

State ID: _____ Date of Incident Specimen Collection (mm-dd-yyyy): ____ - ____ - ____ Surveillance Office Initials _____

25. Antifungal susceptibility testing (check here if no testing done/no test reports available):

| Date of culture | Species | Drug | MIC | Interpretation | |
|--|--|-------------------------|------------------------|---|---|
| 1 <input type="checkbox"/> CA 2 <input type="checkbox"/> CG 3 <input type="checkbox"/> CP 4 <input type="checkbox"/> CT 5 <input type="checkbox"/> CD 6 <input type="checkbox"/> CL 7 <input type="checkbox"/> CK 8 <input type="checkbox"/> CGM 9 <input type="checkbox"/> CO 10 <input type="checkbox"/> CGN 11 <input type="checkbox"/> CS 12 <input type="checkbox"/> Pending | | Amphotericin B | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Anidulafungin (Eraxis) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Caspofungin (Cancidas) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Itraconazole (Sporanox) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Posaconazole (Noxafil) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Voriconazole (Vfend) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | 1 <input type="checkbox"/> CA 2 <input type="checkbox"/> CG 3 <input type="checkbox"/> CP 4 <input type="checkbox"/> CT 5 <input type="checkbox"/> CD 6 <input type="checkbox"/> CL 7 <input type="checkbox"/> CK 8 <input type="checkbox"/> CGM 9 <input type="checkbox"/> CO 10 <input type="checkbox"/> CGN 11 <input type="checkbox"/> CS 12 <input type="checkbox"/> Pending | | Amphotericin B | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | | | Anidulafungin (Eraxis) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | | | Caspofungin (Cancidas) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
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| | | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Itraconazole (Sporanox) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Posaconazole (Noxafil) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |
| | | Voriconazole (Vfend) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND | |

26. Additional non-Candida organisms isolated from blood cultures on the day of or in the 7 days before the DISC:

1 Yes 0 No 9 Unknown

26a. If yes, additional organisms (Enter up to 3 pathogens): _____, _____, _____

27. At the time of DISC, was the patient known to be colonized with or being managed as if they were colonized with multi-drug resistant organism (MDRO) infection control (e.g.: on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.

1 Yes 0 No 9 Unknown

27a. If yes, specify organisms (Enter up to 3 pathogens): _____, _____, _____

28. Any subsequent positive Candida blood cultures in the 30 days after the DISC? 1 Yes 0 No 9 Unknown

28a. If yes, provide dates of all subsequent positive Candida blood cultures and select the species:

| Date Drawn (mm-dd-yyyy) | Species identified* |
|-------------------------|--|
| ____ - ____ - ____ | <input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending |
| ____ - ____ - ____ | <input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending |
| ____ - ____ - ____ | <input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending |
| ____ - ____ - ____ | <input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending |

*Attach additional MIC page if additional Candida species (different from original), if another C. glabrata (even if original was C. glabrata), or if same Candida species (if no AFST results available for original)

29. Documented negative Candida blood culture in the 30 days after the DISC? 1 Yes 0 No 9 Unknown

29a. If yes, date of negative blood culture: ____ - ____ - ____

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30. Did the patient have any of the following types of infection/colonization related to their *Candida* infection?

(check all that apply): None Unknown

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Abscess | <input type="checkbox"/> Candiduria | <input type="checkbox"/> Peritonitis | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Splenic | <input type="checkbox"/> CNS involvement (meningitis, brain abscess) | <input type="checkbox"/> Respiratory specimen with <i>Candida</i> | <input type="checkbox"/> Skin lesions |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Eyes (endophthalmitis or chorioretinitis) | <input type="checkbox"/> Septic emboli | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Lungs | |
| | | <input type="checkbox"/> Brain | |

MEDICAL ENCOUNTERS

31. Was the patient hospitalized on the day of or in the 6 days after the DISC? 1 Yes 0 No 9 Unknown

31a. If yes,
Date of first admission: ____ - ____ - ____ Unknown
Hospital ID: _____ Unknown

31b. Was the patient transferred during this hospitalization?

