Patient identifier information is NOT transmitted to CDC

Patient ID: _____ Specimen ID: _____

Patient's Name: _____

Address: _____ Chart Number: _____

_____ Hospital: _____

Form Approved
OMB No. 092-0978
Expires xx/xx/xxxx

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

1. STATE: (Residence of Patient)	2. COUNTY: (Residence of Patient)	3. STATE ID:	4a.LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED	4b. FACILITY ID WHERE PATIENT TREATED

5. DATE OF BIRTH: _____/_____/_____

6. AGE: _____

7a. SEX:
☐ Male
☐ Female

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

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

8a. DATE OF INCIDENT *C. diff*+ STOOL COLLECTION

_____/_____/_____

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

8c. Location of incident *C. diff*+ stool collection *(Check one)*
☐ Hospital inpatient Facility ID: _____
☐ LTACH Facility ID: _____
☐ LTCF Facility ID: _____
☐ Emergency Room
☐ Outpatient
☐ Observation Unit/CDU
☐ Other *(specify)*: _____
☐ Unknown

9. Was patient hospitalized on the date of or in the 6 calendar days after incident *C. diff*+ stool collection?
☐ Yes ☐ No ☐ Unknown

If YES, Date of Admission: _____/_____/_____

10. Where was the patient on the 3rd calendar day before the date of incident *C. diff*+ stool collection? *(Check one)*
☐ Hospital inpatient Facility ID: _____
☐ LTACH Facility ID: _____
☐ LTCF Facility ID: _____
☐ Private residence
☐ Incarcerated
☐ Homeless
☐ Other *(specify)*: _____
☐ Unknown

11. HCFO classification questions:

a. Was incident *C. diff*+ stool collected at least 3 calendar days after the date of hospital admission?
☐ Yes **(HCFO - go to 11d.)** ☐ No

b. Was incident *C. diff*+ stool collected at an outpatient setting for a LTCF resident, or in a LTCF or LTACH?
☐ Yes **(HCFO - go to 11d.)** ☐ No

c. Was the patient admitted from a LTCF or a LTACH?
☐ Yes **(HCFO - go to 11d.)** ☐ No **(CO - Complete CRF)**

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

12. Was CDI a primary or contributing reason for patient's admission?
☐ Yes ☐ No ☐ Not Admitted ☐ Unknown

13. Were other enteric pathogens isolated from stool collected on the date of incident *C. diff*+ stool collection?
☐ *Campylobacter* ☐ None ☐ Norovirus
☐ *Salmonella* ☐ No other pathogens tested ☐ Rotavirus
☐ Shiga Toxin-Producing *E. coli* ☐ Unknown
☐ *Shigella* ☐ Other *(specify)*: _____

14. Exclusion criteria for CA-CDI: *(Check all that apply)* ☐ None ☐ Unknown
☐ Hospitalized (overnight) in the 12 weeks before the date of incident *C. diff*+ stool collection.
Date of most recent discharge: _____/_____/_____
Facility ID _____
☐ Overnight stay in LTACH in the 12 weeks before the date of incident *C. diff*+ stool collection.
Facility ID _____
☐ Residence in LTCF in the 12 weeks before the date of incident *C. diff*+ stool collection.
Facility ID _____

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 visit	d. Observation/CDU stay
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

16. Patient outcome ☐ Unknown

☐ Survived ☐ Died

If survived:

Date of discharge: _____/_____/_____

Discharged to:

☐ LTACH Facility ID: _____

☐ LTCF Facility ID: _____

☐ Private residence

☐ Other *(specify)*: _____

☐ Unknown

If died:

Date of death: _____/_____/_____

17a. Colectomy (related to CDI): ☐ Yes ☐ No ☐ Unknown

If YES, Date of Procedure _____/_____/_____

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):

☐ Yes ☐ No ☐ Unknown

If YES, Date of ICU Admission _____/_____/_____

17c. Any additional positive stool test for C. diff ≥ 2 and ≤ 8 weeks after the date of incident *C. diff*+ stool collection?

☐ Yes ☐ No

If YES, Date of first recurrent specimen _____/_____/_____

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 ☐ Neither toxic megacolon nor ileus

☐ Ileus ☐ Radiology not performed

☐ Both toxic megacolon and ileus ☐ Information not available

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?

