Emerging Infections Programs (EIP)

OMB Control Number 0920-0978 Expiration Date: 02/28/2019

Program Contact

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Circumstances of Change Request for OMB 0920-0978

This is a nonmaterial/non-substantive change request for OMB No. 0920-0978, expiration date 02/28/2019, for the Emerging Infections Programs (EIP). The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions, local health departments, public health and clinical laboratories, infection control professionals, and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases.

Activities of the EIPs fall into the following general categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

Activities in the EIP Network in which all applicants must participate are:

- Active Bacterial Core surveillance (ABCs): active population-based laboratory surveillance for invasive bacterial diseases.
- Foodborne Diseases Active Surveillance Network (FoodNet): active population-based laboratory surveillance to monitor the incidence of select enteric diseases.
- Influenza: active population-based surveillance for laboratory confirmed influenza-related hospitalizations.
- Healthcare-Associated Infections-Community Interface (HAIC) surveillance: active populationbased surveillance for healthcare-associated pathogens and infections.

This non-substantive change request is for changes to the disease-specific data elements for HAIC only. As a result of proposed changes, the estimated annualized burden is expected to decrease by 383 hours, from 22,473 to 22,090. The data elements and justifications are described below.

The forms for which approval for changes and additions are being sought include:

- 1. 2018 Resistant Gram-Negative Bacilli (MuGSI) Case Report Form for Carbapenem-resistant Enterobacteriaceae and *Acinetobacter baumannii* (Att. 1)
- 2. 2018 Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) Infection Case Report Form (Att. 2)
- 3. 2018 *Clostridium difficile* Infection (CDI) Case Report Form (Att. 3). NOTE: the 2018 form combines two approved 2017 forms (the CDI Case Report Form and the CDI Treatment Form) into a single form.
- 4. Persons in the Community with *Clostridium difficile* infection (CDI): Screening Form (discontinued)
- 5. Persons in the Community with *Clostridium difficile* infection (CDI): Telephone Interview Form (discontinued)

Detailed Description of Changes

1. 2017 MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and *Acinetobacter baumannii* (CRAB)

There is no impact on burden due to the changes on this form. Minor changes are being requested for the 2018 MuGSI CRE/CRAB Case Report Form. We are adding a single question, clarifying wording of some questions, and adding a type of infection.

Changes include:

- a. New Questions (Q16b): *A. baumannii Cultures ONLY*: Did the patient have a sputum culture positive for CRAB in the 30 days prior to the date of culture (Day 1)?
 - i. Added this question to capture this additional piece of information.
- b. Q12: Patient Outcome Question: Was the organism cultured from a normally sterile site or urine, ≤ calendar day 7 before death?
 - i. Clarified the wording of this question only, changed the < symbol to ≤
- c. Q19: Types of infections: Adding "epidural abscess"
 - i. Collecting a new type of infection "epidural abscess"
- d. Q21: Risk Factor Questions: Culture collected ≥ calendar day 3 after hospital admission.
 - i. Clarified the wording of this question only, change the \geq symbol to \geq

2. 2017 Invasive MRSA Infection Case Report Form

There is no impact on burden due to the change on this form. One minor change is being requested for the 2018 Invasive MRSA Infection Case Report Form.

Changes include:

- a. Question 19: Types of MRSA infection associated with culture(s) (check all that apply):
 - i. Adding one check box for "epidural abscess". This information was previously captured by checking "meningitis" and "osteomyelitis".

3. 2017 CDI Case Report Form and Treatment Form

These approved 2017 forms are combined into a single CDI Case Report Form for 2018. There is no impact on burden due to this format change. Other minor changes are being requested; for example, to clarify wording of some questions.

