OMB 0920-0978

State ID: Date	of Incident Specimen Coll	ection (<i>mm-dd-yyyy</i>):	Surveillance Office Initials				
	CANDIDEM	1IA 2019 CASE REPORT	FORM				
Patient name:(Last, Firs		Medical Record	No.:				
	t, MI)						
Address:(Number, Street, Apt. No.)			nt isolate):				
(Ch. Chata)	(Zip Code)	•	i isolate):				
(City, State)	(Zip Code)	ACC NO. (Subsec	isolate).				
	Phone no.: ()						
Check if not a case:							
		y ∐Not candidemia ∐Unable	e to verify address Other (specify):				
SURVEILLANCE OFFICER INFO		E D		. 60/			
1. Date reported to EIP site:	3. Was case first identified through audit?	5. Previous candidemia ep 1 ☐ Yes 0 ☐ No 9 ☐ Unknow		7. SO's nitials:			
	1 □Yes 0 □No		- Geompiete				
	4. Isolate available?	5a. If yes, enter state	2 Pending 3 Chart				
2. Date review completed:	1 □Yes 0 □No	IDs:]				
DEMOGRAPHICS							
8. State ID:	10. State:	11. 0	County:				
9. Patient ID:							
12. Lab ID where positive cultur	e was identified:						
13. Date of birth (mm-dd-yyyy):	14. Age:		15. Sex:				
	1	□days 2 □mos 3 □yrs	☐Male ☐Female ☐Check if transgender				
16. Weight:	17. Height:		18. BMI: (record only if ht. and/or wt. is a	not			
lbs oz. Ol	R ft.	in. OR	available)				
kg Unknown	cm	Unknown	Unknown				
19. Race (check all that apply):			20. Ethnic origin:				
☐American Indian/Alaska Native	☐Native Hawaiia	n/Pacific Islander	1 Hispanic/Latino				
□Asian	□White		2 □Not Hispanic/Latino				
☐Black/African American	□Unknown		9 □Unknown				
LABORATORY DATA							
21. Date of Incident Specimen C	ollection (DISC) (mm-dd-yy	(yy):					
22. Location of Specimen Collect		***					
		_	Turce				
Hospital Inpatient	Outpatient		LTCF				
Facility ID:	Facility ID:		Facility ID:				
☐ Surgery/OR	☐ Emergency Room		TACH				
Radiology	☐ Clinic/Doctor's offi	_	Facility ID:				
☐ Other inpatient	☐ Dialysis center		Autopsy				
Guier inpatient	Surgery		Other (specify):				
	☐ Observational/clin	ical decision unit	Unknown				
	☐ Other outpatient						
23. Incident Specimen Collection	n Site (check all that apply):		initial positive blood culture (check all that app	ply):			
☐Blood, Central Line		Candida albicans (CA)	Candida krusei (CK)				
☐Blood, Peripheral stick		☐ Candida glabrata (CG)	Candida guilliermondii (CGM)				
☐Blood, not specified		☐ Candida parapsilosis (CP)☐ Candida tropicalis (CT)	Candida, other (CO) specify:				
Other (specify):		☐ Candida dubliniensis (CD)		, (CGN)			
□Unknown		☐ Candida lusitaniae (CL)	☐Pending				

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 Information Collection Request Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0978).

