Emerging Infections Programs (EIP)
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Program Contact

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Circumstances of Change Request for OMB 0920-0978

This is a nonmaterial/non-substantive change request for OMB No. 0920-0978, expiration date 02/28/2019, for the Emerging Infections Programs (EIP). All requested changes represent minor modifications to already-approved instruments including revised formatting, rewording, new answer options, and the addition/subtraction of a limited number of questions. Larger changes are being packaged together into a revision ICR that will be submitted in winter 2018/2019.

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions, local health departments, public health and clinical laboratories, infection control professionals, and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases.

Activities of the EIPs fall into the following general categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

Activities in the EIP Network in which all applicants must participate are:

- Active Bacterial Core surveillance (ABCs): active population-based laboratory surveillance for invasive bacterial diseases.
- Foodborne Diseases Active Surveillance Network (FoodNet): active population-based laboratory surveillance to monitor the incidence of select enteric diseases.
- Influenza Hospitalization Surveillance Network (FluSurv-NET): active population-based surveillance for laboratory confirmed influenza-related hospitalizations.
- Healthcare-Associated Infections-Community Interface (HAIC) surveillance: active population-based surveillance for healthcare-associated pathogens and infections.

This non-substantive change request is for changes to the disease-specific data elements for ABCs, FluSurv-NET, and HAIC only. As a result of proposed changes, the estimated annualized burden is expected to decrease by 360 hours, from 40,347 to 39,987 and the estimated number of annual responses is shown to decrease by 8,850 from 115,600 to 106,750 responses. The data elements and justifications are described below.

The forms for which approval for changes are being sought include:

ABCs:

1. 2019 ABCs Case Report Form (Att. 1)
2. 2019 ABCs *H. influenzae* Neonatal Sepsis Expanded Surveillance Form (Att. 2)
3. 2019 ABCs Neonatal Infection Expanded Tracking Form (Att. 3)
4. 2019 ABCs Non-Invasive Pneumococcal Pneumonia (SNiPP) (discontinued)

FluSurv-NET:

5. Influenza Hospitalization Surveillance Network Case Report Form (Att. 4)

HAIC:

6. 2019 Resistant Gram-Negative Bacilli (MuGSI) Case Report Form for Carbapenem-resistant Enterobacteriaceae and *Acinetobacter baumannii* (Att.5)
7. 2019 Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL) (Att.6)
8. Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Carbapenem-resistant *Pseudomonas aeruginosa* (CR-PA) (discontinued).
9. 2019 Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) Infection Case Report Form (Att. 7)
10. 2019 Invasive Methicillin-sensitive *Staphylococcus aureus* (MSSA) Infection Case Report Form (Att. 8)
11. 2019 CDI Case Report and Treatment Form (Att. 9)
12. 2019 HAIC Candidemia Case Report (Att. 10)

Description of Changes

ABCs:

1. 2019 ABCs Case Report Form

There is no impact on burden due to the changes on this form. Changes include:

1. Question 3 – Added collection of Patient ID, which is a person ID, to be able to link persons with multiple recurrences of invasive bacterial disease.
2. Questions T1 – T8 – Reformatting method of collection for previous Questions 3a, 3b, 3c, 3d, 12a, 12b, 13, 13b, 14, 15, and 15b to standardize the method of collection with HL7 messaging format for these question as a repeating group.
3. Question 22a, added an option for 'Left Against Medical Advice" (AMA) to aid in understanding impact on severity of illness.
4. Question 27, Underlying Conditions – adding checkbox for 'HbA1C' laboratory value and the date the value was collected. This will be collected for diabetic cases only to understand the level of management of the disease (diabetes) which can influence long-term sequelae.
5. Question 27c, Substance Use – change option 'E-cigarette' to 'E-Nicotine Delivery System'
6. Question 27d, Substance Use – Added option for Marijuana/cannabinoid use (other than smoking), added checkbox for 'Documented Use Disorder or Abuse' for each Substance use category, added 'Skin popping' as option for mode of delivery for substance use. Changed 'Illicit opioid' to 'Opioid, DEA schedule I (e.g. heroin)', 'Prescription opioid' to 'Opioid, DEA Schedule II – IV (e.g., methadone, oxycodone), and changed 'Stimulant (cocaine, meth, etc.)' to 'Cocaine or methamphetamine'. All changes made to better capture information actually documented in the patient's medical record and to understand the risk associated with substance use for ABCs cases.
7. Question 28c – adding 'Medical Chart' check box better capture the source of where vaccination history information is obtained.

2. 2019 ABCs *H. influenzae* Neonatal Sepsis Expanded Surveillance Form

There is no impact on burden due to the changes on this form. Changes include:

1. Minor wording changes to instructions at the top of the form on the first page to clarify what information is being collected
2. Question 29 – added a 'None listed' option to better capture this information

3. 2019 Neonatal Infection Expanded Tracking Form

There is no impact on burden due to the changes on this form. Changes include:

1. Question 35 will be recoded to harmonize with Question 5 on the ABCs CRF. Two wording changes:
   a. Option 2: "Partial" changed to "Incomplete".
   b. Option 3 (now changing to option 4): "after 3 requests" added.

4. 2018 Surveillance for Non-Invasive Pneumococcal Pneumonia (SNiPP)

This form is being removed from the package. Justification: Data collection is limited to only 9 respondents and there is no plan to increase the number of respondents in the foreseeable future. The removal of this form from the EIP ICR results in a decrease in burden of 208 hours per year.

FluSurv-Net:

5. Influenza Hospitalization Surveillance Network Case Report Form

On 5/22/2018, OMB approved a full revision including minor changes including test types, substance abuse, disease, treatment, and diagnosis. For this change request, proposed revisions include minor revised language and rewording to improve clarity of the data collection form and additional of several variables including minor additional choices for patient residence at time of hospitalization, pregnancy, acute signs/symptoms at admission, bacterial pathogens, and diagnosis. Select questions about date of onset of acute condition leading to hospitalization, treatment, and sign/symptoms were removed. Burden hours have remained unchanged for these changes.

HAIC:

6. 2019 MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and *Acinetobacter baumannii* (CRAB)

For the 2019 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant *A. baumannii* (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF), we are proposing the following changes: 1) we are requesting the addition of ten antimicrobial agents to the susceptibility table (three of these antimicrobials were added for harmonization purposes between this CRF and the ESBL CRF, we expect improved consistency will reduce burden among reviewers); 2) we reworded the questions related to carbapenemase testing to streamline data collection and to make data collection more intuitive and more efficient; 3) we added one new question related to CRAB cases; 4) we have changed the language of many of the existing questions so that it is the same for all the population based surveillance activities for HAIC, and we expect that this will add efficiency in completing these questions and reduce burden; 5) we have also reordered the questions based on feedback from the EIP sites, again in an effort to make the completion of the form more efficient and to reduce the time it will take to complete; 6) we have modified the way substance use is collected.
The language changes, listed above, were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across all HAIC pathogens. In some instances, this resulted in

minor modifications to the question wording and response options, including the order in which the responses are presented. Harmonization efforts have also resulted in moving questions from one section of the CRF to another. In several questions, we have added additional checkboxes; this includes 22 checkboxes in the underlying conditions section. The overall goal of these harmonization efforts is to simplify the form for respondents and to reduce the time it will take to complete the form.

We have modified the way substance use is collected. These data elements were collecting in a more general way, on previously approved HAIC data collection forms. The substance use questions are important to track the impact of the opioid epidemic on the disease burden for MuGSI pathogens. Information on substance use is already collected for other EIP pathogens, outside of the HAIC program.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have a small impact on the time expected to complete the case report form. We are anticipating a 5 minute increase.

7. 2019 Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL)

For the 2019 Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacteriaceae Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF), we are requesting the following changes: 1) the addition of two new questions to better capture information on patients' urine cultures and history of UTIs; 2) several questions were updated to align with the MuGSI CRE/CRAB CRF to harmonize between the two forms and to reduce the burden on chart abstractors (see detailed description of changes); 3) added questions to align with the MuGSI CRE/CRAB CRF (see detailed descriptions of changes); 4) removed the question 15b from the 2018 ESBL CRF; 6) we reworded the questions related to ESBL detection in clinical microbiology laboratories make the question more intuitive and thus reducing the burden it will take to complete this question, these changes were made as a result of analyzing the pilot ESBL data; 5) we have changed the language of many of the existing questions so that data collection of common questions is standardized across the population based surveillance activities for HAIC, and we expect that this will add efficiency in completing these questions and should reduce burden; 6) we have also reordered the questions based on feedback from the EIP sites, in an effort to make the completion of the form more efficient and to reduce the time it will take to complete the form; 7) we have modified the way substance use is collected.

Harmonization between this CRF and the CRE/CRAB CRF will save time and reduce burden on our chart reviewers that use these forms. The staff that complete this and the CRE/CRAB CRF in the EIP sites are the same.

Additionally, we have changed the language of many existing questions. These changes were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across all HAIC pathogens. In some instances, this resulted in minor modifications to the question wording and response options, including the order in which the responses are presented. Harmonization efforts have also resulted in moving questions from one section of the CRF to another. In several questions, we have added additional checkboxes; this includes 22 checkboxes in the underlying conditions section. The overall goal of these harmonization efforts is to simplify the form for respondents and to reduce the time it will take to complete the form.

We have modified the way substance use is collected. These data elements were collected in a more general way, on previously approved HAIC data collection forms. The substance use questions are important to track the impact of the opioid epidemic on the disease burden for ESBL-producing pathogens. Information on substance use is already collected for other EIP pathogens, outside of the HAIC program.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have a small impact on the time expected to complete the case report form. We are anticipating a 5 minute increase.

8. Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Carbapenem-resistant Pseudomonas aeruginosa (CR-PA)

This form is being removed from the package. The removal of this form from the EIP ICR results in a decrease in burden of 2,580 hours per year. There is no longer a need for EIP to continue collecting data on Carbapenem-resistant Pseudomonas aeruginosa cases. Because of high case counts, sufficient medical record data has been collected.

9. Invasive MRSA Infection Case Report Form

Changes are being requested for the 2019 Methicillin-resistant *Staphylococcus aureus* (MRSA) Case Report Form: 1) the addition of susceptibility for two additional antimicrobial agents; 2) we have modified the way substance use is collected; 3) we have changed the language of many of the existing questions so that data collection of common questions is standardized across the population based surveillance activities for HAIC, and we expect that this will add efficiency in completing these questions and should reduce burden; 4) we have reordered the questions based on feedback from the EIP sites in an effort to make the completion of the form more efficient and to reduce the time it will take to complete the form.

We have changed the language of many existing questions. These changes were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across all HAIC pathogens. In some instances, this resulted in minor modifications to the question wording and response options, including the order in which the responses are presented. Harmonization efforts have also resulted in moving questions from one section of the CRF to another. In several questions, we have added additional checkboxes; this includes 22 checkboxes in the underlying conditions section. The overall goal of these harmonization efforts is to simplify the form for respondents and to reduce the time it will take to complete the form.

We have modified the way substance use is collected. These data elements were collected in a more general way, on previously approved HAIC data collection forms. The substance use questions are important to track the impact of the opioid epidemic on the disease burden for MRSA. Information on substance use is already collected for other EIP pathogens, outside of the HAIC program.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have a small impact on the time expected to complete the case report form. We are anticipating a 5 minute increase. Additionally, the estimated number of annual responses has been adjusted: from 609 to 474. The net change in burden is a 55 hour decrease.

10. 2019 Invasive MSSA Infections Case Report Form

The following changes are requested for the 2019 Methicillin-sensitive *Staphylococcus aureus* (MSSA) Case Report Form: 1) addition of susceptibility for two additional antimicrobial agents; 2) we have modified the way substance use is collected; 3) we have changed the language of many of the existing questions so that data collection of common questions is standardized across the population based surveillance activities for HAIC, and we expect that this will add efficiency in completing these questions and should reduce burden; 4) we have reordered the questions based on feedback from the EIP sites in an effort to make the completion of the form more efficient and to reduce the time it will take to complete the form.

We have changed the language of many existing questions. These changes were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across all HAIC pathogens. In some instances, this resulted in minor modifications to the question wording and response options, including the order in which the responses are presented. Harmonization efforts have also resulted in moving questions from one section of the CRF to another. In several questions, we have added additional checkboxes; this includes 22 checkboxes in the underlying conditions section. The overall goal of these harmonization efforts is to simplify the form for respondents and to reduce the time it will take to complete the form.

We have modified the way substance use is collected. These data elements were collected in a more general way, on previously approved HAIC data collection forms. The substance use questions are important to track the impact of the opioid epidemic on the disease burden for MSSA. Information on substance use is already collected for other EIP pathogens, outside of the HAIC program.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have a small impact on the time expected to complete the case report form. We are anticipating a 5 minute increase. Additionally, the estimated number of annual responses has been adjusted: from 1,035 to 754. The net change in burden is a 308 hour decrease.

11. 2019 CDI Case Report Form and Treatment Form

Changes are requested for the 2019 CDI Case Report Form and Treatment Form: 1) we removed the audit question; 2) we have added a question to track substance use; 3) we have changed the language of many of the existing questions so that data collection of common questions is standardized across the population based surveillance activities for HAIC, and we expect that this will add efficiency in completing these questions and should reduce burden; 4) we have also reordered the questions based on feedback from the EIP sites, again in an effort to make the completion of the form more efficient and to reduce the time it will take to complete the form.

The language changes, listed above, were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across all HAIC pathogens. In some instances, this resulted in minor modifications to the question wording and response options, including the order in which the responses are presented. Harmonization efforts have also resulted in moving questions from one section of the CRF to another. The overall goal of these harmonization efforts is to simplify the form for respondents and to reduce the time it will take to complete the form.

We have added a new question to track substance use. The substance use questions are important to track the impact of the opioid epidemic on the disease burden for CDI. Information on substance use is already collected, but in a more general way on previously approved HAIC data collection forms.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have a small impact on the time expected to complete the case report form. We are anticipating a 5 minute increase.