Changes include:

- a. Changes to wording for clarification and harmonization that do not affect the meaning of the question or responses
 - i. Questions 4a, 4b, 8a, 8c, 9, 10, 11a, 11b, 11c, 11d, 13, 14, 15, 16, 17b, 17c, 18, 19, 20.1, 23 (formerly 24), 23e (formerly 24e), 26
- b. Adding two days to reference period for question about ICU admission (Q17b), rewording question
- c. Adding question about ileus and toxic megacolon described in the medical record somewhere other than on a radiology report (Q20.2e)
- d. Combining questions about diarrhea and upper GI symptoms into a single "symptoms" question (Q20.2d, formerly Q20.2d and 20.2e), reworded question
- e. Adding "pregnancy" to list of underlying conditions (Q21), removed standalone question about pregnancy, post-partum status, and delivery date (formerly Q23)
 - i. Post-partum status and delivery date no longer of interest
- f. Removing "edited & correct" from list of CRF status options (Q25)

- g. Incorporating standalone treatment form into CRF (now Q24)
- h. Checkbox instead of yes/no question for treatment options of probiotics and stool transplant (Q24, formerly on treatment form)
- i. Changing date associated with stool transplant from start and stop dates to a single date (Q24, formerly on treatment form)
 - i. Stool transplant only ever occurs on a single day; this eliminates a workaround where surveillance officers entered the same date for start and stop date
- j. Restructuring treatment data to simplify data collection, eliminated collection of dose and frequency for all medications
 - i. Formerly: each change of medication, route, dose, or frequency would be recorded as a separate course of medication
 - ii. Currently: each change of medication or route will be recorded as a separate course of medication, without regard to dose or frequency
- k. Adding option for duration of course of medication when start and stop days are not available
 - i. This eliminates a workaround where surveillance officers assumed that the start date of a medication was the date of incident C.diff+ stool collection when the start date was unavailable.

4. Persons in the Community with *Clostridium difficile* infection (CDI): Screening Form (discontinued)

This form has been discontinued. There is no longer a need for EIP to continue interviewing persons with community-associated CDI. Sufficient interviews have been conducted to describe risk factors for community-associated infection.

5. Persons in the Community with *Clostridium difficile* infection (CDI): Telephone Interview Form (discontinued)

This form has been discontinued. There is no longer a need for EIP to continue interviewing persons with community-associated CDI. Sufficient interviews have been conducted to describe risk factors for community-associated infection.

<u>Justification for changes</u>

The changes made to the HAIC forms under this non-substantive request will aid in improving surveillance efficiency and data quality to clarify the burden of disease and possible risk factors for disease. This information can be used to inform strategies for preventing disease and negative outcomes. Specifically, changes were made for clarification purposes, to assist data collectors in capturing data in a standardized fashion to improve accuracy. The CDI Screening and Telephone Interview Forms have been discontinued.

Cross walk of 2018 form changes

1. 2018 MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and Acinetobacter baumannii (CRAB)

Question on 2017 form	Question on 2018 form
	New Question:
	Q16b. A. baumannii Cultures Only:
	Did the patient have a sputum culture positive for
	CRAB in the 30 days prior to the date of culture
	(Day 1)?
	Yes
	L Yes
	□ No
	Unknown
	□ NA
O13: Perfect Onterior	O12: Perfect Outcome
Q12: Patient Outcome	Q12: Patient Outcome
Was the organism cultured from a normally	Was the organism cultured from a normally
sterile site or urine, < calendar day 7 before	sterile site or urine, ≤ calendar day 7 before
death?	death?
│	☐ Yes
П.,	
☐ No	☐ No
Unknown	Unknown
Clikilowii	Chritown
Q19. Types of infections associated with	Q19. Types of infections associated with
culture(s) (check all that apply)	culture(s) (check all that apply)
• None • Unknown	• None • Unknown
• Abscess (not skin)	• Abscess (not skin)
AV Fistula/Graft infection	• AV Fistula/Graft infection
Bacteremia	Bacteremia
Bursitis	Bursitis
Catheter Site infection	Catheter Site infection
• Cellulitis	• Cellulitis
Chronic ulcer/Wound (non-decubitus)	Chronic ulcer/Wound (non-decubitus)
Decubitus/Pressure Ulcer	Decubitus/Pressure Ulcer
• Empyema	• Empyema
Endocarditis	• Endocarditis
Meningitis	• Epidural abscess
Osteomyelitis	Meningitis

