Clinical presentation: Septicaemia Yes/No/DK (circle answer)  
 Meningitis Yes/No/DK (circle answer)  
 Pneumonia Yes/No/DK (circle answer)  
 Other (please specify) .....
34. Culture positive sites (tick):  
 Blood  CSF  Other sterile site  Other site (specify).....  
 If CSF taken: Number of white cells (x106/L) \_\_\_\_\_  
 Number of red cells (x106/L) \_\_\_\_\_  
 Protein g/L \_\_\_\_\_  
 Glucose mmol/L \_\_\_\_\_
35. Were antibiotics given for this GBS infection? Yes/No/DK (circle answer)  
 36. If yes, which antibiotic(s) were used? (tick) Penicillin  Gentamicin   
 3rd Generation cephalosporin  Other antibiotic (please specify) .....
37. What was the total duration of hospital admission?  days  
 38. Did the patient require admission to ICU? - Yes/No/DK (circle answer)  
 39. Outcome of infection: Infant (tick) survived  died   
 40. If survived, were there any sequelae (tick) Yes  No  Too early   
 If yes, please specify .....
41. If died, age at death \_\_\_\_\_ days \_\_\_\_\_ weeks

### Additional contacts

42. Name of mother's obstetrician ..... Contact phone number .....
43. Name of laboratory diagnosing the GBS infection .....
- Contact phone number ..... Infant's hospital MRN: \_\_\_\_\_  
 Laboratory identification number(s) \_\_\_\_\_

**Please return this questionnaire in the addressed reply-paid envelope to Professor Lyn Gilbert, Level 3, Institute of Clinical Pathology and Medical Research, Westmead Hospital, Westmead, NSW 2145.**

*Thank you for your assistance with this study, which has been approved by a Human Ethics Committee. The APSU is a Unit of the Royal Australasian College of Physicians (Division of Paediatrics and Child Health) and is funded by the NHMCR (Enabling Grant No. 40284), the Department of Health and Ageing, and the Faculty of Medicine at the University of Sydney.*