State ID: _	Da	ate of Inciden	t Specimen Colle	ection (<i>mm-dd-yyyy</i>): _		Surveilland	ce Office Initials _	
D. 11			CANDIDEM	IIA 2019 CASE REPOR				
Patient name:	(Last,	First, MI)		Medical Reco	ord No.: _			
Address:				Hospital:				
(Nu	mber, Street, Apt. No.)			Acc No. (inc	ident isola	te):		
(City	y, State)		(Zip Code)	Acc No. (sub	bseq isolat	e):		
		Dhor	ne no.: ()	<u>-</u>				
			,					
Check if not								
Reason not	a case: Out of c	atchment area	☐Duplicate entry	/ □Not candidemia □Un	nable to ve	erify address Other	(specify):	
	NCE OFFICER IN		_ ,			, –		
	rted to EIP site:	3. Was ca	se first	5. Previous candidemia	e episode	?	6. CRF status:	7. SO's
			through audit?	1 □Yes 0 □No 9 □Unk	known		1 □Complete	initials:
		1 □Yes 0	□No	F- 16			☐ 2 ☐ Pending	
2 Date revi	ew completed:	4. Isolate	available?	5a. If yes, enter state IDs:			☐ 3 ☐Chart	
		1 □Yes 0	□No				unavailable	
]	
DEMOGRAP	PHICS							
8. State ID:			10. State:	1:	1. County	/ :		
9. Patient II	D:							
12. Lab ID v	vhere positive cul	ture was iden						
13. Date of	birth (<i>mm-dd-yyyy</i>)):	14. Age:		1.	5. Sex:		
-			1	□days 2 □mos 3 □yrs]Male □Female [Check if transgend	der
16. Weight:			17. Height:			8. BMI: (record only	if ht and/or wt	is not
	lbs oz.	. OR	ft.	in. OR		vailable)	ii iici dila, oi wei	15 1100
	kg Unknown		cm	Unknown	_		Unknowr	1
19. Race (ch	neck all that apply):				2	0. Ethnic origin:		
	ndian/Alaska Native		☐Native Hawaiia	n/Pacific Islander		☐Hispanic/Latino		
Asian			 □White			□Not Hispanic/Lating)	
 □Black/Africa	an American		Unknown			□Unknown		
LABORATO								
21. Date of	Incident Specime	n Collection (E	OISC) (mm-dd-yy	yy):				
22. Location	of Specimen Coll	lection:						
☐Hospital In	patient	□ Oι	tpatient		☐ LTCF	:		
Facility ID	·	Fa	cility ID:		Fac	ility ID:		
☐ ICU			Emergency Room		☐ LTAC			
☐ Surgery,	/OR		Clinic/Doctor's offi	ce	_	acility ID:		
☐ Radiolog			Dialysis center		_	•		
☐ Other in			•		☐ Auto			
			Surgery			er (specify):		_
			Observational/clini	ical decision unit	☐ Unk	nown		
			Other outpatient					
	: Specimen Collect	tion Site	2	24. <i>Candida</i> species fron	m initial p	ositive blood cultur	e (check all that ap	pply):
(check all tha				☐ Candida albicans (CA)		☐ Candida krusei (CK	١	
☐Blood, Cer				☐ Candida glabrata (CG)		☐ Candida guilliermoi	•	
□Blood, Per				□ Candida giabrata (CG) □ Candida parapsilosis (CP		☐ Candida, other (CO		
☐Blood, not	specified			☐ Candida tropicalis (CT)		☐ Candida, germ tube		ans (CGN)
☐Other (spe	ecify):	_		☐ Candida dubliniensis (CI)		☐ Candida species (C	_	and (CON)
□Unknown				☐ Candida lusitaniae (CL)	-	Pending	~,	
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	oility	testing (chec	k here [if no	testina	done/i	no test	reports	ava	ilable):						