Question on 2017 form	Question on 2018 form
Peritonitis	Osteomyelitis
Pneumonia	Peritonitis
Phyelonephritis	Pneumonia
Septic arthritis	Phyelonephritis
Septic emboli	Septic arthritis
Septic shock	Septic emboli
• Skin abscess	Septic shock
Surgical incision infection	Skin abscess
• Surgical site infection (internal)	Surgical incision infections
Traumatic wound	Surgical site infection (internal)
Urinary tract infection	Traumatic wound infection
• Other (Specify):	Urinary tract
	• Other (Specify):
Q21. Risk factors of interest (check all that	Q21. Risk factors of interest (check all that
apply).	apply).
☐ Culture collected > calendar day 3 after	☐ Culture collected ≥ calendar day 3 after
hospital admission	hospital admission

2. 2018 Invasive MRSA Infection Case Report Form

Question on 2017 form	Question on 2018 form
19. Types of MRSA infection associated with	19. Types of MRSA infection associated with
cultures(s) (check all that apply):	cultures(s) (check all that apply):
None	None • Unknown
Abscess (not skin)	Abscess (not skin)
AV Fistula/Graft infection	AV Fistula/Graft infection
Bacteremia	Bacteremia
Bursitis	Bursitis
Catheter Site infection	Catheter Site infection
• Cellulitis	Cellulitis
Chronic ulcer/Wound (non-decubitus)	Chronic ulcer/Wound (non-decubitus)
Decubitus/Pressure Ulcer	Decubitus/Pressure Ulcer
• Empyema	• Empyema
Endocarditis	Endocarditis
Meningitis	Epidural abscess
Peritonitis	Meningitis
Pneumonia	Peritonitis
Osteomyelitis	Pneumonia
Septic arthritis	Osteomyelitis
Septic emboli	Septic arthritis
Septic shock	Septic emboli
• Skin abscess	Septic shock
Surgical incision	Skin abscess
Surgical site (internal)	Surgical incision
Traumatic wound	Surgical site (internal)
• Urinary tract	Traumatic wound
• Other (Specify):	Urinary tract
	• Other (Specify):

3. 2018 CDI Case Report Form

Question on 2017 form	Question on 2018 form
4a. LAB/HOSPITAL WHERE TOXIN ASSAY	4a. Laboratory ID where incident specimen
PERFORMED	identified
4b. PROVIDER ID WHERE PATIENT	4b. Facility ID where patient treated
TREATED	
8a. DATE OF INCIDENT STOOL COLLECTION POSITIVE FOR C. diff:	8a. Date of incident C. diff+ stool collection
8c. Location of stool collection: (Check one)	8c. Location of incident C. diff+ stool stool
☐ Long Term Acute Care Hospital	collection: (Check one)
☐ Long Term Care/Skilled Nursing Facility	LTACH
0. Was noticent hospitalized at the time of or within	LTCF 0. Was notiont bespitalized on the data of or in
9. Was patient hospitalized at the time of, or within 7 days after incident C. diff+ stool collection?	9. Was patient hospitalized on the date of or in the 6 calendar days after incident C. diff+ stool
/ days after incident C. diff - stool confection:	collection?
10. Where was the patient a resident 4 days prior to	10. Where was the patient located on the 3rd
stool collection? (Check one)	calendar day before the date of incident C. diff+
☐ Long Term Acute Care Hospital	stool collection? (Check one)
□ Home	□LTACH
☐ Long Term Care/Skilled Nursing Facility	☐ Private Residence
	□LTCF
11a. Was stool collected ≥4 days after hospital	11a. Was incident C. diff+ stool collected at
admission?	least 3 calendar days after the date of hospital
☐ Yes (HCFO)	admission?
□ No (go to 11b.)	☐ Yes (HCFO – go to 11d) ☐ No
11b. If no, was stool collected at	11b. Was incident C. diff+ stool collected at an
LTCF/SNF/LTACH?	outpatient setting for a LTCF resident, or in a
☐ Yes (HCFO)	LTCF or LTACH?
□ No (go to 11c.)	☐ Yes (HCFO – go to 11d)
	□No
11c. If no, was the patient admitted from	11c. Was the patient admitted from a LTCF or a
LTCF/SNF or another acute care setting?	LTACH?
☐ Yes (HCFO)	☐ Yes (HCFO – go to 11d)
☐ No (CO – complete CRF) 11d. If HCFO, was this case selected sampled for	□ No (CO – complete CRF) 11d. If HCFO, was this case selected sampled
full CRF based on sampling frame (1:10)?	for full CRF based on sampling frame (1:10)?
☐ Yes (Complete CRF)	□ Yes (Complete CRF)
□ No (STOP data abstraction here!)	□ No (STOP data abstraction here!)
13. Were other enteric pathogens isolated from	13. Were other enteric pathogens isolated from
stool at the same date incident C. diff+ stool was	stool collected on the date of incident C. diff+
collected?	stool collection?
14. Exclusion criteria for CA-CDI: (Check all that	14. Exclusion criteria for CA-CDI: (Check all
apply)	that apply)
☐ Hospitalization (overnight) at any time in the 12	☐ Hospitalization (overnight) in the 12 weeks
weeks prior to stool collection date	before the date of incident C. diff+ stool
☐ Overnight stay in LTACH at any time in the 12	collection
weeks prior to stool collection date	☐ Overnight stay in LTACH in the 12 weeks