12. 2019 HAIC Candidemia Case Report

For the 2019 Candidemia case report form (CRF), we have added three new questions and deleted two. The changes were made based on feedback from sites about the usefulness of certain questions and the need to capture different data based on the changing epidemiology of candidemia in the United States. we have changed the language of many of the existing questions so that data collection of common questions is standardized across the population based surveillance activities for HAIC, and we expect that this will add efficiency in completing these questions and should reduce burden; 3) we have also reordered the questions based on feedback from the EIP sites, again in an effort to make the completion of the form more efficient and to reduce the time it will take to complete the form; 4) we have modified the way substance use is collected.

The language changes, listed above, were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across all HAIC pathogens. In some instances, this resulted in minor modifications to the question wording and response options, including the order in which the responses are presented. Harmonization efforts have also resulted in moving questions from one section of the CRF to another. In several questions, we have added additional. The overall goal of these harmonization efforts is to simplify the form for respondents and to reduce the time it will take to complete the form.

We have modified the way substance use is collected. The substance use questions are important to track the impact of the opioid epidemic on the disease burden for candida. Information on substance use was already collected, this modified question is now harmonized with the other HAIC data collections.

The requested changes will have no impact on the burden of data collection.

Justification for changes: The changes made to the HAIC forms under this non-substantive request will aid in improving surveillance efficiency and data quality to clarify the burden of disease and possible risk factors for disease. This information can be used to inform strategies for preventing disease and negative outcomes. Specifically, changes were made for clarification purposes, to assist data collectors in capturing data in a standardized fashion to improve accuracy.

Cross walk - 2019 form changes

ABCs:

1. **2019** ABCs Case Report Form

Current Form	Proposed changes
	Added 3. Patient I.D.
	T1 – Test Type Options: 1=PCR, 2=Culture, 3=Antigen, 4=Immunohistochemistry, 5=Latex Agglutination, 7=Other, 9=Unknown
3b. Date first positive culture collected	T2 – Date of first positive specimen collection

3c. Date first positive Culture Independent Diagnostic Test (CIDT, e.g. PCR) COLLECTED	
3d. Type of CIDT: ☐ Biofire Meningitis Panel ☐ Filmarray BCID ☐ Verigene BCT ☐ Other _____ ☐ Unknown	T3 – Test method (non-culture) Options: 1=Biofire FilmArray M/E Panel, 2=other, 3=Biofire Filmarray Blood Culture ID (BCID) Panel, 4=Verigene Gram + Blood Culture Test (BCT), 5=Bruker MALDI Biotyper CA System, 6=BD Directigen Meningitis Combo Test Kit, 7=ThermoFisher Wellcogen Bacterial Antigen Rapid, 8=Alere BinaxNOW Antigen Card, 9=Unknown
13. Sterile Sites from which organism isolated: ☐ CSF ☐ Blood ☐ Peritoneal fluid ☐ Bone ☐ Pericardial Fluid ☐ Pleural fluid ☐ Joint ☐ Muscle/Fascia/Tendon ☐ Internal Body Site (specify)_____ ☐ Other normally sterile site (specify) _____	T4 – Site from which organism isolated Options: 1=Amniotic fluid, 2=Blood, 3=Bone, 4=Brain, 5=CSF, 6=Heart, 7=Other Sterile Site, 8=Joint, 9=unknown, 10=Kidney, 11=Liver, 12=Lung, 13=Lymph node, 14=Middle ear, 15=Muscle/Fascia/Tendon, 16=Ovary, 17=Pancreas, 18=Pericardial Fluid, 19=Peritoneal Fluid, 20=Placenta, 21=Pleural fluid, 22=Respiratory secretion, 23=Sinus, 24=Spleen 25=Sputum, 26=Vitreous, 27=Wound, 28=Unknown
13b. CIDT STERILE SITE FROM WHICH ORGANISM WAS DETECTED: ☐ CSF ☐ Blood ☐ Other, _____	
14. Other sites from which organism isolated: ☐ Wound ☐ Amniotic Fluid ☐ Placenta ☐ Middle ear ☐ Sinus	
Q12a. Bacterial Species isolated from any normally sterile site: ☐ Neisseria meningitidis ☐ Haemophilus influenzae ☐ Group B Streptococcus ☐ Group A Streptococcus ☐ Streptococcus pneumoniae	T5- Bacterial species isolated*: Options: 1=Neisseria meningitidis, 2=Haemophilus influenzae, 3=Group B Streptococcus, 5=Group A Streptococcus 6=Streptococcus pneumoniae
Q12b. Other bacterial species isolated from any normally sterile site: _____	* For other bacterial pathogens (i.e. non-ABCs) write-in pathogen name
3a. Was a culture performed? 1 □ Yes, Positive 2 □ Yes, Negative 3 □ No	T6 – Test Result Options: 1=Positive, 0=Negative, 9=Indeterminant
15. Is Isolate available: ☐ Yes ☐ No	T7- Isolate/Specimen Available? Options: 1=Yes, 2=No
15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable)	T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable)
22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Unknown ☐ Other, Specify _____ If discharged to LTC/SNF or LTACH, list Facility ID_____	Added checkbox, 'Left AMA' 22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Left AMA ☐ Unknown ☐ Other, Specify _____ If discharged to LTC/SNF or LTACH, list Facility ID_____
27. Underlying causes or prior illnesses	27. Added Checkbox for lab test, HbA1C _____ % and Date collected ___/___/_____ For diabetic patients only
27c. Smoking: ☐ None ☐ Unknown ☐ Tobacco ☐ E-Cigarrettes ☐ Marijuana	Changed 'E-cigarrete' option to 'E-nicotine delivery system' 27c. Smoking: ☐ None ☐ Unknown ☐ Tobacco ☐ E-Nicotine Delivery System ☐ Marijuana
27d. Other substance abuse, current ☐ None ☐ Unknown If yes, check all that apply: mode of delivery ☐ Illicit opioid ☐ IDU ☐ non-IDU ☐ Unk ☐ Prescription Opioid ☐ IDU ☐ non-IDU ☐ Unk ☐ Stimulant ☐ IDU ☐ non-IDU ☐ Unk ☐ Other _____ ☐ IDU ☐ non-IDU ☐ Unk ☐ Unknown Substance ☐ IDU ☐ non-IDU ☐ Unk	Added Documented use disorder option for all substance categories and added skin-popping option for mode of delivery. Also, changed substance categories for 'illicit opioid', 'prescription opioid', and 'stimulant'. Added 'Marijuana/cannabinoid' substance category. 27d. Other substances ☐ None ☐ Unknown Documented Use disorder mode of delivery ☐ Marijuana/Cannabinoid (other than smoking) ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk

	☐ Opioid, DEA Schedule I ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Opioid, DEA Schedule II- IV ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Cocain or methamphetamine ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Other _____ ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Unknown Substance ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk
28c. Were records obtained to verify vaccination history? ☐ Yes ☐ No If yes, what is the source of the information? ☐ Vaccine Registry ☐ Healthcare Provider ☐ Other (specify)_____	Added 'Medical chart' option below 28c. Were records obtained to verify vaccination history? ☐ Yes ☐ No If yes, what is the source of the information? ☐ Medical Chart ☐ Vaccine Registry ☐ Healthcare Provider ☐ Other (specify)_____

2. **2019 ABCs *H. influenzae*** Neonatal Sepsis Expanded Surveillance Form

Current Form	Proposed Changes
Indicate type of HiNSES case: □ Neonatal: infant (sterile isolates only) – complete #1-10, 11-31	Updated instructions at top of form to clarify information to be collected. Indicate type of HiNSES case: □ Neonatal: infant (sterile isolates only) – complete #1-31
Indicate type of HiNSES case: □ Other maternal cases (specify) □ Fetal death Hi isolated from placenta/amniotic fluid □ Stillbirth – complete #1-3, 12-31 □ Spontaneous abortion – complete #1-2b, 12-18, 28-31	Updated instructions at top of form to clarify information to be collected. Indicate type of HiNSES case: □ Fetal cases (any gestational age –specify isolate/outcome): □ Hi from sterile site in stillbirth – complete #1-3, 12-31 □ Fetal death Hi isolated from placenta/amniotic fluid □ Stillbirth – complete #1-3, 12-31 □ Spontaneous abortion – complete #1-2b, 12-18, 28-31
29. During the intrapartum period or in the week prior to spontaneous abortion did the mother have any of the following symptoms or diagnoses? (check all that apply) ☐ Unknown ☐ Uterine Tenderness ☐ Foul smelling amniotic fluid ☐ Urinary tract infection ☐ Maternal tachycardia (>100 beats/min) ☐ Fetal tachycardia (>160 beats/min) ☐ Intrapartum fever (>,=100.4 F/38 C) ☐ Maternal WBC >20 or 20,000	Added 'none listed' option 29. During the intrapartum period or in the week prior to spontaneous abortion did the mother have any of the following symptoms or diagnoses? (check all that apply) ☐ Unknown ☐ None Listed ☐ Uterine Tenderness ☐ Foul smelling amniotic fluid ☐ Urinary tract infection ☐ Maternal tachycardia (>100 beats/min) ☐ Fetal tachycardia (>160 beats/min) ☐ Intrapartum fever (>,=100.4 F/38 C) ☐ Maternal WBC >20 or 20,000

3. **2019** Neonatal Infection Expanded Tracking Form

Current Form	Proposed Changes
35. Neonatal infection Expanded Form Tracking Status: 1 □ Complete, 2 □ Partial, 2 □ Chart Unavailable, 2 □ Edited & Corrected	Two wording changes: Option 2: "Partial" changed to "Incomplete", Option 4: "after 3 requests" added 35. Neonatal infection Expanded Form Tracking Status: 1 □ Complete, 2

	□ Incomplete, 3 □ Edited & Corrected, 4 □ Chart Unavailable after 3 requests

4. Non-Invasive Pneumococcal Pneumonia (SNiPP)– *Form Discontinued*

FluSurv-NET

5. Influenza Hospitalization Surveillance Network Case Report Form

Question on 2017-18 Form	**Question on 2018-19 Form**
C14. Where did patient reside at the time of hospitalization? ▪ Private Residence ▪ Homeless/Shelter ▪ Nursing home/Skilled Nursing Facility ▪ Alcohol/Drug Abuse Treatment ▪ Hospitalized at birth ▪ Rehabilitation facility ▪ Jail ▪ Hospice ▪ Assisted living/Residential care ▪ LTACH ▪ Group home/Retire ▪ Mental hospital ▪ Unknown ▪ Other long term care facility ▪ Other, specify	**C14. Where did patient reside at the time of hospitalization?** ▪ Private Residence ▪ Home with Services ▪ Homeless/Shelter ▪ Nursing home/Skilled Nursing Facility ▪ Alcohol/Drug Abuse Treatment ▪ Hospitalized at birth ▪ Rehabilitation facility ▪ Corrections facility ▪ Hospice ▪ Assisted living/Residential care ▪ LTACH ▪ Group home/Retire ▪ Psychiatric facility ▪ Unknown ▪ Other long term care facility ▪ Other, specify
E1. Date of onset of acute condition resulting in current hospitalization	N/A (Question removed)
E11m. Did patient have any of the following pre-existing medical conditions? If pregnant, specify gestational age in weeks	**E10m. Did patient have any of the following pre-existing medical conditions?** ▪ Total # of pregnancies to date ▪ Total # of pregnancies to date that resulted in a live birth ▪ Specify total # of fetuses for current pregnancy ▪ Specify gestation age in weeks ▪ If gestational age in weeks unknown, specify trimester of pregnancy
E2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) ▪ Altered mental status/confusion ▪ Cough* ▪ Headache ▪ Seizures ▪ Wheezing* ▪ Chest pain ▪ Diarrhea	**E1. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission)** ▪ Altered mental status/confusion ▪ Cough* ▪ Seizures ▪ Wheezing* ▪ Shortness of breath/respiratory distress* ▪ Congested/runny nose*

▪ Myalgia/muscle aches ▪ Shortness of breath/respiratory distress* ▪ Other, non-respiratory ▪ Congested/runny nose* ▪ Fatigue/weakness ▪ Nausea/vomiting ▪ Sore throat* ▪ Conjunctivitis/pink eye ▪ Fever/chills ▪ Rash ▪ URI/ILI* ▪ No signs/symptoms documented	▪ Sore throat* ▪ Fever/chills ▪ URI/ILI* ▪ No signs/symptoms documented
F1a. Number of ICU Admissions: _____	N/A (Question removed)
G3a. If yes, specify pathogen	**G3a. If yes, specify pathogen** Aspergillus (fungus)
H1. Was patient tested for any of the following viral respiratory pathogens within 3 days of admission?	**H1. Was patient tested for any viral respiratory pathogens within 14 days prior to or within 3 days after admission?**
I2b-I4b. Method of Administration: Oral Intravenous (IV) Inhaled Unknown	N/A (question removed)
I2c. End Date: _____	**I2c. End Date: _____** OR Total Duration (days)
I2e-14e. Dose _____ Dose Unknown	N/A (question removed)
I2f-14f: Frequency _____ Frequency Unknown	N/A (question removed)
K1. Did the patient have any of the following new diagnoses at discharge? (check all that apply) ▪ Acute encephalopathy/encephalitis ▪ Acute myocardial infarction ▪ Acute Myocarditis ▪ Acute renal failure ▪ Acute respiratory distress syndrome (ARDS) ▪ Acute respiratory failure ▪ Asthma exacerbation ▪ Bacteremia ▪ Bronchiolitis ▪ Congestive heart failure ▪ COPD exacerbation ▪ Diabetic Ketoacidosis ▪ Guillain-Barre syndrome ▪ Hemophagocytic syndrome ▪ Reyes syndrome ▪ Rhabdomyolysis ▪ Pneumonia ▪ Sepsis ▪ Seizures ▪ Stroke (CVA)	**K1. Did the patient have any of the following new diagnoses at discharge? (check all that apply)** ▪ Acute encephalopathy/encephalitis ▪ Acute myocardial infarction ▪ Acute Myocarditis ▪ Acute renal failure ▪ Acute respiratory distress syndrome (ARDS) ▪ Acute respiratory failure ▪ Asthma exacerbation ▪ Bacteremia ▪ Bronchiolitis ▪ Congestive heart failure ▪ COPD exacerbation ▪ Diabetic Ketoacidosis ▪ Guillain-Barre syndrome ▪ Hemophagocytic syndrome ▪ Invasive pulmonary aspergillosis ▪ Reyes syndrome ▪ Rhabdomyolysis ▪ Pneumonia ▪ Sepsis

