

Thank you for identifying a potential patient for the StaphTrav Study.

Inclusion criteria:

- Patient has legal (≥ 18 years of age) and mental status to give consent
- Submitting centre is located in the country of the patient's current country of residence
- **Patient has pus producing skin infection on the day of the clinic visit**
- **Onset of skin infections**
 - **while abroad**
 - OR
 - **within 30 days after entry into the EU** after a stay outside the EU (travel related or due to migration)

(**NOTE**: the first clinic visit can be later than 30 days after return from trip as long as the timepoint of onset is within the given timeframe.)

Send study form (next page) and swabs to:

StaphTrav
Attn.: D. Nurjadi / P. Zanger
Institute of Microbiology
Im Neuenheimer Feld 324
1st Floor, Room 102
69120 Heidelberg
Germany



| | | | |
|--|---|---|------------------------------------|
| <p><i>(Your field!)</i></p> <p>Your patient ID: _____ <small>(please keep this ID for future reference, will appear in the final report)</small></p> <p>Your centre name: _____</p> <p>Date of clinic visit: _____</p> | <p><i>(For internal use!)</i></p> <p>Date received: _____ . _____ . _____</p> <p>Our ID: _____</p> <p>No of swabs received: nasal _____ lesional _____</p> | | |
| I. Demographic & travel characteristics | | | |
| Age: _____ years | Gender: O male / O female | Ethnicity: O caucasian / O other | Hx of atopy: O yes / O no |
| Purpose of travel (choose one option only!): O leisure O business O educational/university O visiting friends & relatives O aid work/volunteer/missionary O migration O other: _____ | | | |
| Country related to onset of SSTI episode: _____ <small>(Multiple countries → give country where SSTI began; multiple countries & post-travel onset → give last country visited for ≥ 3 days)</small> | | | |
| Start of travel related to episode: ____ . ____ . ____ <small>(Multiple countries visited → give total period of travel)</small> | | End of travel related to episode: ____ . ____ . ____ | |
| II. Current episode of skin and soft-tissue infection (SSTI) at day of presentation in clinic | | | |
| Onset of current SSTI episode: ____ . ____ . ____ | | On antibiotics at inclusion? O yes / O no / O don't know | |
| Clinical presentation: O furuncle/abscess O folliculitis O ulcer O other, specify: _____ | | | |
| Lesion at inclusion: O acute O resolving | | Max. Ø (incl. erythema): _____ cm | Depth: O deep / O superfic. |
| Anatomic site of lesion(s): _____ <small>(Multiple → circle site chosen for swab!)</small> | | | |
| III. Severity of travel related SSTI | | | |
| Did the subject have multiple episodes of SSTI since return? O yes / O no if yes, how many? _____ | | | |
| Did THE FIRST episode of SSTI begin with trauma? O yes, insect bite / O yes, other trauma / O no / O don't know | | | |
| Did ANY of the episodes of SSTI, including the current episode, ... | | | |
| A. lead to hospitalization | | O yes, at home / O yes, abroad / O no / O don't know | |
| B. lead to disruption of daily activities | | O yes / O no / O don't know | |
| C. require systemic antibiotic treatment (including your prescription) | | O yes / O no / O don't know | |
| → if yes, specify episode/compound(s)/prescriber (e.g. 1st clinda/GP; 2nd/cotrim/me; etc.): _____ | | | |
| D. require surgical incision/drainage by a doctor (including yourself) | | O yes / O no / O don't know | |
| E. lead to signs of systemic inflammation (fever/CRP/leucocytosis) | | O yes / O no / O don't know | |
| F. affect more than one anatomic region at a given time-point (i.e. multiple lesions) | | O yes / O no / O don't know | |
| IV. Transmissibility & cluster | | | |
| Do/did any contacts of the case, abroad or at home, also suffer from SSTI? | | O yes / O no / O don't know | |
| A. Subjects living at the destination(s) (e.g. host family, friends, and colleagues)? | | O yes / O no / O don't know | |
| B. Co-travellers , i.e. subjects exposed on same trip? | | O yes / O no / O don't know | |
| C. Subjects at home , <u>not</u> exposed to the same trip? | | O intimate partner O children O other household member | |
| | | Other: _____ O no / O don't know | |
| D. If B or C → yes: the submitted case was the primary case , i.e. first to be affected? | | O yes / O no / O don't know | |
| ID(s) of related submissions to StaphTrav: ID _____ Relation with case: _____ | | | |

Please submit form together with **ONE** nasal swab from both nares and at least **ONE** lesional swab!