1 Yes 0 No 9 Unknown

If yes, enter up to two transfers:

| | |
|---|--|
| Date of transfer: ____ - ____ - ____ <input type="checkbox"/> Unknown | Date of second transfer: ____ - ____ - ____ <input type="checkbox"/> Unknown |
| Hospital ID: _____ <input type="checkbox"/> Unknown | Hospital ID: _____ <input type="checkbox"/> Unknown |

32. Where was the patient located prior to admission? (Check one)

- | | | |
|--|-------------------------------------|---|
| 1 <input type="checkbox"/> Private residence | 4 <input type="checkbox"/> LTACH | 6 <input type="checkbox"/> Incarcerated |
| 3 <input type="checkbox"/> LTCF | Facility ID: _____ | 7 <input type="checkbox"/> Other (specify): _____ |
| Facility ID: _____ | 5 <input type="checkbox"/> Homeless | 9 <input type="checkbox"/> Unknown |

33. Patient outcome: 1 Survived 9 Unknown 2 Died

| | |
|--|--|
| Date of discharge: ____ - ____ - ____ <input type="checkbox"/> Unknown | Date of death: ____ - ____ - ____ <input type="checkbox"/> Unknown |
|--|--|

Left against medical advice (AMA)

33a. Discharged to:

- | | |
|--|---|
| 0 <input type="checkbox"/> Not applicable (i.e. patient died, or not hospitalized) | 5 <input type="checkbox"/> Other (specify): _____ |
| 1 <input type="checkbox"/> Private residence | 6 <input type="checkbox"/> Homeless |
| 2 <input type="checkbox"/> LTCF Facility ID: _____ | 7 <input type="checkbox"/> Incarcerated |
| 3 <input type="checkbox"/> LTACH Facility ID: _____ | 9 <input type="checkbox"/> Unknown |

34. Did the patient have any of the following classes or specific ICD-10 codes, including any sub-codes for this hospitalization?

(Check all that apply): None Unknown

- | | |
|---|--|
| <input type="checkbox"/> B37 (candidiasis) Specify sub-code: _____ | <input type="checkbox"/> B48 (other mycoses, not classified elsewhere) |
| <input type="checkbox"/> P37.5 (neonatal candidiasis) | <input type="checkbox"/> B49 (unspecified mycoses) |
| | <input type="checkbox"/> T80.211 (BSI due to central venous catheter) |
| | <input type="checkbox"/> A41.9 (sepsis, unspecified organism) |
| | <input type="checkbox"/> R65.2 (severe sepsis) |