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State ID: ______ Date of Incident Specimen Collection (mm-dd-yyyy): ___-___ Surveillance Office Initials __ 25. Antifungal susceptibility testing (check here \square if no testing done/no test reports available): Date of culture **Species** MIC Interpretation Drug □NI Amphotericin B □s \square SDD \square R \square NS □CA \Box S \square SDD \square R \square NS □NI Anidulafungin (Eraxis) 2 □CG ПСР Caspofungin (Cancidas) \Box s □SDD \square R □NS \square ND □ст \square S \Box I \square R Fluconazole (Diflucan) □SDD □NS \square NI $\Box c D$ \Box CL Flucytosine (5FC) \square S \square R \square NS Пск 8 □CGM Itraconazole (Sporanox) \square S \Box SDD \square R \square NS □NI 9 □co Micafungin (Mycamine) \Box S \square SDD \square R \square NS \square NI 10 □CGN 11 □CS \square S \square SDD \square R \square NS Posaconazole (Noxafil) 12 Pending Voriconazole (Vfend) \Box S \square SDD \square R NI \square S \square R Amphotericin B \square SDD \square NS 1 □CA $\sqcap s$ □SDD \Box R \square NS □NI \square ND Anidulafungin (Eraxis) Пcg Caspofungin (Cancidas) \square S \square SDD \square R \square NS \square NI 4 □CT \square R Fluconazole (Diflucan) \square S \square NS \Box CD 6 □CL \square S SDD \square R \square NS □NI Flucytosine (5FC) Пск \square S Itraconazole (Sporanox) \square SDD \square R \square NS \square NI □co Micafungin (Mycamine) \Box s □SDD \Box I \Box R □NS □NI \square ND 10 □CGN 11 □CS \square S \square SDD \square NI Posaconazole (Noxafil) \square R \square NS \square ND 12 Pending Пs □SDD □I \Box R \Box NS \square NI \square ND Voriconazole (Vfend) 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* \Box CA □cg \Box CT \Box CD \Box CK \square co: \square cgn \square cs □Pending ПСА □cg □СР Пск Псо: ____ □CGN \Box CT $\Box cs$ □ Pending □CA □CO:_____ □CGN □cg \Box CT □cs □Pending □CO:____ □CGN □Pending \Box CG □CL □CK □CGM □cs *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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State ID:	Date of	Incident Specin	nen Collection	n (<i>mm-dd-yyyy</i>):		ON Surveillance Office	/IB 0920-0978 Initials
30. Did the patient	: have any of the	following types	of infection/	colonization relate	d to their <i>Can</i> e	dida infection?	
(check all that apply)): □None □U	nknown					
□Abscess	☐ Candiduria			☐Peritonitis		Osteomyelitis	
□Splenic	☐CNS involveme	ent (meningitis, br	ain abscess) [Respiratory specime	en with <i>Candida</i>	☐Skin lesions	
□Liver	☐Eyes (endopht	halmitis or chorior	etinitis) [☐Septic emboli		☐Other (specify):	
□Pulmonary	☐ Endocarditis			□Lungs			
				□Brain			
MEDICAL ENCOU	NTERS						
31. Was the patien	t hospitalized on	the day of or in	the 6 days a	fter the DISC?	1 □Yes 0 □	No 9 □Unknown	
31a. If yes, Date of first ad	mission:		Du	Inknown			
Hospital ID:		Unk	nown				
31b. Was the patient 1 □Yes 0 □I	transferred during	g this hospitalization	on?				
If yes, enter up to tw	vo transfers:						
Date of transfer: _			☐ Unknown				
Hospital ID:		□Unknowr	ı	Hospital ID:		Unknown	
32. Where was the	e patient located	d prior to admis	ssion? (<i>Check</i>	k one)			
1 Private residence	e	4 □LTACH		6 □Incarcer	ated		
3 □LTCF		Facility ID:		7 □Other (s	specify):		
Facility ID:		5 Homeless		9 □Unknow	vn		
33. Patient outcon	ne: 1 □Survived	9 □Unknowi	1	2 Died			
Date of discharge:				Date of deat	h:		
		□Unknown				Unknown	
☐ Left against me	dical advice (AMA)						
33a. Discharged to:							
0 □Not applicable (i	.e. patient died, or	not hospitalized)		ecify):			
1 Private residence	e		6 Homeless				
2 □LTCF Facility I	D:		7 🗌 Incarcera				
3 □LTACH Facility I	D:		9 🗌 Unknowi	1			
34. Did the patient (Check all that apply)		following classe	s or specific	ICD-10 codes, inclu	uding any sub	-codes for this hospita	lization?
☐ B37 (candidiasis)			□в	48 (other mycoses, no	ot classified else	where)	
Specify sub-code: _			□в	49 (unspecified mycos	ses)		
Specify sub-code: _			□т	80.211 (BSI due to ce	entral venous ca	theter)	
P37.5 (neonatal c	andidiasis)			41.9 (sepsis, unspecif 65.2 (severe sepsis)	ied organism)		
35. Previous Hospi	talization in the	90 days before t	he DISC: 1]Yes 0 □No 9	Unknown		
35a. If yes, date of d Facility ID:	_	·	[Unknown			
36. Overnight stay Facility ID:		90 days before	the DISC: 1	□Yes 0 □No	9 □Unknown		
37. Overnight stay Facility ID:	·	<u>0 days before t</u> i	ne DISC: $1\ \square$	Yes 0 □No 9	□Unknown		

