| | |
|---|---|
| **1. PATIENT ID:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ | **2. STATE ID:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ |
| **3. SPECIMEN ID:** _____ | **4. DATE OF INCIDENT *C. diff*+ STOOL COLLECTION:** ___ ___/___ ___/___ ___ ___ ___ |

Form Approved
OMB No. 092-0978

# *CLOSTRIDIOIDES DIFFICILE* INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT

Patient's Name: _____ Phone No.: ( ) _____ - _____
(Last, First, M.I.)

Address: _____ Chart Number: _____
(Number, Street, Apt. No.)

_____ _____ _____ Hospital: _____
(City) (State) (Zip Code)

**5. STATE:** (Residence of Patient)

**6. COUNTY:** (Residence of Patient)

**7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED**

**8. FACILITY ID WHERE PATIENT TREATED**

**9. POSITIVE DIAGNOSTIC ASSAY FOR *C. diff*+**

| | | | |
|---|---|---|---|
| **9a. EIA** | ☐ Positive | ☐ Negative | ☐ Not tested |
| **9b. GDH** | ☐ Positive | ☐ Negative | ☐ Not tested |
| **9c. Cytotoxin** | ☐ Positive | ☐ Negative | ☐ Not tested |
| **9d. NAAT (*C. diff* only)** | ☐ Positive | ☐ Negative | ☐ Not tested |
| **9e. NAAT (GI panel)** | ☐ Positive | ☐ Negative | ☐ Not tested |
| **9.e.1 If positive, was result suppressed?** | ☐ Yes | ☐ No | ☐ Unknown |
| **9f. Other** (specify): _____ | ☐ Positive | ☐ Negative | ☐ Not tested |

**10. DATE OF BIRTH:**
___ ___/___ ___/___ ___ ___ ___
☐ Unknown

**11. AGE:** (years): ____ ____ ____

**12. SEX AT BIRTH:**
☐ Male ☐ Female ☐ Unknown
☐ Transgender

**13. ETHNIC ORIGIN:**
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

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

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

**15a. If YES, Date of Admission:** ___ ___/___ ___/___ ___ ___ ___ ☐ Unknown

**16. Where was the patient located on the 3rd calendar day before the date of incident *C. diff*+ stool collection?**
☐ Private Residence
☐ LTCF Facility ID: _____
☐ Hospital Inpatient Facility ID: _____
☐ Homeless
☐ Incarcerated
☐ Other *(specify)*: _____
☐ Unknown

**16a. Was the patient transferred from this hospital?** ☐ Yes ☐ No ☐ Unknown
☐ LTACH Facility ID: _____

**17. Location of incident *C. diff*+ stool collection**

☐ **Outpatient**
Facility ID: _____
☐ Emergency room
☐ Clinic/doctor's office
☐ Dialysis center
☐ Surgery
☐ Observation/ Clinical decision unit
☐ Other outpatient

☐ **Hospital Inpatient**
Facility ID: _____
☐ ICU
☐ OR
☐ Radiology
☐ Other inpatient

☐ **LTCF**
Facility ID: _____

☐ **LTACH**
Facility ID: _____

☐ **Autopsy**

☐ **Other *(specify)***: _____

☐ **Unknown**

**18. HCFO classification questions:**

**18a. Was incident *C. diff*+ stool collected at least 3 calendar days after the date of hospital admission?**
☐ Yes **(HCFO - go to 18d)** ☐ No

**18b. Was incident *C. diff*+ stool collected in an outpatient setting for a LTCF resident, or in a LTCF or LTACH?**
☐ Yes **(HCFO - go to 18d)** ☐ No

**18c. Was the patient admitted from a LTCF or a LTACH?**
☐ Yes **(HCFO - go to 18d)** ☐ No **(CO - complete CRF)**
Facility ID: _____

**18d. If HCFO, was this case sampled for full CRF?**
☐ Yes **(Complete CRF)** ☐ No **(STOP data abstraction here!)**
**1 2 3 4 5 6 7 8 9 10**

**19. Patient Outcome** ☐ **Unknown**
☐ **Survived**
☐ **Died**

**19a. Date of discharge:** ___ ___/___ ___/___ ___ ___ ___ ☐ Unknown
☐ Left against medical advice (AMA)

**19b. If survived, discharged to:**
☐ Private residence
☐ LTCF Facility ID: _____
☐ LTACH Facility ID: _____
☐ Other *(specify)*: _____
☐ Unknown