35. Previous Hospitalization in the 90 days before the DISC: 1 Yes 0 No 9 Unknown

35a. If yes, date of discharge: ____ - ____ - ____ Unknown
Facility ID: _____

36. Overnight stay in LTACH in the 90 days before the DISC: 1 Yes 0 No 9 Unknown

Facility ID: _____

37. Overnight stay in LTCF in the 90 days before the DISC: 1 Yes 0 No 9 Unknown

Facility ID: _____

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UNDERLYING CONDITIONS

38. Underlying conditions (Check all that apply): None Unknown

- | | | |
|--|---|--|
| <p><input type="checkbox"/> Chronic Lung Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Chronic Pulmonary disease <p><input type="checkbox"/> Chronic Metabolic Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> With Chronic Complications <p><input type="checkbox"/> Cardiovascular Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> CVA/Stroke/TIA <input type="checkbox"/> Congenital Heart disease <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Peripheral Vascular Disease (PVD) <p><input type="checkbox"/> Gastrointestinal Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diverticular disease <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Peptic Ulcer Disease <input type="checkbox"/> Short gut syndrome <p><input type="checkbox"/> Immunocompromised Condition</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIV infection <input type="checkbox"/> AIDS/CD4 count <200 <input type="checkbox"/> Primary Immunodeficiency <input type="checkbox"/> Transplant, Hematopoietic Stem Cell <input type="checkbox"/> Transplant, Solid Organ | <p><input type="checkbox"/> Liver Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Ascites <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Hepatic Encephalopathy <input type="checkbox"/> Variceal Bleeding <p><input type="checkbox"/> Hepatitis C</p> <ul style="list-style-type: none"> <input type="checkbox"/> Treated, in SVR <input type="checkbox"/> Current, chronic <p><input type="checkbox"/> Malignancy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Malignancy, Hematologic <input type="checkbox"/> Malignancy, Solid Organ (non-metastatic) <input type="checkbox"/> Malignancy, Solid Organ (metastatic) <p><input type="checkbox"/> Neurologic Condition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Chronic Cognitive Deficit <input type="checkbox"/> Dementia <input type="checkbox"/> Epilepsy/seizure/seizure disorder <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Neuropathy <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Other (specify): _____ | <p><input type="checkbox"/> Plegias/Paralysis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Paraplegia <input type="checkbox"/> Quadriplegia <p><input type="checkbox"/> Renal Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Kidney Disease Lowest serum creatinine: _____ mg/DL <p><input type="checkbox"/> Skin Condition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Burn <input type="checkbox"/> Decubitus/Pressure Ulcer <input type="checkbox"/> Surgical Wound <input type="checkbox"/> Other chronic ulcer or chronic wound <input type="checkbox"/> Other (specify): _____ <p><input type="checkbox"/> Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Connective tissue disease <input type="checkbox"/> Obesity or morbid obesity <input type="checkbox"/> Pregnant |
|--|---|--|

SOCIAL HISTORY

39. Smoking (Check all that apply):

- | | |
|----------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> E-nicotine delivery system |
| | <input type="checkbox"/> Marijuana |

40. Alcohol Abuse:

- 1 Yes
 0 No
 9 Unknown

41. Other Substances (Check all that apply): None Unknown

Documented Use Disorder (DUD/Abuse): **Mode of Delivery** (Check all that apply):

- | | | | | | |
|--|---------------------------------------|------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Marijuana (other than smoking) | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Opioid, DEA schedule I (e.g., Heroin) | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Cocaine or methamphetamine | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other* (specify): _____ | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown substance | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |

*Includes hallucinogens (LSD, mushrooms, etc.), club drugs, (MDMA, GHB, etc.), dissociative drugs (ketamine, etc.), inhalants.

OTHER CONDITIONS

42. For cases ≤ 1 year of age: Gestational age at birth: _____ wks 9 Unknown AND Birth weight: _____ gms 9 Unknown

43. Infection with *Clostridium difficile* in the 90 days before or 30 days after the DISC:

1 Yes 0 No 9 Unknown

43a. If yes, date of first *C. diff* diagnosis: _____ - _____ - _____ Unknown

44. Chronic Dialysis: Not on chronic dialysis Unknown

Type: Hemodialysis Peritoneal

44a. If Hemodialysis, type of vascular access:

AV fistula/graft Hemodialysis central line Unknown

45. Surgeries in the 90 days before the DISC:

- Abdominal surgery
- Non-abdominal surgery (specify): _____
- No surgery

46. Pancreatitis in the 90 days before the DISC:

1 Yes
 0 No

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47. Chronic Urinary Tract Problems/Abnormalities: 47a. If yes, did the patient have any urinary tract procedures in the 90 days before the DISC?
 1 Yes 0 No 9 Unknown 1 Yes 0 No 9 Unknown

48. Was the patient neutropenic* on the day of incident specimen collection or at any time in the 2 calendar days before the DISC?
 1 Yes 0 No 9 Unknown (no WBC days -2 or 0, or no differential)

| | |
|---|--|
| 49. Was the patient in an ICU in the 14 days before the DISC? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown | 50. Was the patient in an ICU on the day of incident specimen collection or in the 13 days after the DISC? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown |
|---|--|

