1. PATIENT ID:	2. STATE ID:
3. SPECIMEN ID:	4. DATE OF INCIDENT C. diff+ STOOL COLLECTION: / /

Form Approved

CLOSTRIDIOIDES DIFFICILE INFECTION (CDI) SURVEILLANCE



OMB No. 092-0978 EMERGING INFECTIONS PROGRAM CASE REPORT												
Patient's Name:				_ Phone No.: ()								
(Last, First, M.I.)				_ Chart Number:								
Address:(Number, Street, Apt. No.)					. Chart Number.							
(City) (State) (Zip Code)				Hospital:								
5. STATE:	6. COUNT				GNOSTIC ASSAY	FOR C. diff+						
(Residence of Patient)	(Residence of F	Patient)		9a. EIA	Pa. EIA ☐ Positive ☐ Negative ☐ Not teste							
	9d. EIA 9b. GDH							_	☐ Not tested			
				9c. Cytotoxin				•	☐ Not tested			
7. LABORATORY II	D WHERE	8. FACILITY ID WHERE		9d. NAAT (<i>C. di</i>	ff only)		Positive	☐ Negative	☐ Not tested			
	INCIDENT SPECIMEN IDENTIFIED PATIENT TREATED 9e. NAAT (GI panel) 9e.1 If positive, was result				anel)		Positive	☐ Negative	☐ Not tested			
IDENTIFIED					ve, was result su	uppressed? ☐ Yes ☐ No ☐ Unknown						
	9f. Other (specify):						☐ Positive	☐ Negative	\square Not tested			
10. DATE OF BIRT	H:	12. SEX AT BIRTH:				14. RACE: (C	neck all that apply	/)				
//_			· 🗌 Ur	nknown		American			ve Hawaiian or			
\square Unknown		\square Transgender				Alaska Na □ Asian	tive	Otne Whit	er Pacific Islander			
		13. ETHNIC ORIGIN					frican Amari	can 🗆 Unkr				
11. AGE: (years):		Hispanic or Latin	o \square No	ot Hispanic or Lati	no 🗌 Unknown	L DIACK OF A	incan Amen	Cari Unki	IOWII			
15. Was the patie	nt hospitali	zed on the day of or in	the 6 c	alendar days afte	er the date of inc	ident <i>C. diff-</i>	stool colle	ction? Yes	☐ No ☐ Unknown			
15a. If YES, Date o	of Admissio	n://		Unknown	1							
		cated on the 3 rd calend				f+ stool colle	ction?					
☐ Private Residen	ce				☐Homele	ess						
LTCF	-	/ ID:										
		/ ID:										
=		rred from this hospital?			nown ∐Unknov	wn						
☐ LTACH		/ ID:			an UCEO alor	:6:+:						
Outpatient		TT+ Stool collection Hospital Inpatient		re		ssification qu		d a t l a a a t 2 a a l	anda.			
Facility ID:		Facility ID:		cility ID:		cident C. diff + stool collected at least 3 calendar Ifter the date of hospital admission?						
-	_					ICFO - go to 18d						
☐ Emergency ro	oom	□ICU		LTACH 18b. Was incident <i>C. diff</i> + stool collected in an outpatient								
\square Clinic/doctor	's office	□OR	Fa	Facility ID: setting for a LTCF resident, o				TCF or LTACH?				
Dialysis cente	er	Radiology	18c Was the national admitted from a LTCF or a LTACH?									
Surgery		Other inpatient	☐ Autopsy ☐ Yes (I			(HCFO - go to 18d) No (CO - complete CRF)						
\square Observation/							D:					
						O, was this case sampled for full CRF?						
☐ Other outpatient ☐ Unknown ☐ Yes ((Complete CRF) \(\subseteq \text{No (STOP data abstraction here!)} \) 3 4 5 6 7 8 9 10								
						-						
19. Patient Outco ☐ Survived	me 🗆	Unknown			Died							
	arae.	_//	Г	Unknown		of death:	1	/	Unknown			
Left against n	nedical advi	ce (AMA)			isc. Date o	n death		/				
☐ Private residence	-											
☐ LTCF Facility ID:												
□ LTACH Facility ID:												
Other (specify):												

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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