Date of culture		Species		Drug			MIC	<u> </u>				erpret	ation			
			A	mphoter	icin B]s	□SDD		□R	□NS	□NI		ND
		2 □CG 3 □CP	Anidu	ılafungir	(Eraxis))]s	□SDD	□I	□R	□NS	□NI		ND
	3		Caspo	fungin (Cancidas	5)]S	□SDD	□I	□R	□NS	□NI		ND
		□CT □CD	Fluco	nazole (Diflucan))]S	□SDD	□I	□R	□NS	□NI		ND
	6	7 □CK B □CGM	Flu	cytosine	(5FC)					□SDD	□I	□R	□NS	□NI		ND
			Itraco	nazole (S	Sporano	()]s	□SDD		□R	□NS	□NI		ND
			Micafi	ungin (M	ycamine	2)]s	□SDD		□R	□NS	□NI		ND
	11		Posac	onazole	(Noxafil)				□SDD	□I	□R	□NS	□NI		ND
	12		Vorio	conazole	(Vfend)					□SDD	□I	□R	□NS	□NI		ND
	+		A	mphoter	icin B					□SDD	□I	□R	□NS	□NI		ND
		□CA			(Eraxis))]s	□SDD		 □R	□NS	 		
		□CG □CP			Cancidas]s	□SDD		 □R	□NS	 		
	4	□ст	·		Diflucan)]s	□SDD		 □R	□NS	 		
	6	□CD □CL		cytosine		<u> </u>]s	□SDD		□R	□NS	INI		
		□CK □CGM			Sporano	0]s			□R	□NS			
	9	□со			ycamine]s			□R	□NS			
		□CGN □CS			(Noxafil]s			□R		 [N□		
	12	□Pending			(Vfend)	_]s			□R		 [N□		
			VOLIC	Joriazoie	(vieliu)										ا <u>ب</u>	ND .
1 Yes 0 No 9 If yes, additional organism (MDI 1 Yes 0 No 9 If yes, specify organism (MDI 1 yes, specify organism)	was RO) i	the patient infection contains	known t trol (e.g	o be co	lonized ntact p	with or	r being ons)? M	manage IDROs i	ed a	s if the	were CRP	colon , CRA	ized wi B, MRS	th mu A, and		ug
Any subsequent pos	itive	Candida bloc	d cultui	res in th	ne 30 da	ays afte	r the D	ISC? 1	r 🗀,	res 0 [□No	9 🔲 Un	known			
					od cultu	res and	select th	e specie	s:							
	1)	Specie	s identif		Пст		Псі	Пск		CCM [٦٥٥.			CON		Прож
e Drawn (<i>mm-dd-yyy</i>)			∐CG	□CP □CP	□ст □ст		□CL	□ск		_	_				□cs	□Pen □Pen
e Drawn (<i>mm-dd-yyy</i>)			Псс					□ск							□cs	□Pen
e Drawn (<i>mm-dd-yyy)</i>			□cg □cg	_	\Box CT	\Box CD									_	
e Drawn (<i>mm-dd-yyy)</i>			□cG □cG □cG	□СР □СР	□ст □ст		_ □cl	□ск	_	_				CGN	□cs	□Pen
e Drawn (<i>mm-dd-yyy)</i>			□cg □cg	□CP □CP	□ст	□CD	□CL	□ск		CGM []co:_		□			
e Drawn (mm-dd-yyy)	age if	☐ ☐ CA	□CG □CG	□CP □CP	□CT lifferent	□CD	□CL	□ск		CGM []co:_		□			
. If yes, provide dates of the Drawn (mm-dd-yyyy)	age if	☐ ☐ CA Fadditional Ca FST results av	□CG □CG andida sp	□CP □CP ecies (do or origin	□CT lifferent al)	CD	□CL riginal),	□CK if anoth	□(ner <i>C</i>	CGM [CO:	en if or	□(
e Drawn (mm-dd-yyy)	age if no Al	☐ ☐ CA ☐ CA	□CG □CG andida sp ailable fo culture i	CP CP cecies (dor origin	□CT lifferent al) 0 days	CD from or	□CL riginal),	□CK if anoth	□(ner <i>C</i>	CGM [CO:	en if or	□(□Pen <i>ta</i>), or i

State ID:	Date of Incident Speci	men Collection	on (<i>mm-dd-yyyy</i>):	Surv	eillance Office Initi	als
30. Did the patient	t have any of the following type	s of infection	/colonization related to the	eir <i>Candida</i> infe	ection?	
