Form approved OMB No. 0920-0978

Patient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___

Specimen ID: ___ ___ ___ ___ ___ ___ ___ ___ ___

– *CLOSTRIDIUM DIFFICILE* INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT FORM –

Patient's Name: ____________________ (Last, First, M.I.)

Phone No.: ( ) ______-______

Address: ____________________ (Number, Street, Apt. No.)

Chart Number: ____________________

______ (City) ______ (State) ______ (Zip Code)

Hospital: ____________________

– Patient identifier information is NOT transmitted to CDC –

U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
ATLANTA, GA 30333

CLOSTRIDIUM DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT

1. STATE: (Residence of Patient) ☐☐

2. COUNTY: (Residence of Patient) ____________

3. STATE ID: ☐☐☐☐☐☐☐☐☐

4a. LAB/HOSPITAL WHERE TOXIN ASSAY PERFORMED: ____________

4b. PROVIDER ID WHERE PATIENT TREATED: ____________

5. DATE OF BIRTH: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

6. AGE: ☐☐☐

7a. SEX:
1 ☐ Male
2 ☐ Female

7b. ETHNIC ORIGIN:
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino
7 ☐ Unknown

7c. RACE: (*Check all that apply*)
1 ☐ American Indian or Alaska Native
1 ☐ Asian
1 ☐ Black or African American
1 ☐ Native Hawaiian or Other Pacific Islander
1 ☐ White
1 ☐ Unknown

8a. DATE OF INCIDENT STOOL COLLECTION POSITIVE FOR *C. diff*: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

8b. Positive diagnostic assay for *C. diff*: (*Check all that apply*)
1 ☐ EIA 1 ☐ GDH 1 ☐ NAAT
1 ☐ Culture 1 ☐ Cytotoxin 1 ☐ Unknown
1 ☐ Other (specify): ____________

8c. Location of stool collection: (*Check one*)
1 ☐ Hospital Inpatient
2 ☐ Long Term Acute Care Hospital
3 ☐ Emergency Room
4 ☐ Long Term Care/ Skilled Nursing Facility
5 ☐ Outpatient
6 ☐ Other (specify): ____________
7 ☐ Unknown
8 ☐ Observation Unit/CDU

9. Was patient hospitalized at the time of, or within 7 days after, stool collection?
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

If YES, Date of Admission: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

10. Where was the patient a resident 4 days prior to stool collection? (*Check one*)
1 ☐ Hospital Inpatient
2 ☐ Long Term Acute Care Hospital
3 ☐ Home
4 ☐ Long Term Care/ Skilled Nursing Facility
5 ☐ Homeless
6 ☐ Incarcerated
7 ☐ Unknown
8 ☐ Other (specify): ____________

11. HCFO classification questions:

a. Was stool collected ≥ 4 days after hospital admission?
1 ☐ Yes (HCFO) 2 ☐ No **(go to 11b.)**

b. If no, was stool collected at LTCF/SNF/LTACH?
1 ☐ Yes (HCFO) 2 ☐ No **(go to 11c.)**

c. If no, was the patient admitted from LTCF/SNF or another acute care setting?
1 ☐ Yes (HCFO) 2 ☐ No **(CO – complete CRF)**

d. If HCFO, was this case selected for full CRF based on sampling frame (1:10)?
1 ☐ Yes **(Complete CRF)** 2 ☐ No **(STOP data abstraction here!)**

12. Was patient admitted due to CDI: (is CDI listed in the medical record as the reason for admission?)
1 ☐ Yes 2 ☐ No 3 ☐ Not Admitted 7 ☐ Unknown

13. Were other enteric pathogens detected from stool at the same date incident *C. diff* + stool was collected?
1 ☐ *Campylobacter*
2 ☐ *Salmonella*
3 ☐ Shiga Toxin-Producing *E. coli*
4 ☐ *Shigella*
5 ☐ None
6 ☐ No other pathogens tested
7 ☐ Unknown
8 ☐ Other (specify): ____________
9 ☐ Norovirus
10 ☐ Rotavirus

14. Exclusion criteria for CA-CDI: (*Check all that apply*) ☐ None ☐ Unknown

1 ☐ Hospitalized (overnight) at any time in the 12 weeks prior to stool collection date.
If yes, Date of most recent discharge: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐ ☐ Unknown

1 ☐ Overnight stay in LTACH at any time in the 12 weeks prior to stool collection date

1 ☐ Residence in LTCF/SNF at any time in the 12 weeks prior to stool collection date

CO cases: not eligible for health interview if any of these boxes are checked. HCFO and Prisoners: not eligible for health interview.