Question on 2017 form	Question on 2018 form
□ Residence in LTCF/SNF at any time in the 12 weeks prior to stool collection date	before the date of incident C. diff+ stool collection ☐ Residence in LTCF in the 12 weeks before the date of incident C. diff+ stool collection
15. Exposures to Healthcare: a. Chronic Hemodialysis prior to incident C. diff + stool: b. Surgical procedure in the 12 weeks prior to incident C. diff + stool: c. ER visits in the 12 weeks prior to incident C. diff + stool: d. Observation/CDU stay in the 12 weeks prior to incident C. diff + stool:	15. Exposures to Healthcare in the 12 weeks before the date of incident C. diff+ stool collection:: a. Chronic Hemodialysis: b. Surgical procedure: c. ER visits: d. Observation/CDU stay:
16. If survived, patient was discharged to: □ Long Term Acute Care Hospital □ Home □ Long Term Care/Skilled Nursing Facility	16. If survived, patient was discharged to: □ LTACH □ Private Residence □ LTCF
17b. ICU Admission (on the day of or within 7 days after incident stool collection)	17b. ICU Admission (in the 2 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection)
17c. Any additional positive stool tests for C. diff ≥2 and ≤8 weeks after the last C. diff+ stool specimen?	17c. Any additional positive stool tests for C. diff ≥2 and ≤8 weeks after the date of incident C. diff+ stool collection?
18. RADIOGRAPHIC FINDINGS (within 7 days before or after incident C. diff+ stool): ☐ Toxic megacolon ☐ Ileus ☐ Neither ☐ Both	18. RADIOGRAPHIC FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection): □ Toxic megacolon □ Ileus
□ Not Done □ Information not available	☐ Both toxic megacolon and ileus ☐ Neither toxic megacolon nor ileus ☐ Radiology test not performed ☐ 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)?	19. Was pseudomembranous colitis listed in the surgical pathology, endoscopy, or autopsy report in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection?
20.1. LABORATORY FINDINGS (within 7 days before or after incident C. diff + stool):	20.1. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection)
20.2. CLINICAL FINDINGS (within 7 days before and up to 1 day after incident C. diff + stool): d. Diarrhea □ Diarrhea by definition (unformed or watery stool,	20.2. CLINICAL FINDINGS: d. Symptoms in the 6 calendar days before, the day of, or 1 calendar day after the date of incident C. diff+ stool collection (Choose all