▪ No discharge summary available	▪ Seizures ▪ Stroke (CVA) ▪ No discharge summary available
K3a. If patient was pregnant on admission but not longer pregnant at discharge, indicate pregnancy outcome at discharge. ▪ Miscarriage ▪ Ill newborn ▪ Newborn died ▪ Healthy newborn ▪ Abortion ▪ Unknown	**K3a. If patient was pregnant on admission but not longer pregnant at discharge, indicate pregnancy outcome at discharge.** ▪ Miscarriage (intrauterine death at <22 weeks GA) ▪ Stillbirth (intrauterine death at ≥22 weeks GA) ▪ Ill newborn ▪ Newborn died ▪ Healthy newborn ▪ Abortion ▪ Unknown
K3b. N/A	**K3b. If no longer pregnant, indicate date of delivery or end of pregnancy: _____**

HAIC

6. 2019 MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and *Acinetobacter baumannii* (CRAB)

Question on 2018 form	**Question on 2019 form**
24. Date reported to EIP site: □□/□□/□□□□	DATE REPORTED TO EIP SITE: ___ ___ - ___ ___ - ___ ___ ___ ___
Title: 2018 Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report	Title: 2019 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report
4a. LABORATORY ID WHERE CULTURE IDENTIFIED: _____	4a. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____
6. DATE OF BIRTH: □□/□□/□□□□	5. DATE OF BIRTH: ___ ___ - ___ ___ - ___ ___ ___ ___
7a. AGE: □□□	6. AGE ____ ____ ____ • Days • Mos. • Years
7b. Is age in day/mo/yr? • Days • Mos. • Years	
8a. Sex: • Male • Female	7. SEX AT BIRTH: • Male • Female • Unknown • Check if transgender
8b. ETHNIC ORIGIN: • Hispanic or Latino • Not Hispanic or Latino • Unknown	8a. ETHNIC ORIGIN: • Hispanic or Latino • Not Hispanic or Latino • Unknown

8c. RACE: (Check all that apply) • White • Black or African American • American Indian or Alaska Native • Asian • Native Hawaiian or Other Pacific Islander • Unknown	8b. RACE: (Check all that apply) • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Unknown
10a. DATE OF INITIAL CULTURE □□/□□/□□□□	9. DATE OF INCIDENT SPECIMEN COLLECTION (DISC): ___ ___ - ___ ___ - ___ ___ ___ ___
13a. ORGANISM ISOLATED FROM INITIAL NORMALLY STERILE SITE OR URINE: Carbapenem-resistant: □ *Enterobacteriaceae (CRE)* □ *Escherichia coli* □ *Enterobacter cloacae* □ *Enterobacter aerogenes* □ *Klebsiella pneumoniae* □ *Klebsiella oxytoca* □ A. baumannii (CRAB)	10. ORGANISM: Carbapenem-resistant: □ *Enterobacteriaceae (CRE)* □ *Escherichia coli* □ *Enterobacter cloacae* □ *Klebsiella aerogenes* □ *Klebsiella pneumoniae* □ *Klebsiella oxytoca* □ A. baumannii (CRAB)
14. INITIAL CULTURE SITE: • Blood • CSF • Pleural fluid • Peritoneal fluid • Pericardial fluid • Joint/Synovial fluid • Bone • Urine • Other normally sterile site _____	11. Incident specimen collection site (check all that apply) • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____
10b. LOCATION OF CULTURE COLLECTION: **Hospital Inpatient** • ICU • Surgery/OR • Radiology • Other Unit • Emergency Room **Outpatient** • Clinic/Doctors Office • Surgery • Other outpatient • Dialysis center • Observational/clinical decision unit • LTCF Facility ID: _____ • LTACH Facility ID: _____ • Autopsy • Unknown	12. LOCATION OF SPECIMEN COLLECTION: • **Outpatient** Facility ID:_____ • Emergency room • Clinic/Doctor's office • Dialysis center • Surgery • Observational/clinical decision unit • Other outpatient • **Inpatient** Facility ID: _____ • ICU • OR • Radiology • Other inpatient • **LTCF** Facility ID: _____ • **LTACH** Facility ID: _____ • **Autopsy**

	• **Other (specify):_____** • **Unknown**
5. Where was the patient located on the 4th calendar day prior to the date of initial culture? • Private residence • LTCF Facility ID:_____ • LTACH Facility ID:_____ • Homeless • Incarcerated •Hospital inpatient Was patient transferred from this hospital? • Yes • No • Unknown Facility ID: _____ • Other (specify): _____ •Unknown	13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC? • Private residence • LTCF Facility ID: _____ •Hospital inpatient Facility ID: _____ Was patient transferred from this hospital? • Yes • No • Unknown • LTACH Facility ID: _____ • Homeless • Incarcerated • Other (specify): _____ •Unknown
9. WAS PATIENT HOSPITALIZED AT THE TIME OF, OR WITHIN 30 CALENDAR DAYS AFTER, INITIAL CULTURE? • Yes • No • Unknown If yes: Date of admission □□/□□/□□□□ Date of discharge □□/□□/□□□□	14. WAS THE PATIENT HOSPITALIZED AT THE TIME OF OR IN THE 29 CALENDAR DAYS AFTER THE DISC? • Yes • No • Unknown IF YES, DATE OF ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___
11a. Was the patient in the ICU in the 7 days prior to their initial culture? • Yes • No • Unknown	15a. WAS THE PATIENT IN AN ICU IN THE 7 DAYS BEFORE THE DISC? • Yes • No • Unknown IF YES, DATE OF ICU ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___ OR □ Date unknown
11b. Was the patient in the ICU on the date of or in the 7 days after the initial culture? • Yes • No • Unknown	15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC? • Yes • No • Unknown IF YES, DATE OF ICU ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___ OR □ Date unknown
12. PATIENT OUTCOME: • Survived • Died • Unknown If survived, transferred to: • Private residence • LTCF Facility ID:_____ • LTACH Facility ID:____ • Unknown • Other (specify):_____ If died, date of death: □□/□□/□□□□ Was the organism cultured from a normally sterile site or urine, ≤ calendar day 7 before death? • Yes • No • Unknown	16. PATIENT OUTCOME: • Survived Date of discharge: ___ ___ - ___ ___ - ___ ___ ___ ___ OR • Date unknown • Left against medical advice (AMA) If survived, discharged to: • Private residence • LTCF Facility ID:_____ • LTACH Facility ID:____ • Other (specify):_____ • Unknown • Died Date of death: ___ ___ - ___ ___ - ___ ___ ___ ___ ON THE DAY OF OR IN THE 6 CALENDAR DAYS BEFORE DEATH, WAS THE PATHOGEN OF INTEREST ISOLATED FROM A SITE THAT MEETS THE CASE DEFINITION? • Yes • No • Unknown

19. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S) (check all that apply): □ None □ Unknown □ Abscess, not skin □ AV fistula/graft infection □ Bacteremia □ Bursitis □ Catheter site infection (CVC) □ Cellulitis □ Chronic ulcer/wound (not decubitus) □ Decubitus/pressure ulcer □ Empyema □ Endocarditis □ Epidural Abscess □ Meningitis □ Osteomyelitis □ Peritonitis □ Pneumonia □ Pyelonephritis □ Septic arthritis □ Septic emboli □ Septic shock □ Skin abscess □ Surgical incision infection □ Surgical site infection (internal) □ Traumatic wound □ Urinary tract infection □ Other _____	17. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) • None • Unknown □ Abscess, not skin □ AV fistula/graft infection □ Bacteremia □ Bursitis □ Catheter site infection (CVC) □ Cellulitis □ Chronic ulcer/wound (not decubitus) □ Decubitus/pressure ulcer □ Empyema □ Endocarditis □ Epidural Abscess □ Meningitis □ Osteomyelitis □ Peritonitis □ Pneumonia □ Pyelonephritis □ Septic arthritis □ Septic emboli □ Septic shock □ Skin abscess □ Surgical incision infection □ Surgical site infection (internal) □ Traumatic wound □ Urinary tract infection □ Other (specify): _____
20. UNDERLYING CONDITIONS (check all that apply): • None • Unknown □ AIDS/CD4 count < 200 □ Alcohol abuse □ Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ Current Smoker □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Dementia/Chronic Cognitive Deficit □ Diabetes □ Hemiplegia/Paraplegia □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure □ Metastatic Solid Tumor	18. 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 **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 **SKIN CONDITION** • Burn • Decubitus/pressure ulcer

◻ Myocardial Infarct ◻ Neurological Problems ◻ Obesity or Morbid Obesity ◻ Peptic Ulcer Disease ◻ Peripheral Vascular Disease (PVD) ◻ Premature Birth ◻ Solid Tumor (non metastatic) ◻ Spina bifida ◻ Transplant Recipient ◻ Urinary Tract Problems/Abnormalities	**IMMUNOCOMPROMISED CONDITION** • HIV infection • 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) • Surgical wound • Other chronic ulcer or chronic wound **OTHER** • Connective tissue disease • Obesity or morbid obesity • Pregnant **MuGSI CONDITIONS** • Urinary tract problems/abnormalities • Premature birth • Spina bifida
20. UNDERLYING CONDITIONS (check all that apply): • None • Unknown ◻ AIDS/CD4 count < 200 ◻ Alcohol abuse ◻ Chronic Liver Disease ◻ Chronic Pulmonary Disease ◻ Chronic Renal Insufficiency ◻ Chronic Skin Breakdown ◻ Congestive Heart Failure ◻ Connective Tissue Disease ◻ Current Smoker ◻ CVA/Stroke ◻ Cystic Fibrosis ◻ Decubitus/Pressure Ulcer ◻ Dementia/Chronic Cognitive Deficit ◻ Diabetes ◻ Hemiplegia/Paraplegia ◻ HIV ◻ Hematologic Malignancy ◻ IVDU ◻ Liver failure ◻ Metastatic Solid Tumor ◻ Myocardial Infarct ◻ Neurological Problems ◻ Obesity or Morbid Obesity ◻ Peptic Ulcer Disease ◻ Peripheral Vascular Disease (PVD) ◻ Premature Birth ◻ Solid Tumor (non metastatic) ◻ Spina bifida	19. SUBSTANCE USE, CURRENT SMOKING (Check all that apply): • None • Unknown • Tobacco • E-nicotine delivery system • Marijuana ALCOHOL ABUSE: • Yes • No • Unknown 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/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 □ Cocaine or methamphetamine □ DUD or abuse □ IDU □ Skin popping □ Non-IDU □ Unknown

▫ Transplant Recipient ▫ Urinary Tract Problems/Abnormalities	☐ Other (specify): _____ ☐ DUD or abuse ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ Unknown substance ☐ DUD or abuse ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown Some of the data in this section was formerly collected in the underlying conditions section (IVDU [changed to injection drug user], Current smoker [changed to smoking], Alcohol Abuse (see highlighted conditions in the prior column). The collection of more information for other drug use is new. There are six new check boxes that allow other drug use to be captured in more detail. These questions focus on type of drug and mode of delivery.
21. RISK FACTORS OF INTEREST (check all that apply): • None • Unknown • Culture collected ≥ calendar day 3 after hospital admission • Hospitalized within year before date of initial culture: If yes, enter mo/yr □□/□□□□ OR • Unknown If known, prior hospital ID:_____ • Surgery within year before date of initial culture • Current chronic dialysis: ☐ Hemodialysis ☐ Peritoneal ☐ Unknown Hemodialysis Access: ☐ AV fistula/graft ☐ CVC ☐ Unknown • Residence in LTCF within year before date of initial culture If known, facility ID: _____ • Admitted to a LTACH within year before initial culture date If known, facility ID: _____ • Central venous catheter in place on the day of culture (up to time of culture) or at any time in the 2 calendar days prior to the date of culture • Urinary catheter in place on the day of culture (up to time of culture) or at any time in the 2 calendar days prior to the date of culture If checked, indicate all that apply: • Indwelling Urethral Catheter • Suprapubic Catheter • Condom Catheter	20. RISK FACTORS: (Check all that apply) • None • Unknown WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE CALENDAR DAYS AFTER HOSPITAL ADMISSION? • Yes • No (please note, this field is auto calculated in the data management system (DMS), therefore, the user does not ever complete this filed and there is not burden associated with its collection. It is on the paper form because our users want to continue to view this in the DMS) Previous hospitalization in the year before DISC • Yes • No • Unknown If yes, date of discharge closed to DISC: ___ ___ - ___ ___ - ___ ___ ___ ___ Facility ID: _____ OR, Date Unknown • Overnight stay in LTCF in the year before DISC • Yes • No • Unknown Facility ID: _____ Overnight stay in LTACH in the year before DISC • Yes • No • Unknown Facility ID: _____ Surgery in the year before DISC • Yes • No • Unknown CURRENT CHRONIC DIALYSIS: IF YES, TYPE: ☐ Hemodialysis ☐ Peritoneal ☐ Unknown IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS: ☐ AV fistula/graft ☐ Hemodialysis central line ☐ Unknown CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:

• Other: _____ • Any OTHER indwelling device in place on the day of culture (up to time of culture) or at any time in the 2 calendar days prior to the date of culture If checked, indicate all that apply: • ET/NT Tube • Gastrostomy Tube • NG Tube • Tracheostomy • Nephrostomy Tube • Other: _____ • Patient traveled internationally in the two months prior to the date of initial culture. **Country:**_____, _____, _____ • Patient was hospitalized while visiting country(ies) listed above	• Yes • No • Unknown Check here if central line in place for > 2 calendar days: □ URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: • Yes • No • Unknown IF YES, CHECK ALL THAT APPLY: □ Indwelling Urethral Catheter □ Suprapubic Catheter □ Condom Catheter □ Other (specify):_____ ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: • Yes • No • Unknown IF YES, CHECK ALL THAT APPLY: □ ET/NT Tube □ Gastrostomy Tube □ NG Tube □ Tracheostomy □ Nephrostomy Tube □ Other (specify):_____ PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC: • Yes • No • Unknown COUNTRY: _____, _____, _____ PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES) ABOVE: • Yes • No • Unknown
8d. WEIGHT: _____lbs _____oz OR _____kg □ Unknown	21a. WEIGHT: _____lbs. _____ oz. OR _____kg □ Unknown
8e. HEIGHT: _____ft _____in OR _____cm □ Unknown	21b. HEIGHT: _____ft. _____ in. OR _____cm □ Unknown
8f. BMI (Record only if ht and/or wt is not available): _____ □ Unknown	21c. BMI: _____ □ Unknown
URINE Cultures ONLY: 14a. Was the urine collected through an indwelling urethral catheter? • Yes • No • Unknown	URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown
URINE Cultures ONLY: 14b. Record the colony count _____	URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: _____
URINE Cultures ONLY: 14c. Signs and Symptoms associated with urine culture. Please indicate if any of the following symptoms where reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the date of initial culture. Then go to question 14d. □ None □ Costovertebral angle pain or tenderness □ Dysuria	URINE CULTURES ONLY: 22c. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE CULTURE Please indicate if any of the following symptoms where reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC. □ None □ Costovertebral angle pain or tenderness □ Dysuria □ Fever [temperature ≥ 100.4 °F (38 °C)]

☐ Fever [temperature ≥ 100.4 °F (38 °C)] ☐ Unknown ☐ Frequency ☐ Suprapubic tenderness ☐ Urgency Symptoms for patients ≤ 1 year of age only: ☐ Apnea ☐ Bradycardia ☐ Lethargy ☐ Vomiting	☐ Unknown ☐ Frequency ☐ Suprapubic tenderness ☐ Urgency Symptoms for patients ≤ 1 year of age only: ☐ Apnea ☐ Bradycardia ☐ Lethargy ☐ Vomiting
URINE Cultures ONLY: 14d. Was a blood culture positive in the 3 calendar days before through the 3 calendar days after the initial urine culture for the same MuGSI organism? • Yes • No • Unknown	URINE CULTURES ONLY: 22d. WAS A BLOOD CULTURE POSITIVE IN THE 3 CALENDAR DAYS BEFORE THROUGH THE 3 CALENDAR DAYS AFTER THE DISC FOR THE SAME MuGSI ORGANISM? • Yes • No • Unknown
13b. Was the initial culture polymicrobial? • Yes • No • Unknown	23. WAS THE INCIDENT SPECIMEN POLYMICROBIAL? • Yes • No • Unknown
13c. Was the initial isolate tested for carbapenemase? • Yes • No • Laboratory not testing • Unknown If yes, what testing method was used (check all that apply): • Automated Molecular Assay (specify): _____ • CarbaNP • PCR • E Test • Modified Hodge Test (MHT) • Other (specify):_____ • Unknown If tested, what was the testing result? ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown	24a. WAS THE INCIDENT SPECIMEN TESTED FOR CARBAPENEMASE? • Yes • No • Laboratory not testing • Unknown 24b. IF YES, WHAT TESTING METHOD WAS USED? (Check all that apply): Non-Molecular Tests ☐ CarbaNP ☐ Carbapenemase Incactivation Method (CIM) ☐ Disk Diffusion/ROSCO Disk ☐ E-test ☐ Modified Carbapenemase Incactivation Method (mCIM) ☐ Modified Hodge Test (MHT) ☐ RAPIDEC ☐ Other (specify):_____ ☐ Unknown Molecular Tests ☐ Automated Molecular Assay ☐ Carba-R ☐ Check Points ☐ MALDI-TOF MS ☐ Next Generation Nucleic Acid Sequencing ☐ PCR ☐ Other (specify):_____ ☐ Unknown 24c. IF TESTED, WHAT WAS THE TESTING RESULT? Non-Molecular Test Results: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown Molecular Test Results: ☐ NDM ☐ Pos ☐ Neg ☐ Ind ☐ Unk ☐ KPC ☐ Pos ☐ Neg ☐ Ind ☐ Unk ☐ OXA ☐ Pos ☐ Neg ☐ Ind ☐ Unk ☐ OXA-48 ☐ Pos ☐ Neg ☐ Ind ☐ Unk

	☐ VIM ☐ Pos ☐ Neg ☐ Ind ☐ Unk ☐ IMP ☐ Pos ☐ Neg ☐ Ind ☐ Unk
15. Was the same organism (Q13a) cultured from a different sterile site or urine in the 30 days after the date of initial culture (of this current episode)? • Yes • No • Unknown IF YES, SOURCE: (check all that apply) • Blood • CSF • Pleural fluid • Pericardial fluid • Peritoneal fluid • Joint/Synovial fluid • Bone • Urine • Other normally sterile site_____	25. WAS THE SAME ORGANISM (Q10) CULTURED FROM A DIFFERENT STERILE SITE OR URINE IN THE 30 DAYS AFTER THE DISC? • Yes • No • Unknown IF YES, SOURCE: (check all that apply) • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____
16. Enterobacteriaceae ONLY: Were cultures of sterile site(s) or urine positive in the 30 days prior to the date of initial culture, for a DIFFERENT organism (Q13a)? • Yes • No • Unknown • N/A IF YES, SOURCE: (check all that apply) • Blood • CSF • Pleural fluid • Pericardial fluid • Peritoneal fluid • Joint/Synovial fluid • Bone • Urine • Other normally sterile site_____ If yes, indicate organism type and associated State ID for the incident closest to the date of initial culture: Organism | State ID *Escherichia coli* *Enterobacter cloacae* *Enterobacter aerogenes* *Klebsiella pneumoniae* *Klebsiella oxytoca*	26. ENTEROBACTERIACEAE ONLY: WERE CULTURES OF STERILE SITE(S) OR URINE POSITIVE IN THE 30 DAYS BEFORE THE DISC, FOR A DIFFERENT ORGANISM (Q10)? • Yes • No • Unknown • N/A IF YES, SOURCE: (check all that apply) • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____ IF YES, INDICATE ORGANISM TYPE AND ASSOCIATED STATE ID FOR THE INCIDENT CLOSEST TO THE DISC: Organism | State ID *Escherichia coli* *Enterobacter cloacae* *Klebsiella aerogenes* *Klebsiella pneumoniae* *Klebsiella oxytoca*
16a. A. baumannii Cultures ONLY: Were cultures of OTHER sterile site(s) or urine positive in the 30 days prior to the date of initial culture, for another A. baumannii? • Yes • No • Unknown • N/A • Yes • No • Unknown • N/A IF YES, SOURCE: (check all that apply) • Blood • CSF	27a. A. BAUMANNII CULTURES ONLY: WERE CULTURES OF OTHER STERILE SITE(S) OR URINE POSITIVE IN THE 30 DAYS BEFORE THE DISC, FOR ANOTHER A. BAUMANNII? • Yes • No • Unknown • N/A IF YES, SOURCE: (check all that apply) • Blood • Bone • CSF • Internal body site (specify): _____

• Pleural fluid • Pericardial fluid • Peritoneal fluid • Joint/Synovial fluid • Bone • Urine • Other normally sterile site_____ If yes, State ID for the organism closest to the date of initial culture: _____	• Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____ IF YES, STATE ID FOR THE INCIDENT CLOSEST TO THE DISC: _____
16b. A. baumannii Cultures ONLY: Did the patient have a sputum culture positive for CRAB in the 30 days prior to the date of culture (Day 1)? • Yes • No • Unknown • N/A	27b. A. BAUMANNII CULTURES ONLY: DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR CRAB IN THE 30 DAYS BEFORE THE DISC? • Yes • No • Unknown • N/A
	27c. A. BAUMANNII CULTURES ONLY: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC: □ Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC □ Nebulizer treatment at any time in the 7 calendar days before the DISC □ Mechanical ventilation at any time in the 7 calendar days before the DISC
17a. Was this patient positive for the SAME organism in the year prior to the date of the initial culture (Q10a): • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c)	28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No • Unknown
17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: □□/□□/□□□□ State ID:_____	28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE: ___ ___ - ___ ___ - ___ ___ ___ ___ STATE ID:_____
17c. Enterobacteriaceae ONLY: Was this patient positive for a MuGSI Enterobacteriaceae in the year prior to the date of initial culture (Q10a)? • Yes • No (GO TO Q18) • Unknown (GO TO Q18) • NA (GO TO Q18)	29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR BEFORE THE DISC? • Yes • No • Unknown • N/A
17d. If yes, specify organism, date of culture and State ID for the first positive Enterobacteriaceae culture in the year prior to the date of initial culture (Q10a): Carbapenem-resistant Enterobacteriaceae (CRE): □ *Escherichia coli* □ *Enterobacter cloacae* □ *Enterobacter aerogenes* □ *Klebsiella pneumoniae* □ *Klebsiella oxytoca* Date of Culture:	29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE CULTURE IN THE YEAR BEFORE THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): □ *Escherichia coli* □ *Enterobacter cloacae* □ *Klebsiella aerogenes* □ *Klebsiella pneumoniae* □ *Klebsiella oxytoca* DATE OF CULTURE: ___ ___ - ___ ___ - ___ ___ ___ _____ __ ___ ___ ___

□□/□□/□□□□ State ID:_____	STATE ID:_____
18. Susceptibility Results: (please complete the table below based on the information found in the indicated data source). Shaded antibiotics are required to have the MIC entered into the MuGSI-CM system, if available.	30. SUSCEPTIBILITY RESULTS: Please complete the table below based on the information found in the indicated data source. Shaded antibiotics are required to have the MIC entered into the MuGSI-CM system, if available. Add option to collect ten additional drug susceptibilities: □ Meropenem-vaborbactam □ Minocycline □ Doxycycline □ Plazomicin □ Tetracycline □ Rifampin\ □ Ceftazidime/Avibactam □ Ceftolozane/Tazobactam □ Fosfomycin □ Imipenem-relebactam
22. Was case first identified through audit? □ Yes □ No □ Unknown	31a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? □ Yes □ No
23. CRF status: □ Complete □ Pending □ Chart unavailable	31b. CRF STATUS: □ Complete □ Pending □ Chart unavailable after 3 requests
25. SO initials:_____	31c. SO INITIALS: _____
26. Comments:_____ _____	31d. COMMENTS: _____ _____

7. 2019 Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL)

Question on 2018 form	**Question on 2019 form**
21. Date reported to EIP site: ___ ___ - ___ ___ - ___ ___ ___ ___	DATE REPORTED TO EIP SITE: ___ ___ - ___ ___ - ___ ___ ___ ___
Title: Pilot Assessment: Feasibility of Conducting Surveillance for Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report	Title: 2019 Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacteriaceae Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report
4a. LABORATORY ID WHERE CULTURE IDENTIFIED: _____	4a. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____

6. DATE OF BIRTH: ___ ___ - ___ ___ - ___ ___ ___ ___	5. DATE OF BIRTH: ___ ___ - ___ ___ - ___ ___ ___ ___
7a. AGE: ____ ____ ____ 7b. Is age in day/mo/yr? • Days • Mos. • Years	6. AGE ____ ____ ____ • Days • Mos. • Years
8a. Sex: • Male • Female • Unknown	7. SEX AT BIRTH: • Male • Female • Unknown • Check if transgender
8b. ETHNIC ORIGIN: • Hispanic or Latino • Not Hispanic or Latino • Unknown	8a. ETHNIC ORIGIN: • Hispanic or Latino • Not Hispanic or Latino • Unknown
8c. RACE: (Check all that apply) • White • Black or African American • American Indian or Alaska Native • Asian • Native Hawaiian or Other Pacific Islander • Unknown	8b. RACE: (Check all that apply) • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Unknown
10a. DATE OF INITIAL CULTURE ___ ___ - ___ ___ - ___ ___ ___ ___	9. DATE OF INCIDENT SPECIMEN COLLECTION (DISC): ___ ___ - ___ ___ - ___ ___ ___ ___
13a. ORGANISM ISOLATED FROM INITIAL NORMALLY STERILE SITE OR URINE: Extended-Spectrum Cephalosporin-resistant: ☐ *Escherichia coli* ☐ *Klebsiella pneumoniae* ☐ *Klebsiella oxytoca*	10. ORGANISM: Extended-Spectrum Cephalosporin-resistant: ☐ *Escherichia coli* ☐ *Klebsiella pneumoniae* ☐ *Klebsiella oxytoca*
14. INITIAL CULTURE SITE: ☐ Blood ☐ Bone ☐ Brain ☐ CSF ☐ Heart ☐ Joint/Synovial fluid ☐ Kidney ☐ Liver ☐ Lymph node ☐ Ovary ☐ Pancreas ☐ Pericardial fluid ☐ Peritoneal fluid ☐ Pleural fluid ☐ Spleen ☐ Urine ☐ Vascular tissue	11. Incident specimen collection site (check all that apply) • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____

□ Vitreous □ Other fluid (sterile) □ Deep tissue □ Other normally sterile site _____	
10b. LOCATION OF CULTURE COLLECTION: • Hospital Inpatient • Emergency Room • LTCF Facility ID: _____ • LTACH Facility ID: _____ • Unknown • Other (specify):_____ Outpatient: • Clinic/Doctor's Office • Surgery • Other Outpatient • Dialysis Center	12. LOCATION OF SPECIMEN COLLECTION: • **Outpatient** Facility ID:_____ • Emergency room • Clinic/Doctor's office • Dialysis center • Surgery • Observational/clinical decision unit • Other outpatient • **Inpatient** Facility ID: _____ • ICU • OR • Radiology • Other inpatient • **LTCF** Facility ID: _____ • **LTACH** Facility ID: _____ • **Autopsy** • **Other (specify):_____** • **Unknown**
5. Where was the patient located on the 4th calendar day prior to the date of initial culture? • Private residence • LTCF Facility ID:_____ • LTACH Facility ID:_____ • Homeless • Incarcerated •Hospital inpatient Was patient transferred from this hospital? • Yes • No • Unknown Facility ID: _____ • Other (specify): _____ •Unknown	13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC? • Private residence • LTCF Facility ID: _____ •Hospital inpatient Facility ID: _____ Was patient transferred from this hospital? • Yes • No • Unknown • LTACH Facility ID: _____ • Homeless • Incarcerated • Other (specify): _____ •Unknown
9. WAS PATIENT HOSPITALIZED AT THE TIME OF, OR WITHIN 30 CALENDAR DAYS AFTER, INITIAL CULTURE? • Yes • No • Unknown If yes: Date of admission ___ ___ - ___ ___ - ___ ___ ___ ___ Date of discharge ___ ___ - ___ ___ - ___ ___ ___ ___	14. WAS THE PATIENT HOSPITALIZED AT THE TIME OF OR IN THE 29 CALENDAR DAYS AFTER THE DISC? • Yes • No • Unknown IF YES, DATE OF ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___
11a. Was the patient in the ICU in the 7 days prior to their initial culture? • Yes • No • Unknown	15a. WAS THE PATIENT IN AN ICU IN THE 7 DAYS BEFORE THE DISC? • Yes • No • Unknown IF YES, DATE OF ICU ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___ OR □ Date unknown