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OMB 0920-0978 State ID: ______ Date of Incident Specimen Collection (mm-dd-yyyy): ___-___ Surveillance Office Initials ___ **UNDERLYING CONDITIONS 38. Underlying conditions** (*Check all that apply*): □None □Unknown ☐Liver Disease ☐ Chronic Lung Disease ☐ Plegias / Paralysis Cystic Fibrosis ☐ Chronic Liver Disease Hemiplegia ☐ Chronic Pulmonary disease ☐ Ascites Paraplegia ☐ Cirrhosis ☐ Quadriplegia Chronic Metabolic Disease ☐ Diabetes Mellitus ☐ Hepatic Encephalopathy ☐Renal Disease ☐With Chronic Complications ☐ Variceal Bleeding ☐ Chronic Kidney Disease ☐ Cardiovascular Disease ☐ Hepatitis C Lowest serum creatinine: _____mg/DL □CVA/Stroke/TIA ☐Treated, in SVR **☐**Skin Condition ☐Current, chronic □Burn ☐Congenital Heart disease ☐Congestive Heart Failure Malignancy ☐ Decubitus/Pressure Ulcer ☐ Myocardial infarction ☐Malignancy, Hematologic ☐Surgical Wound ☐ Malignancy, Solid Organ (non-metastatic) Other chronic ulcer or chronic wound Peripheral Vascular Disease (PVD) Gastrointestinal Disease ☐ Malignancy, Solid Organ (metastatic) Other (specify): _____ ☐ Diverticular disease **■** Neurologic Condition Other ☐ Inflammatory Bowel Disease ☐Cerebral palsy ☐Connective tissue disease ☐ Peptic Ulcer Disease ☐ Chronic Cognitive Deficit ☐Obesity or morbid obesity ☐Short gut syndrome □ Dementia □ Pregnant ☐ Immunocompromised Condition ☐ Epilepsy/seizure/seizure disorder ☐ HIV infection ☐ Multiple sclerosis □AIDS/CD4 count <200 ■ Neuropathy ☐ Primary Immunodeficiency ☐ Parkinson's disease ☐Other (specify): _ ☐Transplant, Hematopoietic Stem Cell ☐Transplant, Solid Organ **SOCIAL HISTORY 39. Smoking** (Check all that apply): 40. Alcohol Abuse: 1 ∐Yes □Tobacco □None ☐E-nicotine delivery system Unknown 9 □Unknown □Marijuana 41. Other Substances (Check all that apply): ■None ■Unknown <u>Documented Use Disorder (DUD/Abuse):</u> <u>Mode of Delivery</u> (Check all that apply): ☐ Marijuana (other than smoking) □DUD or abuse ☐IDU ☐Skin popping ☐Non-IDU ☐Unknown Opioid, DEA schedule I (e.g., Heroin) □DUD or abuse ☐IDU ☐Skin popping ☐Non-IDU ☐Unknown ☐IDU ☐Skin popping ☐Non-IDU ☐Unknown Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) □DUD or abuse ☐Cocaine or methamphetamine ☐IDU ☐Skin popping ☐Non-IDU ☐Unknown ☐DUD or abuse \square Other* (specify): _ □DUD or abuse ☐IDU ☐Skin popping ☐Non-IDU ☐Unknown ☐IDU ☐Skin popping ☐Non-IDU ☐Unknown Unknown substance □DUD or abuse *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 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 44a. If Hemodialysis, type of vascular access: Type: Hemodialysis Peritoneal ☐ AV fistula/graft ☐ Hemodialysis central line ☐ Unknown

45. Surgeries in the <u>90 days before</u> the DISC: 46. Pancreatitis in the 90 days before the DISC: 1 □Yes Abdominal surgery Non-abdominal surgery (specify): ______ Version: Short Form 2019 Last Updated: 08/01/2018 Page **4** of **7**

47. Chronic Urinary Tract P	Date of Incident Specimen Collection (m	nm-dd-yyyy): Surveillance	
-			Office Initials
-	rohlems/Ahnormalities:	47a. If yes, did the patient have any urinary trac	t procedures in the 90 days
	9 □Unknown	before the DISC?	
1 □Yes 0 □No	э Пониноми	1 □Yes 0 □No 9 [Unknown
48. Was the patient neutro	penic* on the day of incident specimen c	ollection or at any time in the 2 calendar day	s before the DISC?
1 □Yes 0 □No 9 □]Unknown (no WBC days -2 or 0, or no differe	ntial)	
49. Was the patient in an I	CU in the 14 days before the DISC?	50. Was the patient in an ICU on the day of collection or in the 13 days after the DISC	
1 □Yes 0 □No 9 □]Unknown	1 Yes 0 No 9 Unknown	•
	CVC in the 2 calendar days before DISC?	TES OF NO STANDOWN	
-	Had CVC but can't find dates 9 Unknown		
	I line in place for > 2 calendar days:		
51a. If yes, CVC type: (<i>Check of</i>	<u>_</u>	Cothon (on orif)	
□ Non-tunneled CVCs □ Tunneled CVCs	☐ Implantable ports	Other (specify):	
	Peripherally inserted cen	` ,	
_	r changed on the day of or in the 6 days after	• 🗖	
1	3 □CVC removed, but can't find dat5 □Died or discharged before indwe		
	midline catheter in the 2 calendar days be		
•]Unknown	eiole DISC!	
	y of the following indwelling devices pre	sent in the 3 calendar days before DISC2	
☐Urinary Catheter ☐Indwelling urethral	□Respiratory □ET/NT	☐Gastrointestinal ☐Gastrostomy	
Suprapubic	☐Tracheostomy		
MEDICATIONS			
	systemic antibacterial medication in the	14 days before the DISC?	
1 □Yes 0 □No 9 □Unkr	•		
	total parenteral nutrition (TPN) in the 14	days before the DISC?	
1 □Yes 0 □No 9 □Unkr	nown		
56. Did the patient receive	systemic antifungal medication in the 14	days before the DISC?	
1 ☐Yes (if Yes, fill out question	<i>n 59)</i> 0 □No 9 □Unknown		
57. Was the patient prescri	bed systemic antifungal medication after	the DISC?	
1 ☐Yes (if Yes, fill out question	<i>n 59)</i> 0 □No 9 □Unknown		
58. If antifungal medication	n was not given to treat current candider	nia infection, what was the reason?	
1 Patient died before culture	e result available to clinicians	5 Other reason documented in medical record	s, specify:
2 Comfort care only measur	es were instituted	6 Patient refused treatment against medical a	dvice
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 CONTINUIN	G WITH OPTIONAL QUESTIONS, COMPLE	TE LAST PAGE. OTHERWISE END OF CHART	
IF CONTINUIN	G WITH OPTIONAL QUESTIONS, COMPLE	TE LAST PAGE. OTHERWISE END OF CHART	