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Question on 2017 form	Question on 2018 form
≥ 3/day for ≥ 1 day) □ Diarrhea documented, but unable to determine if it is by definition □ No Diarrhea documented □ "Asymptomatic" documented in medical record □ Information not available e. Upper GI Symptoms □ Nausea □ Vomiting □ Neither □ Both □ Information not available	that apply) □ Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day) □ Diarrhea documented, but unable to determine if it is by definition □ Nausea □ Vomiting □ "Asymptomatic" documented in medical record □ No diarrhea, nausea, or vomiting documented □ Information not available
[question did not exist]	e. Other findings in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection ☐ Toxic megacolon ☐ Ileus ☐ Both toxic megacolon and ileus ☐ Neither toxic megacolon nor ileus ☐ Information not available
21. UNDERLYING CONDITIONS: (Check all that apply) If none or no chart available, check appropriate box □ None □ Unknown □ AIDS □ Chronic Cognitive Deficit □ Hematologic Malignancy □ Metastatic Solid Tumor 23. At time of incident C. diff+ stool, patient was: □ Pregnant □ Post-partum	21. UNDERLYING CONDITIONS: (Check all that apply) None Unknown AIDS Chronic Cognitive Deficit Hematologic Malignancy Metastatic Solid Tumor Pregnancy [removed question]
□ Neither □ Unknown Delivery Date: 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)	23. Medications taken in the 12 weeks before the date of incident C. diff+ stool collection
24e. Was patient treated for previous suspected or confirmed CDI in the prior 12 weeks?	23e. Was patient treated for previous suspected or confirmed CDI in the 12 weeks before the date of incident C. diff+ stool collection?

Question on 2017 form	Question on 2018 form
25. CRF Status: □ Complete □ Incomplete □ Edited & Correct	25. CRF Status: □ Complete □ Incomplete □ Chart unavailable after 3 requests
☐ Chart unavailable after 3 requests 26. Previous unique CDI episode (>8 weeks prior to this episode):	26. Previous unique CDI episode (>8 weeks before the date of incident C. diff+ stool collection):
[Treatment form] Probiotics ☐ Yes ☐ No If yes, specify:	24. □ Probiotics (specify): ———
[Treatment form] Stool transplant ☐ Yes ☐ No Start Date: Stop Date:	24. □ Stool transplant Date:
[Treatment form] [For each of up to 4 courses of Vancomycin] Route: □ PO □ Rectal □ Unknown Start date: Stop date: Dosage: □ 125mg □ 250mg □ 500mg □ Other: □ Unknown Frequency: □ Once a day □ BID □ TID □ QID □ Other: □ Unknown Taper: □ Yes □ No	24. [For each of up to 6 courses of treatment] Vancomycin (PO) Vancomycin (Rectal) Vancomycin (Unknown route) Vancomycin taper (any route) Metronidazole (PO) Metronidazole (IV) Metronidazole (Unknown route) Fidaxomicin Rifaximin Nitazoxanide Other (specify): Start date: Stop date: or Duration (days):

Question on 2017 form	Question on 2018 form
[Treatment form][For each of up to 4 courses of	
Metronidazole]	
Route:	
□РО	
\square IV	
□ Unknown	
Start date:	
Stop date:	
Dosage:	
□ 125mg	
□ 250mg	
□ 500mg	
□ Other:	
□Unknown	
Frequency:	
□ Once a day	
□BID	
□QID	
□ Other:	
□ Unknown	
Taper:	
□Yes	
□No	
[For each of up to 4 courses of Fidaxomicin]	
Start date:	
Stop date:	
Dosage:	
□ 200mg	
□ Other:	
□ Unknown	
Frequency:	
□ Once a day	
□BID	
□QID	
□ Other:	
□ Unknown	