**19c. Date of death:** ___ ___/___ ___/___ ___ ___ ___ ☐ Unknown

**20. Exposures to healthcare in the 12 weeks before the date of incident *C. diff*+ stool collection**

**20a. Previous hospitalization** ☐Yes ☐No ☐Unknown Facility ID: _____

**20a.1 If yes, date of discharge closest to date of incident *C. diff*+ stool collection:**

__ __/__ __/__ __ __ __ ☐Unknown

**20b. Overnight stay in LTACH** ☐Yes ☐No ☐Unknown Facility ID: _____

**20c. Overnight stay in LTCF** ☐Yes ☐No ☐Unknown Facility ID: _____

**20d. Chronic dialysis** ☐Yes ☐No ☐Unknown

**20d.1 Type** ☐Hemodialysis ☐Peritoneal ☐Unknown

**20e. Surgery** ☐Yes ☐No ☐Unknown

**20f. ER visit** ☐Yes ☐No ☐Unknown

**20g. Observation/CDU stay** ☐Yes ☐No ☐Unknown

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

**Chronic lung disease**
- ☐Cystic fibrosis
- ☐Chronic pulmonary disease

**Chronic metabolic disease**
- ☐Diabetes mellitus
  - ☐With chronic complications

**Cardiovascular disease**
- ☐CVA/Stroke/TIA
- ☐Congenital heart disease
- ☐Congestive heart failure
- ☐Myocardial infarction
- ☐Peripheral vascular disease (PVD)

**Gastrointestinal disease**
- ☐Diverticular disease
- ☐Inflammatory bowel disease
- ☐Peptic ulcer disease
- ☐Short gut syndrome

**Immunocompromised condition**
- ☐HIV
  - ☐AIDS/CD4 count < 200
- ☐Primary immunodeficiency
- ☐Transplant, hematopoietic stem cell
- ☐Transplant, solid organ

**Liver disease**
- ☐Chronic liver disease
  - ☐Ascites
  - ☐Cirrhosis
  - ☐Hepatic encephalopathy
  - ☐Variceal bleeding
- ☐Hepatitis C
  - ☐Treated, in SVR
  - ☐Current, chronic

**Malignancy**
- ☐Malignancy, hematologic
- ☐Malignancy, solid organ (non-metastatic)
- ☐Malignancy, solid organ (metastatic)

**Neurologic condition**
- ☐Cerebral palsy
- ☐Chronic cognitive deficit
- ☐Dementia
- ☐Epilepsy/seizure/seizure disorder
- ☐Multiple sclerosis
- ☐Neuropathy
- ☐Parkinson's disease
- ☐Other (specify): _____

**Plegias/Paralysis**
- ☐Hemiplegia
- ☐Paraplegia
- ☐Quadriplegia

**Renal disease**
- ☐Chronic kidney disease

  Lowest serum creatinine: _____ mg/DL

  ☐Unknown or not done

**Skin condition**
- ☐Burn
- ☐Decubitus/pressure ulcer
- ☐Surgical wound
- ☐Other chronic ulcer or chronic wound
- ☐Other (specify): _____

**Other**
- ☐Connective tissue disease
- ☐Obesity or morbid obesity
- ☐Pregnancy

**22a. Weight** _____ lbs _____ oz OR _____ kg ☐Unknown

**22b. Height** _____ ft _____ in OR _____ cm ☐Unknown

**22c. BMI** _____ ☐Unknown

**23. Substance Use**

**23a. Smoking:** ☐None ☐Unknown ☐Tobacco ☐E-Nicotine Delivery System ☐Marijuana

**23b. Alcohol abuse:** ☐Yes ☐No ☐Unknown

**23c. Other substances:** (*Check all that apply*) ☐None ☐Unknown

| | Documented Use Disorder (DUD)/Abuse? | Mode of delivery: (*Check all that apply*) |
|---|---|---|
| ☐Marijuana/cannabinoid (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 |
| ☐Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) | ☐DUD or Abuse | ☐IDU ☐Skin popping ☐non-IDU ☐Unknown |
| ☐Opioid, NOS | ☐DUD or Abuse | ☐IDU ☐Skin popping ☐non-IDU ☐Unknown |
| ☐Cocaine | ☐DUD or Abuse | ☐IDU ☐Skin popping ☐non-IDU ☐Unknown |
| ☐Methamphetamine | ☐DUD or Abuse | ☐IDU ☐Skin popping ☐non-IDU ☐Unknown |
| ☐Other (specify): _____ | ☐DUD or Abuse | ☐IDU ☐Skin popping ☐non-IDU ☐Unknown |
| ☐Unknown substance | ☐DUD or Abuse | ☐IDU ☐Skin popping ☐non-IDU ☐Unknown |

During the current hospitalization, did the patient receive medication assisted treatment (MAT) for opioid use disorder? ☐Yes ☐No ☐N/A (patient not hospitalized or did not have DUD)

**24. Was CDI a primary or contributing reason for patient's admission?**

☐Yes ☐No ☐Not Admitted ☐Unknown

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

☐Yes ☐No ☐Not Admitted ☐Unknown

**25a. If YES, what was the POA code assigned to it?**

☐Y, Yes ☐W, Clinically Undetermined
☐N, No ☐Missing
☐U, Unknown ☐Not Applicable

**26. Was the patient in an ICU on the day of or in the 6 days after the date of incident *C. diff*+ stool collection?**

☐Yes ☐No ☐Unknown

**26a. If YES, date of ICU admission:**

__ __/__ __/__ __ __ __

☐Unknown

**27. 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)*

- ☐ "Asymptomatic" documented in medical record
- ☐ 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
- ☐ No diarrhea, nausea, or vomiting documented
- ☐ Information not available