11b. Was the patient in the ICU on the date of or in the 7 days after the initial culture? • Yes • No • Unknown	15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC? • Yes • No • Unknown IF YES, DATE OF ICU ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___ OR □ Date unknown
12. PATIENT OUTCOME: • Survived • Died • Unknown If survived, transferred to: • Private residence • LTCF Facility ID:_____ • LTACH Facility ID:____ • Unknown • Other (specify):_____ If died, date of death: ___ ___ - ___ ___ - ___ ___ ___ ___	16. PATIENT OUTCOME: • Survived Date of discharge: ___ ___ - ___ ___ - ___ ___ ___ ___ OR • Date unknown • Left against medical advice (AMA) If survived, discharged to: • Private residence • Other • LTCF Facility ID:_____ (specify):_____ • LTACH Facility ID:____ • Unknown • Died Date of death: ___ ___ - ___ ___ - ___ ___ ___ ___ ON THE DAY OF OR IN THE 6 CALENDAR DAYS BEFORE DEATH, WAS THE PATHOGEN OF INTEREST ISOLATED FROM A SITE THAT MEETS THE CASE DEFINITION? • Yes • No • Unknown
16. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S) (check all that apply): • None • Unknown □ Abscess, not skin □ Appendicitis □ AV fistula/graft infection □ Bacteremia □ Catheter site infection (CVC) □ Cholangitis □ Chronic ulcer/wound (not decubitus) □ Decubitus/pressure ulcer □ Diverticulitis □ Empyema □ Endocarditis □ Epididymitis □ Epidural Abscess □ Meningitis □ Osteomyelitis □ Peritonitis □ Pneumonia □ Prostatitis □ Pyelonephritis □ Septic arthritis □ Surgical incision infection □ Surgical site infection (internal) □ Traumatic wound □ Urinary tract infection □ Other (specify): _____	17. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) • None • Unknown □ Abscess, not skin □ AV fistula/graft infection □ Bacteremia □ Bursitis □ Catheter site infection (CVC) □ Cellulitis □ Chronic ulcer/wound (not decubitus) □ Decubitus/pressure ulcer □ Empyema □ Endocarditis □ Epidural Abscess □ Meningitis □ Osteomyelitis □ Peritonitis □ Pneumonia □ Pyelonephritis □ Septic arthritis □ Septic emboli □ Septic shock □ Skin abscess □ Surgical incision infection □ Surgical site infection (internal) □ Traumatic wound □ Urinary tract infection □ Other (specify): _____

	Five types of infections were removed from this question.
NEW QUESTION	18. RECURRENT UTI □ Yes □ No □ Unknown
27. UNDERLYING CONDITIONS (check all that apply): • None • Unknown □ AIDS/CD4 count < 200 □ Alcohol abuse □ Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ Current Smoker □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Dementia/Chronic Cognitive Deficit □ Diabetes □ Hemiplegia/Paraplegia □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure □ Metastatic Solid Tumor □ Myocardial Infarct □ Neurological Problems □ Peptic Ulcer Disease □ Peripheral Vascular Disease (PVD) □ Premature Birth □ Solid Tumor (non metastatic) □ Spina bifida □ Transplant Recipient □ Urinary Tract Problems/Abnormalities	19. 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 infection •AIDS/CD4 count <200 • Primary immunodeficiency • Transplant, hematopoietic stem cell • Transplant, solid organ **LIVER DISEASE** • Chronic liver disease • Ascites • Chronic hepatitis C • 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 **SKIN CONDITION** • Burn • Decubitus/pressure ulcer • Surgical wound • Other chronic ulcer or chronic wound **OTHER** • Connective tissue disease • Obesity or morbid obesity • Pregnant **MuGSI CONDITIONS** • Urinary tract problems/abnormalities • Premature birth • Spina bifida
27. UNDERLYING CONDITIONS (check all that apply):	20. SUBSTANCE USE, CURRENT

• None • Unknown □ AIDS/CD4 count < 200 □ Alcohol abuse □ Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ Current Smoker □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Dementia/Chronic Cognitive Deficit □ Diabetes □ Hemiplegia/Paraplegia □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure □ Metastatic Solid Tumor □ Myocardial Infarct □ Neurological Problems □ Peptic Ulcer Disease □ Peripheral Vascular Disease (PVD) □ Premature Birth □ Solid Tumor (non metastatic) □ Spina bifida □ Transplant Recipient Urinary Tract Problems/Abnormalities	SMOKING (Check all that apply): • None • Unknown • Tobacco • E-nicotine delivery system • Marijuana ALCOHOL ABUSE: • Yes • No • Unknown 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 □ Cocaine or 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 Some of the data in this section was formerly collected in the underlying conditions section (IVDU [changed to injection drug user], Current smoker [changed to smoking], Alcohol Abuse (see highlighted conditions in the prior column). The collection of more information for other drug use is new. There are six new check boxes that allow other drug use to be captured in more detail. These questions focus on type of drug and mode of delivery.
21. RISK FACTORS OF INTEREST (check all that apply): • None • Unknown • Hospitalized within year before date of initial culture: If yes, enter mo/yr □□/□□□□ OR • Unknown If known, prior hospital ID:_____	21. RISK FACTORS: (Check all that apply) • None • Unknown WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE CALENDAR DAYS AFTER HOSPITAL ADMISSION? • Yes • No (please note, this field is auto calculated in the data management system (DMS), therefore, the user does not ever complete this filed and there is not burden associated with its collection. It is on

• Surgery within year before date of initial culture • Current chronic dialysis: □ Hemodialysis □ Peritoneal □ Unknown Hemodialysis Access: □ AV fistula/graft □ CVC □ Unknown • Residence in LTCF within year before date of initial culture If known, facility ID: _____ • Admitted to a LTACH within year before initial culture date If known, facility ID: _____ • Central venous catheter in place on the day of culture (up to time of culture) or at any time in the 2 calendar days prior to the date of culture • Urinary catheter in place on the day of culture (up to time of culture) or at any time in the 2 calendar days prior to the date of culture If checked, indicate all that apply: • Indwelling Urethral Catheter • Suprapubic Catheter • Condom Catheter • Other: _____ • Any OTHER indwelling device in place on the day of culture (up to time of culture) or at any time in the 2 calendar days prior to the date of culture If checked, indicate all that apply: • ET/NT Tube • Gastrostomy Tube • NG Tube • Tracheostomy • Nephrostomy Tube • Other: _____ • Patient traveled internationally in the two months prior to the date of initial culture. Country:_____, _____, _____ • Patient was hospitalized while visiting country(ies) listed above	the paper form because our users want to continue to view this in the DMS) Previous hospitalization in the year before DISC • Yes • No • Unknown If yes, date of discharge closed to DISC: ___ ___ - ___ ___ - ___ ___ ___ ___ Facility ID: _____ OR, Date Unknown • Overnight stay in LTCF in the year before DISC • Yes • No • Unknown Facility ID: _____ Overnight stay in LTACH in the year before DISC • Yes • No • Unknown Facility ID: _____ Surgery in the year before DISC • Yes • No • Unknown CURRENT CHRONIC DIALYSIS: IF YES, TYPE: □ Hemodialysis □ Peritoneal □ Unknown IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS: □ AV fistula/graft □ Hemodialysis central line □ Unknown CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: • Yes • No • Unknown Check here if central line in place for > 2 calendar days: □ URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: • Yes • No • Unknown IF YES, CHECK ALL THAT APPLY: □ Indwelling Urethral Catheter □ Suprapubic Catheter □ Condom Catheter □ Other (specify):_____ ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: • Yes • No • Unknown IF YES, CHECK ALL THAT APPLY: □ ET/NT Tube □ Gastrostomy Tube □ NG Tube □ Tracheostomy □ Nephrostomy Tube □ Other (specify):_____ PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC: • Yes • No • Unknown COUNTRY: _____, _____, _____ PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES)

	ABOVE: • Yes • No • Unknown
NEW QUESTION	22a. WEIGHT: _____lbs. _____ oz. OR _____kg □ Unknown
NEW QUESTION	22b. HEIGHT: _____ft. _____ in. OR _____cm □ Unknown
NEW QUESTION	23c. BMI: _____ □ Unknown
NEW QUESTION	URINE CULTURES ONLY: 23a. RECORD THE COLONY COUNT: _____
URINE Cultures ONLY: 14b. Signs and Symptoms associated with urine culture. Please indicate if any of the following symptoms where reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the date of initial culture. Then go to question 14d. □ None □ Costovertebral angle pain or tenderness □ Dysuria □ Fever [temperature ≥ 100.4 °F (38 °C)] □ Unknown □ Frequency □ Suprapubic tenderness □ Urgency	URINE CULTURES ONLY: 23b. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE CULTURE Please indicate if any of the following symptoms where reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC. □ None □ Costovertebral angle pain or tenderness □ Dysuria □ Fever [temperature ≥ 100.4 °F (38 °C)] □ Unknown □ Frequency □ Suprapubic tenderness □ Urgency **Symptoms for patients ≤1 year of age only:** □ Apnea □ Bradycardia □ Lethargy □ Vomiting
15b. Did clinical laboratory identify isolate as ESBL producer? • Yes • No • Unknown	This question was removed.
NEW QUESTION	24a. WAS THE INCIDENT SPECIMEN POLYMICROBIAL? □ Yes □ No □ Unknown
15c. What confirmatory testing method(s) was used? (Check all that apply): □ Broth Microdilution (ATI) □ Disk Diffusion □ Other (Specify):_____ □ None □ Unknown	24b. WHAT SCREENING/ CONFIRMATORY METHOD WAS USED FOR ESBL DETECTION? (Check all that apply): □ Broth Microdilution (ATI detection) □ ESBL well □ Expert rule (ATI flag) □ Broth Microdilution (Manual) □ Disk Diffusion □ E-test □ Molecular test (specify):_____ □ Other non-molecular test (specify):_____ □ None □ Unknown
15d. IF TESTED, what was the test result? □ Positive	24c. IF SCREENING/ CONFIRMATORY METHOD WAS USED, WHAT WAS THE RESULT?

☐ Negative ☐ Indeterminate ☐ Unknown	☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown
19a. Is antimicrobial use (IV or oral) in the 30 days before the date of initial culture collection documented in the H&P or medical administration record? ☐ Yes (complete 19b) ☐ No ☐ Unknown	25a. IS ANTIMICROBIAL USE (IV OR ORAL) IN THE 30 DAYS BEFORE THE DISC DOCUMENTED? ☐ Yes ☐ No ☐ Unknown
19b . If yes, indicate all antibiotics given in the 30 days before the date of initial culture collection: • Amikacin • Amoxicillin • Amoxicillin/Clavulanic Acid • Ampicillin/Sulbactam • Azithromycin • Aztreonam • Cefaclor • Cefazolin • Cefdinir • Cefepime • Cefotaxime • Cefpodoxime • Cefprozil • Ceftazidime • Ceftazidime/Avibactam • Ceftizoxime • Ceftolozane/Tazobactam • Ceftriaxone • Cefuroxime • Cephalexin • Ciprofloxacin • Clarithromycin • Clindamycin • Colistin • Daptomycin • Doripenem • Doxycycline • Ertapenem • Fosfomycin • Gentamicin • Imipenem • Levofloxacin • Linezolid • Meropenem • Metronidazole • Moxifloxacin	25b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: (Check all that apply) ☐ Unknown ☐ Amikacin ☐ Amoxicillin ☐ Amoxicillin/clavulanic acid ☐ Ampicillin ☐ Ampicillin/sulbactam ☐ Azithromycin ☐ Aztreonam ☐ Cefazolin ☐ Cefdinir ☐ Cefepime ☐ Cefixime ☐ Cefotaxime ☐ Cefoxitin ☐ Cefpodoxime ☐ Ceftaroline ☐ Ceftazidime ☐ Ceftazidime/avibactam ☐ Ceftizoxime ☐ Ceftolozane/tazobactam ☐ Ceftriaxone ☐ Cefuroxime ☐ Cephalexin ☐ Ciprofloxacin ☐ Clarithromycin ☐ Clindamycin ☐ Dalbavancin ☐ Daptomycin ☐ Delafloxacin ☐ Doripenem ☐ Doxycycline ☐ Ertapenem ☐ Fidaxomicin ☐ Fosfomycin ☐ Gentamicin ☐ Imipenem/cilastatin

• Nitrofurantoin • Ofloxacin • Penicillin • Piperacillin-Tazobactam • Polymyxin B • Rifampin • Tetracycline • Ticarcillin/Clavulanic Acid • Tigecycline • Tobramycin • Trimethoprim-Sulfamethoxazole • Vancomycin, IV • Vancomycin, oral • Unknown • Other (specify):_____ • Other (specify):_____	□ Levofloxacin □ Linezolid □ Meropenem □ Meropenem/vaborbactam □ Metronidazole □ Moxifloxacin □ Nitrofurantoin □ Oritavancin □ Penicillin □ Piperacillin/tazobactam □ Polymyxin B □ Polymyxin E (colistin) □ Rifaximin □ Tedizolid □ Telavancin □ Tigecycline □ Tobramycin □ Trimethoprim □ Trimethoprim/sulfamethoxazole □ Vancomycin □ IV □ PO □ Other (specify): _____ □ Other (specify): _____ □ Other (specify): _____
15a. Susceptibility Results: Please complete the table below based on the primary antibiotic testing report. Shaded antibiotics are required to have the MIC entered into the ESBL Case Management system, if available.	26. SUSCEPTIBILITY RESULTS: Please complete the table below based on the information found in the indicated data source. Shaded antibiotics are required to have the MIC entered into the MuGSI-CM system, if available. Remove: □ Other (Specify):_____ Add: Medical record column Meropenem-vaborbactam Minocycline Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF.
	27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? □ Yes □ No
20. CRF status: □ Complete □ Pending □ Chart unavailable	27b. CRF STATUS: □ Complete □ Pending □ Chart unavailable after 3 requests
22. SO initials:_____	27c. SO INITIALS: _____

23. Comments:_____ _____	27d. COMMENTS: _____ _____

8. Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Carbapenem-resistant Pseudomonas aeruginosa (CR-PA) - *Form Discontinued*

9. 2019 Invasive MRSA Infection Case Report Form

2018 Paper CRF Question	Changes to the 2019 Paper CRF Question
1. State (Residence of patient) ___ ___	1. State ___ ___ (Updated question wording)
2. County (Residence of patient) _____	2. County _____ (Updated question wording)
3. State I.D.: _____	3. State I.D.: _____ (No change)
Patient ID: _____	4. Patient ID: _____ (Updated question number; this was previously at the top of the CRF and not numbered).
4a. Hospital/Lab I.D. where culture identified _____	5. Laboratory ID where incident specimen identified _____ (Updated question number and wording)
4b. Hospital I.D. where patient treated _____	6. Facility ID where patient treated _____ (Updated question number and wording)
5. Sex: • Male • Female	7. Sex at birth: • Male • Female • Unknown • Check if transgender (Updated question number and wording, added two new options—one for unknown sex at birth and a checkbox if the patient is transgender)
6. Date of Birth __/__/_____	8. Date of birth __/__/_____ (Updated question number)
7. Age ____ ____ ____	9. Age ____ ____ ____ • Days • Mos. • Years (Updated question number and combined with question below [7b on old form])
7b. Is age in day/mo/yr • Days • Mos. • Years	This text (Is age in day/mo/yr) has been removed and the option day/mo/year is now included as a part of question 9
12b. Race • White • Black or African American • American Indian or Alaska Native • Asian • Native Hawaiian or Other Pacific Islander • Unknown	10. Race (Check all that apply) • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Unknown (Updated question number and order of responses; all response options remain the same)
12a. Ethnic Origin • Hispanic or Latino • Not Hispanic or Latino	11. Ethnic origin • Hispanic or Latino • Not Hispanic or Latino

• Unknown	• Unknown (Updated question number)
12c. Weight • Unknown _____ lbs _____oz OR _____kg	12. Weight _____ lbs _____oz OR _____kg • Unknown (Updated question number and order of responses; all response options remain the same)
12d. Height • Unknown _____ft. _____ in. OR _____cm	13. Height _____ft. _____ in. OR _____cm • Unknown (Updated question number and order of responses; all response options remain the same)
12e. BMI (do not calculate, only if available in the MR) • Unknown _____	14. BMI (record only if ht. and/or wt. is not available) _____ • Unknown (Updated question number, wording, and order of responses; all response options remain the same)
9. Date of Initial Culture ___/___/_____	15. Date of Incident Specimen Collection (DISC) ___/___/_____ (Updated question number and wording)
10a. Was the patient hospitalized at the time of, or within 30 calendar days after, initial culture? • Yes • No • Unknown If yes, date of admission ___/___/_____	16. Was the patient hospitalized at the time of, or in the 29 calendar days after, the DISC? • Yes • No • Unknown If yes, date of admission ___/___/_____ (Updated question number and wording)
11. Was culture collected >3 calendar days after hospital admission? • Yes (HO-MRSA case) • No (Complete CRF, CA-MRSA or HACO-MRSA case) If yes, was case selected for full CRF based on sampling frame 1:10? • Yes (Complete CRF) • No (STOP data abstraction)	17. Was incident specimen collected 3 or more calendar days after hospital admission? • Yes (HO-MRSA case) • No (CA-MRSA or HACO-MRSA case) (Updated question number and wording, dropped second part of question, "If yes, was case selected for full CRF based on sampling frame 1:10?")
8. Sterile site(s) from which MRSA was initially isolated (check all that apply) • Blood • CSF • Pleural fluid • Peritoneal fluid • Pericardial fluid • Joint/Synovial fluid • Bone • Muscle • Internal body site (specify_____) • Other sterile site (specify_____)	18. Incident specimen collection site (check all that apply) • Blood • Bone • CSF • Internal body site (specify_____) • Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Other normally sterile site (specify_____) (Updated question number, wording, order of responses, and wording of one response options [other sterile site is now other normally sterile site], though all response options remain the same)
16. Location of culture collection (check one) **Hospital inpatient** • ICU • Surgery/OR • Radiology • Other unit **Outpatient** • Clinic/Doctor's office • Surgery • Dialysis/Renal Clinic	19. Location of specimen collection • **Outpatient** Facility ID:_____ • Emergency room • Clinic/Doctor's office • Dialysis center • Surgery • Observational/clinical decision unit • Other outpatient • **Inpatient**

• Other outpatient • Emergency Room • Observational Unit/clinical decision unit • LTCF Facility ID:_____ • LTACH Facility ID: _____ • Autopsy • Unknown • Other	Facility ID: _____ • ICU • OR • Radiology • Other inpatient • **LTCF** Facility ID: _____ • **LTACH** Facility ID: _____ • **Autopsy** • **Other (specify):_____** • **Unknown** (Updated question number. Added checkboxes for headings "Outpatient" and "Inpatient". Added a facility ID for "Outpatient" and "Inpatient". Updated the order of responses. Changed the wording of the response "Dialysis/Renal clinic to "Dialysis" and "Other unit" to "Other inpatient")
17. Were cultures of the SAME or OTHER sterile sites positive within 30 days after initial culture date? • Yes • No • Unknown If yes, indicate site and date of last positive culture. • Blood, Date:_____ • CSF, Date: _____ • Pleural fluid, Date:_____ • Peritoneal fluid, Date: _____ • Pericardial fluid, Date: _____ • Joint/Synovial fluid, Date: _____ • Bone, Date: _____ • Muscle, Date: _____ • Internal body site (specify_____) Date: _____ • Other sterile site (specify_____) Date: _____	20. Were cultures of the SAME or OTHER sterile site(s) positive within 29 days after DISC? • Yes • No • Unknown If yes, indicate site and date of last positive culture. • Blood, Date:_____ • Bone, Date:_____ • CSF, Date:_____ • Internal body site (specify_____), Date:_____ • Joint/Synovial fluid, Date:_____ • Muscle, Date:_____ • Pericardial fluid, Date:_____ • Peritoneal fluid, Date:_____ • Pleural fluid, Date:_____ • Other normally sterile site (specify____) Date:_____ (Updated question number and wording, order of responses, and wording of one of the response options [other sterile site is now other normally sterile site])
17b. Date of first SA blood culture after which SA not isolated for 14 days ___/___/_____	21. Date of first SA blood culture after which SA not isolated for 14 days ___/___/_____ (Updated question number)
22. Susceptibility Results Cefoxitin • S • R • U Oxacillin • S • R • U Vancomycin • S • I • R • U Clindamycin • S • I • R • U Trimethoprim-sulfamethoxazole • S • I • R • U	22. Susceptibility Results Cefazolin • S • I • R • U Nafcillin • S • I • R • U Cefoxitin • S • R • U Oxacillin • S • R • U Vancomycin • S • I • R • U Clindamycin • S • I • R • U Trimethoprim-sulfamethoxazole • S • I • R • U (Added two antimicrobial agents-Cefazolin and Nafcillin)
15. Where was the patient located on the 4th calendar day prior to the date of initial culture? • Private residence • Long term care facility Facility ID: • Long term acute care hospital Facility ID: • Homeless • Incarcerated	23. Where was the patient located on the 3rd calendar day before the DISC? • Private residence • LTCF Facility ID: •Hospital inpatient Facility ID: Was patient transferred from this hospital? • LTACH Facility ID: • Homeless • Incarcerated • Other:_____ •Unknown

• Hospital inpatient Facility ID: • Other_____ • Unknown	• Yes • No • Unknown (Updated question number and wording, Updated order of the responses, added the response: Was patient transferred from this hospital? • Yes • No • Unknown for patients that were indicated to be a hospital inpatient.)
14. If case is ≤12 months of age, type of birth hospitalization • NICU/SCN • Well baby nursery • Unknown	24. If case is ≤12 months of age, type of birth hospitalization • NICU/SCN • Well baby nursery • Unknown (Updated question number)
20. Underlying conditions: • Premature birth Birth weight _____ lb _____oz OR _____ g Estimated gestational age _____ weeks	25. If patient <2 years of age were they born premature (<37 weeks gestation)? • Yes • No • Unknown ---If YES, birth weight: _____ lb _____oz OR _____ g OR • Unknown birth weight ---If YES, estimated gestational age: _____ weeks OR • Unknown gestational age (Updated question number and wording. Added "Unknown" checkboxes for birth weight and gestational age)
10b. If patient was hospitalized, was this patient admitted to the ICU during hospitalization? • Yes • No • Unknown	26. Was the patient in an ICU in the 2 days before the DISC? • Yes • No • Unknown ---if YES, date of ICU admission: _ _-_ _-_ _ _ _ OR • Date Unknown (Updated question number and wording, broke into two questions, added date of admission)
10b. If patient was hospitalized, was this patient admitted to the ICU during hospitalization? • Yes • No • Unknown	27. Was the patient in an ICU on the DISC or in the 2 days after the DISC? • Yes • No • Unknown ---if YES, date of ICU admission: _ _-_ _-_ _ _ _ OR • Date Unknown (Updated question number and wording, broke into two questions, added date of admission)
19. Types of MRSA infection associated with culture(s) • Abscess (not skin) • AV Fistula/Graft infection • Bacteremia • Bursitis • Catheter Site Infection • Cellulitis • Chronic Ulcer/Wound • Decubitus/Pressure Ulcer • Empyema • Endocarditis • Epidural abscess • Meningitis • Peritonitis • Pneumonia • Osteomyelitis • Septic Arthritis • Septic Emboli • Septic Shock • Skin Abscess • Surgical Incision • Surgical Site (internal) • Urinary Tract • Other (Specify):____	28. Types of MRSA infection associated with culture(s) • Abscess (not skin) • AV Fistula/Graft infection • Bacteremia • Bursitis • Catheter Site Infection • Cellulitis • Chronic Ulcer/Wound • Decubitus/Pressure Ulcer • Empyema • Endocarditis • Epidural abscess • Meningitis • Peritonitis • Pneumonia • Osteomyelitis • Septic Arthritis • Septic Emboli • Septic Shock • Skin Abscess • Surgical Incision • Surgical Site (internal) • Urinary Tract • Other (Specify):____ (Updated question number, no change to the responses)
20. Underlying Conditions • Abscess/Boil (Recurrent) • AIDS • Chronic Cognitive Deficit • Chronic Liver Disease • Chronic Pulmonary Disease • IVDU • Metastatic solid tumor • Myocardial Infarct • Obesity • Other drug use	29. Underlying Conditions **CHRONIC LUNG DISEASE** • Cystic fibrosis • Chronic pulmonary disease **CHRONIC METABOLIC** **NEUROLOGIC CONDITION** • Cerebral palsy • Chronic cognitive deficit

• Chronic Kidney Disease • Chronic Skin Breakdown • Congestive Heart Failure • Connective Tissue Disease • Current Smoker • CVA/Stroke • Cystic fibrosis • Decubitus/Pressure Ulcer • Dementia • Diabetes • Hematologic Malignancy • Hemiplegia/Paraplegia • HIV • Influenza (within 10 days of initial culture)	• Peptic ulcer disease • Peripheral vascular disease • Premature birth Birth weight _____ lb _____oz OR _____ g Estimated gestational age _____ weeks • Solid tumor (non metastatic) • Other (Specify for cases ≤12 months of age):	**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 infection •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 SVC • Current, chronic **MALIGNANCY** • Malignancy, hematologic • Malignancy, solid organ (non-metastatic) • Malignancy, solid organ (metastatic)	• 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 **SKIN CONDITION** • Burn • Decubitus/pressure ulcer • Surgical wound • Other chronic ulcer or chronic wound **OTHER** • Connective tissue disease • Obesity or morbid obesity • Pregnant • Other (specify only for cases ≤12 months of age):_____
		(Updated question number, re-ordered options based on system and alphabet, moved 6 conditions to another location on the CRF [IVDU, Other drug use, Current smoker, Premature birth, birth weight, estimated gestational age], removed 2 conditions [abscess/boil (recurrent), influenza (within 10 days of initial culture)], and added 22 conditions [an option under diabetes for "with chronic complications"; congenital heart disease; diverticular disease; inflammatory bowel disease; cerebral palsy; epilepsy/seizure/seizure disorder; multiple sclerosis; neuropathy; Parkinson's disease; other neurologic condition; quadriplegia; lowest serum creatinine for those with chronic kidney disease; surgical wound; other chronic ulcer or wound; primary immunodeficiency; transplant, hematopoietic stem cell; transplant, solid organ; ascites; hepatitis C; 2 options under hepatitis C: treated, in SVR and current, chronic, cirrhosis;		

<table>
<tr>
<td></td>
<td>hepatic encephalopathy; variceal bleeding]. There were minor wording changes for eight conditions [CVA/stroke to CVA/Stroke/TIA; Diabetes to Diabetes mellitus; Hematologic malignancy to Malignancy, hematologic; metastatic solid tumor to Malignancy, solid organ (metastatic); myocardial infarct to myocardial infarction; obesity to obesity or morbid obesity; peripheral vascular disease to peripheral vascular disease (PVD); solid tumor (non metastatic) to Malignancy, solid organ (non-metastatic)], one question was broken into two [Hemiplegia and paraplegia are now their own checkboxes rather than hemiplegia/paraplegia). One condition (pregnancy) was added to this question, but had previously stood as a stand-alone question (Q13).</td>
</tr>
<tr>
<td>20. Underlying Conditions
• Abscess/Boil (Recurrent)
• AIDS
• Chronic Cognitive Deficit
• Chronic Liver Disease
• Chronic Pulmonary Disease
• Chronic Kidney Disease
• Chronic Skin Breakdown
• Congestive Heart Failure
• Connective Tissue Disease
• Current Smoker
• CVA/Stroke
• Cystic fibrosis
• Decubitus/Pressure Ulcer
• Dementia
• Diabetes
• Hematologic Malignancy
• Hemiplegia/Paraplegia
• HIV
• Influenza (within 10 days of initial culture)
• IVDU
• Metastatic solid tumor
• Myocardial Infarct
• Obesity
• Other drug use
• Peptic ulcer disease
• Peripheral vascular disease
• Premature birth
Birth weight _____ lb _____oz OR _____ g
Estimated gestational age _____ weeks
• Solid tumor (non metastatic)
• Other (Specify for cases ≤12 months of age):_____</td>
<td>30. Substance Use, current
Smoking: (Check all that apply)
• None
• Tobacco
• E-nicotine delivery system
• Unknown
• Marijuana

Alcohol Abuse:
• Yes
• No
• Unknown

Other Substances (Check all that apply):
<table>
<tr><td>• None</td><td colspan="2">• Unknown</td></tr>
<tr><td></td><td>Documented use disorder (DUD)/abuse:</td><td>Mode of delivery (Check all that apply):</td></tr>
<tr><td>• Marijuana/cannabinoid (other than smoking)</td><td>• DUD or abuse</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Opioid, DEA schedule I (e.g., heroin)</td><td>• DUD or abuse</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)</td><td>• DUD or abuse</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Cocaine or methamphetamine</td><td>• DUD or abuse</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Other (Specify):</td><td>• DUD or abuse</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Unknown substance</td><td>• DUD or abuse</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
</table>
The data in this section was formerly collected in the underlying conditions section (IVDU [changed to injection drug user], Current smoker [changed to smoking], and other drug use). See the highlighted conditions in the prior column.</td>
</tr>
</table>

	There are six new check boxes that allow "other drug" use to be captured in more detail. These questions focus on type of drug and mode of delivery.
13.At the time of first positive culture, patient was: • Pregnant • Post-partum • Neither • Unknown	This question has been deleted. A pregnancy checkbox is now included in Q20, underlying conditions
21. Prior healthcare exposure • None • Unknown • Previous document MRSA infection or colonization If yes, Month____ Year _____ or previous state id: _____ • Hospitalized within year before initial culture date If yes, Month ____ Day ____ Year _____ • Unknown If known, Facility ID: _____ • Admitted to a LTACH within year before initial culture date If known, Facility ID: _____ • Residence in a long-term care facility within year before initial culture date If known, Facility ID: _____ • Surgery within year before initial culture date If yes, list the surgeries and dates of surgery that occurred within 90 days prior to the initial culture: Surgery Date _____ __-__-____ _____ __-__-____ _____ __-__-____ _____ __-__-____ • Central vascular catheter in place at or any time in the 2 calendar days prior to initial culture • Dialysis within year before initial culture date (hemodialysis or peritoneal dialysis) • Current chronic dialysis Type • Peritoneal • Unknown • Hemodialysis Type of vascular access • AV fistula/graft • Hemodialysis CVC • Unknown	31. Prior healthcare exposure(s) Previous documented MRSA infection or colonization • Yes • No • Unknown If yes, Month____ Year _____ or previous state id: _____ Previous hospitalization in the year before DISC • Yes • No • Unknown If yes, date of discharge closed to DISC: ___/___/___ Facility ID: _____ Overnight stay in LTACH in the year before DISC • Yes • No • Unknown Facility ID: _____ Overnight stay in LTCF in the year before DISC • Yes • No • Unknown Facility ID: _____ Surgery in the year before DISC • Yes • No • Unknown If yes, list the surgeries and dates of surgery that occurred within 90 days prior to the DISC: Surgery Date _____ __-__-____ _____ __-__-____ _____ __-__-____ _____ __-__-____ Central line in place on the DISC (up to the time of collection), or at any time in the 2 calendar days before DISC • Yes • No • Unknown Dialysis in the year before DISC (hemodialysis or peritoneal dialysis) • Yes • No • Unknown Current chronic dialysis • Yes • No • Unknown Type: • Hemodialysis • Peritoneal • Unknown If hemodialysis, type of vascular access: • AV fistula/graft • Hemodialysis central line • Unknown (Updated question number and wording. Checkboxes were updated to yes/no/unknown responses, removing the need for

	None/Unknown checkboxes on prior CRF. Order of sub-questions has changed [not shown].)
18. Patient outcome • Survived Date of discharge: __/__/____ If survived, was the patient transferred to a LTCF? • Yes • No • Unknown If yes, facility ID: _____ If survived, was the patient transferred to a LTACH? • Yes • No • Unknown If yes, facility ID: _____ • Died Date of death: __/__/____ Was MRSA cultured from a normally sterile site < calendar day 7 before death? • Yes • No • Unknown • Unknown	32. Patient outcome • Survived Date of discharge: __/__/____ • Left against medical advice (AMA) If survived, discharged to: • Private residence • Other • LTCF Facility ID:_____ Specify:_____ • LTACH Facility ID:____ • Unknown • Died Date of death: __/__/____ On the day of or in the 6 calendar days before death, was the pathogen of interest isolate from a site that meets the case definition? • Yes • No • Unknown • Unknown (Updated question number and wording. Collapsed two questions (If patient survived, was the patient transferred to a LTCF and If patient survived was the patient transferred to a LTACH) into a single question (If survived, discharged to) and added a checkbox for "left against medical advice" and for "date unknown" (for both date of discharge [if survived] and date of death [if died])
23. Was case first identified through audit? • Yes • No • Unknown	33. Was case first identified through audit? • Yes • No • Unknown (Updated question number)
24. CRF status • Complete • Incomplete • Edited & Correct • Chart unavailable after 3 requests	34. CRF Status • Complete • Incomplete • Edited & Correct • Chart unavailable after 3 requests (Updated question number)
25. Does this case have recurrent MRSA disease? • Yes • No • Unknown If yes, previous (1st) state ID _____	35. Does this case have recurrent MRSA disease? • Yes • No • Unknown If yes, previous (1st) state ID _____ (Updated question number)
26. Date reported to EIP site ___/___/_____	36. Date reported to EIP site ___/___/_____ (Updated question number)
27. Initials of S.O. _____	37. S.O. Initials _____ (Updated question number and wording)

10. 2019 Invasive MSSA Infections Case Report Form

2018 Paper CRF Question	**Changes to the 2019 Paper CRF Question**
1. State (Residence of patient) ___ ___	1. State ___ ___ (Updated question wording)
2. County (Residence of patient) _____	2. County _____ (Updated question wording)
3. State I.D.: _____	3. State I.D.: _____

	(No change)
Patient ID: _____	4. Patient ID: _____ (Updated question number; this was previously at the top of the CRF and not numbered).
4a. Hospital/Lab I.D. where culture identified _____	5. Laboratory ID where incident specimen identified _____ (Updated question number and wording)
4b. Hospital I.D. where patient treated _____	6. Facility ID where patient treated _____ (Updated question number and wording)
5. Sex: • Male • Female	7. Sex at birth: • Male • Female • Unknown • Check if transgender (Updated question number and wording, added two new options—one for unknown sex at birth and a checkbox if the patient is transgender)
6. Date of Birth __/__/_____	8. Date of birth __/__/_____ (Updated question number)
7. Age ____ ____ ____	9. Age ____ ____ ____ • Days • Mos. • Years (Updated question number and combined with question below [7b on old form])
7b. Is age in day/mo/yr • Days • Mos. • Years	This text (Is age in day/mo/yr) has been removed and the option day/mo/year is now included as a part of question 9
12b. Race • White • Black or African American • American Indian or Alaska Native • Asian • Native Hawaiian or Other Pacific Islander • Unknown	10. Race (Check all that apply) • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Unknown (Updated question number and order of responses; all response options remain the same)
12a. Ethnic Origin • Hispanic or Latino • Not Hispanic or Latino • Unknown	11. Ethnic origin • Hispanic or Latino • Not Hispanic or Latino • Unknown (Updated question number)
12c. Weight • Unknown _____ lbs _____oz OR _____kg	12. Weight _____ lbs _____oz OR _____kg • Unknown (Updated question number and order of responses; all response options remain the same)
12d. Height • Unknown _____ft. _____ in. OR _____cm	13. Height _____ft. _____ in. OR _____cm • Unknown (Updated question number and order of responses; all response options remain the same)
12e. BMI (do not calculate, only if available in the MR) • Unknown _____	14. BMI (record only if ht. and/or wt. is not available) _____ • Unknown (Updated question number, wording, and order of responses; all response options remain the same)
9. Date of Initial Culture	15. Date of Incident Specimen Collection (DISC)

___/___/_____	___/___/_____ (Updated question number and wording)
10a. Was the patient hospitalized at the time of, or within 30 calendar days after, initial culture? • Yes • No • Unknown If yes, date of admission ___/___/_____	16. Was the patient hospitalized at the time of, or in the 29 calendar days after, the DISC? • Yes • No • Unknown If yes, date of admission ___/___/_____ (Updated question number and wording)
11. Was culture collected >3 calendar days after hospital admission? • Yes (HO case) • No	17. Was incident specimen collected 3 or more calendar days after hospital admission? • Yes (HO-MSSA case) • No (CA-MSSA or HACO-MSSA case)
8. Sterile site(s) from which MSSA was initially isolated (check all that apply) • Blood • CSF • Pleural fluid • Peritoneal fluid • Pericardial fluid • Joint/Synovial fluid • Bone • Muscle • Internal body site (specify_____) • Other sterile site (specify_____)	18. Incident specimen collection site (check all that apply) • Blood • Bone • CSF • Internal body site (specify_____) • Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Other normally sterile site (specify_____) (Updated question number, wording, order of responses, and wording of one response options [other sterile site is now other normally sterile site], though all response options remain the same)
16. Location of culture collection (check one) **Hospital inpatient** • ICU • Surgery/OR • Radiology • Other unit **Outpatient** • Clinic/Doctor's office • Surgery • Dialysis/Renal Clinic • Other outpatient • Emergency Room • Observational Unit/clinical decision unit • LTCF Facility ID:_____ • LTACH Facility ID: _____ • Autopsy • Unknown • Other	19. Location of specimen collection • **Outpatient** Facility ID:_____ • Emergency room • Clinic/Doctor's office • Dialysis center • Surgery • Observational/clinical decision unit • Other outpatient • **Inpatient** Facility ID: _____ • ICU • OR • Radiology • Other inpatient • **LTCF** Facility ID: _____ • **LTACH** Facility ID: _____ • **Autopsy** • **Other (specify):_____** • **Unknown** (Updated question number. Added checkboxes for headings "Outpatient" and "Inpatient". Added a facility ID for "Outpatient" and "Inpatient". Updated the order of responses. Changed the wording of the response "Dialysis/Renal clinic to "Dialysis" and "Other unit" to "Other inpatient")
17. Were cultures of the SAME or OTHER sterile sites positive within 30 days after initial culture date? • Yes • No • Unknown	20. Were cultures of the SAME or OTHER sterile site(s) positive within 29 days after DISC? • Yes • No • Unknown

If yes, indicate site and date of last positive culture. • Blood, Date:_____ • CSF, Date: _____ • Pleural fluid, Date:_____ • Peritoneal fluid, Date: _____ • Pericardial fluid, Date: _____ • Joint/Synovial fluid, Date: _____ • Bone, Date: _____ • Muscle, Date: _____ • Internal body site (specify_____) Date: _____ • Other sterile site (specify_____) Date: _____	If yes, indicate site and date of last positive culture. • Blood, Date:_____ • Bone, Date:_____ • CSF, Date:_____ • Internal body site (specify_____), Date:_____ • Joint/Synovial fluid, Date:_____ • Muscle, Date:_____ • Pericardial fluid, Date:_____ • Peritoneal fluid, Date:_____ • Pleural fluid, Date:_____ • Other normally sterile site (specify____) Date:_____ (Updated question number and wording, order of responses, and wording of one of the response options [other sterile site is now other normally sterile site])
17b. Date of first SA blood culture after which SA not isolated for 14 days ___/___/_____	21. Date of first SA blood culture after which SA not isolated for 14 days ___/___/_____ (Updated question number)
22. Susceptibility Results Cefoxitin • S • R • U Oxacillin • S • R • U Vancomycin • S • I • R • U Clindamycin • S • I • R • U Trimethoprim-sulfamethoxazole • S • I • R • U	22. Susceptibility Results Cefazolin • S • I • R • U Nafcillin • S • I • R • U Cefoxitin • S • R • U Oxacillin • S • R • U Vancomycin • S • I • R • U Clindamycin • S • I • R • U Trimethoprim-sulfamethoxazole • S • I • R • U (Added two antimicrobial agents-Cefazolin and Nafcillin)
15. Where was the patient located on the 4th calendar day prior to the date of initial culture? • Private residence • Long term care facility Facility ID: • Long term acute care hospital Facility ID: • Homeless • Incarcerated • Hospital inpatient Facility ID: • Other_____ • Unknown	23. Where was the patient located on the 3rd calendar day before the DISC? • Private residence • LTCH • LTCF Facility ID: Facility ID: • Homeless •Hospital inpatient • Incarcerated Facility ID: • Other:_____ Was patient transferred from this hospital? •Unknown • Yes • No • Unknown (Updated question number and wording, Updated order of the responses, added the response: Was patient transferred from this hospital? • Yes • No • Unknown for patients that were indicated to be a hospital inpatient.)
14. If case is ≤12 months of age, type of birth hospitalization • NICU/SCN • Well baby nursery • Unknown	24. If case is ≤12 months of age, type of birth hospitalization • NICU/SCN • Well baby nursery • Unknown (Updated question number)
20. Underlying conditions: • Premature birth Birth weight _____ lb _____oz OR _____ g Estimated gestational age _____ weeks	25. If patient <2 years of age were they born premature (<37 weeks gestation)? • Yes • No • Unknown ---If YES, birth weight: _____ lb _____oz OR _____ g OR • Unknown birth weight ---If YES, estimated gestational age: _____ weeks OR • Unknown gestational age (Updated question number and wording. Added "Unknown"