15. Exposures to healthcare:

a. Chronic Hemodialysis prior to incident *C. diff* + stool:
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

b. Surgical procedure in the 12 weeks prior to incident *C. diff* + stool:
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

c. ER visits in the 12 weeks prior to incident *C. diff* + stool:
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

d. Observation/CDU stay in the 12 weeks prior to incident *C.diff* + stool:
1 ☐ Yes 2 ☐ No 7 ☐ Unknown

16. Patient outcome: 7 ☐ Unknown

1 ☐ Survived
Date of Discharge: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

2 ☐ Died
Date of Death: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

If survived, patient was discharged to:
2 ☐ Long Term Acute Care Hospital
3 ☐ Home
4 ☐ Long Term Care/ Skilled Nursing Facility
5 ☐ Other ____________
7 ☐ Unknown

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0978).

17a. Colectomy (related to CDI):

1 ☐ Yes 2 ☐ No 7 ☐ Unknown

If YES, Date of Procedure

Mo. Day Year

17b. ICU Admission (on the day of or after incident stool collection):

1 ☐ Yes 2 ☐ No 7 ☐ Unknown

If YES, Date of ICU Admission

Mo. Day Year ☐ Unknown

17c. Any additional positive stool test for *C. diff* ≥ 2 and ≤ 8 weeks after the last *C. diff* + stool specimen?

1 ☐ Yes 2 ☐ No

If YES, Date of first recurrent specimen

Mo. Day Year

18. RADIOGRAPHIC FINDINGS (within 7 days before or after incident *C. diff* + stool):

1 ☐ Toxic megacolon 4 ☐ Both
2 ☐ Ileus 5 ☐ Not Done
3 ☐ Neither 7 ☐ Information not available

19. Was pseudomembranous colitis listed in the surgical pathology, endoscopy, or autopsy report (within 7 days before or after incident *C. diff* + stool)?

1 ☐ Yes 3 ☐ Not Done
2 ☐ No 7 ☐ Information not available

20.1 LABORATORY FINDINGS (within 7 days before or after incident *C. diff* + stool):

a. Albumin ≤ 2.5g/dl:
1 ☐ Yes 3 ☐ Not Done
2 ☐ No 7 ☐ Information not available

b. White blood cell count ≤ 1,000/μl:
1 ☐ Yes 2 ☐ No 3 ☐ Not Done
7 ☐ Information not available

c. White blood cell count ≥ 15,000/μl:
1 ☐ Yes 2 ☐ No 3 ☐ Not Done
7 ☐ Information not available

20.2 CLINICAL FINDINGS (within 7 days before and up to 1 day after incident *C. diff* + stool):

d. Diarrhea:
1 ☐ Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day)
2 ☐ Diarrhea documented, but unable to determine if it is by definition
3 ☐ No Diarrhea documented
4 ☐ "Asymptomatic" documented in medical record
7 ☐ Information not available

e. Upper GI Symptoms:
1 ☐ Nausea
2 ☐ Vomiting
3 ☐ Neither
4 ☐ Both
7 ☐ Information not available

21. UNDERLYING CONDITIONS: (*Check all that apply*) If none or no chart available, check appropriate box 1 ☐ None 1 ☐ Unknown