20 5	6 11 11 61 11 10 110						
20. Exposures to healthcare in the 12 weeks because the second of the se							
20a. Previous hospitalization	Yes	□No	Unknown	Facility ID:			
20a.1 If yes, date of discharge closest to date of incident <i>C. diff</i> + stool collection:							
// □Unk	known	_	_	_			
20b. Overnight stay in LTACH			☐ No	Unknown	Facility ID:		
20c. Overnight stay in LTCF		Yes	□ No	Unknown	Facility ID:		
20d. Chronic dialysis		Yes	□No	Unknown			
20d.1 Type Hemodialysis Peritonea	al 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 appl	(y) \square None \square Unknown						
3 · · · · · · · · · · · · · · · · · · ·	Liver disease			gias/Paralysis			
☐ Cystic fibrosis	☐ Chronic liver disease			Hemiplegia			
\square Chronic pulmonary disease	Ascites			Paraplegia			
Chronic metabolic disease	☐ Cirrhosis			Quadriplegia			
☐ Diabetes mellitus	\square Hepatic encephalopathy			nal disease			
\square With chronic complications	\square Variceal bleeding			Chronic kidney	disease		
Cardiovascular disease	☐ Hepatitis C				reatinine:	mg/DL	
☐ CVA/Stroke/TIA	\square Treated, in SVR			Unknown or	not done		
\square Congenital heart disease	☐ Current, chronic			in condition			
☐ Congestive heart failure	Malignancy			Burn			
\square Myocardial infarction	☐ Malignancy, hematologic			Decubitus/pres			
Peripheral vascular disease (PVD)	☐ Malignancy, solid organ (non-r	netastatio	-,	\square Surgical wound			
Gastrointestinal disease	☐ Malignancy, solid organ (metas	static)			lcer or chronic wound		
☐ Diverticular disease	Neurologic condition			Other (specify):			
☐ Inflammatory bowel disease	☐ Cerebral palsy		_				
☐ Peptic ulcer disease	☐ Chronic cognitive deficit		Ot	her			
☐ Short gut syndrome	Dementia			Connective tissi	ue disease		
Immunocompromised condition	☐ Epilepsy/seizure/seizure disord	ler		Obesity or mork	oid obesity		
□HIV	☐ Multiple sclerosis			Pregnancy			
	•						
☐ AIDS/CD4 count < 200	☐ Neuropathy						
	☐ Neuropathy ☐ Parkinson's disease						
☐ Primary immunodeficiency							
☐ Primary immunodeficiency	Parkinson's disease	_					
☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell	Parkinson's disease				22c. BMI		
☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ 22a. Weight	Parkinson's disease Other (specify): 22b. Height		 m □l	Jnknown			
☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ 22a. Weight ☐ lbs ☐ oz OR ☐ kg ☐ Unkno	Parkinson's disease Other (specify): 22b. Height	c	m □l	Jnknown	22c. BMI Unknown		
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☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ 22a. Weight ☐ lbs ☐ oz OR ☐ kg ☐ Unkno 23. Substance Use 23a. Smoking: ☐ None ☐ Unknown	Parkinson's disease Other (specify): 22b. Height wn ft in OR	C	m □l	Jnknown 23b. Alcohol ak	Unknown		
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☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ 22a. Weight ☐ lbs ☐ oz OR ☐ kg ☐ Unkno 23. Substance Use 23a. Smoking: ☐ None ☐ Unknown	Parkinson's disease Other (specify): 22b. Height wn ft in OR	c	m □l		Unknown		
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27. Symptoms (in the 6 calendar days before, the day of, or 1 calendar day after the date of incident <i>C. diff</i> + stool collection) (Check all that apply)		28. Toxic megacolon and ileus (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident <i>C. diff</i> + stool collection)								
"Asymptomatic" documented in medical record			28a. Radiographic findings		;	28b. Clinical findings				
☐ Diarrhea by definition (unformed or watery stool, \geq 3/day for \geq 1 day)			☐Toxic m	egacolon		☐Toxic megacolon				
			lleus	□lleus						
l			☐ Both toxic megacolon and ileus ☐ Both toxic megacolon and							
			☐ Neither toxic megacolon nor ileus ☐ Neither toxic megacolon nor ileus							
☐ No diarrhea, nausea, or vom	iting documented			_						
Information not available	iting documented			☐ Radiology not performed ☐ Information not available ☐ Information not available						
	colitic listed in the	curaical nati		30. Colectomy 30a. If YES, Date of Procedure:						
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 Not Done No Information not available 31. Were other enteric pathogens isolated from stool collected on the				(related to CDI): Yes//						
date of incident C. diff+ sto	or concention.			C. di	ff+ stool collection	on):	ter the date of meldent			
Norovirus					Albumin ≤2.5g/d	li:				
\square Rotavirus										
☐ Salmonella				1	ot Done					
Shiga Toxin-Producing <i>E.coli</i>				1	nformation not a	vailable				
☐ Shigella					White blood cell	count ≤ 1,0	00/μl:			
\square Other (specify):		-								
☐ No other pathogens tested				□No						
Unknown				☐ Not Done ☐ Information not available						
				□ Information not available 32c. White blood cell count ≥ 15,000/μl:						
				□Yes						
				□No						
				I	ot Done					
					formation not a	vailable				
33. MEDICATIONS TAKEN in th				diff+ stoo	collection:					
33a. Proton pump inhibito (e.g. Omeprazole, Lans		33b. H2 Blo		Ranitidin	e, Cimetidine)		unosuppressive therapy ck all that apply)			
Pantoprazole, Rabepra		(6.9 (c, cc.	Steroic	T T T			
Yes		☐Yes				Chemo	• *			
□ No □ Unknown		□No		Other agents (specify):			agents (specify):			
□ UNKHOWN		Unknow	/n	☐ None ☐ Unknowr						
						Unkno	wn			
33d. Antimicrobial therapy (C			Unknowr				□T-1			
☐ Amikacin ☐ Amoxicillin	☐ Cefoxitin☐ Cefpodoxime		Clindamyc		☐ Meropenem/v	/ahorhactar	\square Telavancin m \square Tigecycline			
Amoxicillin/clavulanic acid	Ceftaroline			•						
Ampicillin	☐ Ceftazidime			_			☐ Trimethoprim			
\square Ampicillin/sulbactam	☐ Ceftazidime/avibactam ☐ Doripenem				า	\square Trimethoprim/sulfamethoxazole				
Azithromycin	☐ Ceftizoxime ☐ Doxycycline					☐ Vancomycin (IV)				
Aztreonam	☐ Ceftolozane/tazobactam ☐ Ertapenem					\square Other (specify):				
□ Cefazolin □ Ceftriaxone □ Fosfomycin □ Cefdinir □ Cefuroxime □ Gentamicin			·							
	Cephalexin					colistin)				
\square Cefepime \square Cephalexin \square Imipenem/c \square Cefixime \square Ciprofloxacin \square Levofloxacir										
☐ Cefotaxime ☐ Clarithromycin ☐ Linezolid				Tedizolid						
33e. Was patient treated for p	33e. Was patient treated for previous suspected or confirmed CDI in the 12 weeks before the date of incident <i>C. diff</i> + stool collection?									
□Yes □No	Unknown									
33e.1 If YES, which medicatio			-							
\square Metronidazole \square Vancomyo	in 🗌 Fidaxomic	ın ∣∣Oth	er, (specify)				Unknown			