(check all that apply,): None Unknown					
□Abscess	☐ Candiduria		Peritonitis	□Osteo	omyelitis	
□Splenic	☐CNS involvement (meningitis, t	orain abscess)	☐Respiratory specimen with <i>C</i>	<i>Candida</i> □Skin	lesions	
□Liver	☐ Eyes (endophthalmitis or choric	oretinitis)	Septic emboli	□Othe	r (specify):	
□Pulmonary	☐ Endocarditis		□Lungs			
			□Brain			
MEDICAL ENCOU	NTERS					
31. Was the patier	nt hospitalized on the day of or i	in the 6 days	after the DISC? $1 \square Ye$	es 0 🗆 No 9 🗆	Unknown	
31a. If yes, Date of first ad	dmission:	🗆	Unknown			
Hospital ID:		nknown				
31b. Was the patient	t transferred during this hospitaliza	tion?				
	No 9 Unknown					
If yes, enter up to tw						
		□ Unknow	Date of second transfer	r:		Unknow
	_		Hospital ID:		□Unknown	
,			-(·)			
1 Private residence	e patient located prior to adm	ission? (<i>Cned</i>	6 □Incarcerated			
3 □LTCF	_		7 □Other (specify):			
Facility ID:			9 □Unknown			
raciity 1D.	5 🗀 i loi ileiess					
33. Patient outcon	ne: 1 □Survived 9 □Unknov	vn	2 Died			
Date of discharge:			Date of death:			
					□Unknown	
☐ Left against me	edical advice (AMA)					
33a. Discharged to:						
0 □Not applicable (i	i.e. patient died, or not hospitalized)	5 □Other (s	pecify):	<u> </u>		
1 □Private residence		6 □Homeles	SS			
	ID:	7 🗌 Incarcer	ated			
	 ID:	9 🗌 Unknov	vn			
34. Did the patient	t have any of the following class	ses or specific	: ICD-10 codes, including a	ny sub-codes f	or this hospitalizati	on?
(Check all that apply				,	or	
☐ B37 (candidiasis)			B48 (other mycoses, not classif	ied elsewhere)		
Specify sub-code:			B49 (unspecified mycoses)			
Specify sub-code:			T80.211 (BSI due to central ve	nous catheter)		
☐ P37.5 (neonatal o	candidiasis)		A41.9 (sepsis, unspecified orga	nism)		
	,		R65.2 (severe sepsis)			
35. Previous Hospi	italization in the 90 days before	the DISC: 1	Yes 0	nown		
35a. If yes, date of d	discharge:		□Unknown			
Facility ID:						
36. Overnight stay Facility ID:	y in LTACH in the <u>90 days befor</u>	e the DISC: 1	□Yes 0 □No 9 □Unk	known		
37. Overnight stay Facility ID:	y in LTCF in the <u>90 days before</u>	the DISC: 1]Yes 0 □No 9 □Unkn	own		
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State ID: Date	of Incident Specimen Collect	tion (<i>mm-dd-yyyy</i>):	Surveillance Office Initials	
UNDERLYING CONDITIONS 38. Underlying conditions (Che	eck all that apply):	e Unknown		
,	<u>_</u>			
☐Chronic Lung Disease	☐Liver Disease		☐Plegias/Paralysis	
Cystic Fibrosis	☐Chronic Liver Di	sease	Hemiplegia	
Chronic Pulmonary disease	☐ Ascites		☐ Paraplegia	
Chronic Metabolic Disease	☐ Cirrhosis		Quadriplegia	
☐Diabetes Mellitus	☐Hepatic Encep	halopathy	☐Renal Disease	
☐With Chronic Complications	□Variceal Bleedi	ng	☐Chronic Kidney Disease	
□Cardiovascular Disease	☐Hepatitis C		Lowest serum creatinine:	mg/DL
□CVA/Stroke/TIA	☐Treated, in SV	R	☐Skin Condition	
☐Congenital Heart disease	☐Current, chron	ic	□Burn	
☐Congestive Heart Failure	☐Malignancy		☐Decubitus/Pressure Ulcer	
☐Myocardial infarction	☐Malignancy, Her	natologic	☐Surgical Wound	
☐Peripheral Vascular Disease (PVI	O) Malignancy, Soli	d Organ (non-metastatic)	☐Other chronic ulcer or chronic wound	
☐Gastrointestinal Disease	☐Malignancy, Soli	d Organ (metastatic)	☐Other (specify):	
☐ Diverticular disease	□ Neurologic Con	- ,	Other	
☐Inflammatory Bowel Disease	☐Cerebral palsy		Connective tissue disease	
☐ Peptic Ulcer Disease	☐Chronic Cognitiv	e Deficit	Obesity or morbid obesity	
☐Short gut syndrome	□ Dementia	0 2 0.10.0	☐Pregnant	
☐Immunocompromised Conditi	-	/seizure disorder	<u> П. годнанс</u>	
☐ HIV infection	☐Multiple sclerosi			
☐AIDS/CD4 count <200	☐ Neuropathy	5		
☐Primary Immunodeficiency	☐Parkinson's dise	300		
☐Transplant, Hematopoietic Stem				
	Cell Duller (specify).			