Question on 2017 form	Question on 2018 form
[Treatment form][For each of up to 4 courses of	
Nitazoxanide]	
Start date:	
Stop date:	
Dosage:	
□ 500mg	
☐ Other:	
□ Unknown	
Frequency:	
☐ Once a day	
□BID	
□ Other:	
□ Unknown	
[Treatment form][For each of up to 4 courses of	
Rifaximin]	
Start date:	
Stop date:	
Dosage:	
□ 400mg	
□ Other:	
□Unknown	
Frequency:	
☐ Once a day	
□BID	
□ Other:	
□ Unknown	

Question on 2017 form	Question on 2018 form
[Treatment form][For each of up to 6 courses of	
other medication]	
Specify:	
Start date:	
Stop date:	
Route:	
□РО	
□ Rectal	
\square IV	
\square IM	
□ Unknown	
Dosage:	
☐ Specify:	
□ Unknown	
Frequency:	
☐ Specify:	
□ Unknown	

Table A.1 Estimated Annualized Burden Hours

As a result of proposed changes to forms highlighted in yellow, the estimated annualized burden is expected to decrease by 383 hours, from 22,473 to 22,090. The changes to the amended forms have no impact on burden estimates. The discontinuation of the CDI Screening and Telephone Interview Forms will result in a 383 hour reduction in annual burden.

The following table is updated for the entire 0920-0978 burden table. The forms included in this change request are highlighted:

Type of Respondent	Form Name	No. of respondent s	No. of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours) - APPROVE D	Total Burden (in hours) - REQUESTED
State Health	ABCs Case Report Form	10	809	20/60	2697	2697
Departmen t	Invasive MRSA Infection Case Report Form	10	609	20/60	2030	2030
	ABCs Invasive Pneumococcal Disease in Children Case Report Form	10	22	10/60	37	37
	ABCs Non- Bacteremic Pneumococcal Disease Case Report Form	10	125	10/60	208	208
	Neonatal Infection Expanded Tracking Form	10	37	20/60	123	123
	Campylobacter	10	637	20/60	2123	2123
	Cryptosporidium	10	130	10/60	217	217
	Cyclospora	10	3	10/60	5	5
	Listeria monocytogenes	10	13	20/60	43	43
	Salmonella	10	827	20/60	2757	2757
	Shiga toxin producing E. coli	10	90	20/60	300	300
	Shigella	10	178	10/60	297	297
	Vibrio	10	20	10/60	33	33
	Yersinia	10	16	10/60	27	27
	Hemolytic Uremic Syndrome	10	10	1	100	100
	Influenza Hospitalization Surveillance Project Case Report Form	10	400	15/60	1000	1000

	T (1					
	Influenza					
	Hospitalization					
	Surveillance Project					
	Vaccination					
	Telephone Survey	10	100	5/60	83	83
	Influenza					
	Hospitalization					
	Surveillance Project					
	Vaccination					
	Telephone Survey					
	Consent Form	10	100	5/60	83	83
	2015 ABCs H.	10	6	10/60	10	10
	influenza Neonatal	10		10/00	10	
	Sepsis Expanded					
	Surveillance Form	10	1650	20/60	FF00	FF00 + 27F0
	CDI Case Report	10	1650		5500	5500 + 2750
	Form (combines the			30/60		= 8250
	2017 Case Report			(incorporatio		(incorporatio
	Form and _			n of		n of
	Treatment Form			Treatment		Treatment
	into single form			Form)		Form)
	with same overall					
	burden)					
	CDI Treatment	10	1650	10/60	2750	0
	Form-					
	(no longer a					
	separate form; part					
	of the CDI Case					
	Report Form for					
	2018)					
	Resistant Gram-	10	500	20/60	1667	1667
	Negative Bacilli			20,00		_007
	(MuGSI)					
EIP site	CRE/CRAB Case					
LII SICC	Report Form					
Person(s)	Screening Form	600	1	5/60	50	0
in the	(discontinued)	300	1	3/00	30	
communit	Telephone	500	1	40/60	333	0
y infected	interview	300	T	40/00	333	U
with C.						
	(discontinued)					
difficile						
(CDI						
Cases)						
T-4-1					22.472	22,000
Total					22,473	22,090