51. Did the patient have a CVC in the 2 calendar days before DISC?
 1 Yes 2 No 3 Had CVC but can't find dates 9 Unknown
 If yes, check here if central line in place for > 2 calendar days:
 51a. If yes, CVC type: (Check all that apply)
 Non-tunneled CVCs Implantable ports Other (specify): _____
 Tunneled CVCs Peripherally inserted central catheter (PICC) Unknown
 51b. Were all CVCs removed or changed on the day of or in the 6 days after the DISC?
 1 Yes 3 CVC removed, but can't find dates 9 Unknown
 2 No 5 Died or discharged before indwelling catheter replaced

52. Did the patient have a midline catheter in the 2 calendar days before DISC?
 1 Yes 0 No 9 Unknown

53. Did the patient have any of the following indwelling devices present in the 3 calendar days before DISC?
 Urinary Catheter Respiratory Gastrointestinal
 Indwelling urethral ET/NT Gastrostomy
 Suprapubic Tracheostomy

MEDICATIONS

54. Did the patient receive systemic antibacterial medication in the 14 days before the DISC?
 1 Yes 0 No 9 Unknown

55. Did the patient receive total parenteral nutrition (TPN) in the 14 days before the DISC?
 1 Yes 0 No 9 Unknown

56. Did the patient receive systemic antifungal medication in the 14 days before the DISC?
 1 Yes (if Yes, fill out question 59) 0 No 9 Unknown

57. Was the patient prescribed systemic antifungal medication after the DISC?
 1 Yes (if Yes, fill out question 59) 0 No 9 Unknown

58. If antifungal medication was not given to treat current candidemia infection, what was the reason?
 1 Patient died before culture result available to clinicians 5 Other reason documented in medical records, specify: _____
 2 Comfort care only measures were instituted 6 Patient refused treatment against medical advice
 3 Patient discharged before culture result available to clinician 9 Unknown
 4 Medical records indicated culture result not clinically significant

-----IF ANY ANTIFUNGAL MEDICATION WAS GIVEN, COMPLETE NEXT PAGE. -----
 -----IF CONTINUING WITH OPTIONAL QUESTIONS, COMPLETE LAST PAGE. OTHERWISE END OF CHART REVIEW FORM-----

State ID: _____ Date of Incident Specimen Collection (mm-dd-yyyy): ____-____-____ Surveillance Office Initials _____

ANTIFUNGAL MEDICATION TABLES

Drug abbreviations (**NOTE: Please use abbreviation when entering data**):

- Amphotericin – any IV formulation (Amphotec, Amphocil, Fungizone, Fluconazole (Diflucan)=FLC
- Abelcet, Ambiosome, etc.)=AMBIV Flucytosine (5FC)=5FC
- Anidulafungin (Eraxis)=ANF Isavuconazole (cresemba)=ISU
- Caspofungin (Cancidas)=CAS Itraconazole (Sporanox)=ITC
- Micafungin (Mycamine)=MFG Other=OTH
- Posaconazole (Noxafil)=PSC
- UNKNOWN DRUG=UNK
- Voriconazole (Vfend)=VRC

59. ANTIFUNGAL MEDICATION

| a. Drug Abbrev | b. First date given (mm-dd-yyyy) | c. Date start unknown | d. Last date given (mm-dd-yyyy) | e. Date stop unknown | f. Indication | g. Reason for stopping (if applicable)* |
|----------------|----------------------------------|--------------------------|---------------------------------|--------------------------|--|---|
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |
| | ____-____-____ | <input type="checkbox"/> | ____-____-____ | <input type="checkbox"/> | <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment | |

*Reasons for stopping antifungal treatment include: (1) completion of treatment; (2) started on different antifungal; (3) hospital discharge; (4) withdrawal of care/transition to comfort case only; (5) death; (6) other; (7) no additional records/lost to follow-up; (8) not applicable, no therapy given; and (9) unknown.