**28. Toxic megacolon and ileus** (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident *C. diff*+ stool collection)

**28a. Radiographic findings**

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ileus
- ☐ Neither toxic megacolon nor ileus
- ☐ Radiology not performed
- ☐ Information not available

**28b. Clinical findings**

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ileus
- ☐ Neither toxic megacolon nor ileus
- ☐ Information not available

**29. 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
- ☐ No
- ☐ Not Done
- ☐ Information not available

**30. Colectomy** (related to CDI):

- ☐ Yes
- ☐ No
- ☐ Unknown

**30a. If YES, Date of Procedure:**

__ __ /__ __ /__ __ __ __

☐ Unknown

**31. Were other enteric pathogens isolated from stool collected on the date of incident *C. diff*+ stool collection?**

- ☐ *Campylobacter*
- ☐ *Norovirus*
- ☐ *Rotavirus*
- ☐ *Salmonella*
- ☐ Shiga Toxin-Producing *E.coli*
- ☐ *Shigella*
- ☐ Other (specify): _____
- ☐ None
- ☐ No other pathogens tested
- ☐ Unknown

**32. 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):

**32a. Albumin ≤2.5g/dl:**

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

**32b. White blood cell count ≤ 1,000/µl:**

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

**32c. White blood cell count ≥ 15,000/µl:**

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

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

**33a. Proton pump inhibitor** (e.g. Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole)

- ☐ Yes
- ☐ No
- ☐ Unknown

**33b. H2 Blockers** (e.g. Famotidine, Ranitidine, Cimetidine)

- ☐ Yes
- ☐ No
- ☐ Unknown

**33c. Immunosuppressive therapy** *(Check all that apply)*

- ☐ Steroids
- ☐ Chemotherapy
- ☐ Other agents *(specify)*: _____
- ☐ None
- ☐ Unknown

**33d. Antimicrobial therapy** (*Check all that apply)* ☐ None ☐ Unknown

| | | | | |
|---|---|---|---|---|
| ☐ Amikacin | ☐ Cefoxitin | ☐ Clindamycin | ☐ Meropenem | ☐ Telavancin |
| ☐ Amoxicillin | ☐ Cefpodoxime | ☐ Dalbavancin | ☐ Meropenem/vaborbactam | ☐ Tigecycline |
| ☐ Amoxicillin/clavulanic acid | ☐ Ceftaroline | ☐ Daptomycin | ☐ Metronidazole | ☐ Tobramycin |
| ☐ Ampicillin | ☐ Ceftazidime | ☐ Delafloxacin | ☐ Moxifloxacin | ☐ Trimethoprim |
| ☐ Ampicillin/sulbactam | ☐ Ceftazidime/avibactam | ☐ Doripenem | ☐ Nitrofurantoin | ☐ Trimethoprim/sulfamethoxazole |
| ☐ Azithromycin | ☐ Ceftizoxime | ☐ Doxycycline | ☐ Oritavancin | ☐ Vancomycin (IV) |
| ☐ Aztreonam | ☐ Ceftolozane/tazobactam | ☐ Ertapenem | ☐ Penicillin | ☐ Other (specify): |
| ☐ Cefazolin | ☐ Ceftriaxone | ☐ Fosfomycin | ☐ Piperacillin/tazobactam | _____ |
| ☐ Cefdinir | ☐ Cefuroxime | ☐ Gentamicin | ☐ Polymyxin B | |
| ☐ Cefepime | ☐ Cephalexin | ☐ Imipenem/cilastatin | ☐ Polymyxin E (colistin) | |
| ☐ Cefixime | ☐ Ciprofloxacin | ☐ Levofloxacin | ☐ Rifaximin | |
| ☐ Cefotaxime | ☐ Clarithromycin | ☐ Linezolid | ☐ Tedizolid | |

**33e. 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

**33e.1 If YES, which medication was taken** *(Check all that apply)*:

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

**34. Treatment for incident CDI** ☐ No treatment ☐ Unknown treatment

**34a.1 Course 1**

**Start Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

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

**34a.2 Course 2**

**Start Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

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

**34a.3 Course 3**

**Start Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

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

**34a.4 Course 4**

**Start Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown **Stop Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown OR **Duration (days)** _____ ☐ Unknown

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

**34b.** ☐ **Probiotics (specify):** _____

**34c.** ☐ **Stool transplant Date:** ___ ___ /___ ___ /___ ___ ___ ___ ☐ Unknown

**35. Previous unique CDI episode** (>8 weeks before the date of incident *C. diff*+ stool collection):
☐ Yes
☐ No
**35a. If YES, previous STATEID:**
_____

**36. Any recurrent *C. diff*+ episodes following this incident *C. diff*+ episode?**
☐ Yes
☐ No
**36a. If YES, Date of first recurrent specimen:**
___ ___ /___ ___ /___ ___ ___ ___

**37. CRF status:**
☐ Complete
☐ Incomplete
☐ Chart unavailable after 3 requests

**38. Initials of S.O:**
_____

**39. Date of abstraction:**
___ ___ /___ ___ /___ ___ ___ ___

**40. Comments:**