34. Treatment for incident CDI $\ \ \Box$	No treatment Unknown	treatment						
34a.1 Course 1								
Start Date: / / /	Unknown Stop Date:		Unknown	OR Du	ration (days)	Unknown		
☐ Vancomycin (PO)	•	onidazole (PO)		Rifax				
☐ Vancomycin (Rectal)	☐ Metro		□Nita	zoxanide				
☐ Vancomycin (Unknown route)		onidazole (Unknown route)		Oth	er (specify):			
☐ Vancomycin taper (any route)	☐ Fidax				., ,,			
34a.2 Course 2								
Start Date://	Unknown Ston Date:		Hinknown	OR Du	ration (days)	Unknown		
□ Vancomycin (PO)	<u>-</u>	onidazole (PO)	_ OHKHOWH					
☐ Vancomycin (Rectal)		onidazole (IV)		Rifa	zoxanide			
☐ Vancomycin (Nectal)		onidazole (IV) onidazole (Unknown route)			er (specify):			
☐ Vancomycin (onknown route)	☐ Fidax				ei (specity).			
	□Пах	Connen						
34a.3 Course 3 Start Date://		, ,		00.8				
Vancomycin (PO)	•	//onidazole (PO)	□Unknown	Rifax		Unknown		
☐ Vancomycin (PO)		onidazole (IV)			zoxanide			
•								
☐ Vancomycin (Unknown route)		onidazole (Unknown route)		□ Otn	er (specify):			
☐ Vancomycin taper (any route)	☐ Fidax	comicin						
34a.4 Course 4								
Start Date://			∐Unknown			Unknown		
☐ Vancomycin (PO)		onidazole (PO)		Rifa				
☐ Vancomycin (Rectal)		onidazole (IV)			zoxanide			
Unknown route)		onidazole (Unknown route)		☐ Oth	er (specify):			
\square Vancomycin taper (any route)	Fidax	comicin						
34b. Probiotics (specify):								
34c. 🗌 Stool transplant Date:	<u>-//_</u>	Unknown						
35. Previous unique CDI episode (>8 weeks before the date of incident <i>C. diff</i> + stool collection): ☐ Yes ☐ No 35a. If YES, previous STATEID:	36. Any recurrent C. diff+ episodes following this incident C. diff+ episod Yes No 36a. If YES, Date of first recurrent specimen	le? ☐ Incomplete ☐ Chart unavailable after 3 requests	38. Initials (of —	39. Date of abs	traction: /		
40. Was the patient tested for	40a. If YES, date of test:	40b. If YES, what ty	pe of test w	as used	40c. If YES,	test result		
SARS-CoV-2 (molecular assay, serology or other confirmatory		☐ Molecular assay			Positive			
test) on or before the DISC?		Serology	☐ <mark>Serology</mark>			□ <mark>Negative</mark>		
	□ <mark>Unknown</mark>	Method Unknown	Method Unknown			\square Indeterminate		
Yes								
□ <mark>No</mark> □ Unknown		Other (specify):						
	41h NNDCC IDs (plasse	Local Coco ID.						
41a. COVID-NET Case ID 41b. NNDSS IDs (please provide at least one of the			Local Case ID:					
		Local Record ID:						
following when applicable): State case identify			<mark>:</mark>					
	Legacy case identific	er:						
Comments:						_		
- Comments.								