-----END OF CHART REVIEW FORM-----

State ID: _____ Date of Incident Specimen Collection (mm-dd-yyyy): ____ - ____ - ____ Surveillance Office Initials _____

AFST results for additional *Candida* isolates

Antifungal susceptibility testing (check here if no testing done/no test reports available):

| Date of culture | Species | Drug | MIC | Interpretation |
|-----------------|-------------------------------------|-------------------------|-----|---|
| | 1 <input type="checkbox"/> CA | Amphotericin B | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 2 <input type="checkbox"/> CG | Anidulafungin (Eraxis) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 3 <input type="checkbox"/> CP | Caspofungin (Cancidas) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 4 <input type="checkbox"/> CT | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 5 <input type="checkbox"/> CD | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 6 <input type="checkbox"/> CL | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 7 <input type="checkbox"/> CK | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 8 <input type="checkbox"/> CGM | Itraconazole (Sporanox) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 9 <input type="checkbox"/> CO | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 10 <input type="checkbox"/> CGN | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 11 <input type="checkbox"/> CS | Posaconazole (Noxafil) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 12 <input type="checkbox"/> Pending | Voriconazole (Vfend) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 1 <input type="checkbox"/> CA | Amphotericin B | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 2 <input type="checkbox"/> CG | Anidulafungin (Eraxis) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 3 <input type="checkbox"/> CP | Caspofungin (Cancidas) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 4 <input type="checkbox"/> CT | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 5 <input type="checkbox"/> CD | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 6 <input type="checkbox"/> CL | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 7 <input type="checkbox"/> CK | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 8 <input type="checkbox"/> CGM | Itraconazole (Sporanox) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 9 <input type="checkbox"/> CO | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 10 <input type="checkbox"/> CGN | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 11 <input type="checkbox"/> CS | Posaconazole (Noxafil) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 12 <input type="checkbox"/> Pending | Voriconazole (Vfend) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |

Antifungal susceptibility testing (check here if no testing done/no test reports available):

| Date of culture | Species | Drug | MIC | Interpretation |
|-----------------|-------------------------------------|-------------------------|-----|---|
| | 1 <input type="checkbox"/> CA | Amphotericin B | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 2 <input type="checkbox"/> CG | Anidulafungin (Eraxis) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 3 <input type="checkbox"/> CP | Caspofungin (Cancidas) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 4 <input type="checkbox"/> CT | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 5 <input type="checkbox"/> CD | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 6 <input type="checkbox"/> CL | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 7 <input type="checkbox"/> CK | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 8 <input type="checkbox"/> CGM | Itraconazole (Sporanox) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 9 <input type="checkbox"/> CO | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 10 <input type="checkbox"/> CGN | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 11 <input type="checkbox"/> CS | Posaconazole (Noxafil) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 12 <input type="checkbox"/> Pending | Voriconazole (Vfend) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 1 <input type="checkbox"/> CA | Amphotericin B | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 2 <input type="checkbox"/> CG | Anidulafungin (Eraxis) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 3 <input type="checkbox"/> CP | Caspofungin (Cancidas) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 4 <input type="checkbox"/> CT | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 5 <input type="checkbox"/> CD | Fluconazole (Diflucan) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 6 <input type="checkbox"/> CL | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 7 <input type="checkbox"/> CK | Flucytosine (5FC) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 8 <input type="checkbox"/> CGM | Itraconazole (Sporanox) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 9 <input type="checkbox"/> CO | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 10 <input type="checkbox"/> CGN | Micafungin (Mycamine) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 11 <input type="checkbox"/> CS | Posaconazole (Noxafil) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |
| | 12 <input type="checkbox"/> Pending | Voriconazole (Vfend) | | <input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND |