

## Thank you for identifying a potential patient for StaphTrav

### Inclusion criteria:

- Patient has legal ( $\geq 18$  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, Switzerland or Norway** after a stay outside this area (travel related or due to migration)

(**IMPORTANT NOTE**: the first clinic visit can be later than 30 days after return from trip as long as the timepoint of onset of the first episode is within the first 30 days after return from abroad!

**Example 1:** Patient has recurrence of abscesses (=2<sup>nd</sup> episode) 6 weeks after returning from Malawi, but remembers same symptoms (=1<sup>st</sup> episode) while in Africa -> **eligible for inclusion!**

**Example 2:** Patient has 1<sup>st</sup> episode of SSTI 6 weeks after return from Malawi -> **not eligible for inclusion** (because we are not sure whether imported or not!)

### Send study form (next page) and swabs to:

Uni-Klinik Schleswig-Holstein-Lübeck  
Attn: M. Albrecht / D. Nurjadi (StaphTrav)  
Dept. Inf. Diseases & Medical Microbiology  
BMF | Bldg 67 | 3rd floor | 067.000 30 043.00  
**D-23538 Lübeck, Germany**  
Ph.: +49 (0)451 3101 9041



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

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