☐Transplant, Solid Organ				
SOCIAL HISTORY				
39. Smoking (Check all that apply)	;	40. Alcohol Abi	use:	
,,,,,		1 □Yes		
□None	□Tobacco			
□Unknown	☐E-nicotine delivery system	0		
	□Marijuana	9 □Unknown		
41 Other Substance (Check all A				
41. Other Substances (Check all t		nknown o Disordor (DUD/Abuse	e): Mode of Delivery (Check all that apply):	
_	<u>Documented Os</u>			
☐Marijuana (other than smoking)		☐DUD or abuse		Inknown
☐Opioid, DEA schedule I (e.g., Here	oin)	□DUD or abuse		Inknown
☐Opioid, DEA schedule II-IV (e.g.,	methadone, oxycodone)	□DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐U	Inknown
☐Cocaine or methamphetamine		□DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐U	Inknown
☐Other* (specify):		□DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐U	Inknown
☐Unknown substance		☐DUD or abuse		Inknown
	(MDMA			
*Includes hallucinogens (LSD, mush (ketamine, etc.), inhalants.	rooms, etc.), club arugs, (MDMA,	ынь, etc.), dissociative dr	rugs	
OTHER CONDITIONS				
42. For cases ≤ 1 year of age:	Gestational age at birth:	_ wks 9 □Unknown	AND Birth weight: gms 9 🗍 U	nknown
43. Infection with <i>Clostridium d</i>				
1	<u> </u>	or bounds after the bis		
43a. If yes, date of first <i>C. diff</i> diagn	OSIS:	Unk	Known	
44. Chronic Dialysis: Not d	on chronic dialysis Unknown	44a. If Hemodia	alysis, type of vascular access:	
Type: Hemodialysis Perito	oneal		/graft Hemodialysis central line Unknov	wn
			· •	vv11
45. Surgeries in the <u>90 days before</u>	nie DISC:		is in the <u>90 days before</u> the DISC:	
☐Abdominal surgery		1 □Yes		
□Non-abdominal surgery (specify):		0		
□No surgery				
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State ID:	_ Date of Incident Specimen Collection (<i>n</i>	nm-dd-yyyy):	Surveill	ance Office Initials
47. Chronic Urinary Tract	Problems/Abnormalities:	47a. If yes, did the pa	tient have any urina	ry tract procedures in the <u>90 days</u>
1 □Yes 0 □No	9 ☐Unknown]Yes 0 □No	9 □Unknown
I	openic* on the day of incident specimen culture on the day of incident specimen color on the days -2 or 0, or no differe	-	e in the 2 calenda	r days before the DISC?
49. Was the patient in an	ICU in the 14 days before the DISC?			day of incident specimen
1 □Yes 0 □No 9 [□Unknown	collection or in the 1 □Yes 0 □No	13 days after the I 9 □Unknown	DISC?