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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 Anidulafungin (Eraxis)=ANF Caspofungin (Cancidas)=CAS

Flucytosine (5FC)=5FC Isavuconazole (cresemba)=ISU Itraconazole (Sporanox)=ITC Micafungin (Mycamine)=MFG

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Other=OTH Posaconazole (Noxafil)=PSC UNKNOWN DRUG=UNK Voriconazole (Vfend)=VRC

9. ANTIFUN	GAL 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)*
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
*Reasons for st death; (6) other	copping antifungal treatment include: (1) cor; (7) no additional records/lost to follow-u	mpletion of treatm o; (8) not applicabl	ent; (2) started on different antifungal; (3) e, no therapy given; and (9) unknown.	hospital discharge;	(4) withdrawal of care/transition	n to comfort case only; (5)
			END OF CHART REVIEW FORM	1		

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AFST results for additional *Candida* isolates

Antifunc	ıal suscei	otibility	testina	(check here	☐ if no	testina	done/	no test re	ports available) :
~c aş	Ja: Jasee	J	cesting			ccsciiig	40		poi co a valiable	,.

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

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

Date of culture	Species	Drug	MIC			Int	erpret	ation		
	1	Amphotericin B		□s	□SDD	□I	□R	□NS	□NI	\square ND
	2 □CG	Anidulafungin (Eraxis)		□s	□SDD	□I	□R	□NS	□NI	□ND
	3 □CP 4 □CT	Caspofungin (Cancidas)		□s	□SDD	□I	□R	□NS	□NI	□ND
	5 □CD	Fluconazole (Diflucan)		□s	□SDD		□R	□NS	□NI	□ND
	6 □CL 7 □CK	Flucytosine (5FC)		□s	□SDD	□I	□R	□NS	□NI	□ND
	8 □CGM	Itraconazole (Sporanox)		□s	□SDD	□I	□R	□NS	□NI	□ND
	9	Micafungin (Mycamine)		□s	□SDD	□I	□R	□NS	□NI	□ND
	11 □CS 12 □Pending	Posaconazole (Noxafil)		□s	□SDD	□I	□R	□NS	□NI	□ND
		Voriconazole (Vfend)		□s	□SDD	□I	□R	□NS	□NI	□ND
	1	Amphotericin B		□s	□SDD	ΠI	□R	□NS	□NI	□ND
	2 □CG	Anidulafungin (Eraxis)		□s	□SDD	□I	□R	□NS	□NI	□ND
	3 □CP 4 □CT	Caspofungin (Cancidas)		□s	□SDD	□I	□R	□NS	□NI	□ND
	5 □CD	Fluconazole (Diflucan)		□s	□SDD	□I	□R	□NS	□NI	□ND
	6 □CL	Flucytosine (5FC)		□s	□SDD		□R	□NS	□NI	□ND
	7	Itraconazole (Sporanox)		□S	□SDD	ΠI	□R	□NS	□NI	□ND
	9	Micafungin (Mycamine)		□s	□SDD		□R	□NS	□NI	□ND
		Posaconazole (Noxafil)		□s	□SDD	ΠI	□R	□NS	□NI	□ND
	12 ☐Pending	Voriconazole (Vfend)		□s	□SDD	□I	□R	□NS	□NI	□ND

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