☐ Yes ☐ Not Done

☐ No ☐ Information not available

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):

a. Albumin ≤ 2.5g/dl:

☐ Yes ☐ No ☐ Not Done

☐ Information not available

b. White blood cell count ≤ 1,000/µl:

☐ Yes ☐ No ☐ Not Done

☐ Information not available

c. White blood cell count ≥ 15,000/µl:

☐ Yes ☐ No ☐ Not Done

☐ Information not available

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) (*Check all that apply*)

☐ Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day)

☐ "Asymptomatic" documented in medical record

☐ Diarrhea documented, but unable to determine if it is by definition

☐ No diarrhea, nausea, or vomiting documented

☐ Nausea

☐ Information not available

☐ Vomiting

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

☐ Neither toxic megacolon nor ileus

☐ Ileus

☐ Information not available

☐ Both toxic megacolon and ileus

21. UNDERLYING CONDITIONS: (*Check all that apply*) ☐ None ☐ Unknown

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

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

☐ Yes ☐ No ☐ Not Admitted ☐ Unknown

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

☐ Y, Yes ☐ U, Unknown ☐ Missing

☐ N, No ☐ W, Clinically Undetermined ☐ Not Applicable

23. MEDICATIONS TAKEN in the 12 weeks before the date of incident *C. diff*+ stool collection:

a. Proton pump inhibitor ☐ Yes ☐ No ☐ Unknown

b. H2 Blockers ☐ Yes ☐ No ☐ Unknown

c. Immunosuppressive therapy (*Check all that apply*) ☐ None ☐ Unknown ☐ Steroids ☐ Chemotherapy ☐ Other agents (*specify*): _____

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

☐ Amikacin	☐ Cefazolin	☐ Ceftriaxone	☐ Doxycycline	☐ Metronidazole	☐ Tetracycline
☐ Amoxicillin	☐ Cefdinir	☐ Cefuroxime	☐ Ertapenem	☐ Moxifloxacin	☐ Tigecycline
☐ Amoxicillin/Clavulanic Acid	☐ Cefepime	☐ Cephalexin	☐ Gentamicin	☐ Nitrofurantoin	☐ Tobramycin
☐ Ampicillin	☐ Cefotaxime	☐ Ciprofloxacin	☐ Imipenem	☐ Penicillin	☐ Trimethoprim -Sulfamethoxazole
☐ Amp/sulb	☐ Cefoxitin	☐ Clarithromycin	☐ Levofloxacin	☐ Piperacillin-Tazobactam	☐ Vancomycin (IV)
☐ Azithromycin	☐ Cefpodoxime	☐ Clindamycin	☐ Linezolid	☐ Rifampin	☐ Other (*specify*): _____
☐ Aztreonam	☐ Ceftazidime	☐ Daptomycin	☐ Meropenem	☐ Rifaximin	

e. Was patient treated for previous suspected or confirmed CDI in the 12 weeks before the date of incident *C. diff*+ stool collection?

☐ Yes ☐ No ☐ Unknown

If YES, which medication was taken (*Check all that apply*):

☐ Metronidazole ☐ Vancomycin ☐ Fidaxomicin ☐ Other, (*specify*) _____ ☐ Unknown

24. Treatment for incident CDI ☐ No treatment ☐ Unknown treatment

☐ **Probiotics (specify):** _____

☐ **Stool transplant Date:** ____/____/____

Course 1 **Start Date:** ____/____/____ **Stop Date:** ____/____/____ OR **Duration (days)** _____

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other (*specify*): _____
☐ Vancomycin taper (any route)	☐ Fidaxomicin	

Course 2 **Start Date:** ____/____/____ **Stop Date:** ____/____/____ OR **Duration (days)** _____

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other (*specify*): _____
☐ Vancomycin taper (any route)	☐ Fidaxomicin	

Course 3 **Start Date:** ____/____/____ **Stop Date:** ____/____/____ OR **Duration (days)** _____

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other (*specify*): _____
☐ Vancomycin taper (any route)	☐ Fidaxomicin	

Course 4 **Start Date:** ____/____/____ **Stop Date:** ____/____/____ OR **Duration (days)** _____

☐ Vancomycin (PO)	☐ Metronidazole (PO)	☐ Rifaximin
☐ Vancomycin (Rectal)	☐ Metronidazole (IV)	☐ Nitazoxanide
☐ Vancomycin (Unknown route)	☐ Metronidazole (Unknown route)	☐ Other (*specify*): _____
☐ Vancomycin taper (any route)	☐ Fidaxomicin	

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25. CRF status:	**26. Previous unique CDI episode**	**27. Initials of S.O:**	**28. Identified through audit**
☐ Complete ☐ Incomplete ☐ Chart unavailable after 3 requests	(>8 weeks before the date of incident *C. diff*+ stool collection): ☐ Yes ☐ No If YES, Previous STATEID: _____	_____	☐ Yes ☐ No

29. COMMENTS: _____