51. Did the patient have a	CVC in the 2 calendar days before DISC?		-	
l		ı		
If yes, check here if centr	al line in place for > 2 calendar days:			
51a. If yes, CVC type: (Check				
□Non-tunneled CVCs	☐Implantable ports		☐Other (specify):	
☐Tunneled CVCs	☐Peripherally inserted cer	ntral catheter (PICC)	□Unknown	
51b. Were all CVCs removed of	or changed on the day of or in the 6 days after	` '		
1	3 □CVC removed, but can't find da		9 □Unknown	
2 □No	5 Died or discharged before indw		_	
52. Did the patient have a	midline catheter in the 2 calendar days b	efore DISC?		
1 □Yes 0 □No 9 [Unknown			
53. Did the patient have a	ny of the following indwelling devices pre	sent in the 3 calendar	days before DISC	?
☐Urinary Catheter	Respiratory		☐Gastrointestin	al
☐Indwelling urethral	□ET/NT		Gastrosto	
Suprapubic	☐Tracheostomy			
MEDICATIONS				
54. Did the patient receive	systemic antibacterial medication in the	14 days before the DI	SC?	
1 □Yes 0 □No 9 □Unk				
<u>-</u>	e total parenteral nutrition (TPN) in the 14	days before the DISC	C?	
1 ☐Yes 0 ☐No 9 ☐Unk		LL L C II DIG	<u> </u>	
	e systemic antifungal medication in the 14	days before the DISC		
1 ☐Yes (if Yes, fill out questi	<u> </u>			
	ribed systemic antifungal medication after	r the DISC?		
1 ☐Yes (if Yes, fill out questi	<u> </u>			
	on was not given to treat current candider			
1 ☐ Patient died before cultur		5 ☐Other reason docu		
2 Comfort care only measu		6 □ Patient refused tre	eatment against med	lical advice
_	e culture result available to clinician	9 □Unknown		
4 Medical records indicated	I culture result not clinically significant			
IF ANY ANTIFU	JNGAL MEDICATION WAS GIVEN, COMPLI	TE NEXT PAGE. OTHE	RWISE END OF CH	HART REVIEW FORM
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ohotericin – Icet, AmBio Iulafungin (ons (<u>NOTE:</u> Please use abbreviation any IV formulation (Amphotec, Amphoci some, etc.)=AMBIV Eraxis)=ANF ancidas)=CAS	l, Fungizone, Fl Fl Is Itı	data): uconazole (Diflucan)=FLC ucytosine (5FC)=5FC avuconazole (cresemba)=ISU raconazole (Sporanox)=ITC icafungin (Mycamine)=MFG	Po UN	her=OTH saconazole (Noxafil)=PSC IKNOWN DRUG=UNK riconazole (Vfend)=VRC	
. ANTIFUNG 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 stoppin (if applicable)*
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
easons for stath; (6) othe	copping antifungal treatment include: (1) cc r; (7) no additional records/lost to follow-u	o; (8) not applicabl	ent; (2) started on different antifungal; (3) e, no therapy given; and (9) unknown.			n to comfort case only; (5)

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

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State ID:	Date of I	ncident Specimen Collection	on (<i>mm-dd-y</i>)	ryyy): Surveillance Office Initials
		AFST results for a	additional	Candida isolates
ntifungal suscepti	bility testing (ch	eck here 🗌 if no testing do	ne/no test re	eports available):
Date of culture	Species	Drug	MIC	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	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
	12 Pending	Voriconazole (Vfend)		□S □SDD □I □R □NS □NI □ND
	1 □CA	Amphotericin B		□S □SDD □I □R □NS □NI □ND
	1 □CA 2 □CG	Anidulafungin (Eraxis)		□S □SDD □I □R □NS □NI □ND
	3 □CP	Caspofungin (Cancidas)		□S □SDD □I □R □NS □NI □ND
	4 □CT 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	Posaconazole (Noxafil)		□S □SDD □I □R □NS □NI □ND
	11 □CS 12 □Pending	Voriconazole (Vfend)		□S □SDD □I □R □NS □NI □ND
ntifungal suscepti	bility testing (ch	eck here \square if no testing do	ne/no test re	eports available):
Date of culture	Species	Drug	MIC	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	Fluconazole (Diflucan)		□S □SDD □I □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
	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	Amphotericin B		□S □SDD □I □R □NS □NI □ND
	2 □CG	Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
	3 □CP	Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
	4 □CT 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
		` '		<u> </u>

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