1 ☐ AIDS
1 ☐ Chronic Cognitive Deficit
1 ☐ Chronic Kidney Disease
1 ☐ Chronic Liver Disease
1 ☐ Chronic Pulmonary Disease
1 ☐ Congenital Heart Disease
1 ☐ Congestive Heart Failure
1 ☐ Connective Tissue Disease
1 ☐ CVA/Stroke
1 ☐ Dementia
1 ☐ Diabetes
1 ☐ Diverticular Disease
1 ☐ Hemiplegia/Paraplegia
1 ☐ HIV
1 ☐ Inflammatory Bowel Disease
1 ☐ Myocardial Infarct
1 ☐ Peptic Ulcer Disease
1 ☐ Peripheral Vascular Disease
1 ☐ Primary Immunodeficiency
1 ☐ Short Gut Syndrome
1 ☐ Solid Organ Transplant
1 ☐ Stem Cell Transplant
1 ☐ Solid Tumor (non metastatic)
1 ☐ Hematologic Malignancy
1 ☐ Metastatic Solid Tumor

22. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form?

1 ☐ Yes 2 ☐ No 3 ☐ Not Admitted 7 ☐ Unknown

If YES, what was the POA code assigned to it?

1 ☐ Y, Yes 3 ☐ U, Unknown 5 ☐ Missing
2 ☐ N, No 4 ☐ W, Clinically Undetermined 6 ☐ Not Applicable

23. At time of incident *C. diff* + stool, patient was:

1 ☐ Pregnant 2 ☐ Post-partum 3 ☐ Neither 7 ☐ Unknown

Delivery Date: Mo. Day Year

24. MEDICATIONS TAKEN 12 WEEKS PRIOR TO INCIDENT STOOL COLLECTION DATE (including current hospital stay if collection date > admission date):
(If none or no chart available, check appropriate box)

a. Proton pump inhibitor (e.g. Esomeprazole, Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole) 1 ☐ Yes 2 ☐ No 7 ☐ Unknown

b. H_2 Blockers (e.g. Famotidine, Ranitidine, Cimetidine) 1 ☐ Yes 2 ☐ No 7 ☐ Unknown

c. Immunosuppressive therapy (*Check all that apply*) 1 ☐ None 1 ☐ Unknown

1 ☐ Steroids 1 ☐ Chemotherapy 1 ☐ Other agents (*specify*): ______

d. Antimicrobial therapy (*Check all that apply*) 1 ☐ Yes, name unknown 1 ☐ None 1 ☐ Unknown

1 ☐ Amikacin
1 ☐ Amoxicillin
1 ☐ Amoxicillin/ Clavulanic Acid
1 ☐ Amp/sulb
1 ☐ Azithromycin
1 ☐ Cefaclor
1 ☐ Cefazolin
1 ☐ Cefdinir
1 ☐ Cefepime
1 ☐ Cefotaxime
1 ☐ Cefpodoxime
1 ☐ Cefprozil
1 ☐ Ceftazidime
1 ☐ Ceftizoxime
1 ☐ Ceftriaxone
1 ☐ Cefuroxime
1 ☐ Cephalexin
1 ☐ Ciprofloxacin
1 ☐ Clarithromycin
1 ☐ Clindamycin
1 ☐ Daptomycin
1 ☐ Doxycycline
1 ☐ Ertapenem
1 ☐ Gentamicin
1 ☐ Imipenem
1 ☐ Levofloxacin
1 ☐ Linezolid
1 ☐ Meropenem
1 ☐ Metronidazole
1 ☐ Moxifloxacin
1 ☐ Nitrofurantoin
1 ☐ Ofloxacin
1 ☐ Penicillin
1 ☐ Piperacillin-Tazobactam
1 ☐ Tetracycline
1 ☐ Ticarcillin/Clavulanic Acid
1 ☐ Tigecycline
1 ☐ Tobramycin
1 ☐ Trimethoprim -Sulfamethoxazole
1 ☐ Vancomycin (IV)
1 ☐ Other (specify): ______

– SURVEILLANCE OFFICE USE ONLY –

25. CRF status:
1 ☐ Complete 3 ☐ Edited & Correct
2 ☐ Incomplete 4 ☐ Chart unavailable after 3 requests

26. Previous unique CDI episode (>8 weeks prior to this episode):
1 ☐ Yes 2 ☐ No
If yes, Previous STATEID:

27. Initials of S.O: ______

29. Identified through audit
1 ☐ Yes 2 ☐ No

28. COMMENTS: ______