	checkboxes for birth weight and gestational age)
10b. If patient was hospitalized, was this patient admitted to the ICU during hospitalization? • Yes • No • Unknown	26. Was the patient in an ICU in the 2 days before the DISC? • Yes • No • Unknown ---if YES, date of ICU admission: _ _-_ _-_ _ _ _ OR • Date Unknown (Updated question number and wording, broke into two questions, added date of admission)
10b. If patient was hospitalized, was this patient admitted to the ICU during hospitalization? • Yes • No • Unknown	27. Was the patient in an ICU on the DISC or in the 2 days after the DISC? • Yes • No • Unknown ---if YES, date of ICU admission: _ _-_ _-_ _ _ _ OR • Date Unknown (Updated question number and wording, broke into two questions, added date of admission)
19. Types of MSSA infection associated with culture(s) • Abscess (not skin) • AV Fistula/Graft infection • Bacteremia • Bursitis • Catheter Site Infection • Cellulitis • Chronic Ulcer/Wound • Decubitus/Pressure Ulcer • Empyema • Endocarditis • Epidural abscess • Meningitis • Peritonitis • Pneumonia • Osteomyelitis • Septic Arthritis • Septic Emboli • Septic Shock • Skin Abscess • Surgical Incision • Surgical Site (internal) • Urinary Tract • Other (Specify):____	28. Types of MSSA infection associated with culture(s) • Abscess (not skin) • AV Fistula/Graft infection • Bacteremia • Bursitis • Catheter Site Infection • Cellulitis • Chronic Ulcer/Wound • Decubitus/Pressure Ulcer • Empyema • Endocarditis • Epidural abscess • Meningitis • Peritonitis • Pneumonia • Osteomyelitis • Septic Arthritis • Septic Emboli • Septic Shock • Skin Abscess • Surgical Incision • Surgical Site (internal) • Urinary Tract • Other (Specify):____ (Updated question number, no change to the responses)
20. Underlying Conditions • Abscess/Boil (Recurrent) • AIDS • Chronic Cognitive Deficit • Chronic Liver Disease • Chronic Pulmonary Disease • Chronic Kidney Disease • Chronic Skin Breakdown • Congestive Heart Failure • Connective Tissue Disease • Current Smoker • CVA/Stroke • Cystic fibrosis • Decubitus/Pressure Ulcer • Dementia • Diabetes • Hematologic Malignancy • Hemiplegia/Paraplegia • HIV • Influenza (within 10 days of initial culture) • IVDU • Metastatic solid tumor • Myocardial Infarct • Obesity • Other drug use • Peptic ulcer disease • Peripheral vascular disease • Premature birth Birth weight _____ lb _____oz OR _____ g Estimated gestational age _____ weeks • Solid tumor (non metastatic) • Other (Specify for cases ≤12 months of age):	29. Underlying Conditions **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 infection •AIDS/CD4 count <200 **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 **SKIN CONDITION** • Burn • Decubitus/pressure ulcer • Surgical wound • Other chronic ulcer or

	• Primary immunodeficiency
	• Transplant, hematopoietic stem cell
	• Transplant, solid organ
	LIVER DISEASE
	• Chronic liver disease
	  • Ascites
	  • Cirrhosis
	  • Hepatic encephalopathy
	  • Variceal bleeding
	• Hepatitis C
	  • Treated, in SVC
	  • Current, chronic
	MALIGNANCY
	• Malignancy, hematologic
	• Malignancy, solid organ (non-metastatic)
	• Malignancy, solid organ (metastatic)
	chronic wound
	
	OTHER
	• Connective tissue disease
	• Obesity or morbid obesity
	• Pregnant
	• Other (specify only for cases ≤12 months of age):_____
	
	(Updated question number, re-ordered options based on system and alphabet, moved 6 conditions to another location on the CRF [IVDU, Other drug use, Current smoker, Premature birth, birth weight, estimated gestational age], removed 2 conditions [abscess/boil (recurrent), influenza (within 10 days of initial culture)], and added 22 conditions [an option under diabetes for "with chronic complications"; congenital heart disease; diverticular disease; inflammatory bowel disease; cerebral palsy; epilepsy/seizure/seizure disorder; multiple sclerosis; neuropathy; Parkinson's disease; other neurologic condition; quadriplegia; lowest serum creatinine for those with chronic kidney disease; surgical wound; other chronic ulcer or wound; primary immunodeficiency; transplant, hematopoietic stem cell; transplant, solid organ; ascites; hepatitis C; 2 options under hepatitis C: treated, in SVR and current, chronic, cirrhosis; hepatic encephalopathy; variceal bleeding]. There were minor wording changes for eight conditions [CVA/stroke to CVA/Stroke/TIA; Diabetes to Diabetes mellitus; Hematologic malignancy to Malignancy, hematologic; metastatic solid tumor to Malignancy, solid organ (metastatic); myocardial infarct to myocardial infarction; obesity to obesity or morbid obesity; peripheral vascular disease to peripheral vascular disease (PVD); solid tumor (non metastatic) to Malignancy, solid organ (non-metastatic)], one question was broken into two [Hemiplegia and paraplegia are now their own checkboxes rather than hemiplegia/paraplegia). One condition (pregnancy) was added to this question, but had previously stood as a stand-alone question (Q13).

20. Underlying Conditions • Abscess/Boil (Recurrent) • AIDS • Chronic Cognitive Deficit • Chronic Liver Disease • Chronic Pulmonary Disease • Chronic Kidney Disease • Chronic Skin Breakdown • IVDU • Metastatic solid tumor • Myocardial Infarct • Obesity • Other drug use • Peptic ulcer disease • Peripheral vascular disease	30. Substance Use Smoking: • None • Tobacco • E-nicotine delivery system • Unknown • Marijuana Alcohol Abuse: • No • Unknown

<table>
<tr>
<td>• Congestive Heart Failure
• Connective Tissue Disease
• Current Smoker
• CVA/Stroke
• Cystic fibrosis
• Decubitus/Pressure Ulcer
• Dementia
• Diabetes
• Hematologic Malignancy
• Hemiplegia/Paraplegia
• HIV
• Influenza (within 10 days of initial culture)

• Premature birth
Birth weight _____ lb
_____oz OR _____ g
Estimated gestational age
_____ weeks
• Solid tumor (non metastatic)
• Other (Specify for cases ≤12 months of age):_____</td>
<td>• Yes

Other Substances (Check all that apply):
<table>
<tr><td>• None</td><td colspan="2">• Unknown</td></tr>
<tr><td>• Marijuana (other than smoking)</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Opioid, DEA schedule I (e.g., heroin)</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Cocaine or methamphetamine</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Other (Specify):</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Unknown substance</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
</table>
The data in this section was formerly collected in the underlying conditions section (IVDU [changed to injection drug user], Current smoker [changed to smoking], and other drug use). See the highlighted conditions in the prior column.

There are six new check boxes that allow “other drug” use to be captured in more detail. These questions focus on type of drug and mode of delivery.</td>
</tr>
<tr>
<td>13.At the time of first positive culture, patient was:
• Pregnant
• Post-partum
• Neither
• Unknown</td>
<td>This question has been deleted. A pregnancy checkbox is now included in Q20, underlying conditions</td>
</tr>
<tr>
<td>21. Prior healthcare exposure
• None • Unknown
• Previous document MSSA infection or colonization
If yes, Month____ Year _____
or previous state id: _____

• Hospitalized within year before initial culture date
If yes, Month ____ Day ____ Year _____ • Unknown
If known, Facility ID: _____

• Admitted to a LTACH within year before initial culture date
If known, Facility ID: _____

• Residence in a long-term care facility within year before initial culture date
If known, Facility ID: _____</td>
<td>31. Prior healthcare exposure(s)

Previous documented MSSA infection or colonization
• Yes • No • Unknown
If yes, Month____ Year _____
or previous state id: _____

Previous hospitalization in the year before DISC
• Yes • No • Unknown
If yes, date of discharge closed to DISC: ___/___/___
Facility ID: _____

Overnight stay in LTACH in the year before DISC
• Yes • No • Unknown
Facility ID: _____

Overnight stay in LTCF in the year before DISC
• Yes • No • Unknown
Facility ID: _____</td>
</tr>
</table>

• Surgery within year before initial culture date If yes, list the surgeries and dates of surgery that occurred within 90 days prior to the initial culture: Surgery Date _____ __-__-____ _____ __-__-____ _____ __-__-____ _____ __-__-____ • Central vascular catheter in place at or any time in the 2 calendar days prior to initial culture • Dialysis within year before initial culture date (hemodialysis or peritoneal dialysis) • Current chronic dialysis Type • Peritoneal • Unknown • Hemodialysis Type of vascular access • AV fistula/graft • Hemodialysis CVC • Unknown	Surgery in the year before DISC • Yes • No • Unknown If yes, list the surgeries and dates of surgery that occurred within 90 days prior to the DISC: Surgery Date _____ __-__-____ _____ __-__-____ _____ __-__-____ _____ __-__-____ Central line in place on the DISC (up to the time of collection), or at any time in the 2 calendar days before DISC • Yes • No • Unknown Dialysis in the year before DISC (hemodialysis or peritoneal dialysis) • Yes • No • Unknown Current chronic dialysis • Yes • No • Unknown Type: • Hemodialysis • Peritoneal • Unknown If hemodialysis, type of vascular access: • AV fistula/graft • Hemodialysis central line • Unknown (Updated question number and wording. Checkboxes were updated to yes/no/unknown responses, removing the need for None/Unknown checkboxes on prior CRF. Order of sub-questions has changed [not shown].)
18. Patient outcome • Survived Date of discharge: __/__/____ If survived, was the patient transferred to a LTCF? • Yes • No • Unknown If yes, facility ID: _____ If survived, was the patient transferred to a LTACH? • Yes • No • Unknown If yes, facility ID: _____ • Died Date of death: __/__/____ Was MSSA cultured from a normally sterile site < calendar day 7 before death? • Yes • No • Unknown • Unknown	32. Patient outcome • Survived Date of discharge: __/__/____ • Left against medical advice (AMA) If survived, discharged to: • Private residence • Other • LTCF Facility ID:_____ Specify:_____ • LTACH Facility ID:____ • Unknown • Died Date of death: __/__/____ On the day of or in the 6 calendar days before death, was the pathogen of interest isolate from a site that meets the case definition? • Yes • No • Unknown • Unknown (Updated question number and wording. Collapsed two questions (If patient survived, was the patient transferred to a LTCF and If patient survived was the patient transferred to a LTACH) into a single question (If survived, discharged to) and added a checkbox for “left against medical advice” and for “date unknown” (for both date of discharge [if survived] and date of death [if died])

23. Was case first identified through audit? • Yes • No • Unknown	33. Was case first identified through audit? • Yes • No • Unknown (Updated question number)
24. CRF status • Complete • Incomplete • Edited & Correct • Chart unavailable after 3 requests	34. CRF Status • Complete • Incomplete • Edited & Correct • Chart unavailable after 3 requests (Updated question number)
25. Does this case have recurrent MSSA disease? • Yes • No • Unknown If yes, previous (1st) state ID _____	35. Does this case have recurrent MSSA disease? • Yes • No • Unknown If yes, previous (1st) state ID _____ (Updated question number)
26. Date reported to EIP site ___/___/_____	36. Date reported to EIP site ___/___/_____ (Updated question number)
27. Initials of S.O. _____	37. S.O. Initials _____ (Updated question number and wording)

11. **2018 CDI Case Report** and Treatment Form

Question on 2018 Form	**Question on 2019 Form**
28. **Identified through audit** □ Yes □ No	Removed
5. **DATE OF BIRTH** __ __ – __ __ – __ __ __ __	**10.** **DATE OF BIRTH** __ __ – __ __ – __ __ __ __ □ Unknown
6. Age	**12.** **Age** (years)
7a. **SEX:** □ Male □ Female	**12.** **Sex at birth** □ Male □ Female □ Unknown □ Transgender
9. **Was patient hospitalized on the date of or in the 6 calendar days after incident C. diff+ stool collection?** ... If YES, Date of Admission: __ __ – __ __ – __ __ __ __	**15.** **Was patient hospitalized on the date of or in the 6 calendar days after incident C. diff+ stool collection?** ... If YES, Date of Admission: __ __ – __ __ – __ __ __ __ □ Unknown
10. **Where was the patient located on the 3rd calendar day before the date of incident C. diff+ stool collection?** □ Private Residence	**16.** **Where was the patient located on the 3rd calendar day before the date of incident C. diff+ stool collection?**

Question on 2018 Form	**Question on 2019 Form**
□ LTCF Facility ID _____ □ Hospital Inpatient Facility ID _____ □ LTACH Facility ID _____ □ Homeless □ Incarcerated □ Other (specify): _____ □ Unknown	□ Private Residence □ LTCF Facility ID _____ □ Hospital Inpatient Facility ID _____ Was the patient transferred from this hospital? □ Yes □ No □ Unknown □ LTACH Facility ID _____ □ Homeless □ Incarcerated □ Other (specify): _____ □ Unknown
8c. **Location of incident C. diff+ stool collection:** □ Outpatient □ Emergency Room □ Observation Unit/CDU □ Hospital Inpatient Facility ID _____ □ LTCF Facility ID _____ □ LTACH Facility ID _____ □ Other (specify): _____ □ Unknown	**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
11a. Was incident C. diff+ stool collected at least 3 calendar days after the date of hospital admission? **□ Yes (HCFO – go to 11d)** **□ No**	**18a. Was incident C. diff+ stool collected at least 3 calendar days after the date of hospital admission?** **□ Yes (HCFO – go to 18d)** **□ No**
11b. Was incident C. diff+ stool collected at an outpatient setting for a LTCF resident, or in a LTCF or LTACH? **□ Yes (HCFO – go to 11d)** **□ No**	**18b. Was incident C. diff+ stool collected at an outpatient setting for a LTCF resident, or in a LTCF or LTACH?** **□ Yes (HCFO – go to 18d)** **□ No**
11c. Was the patient admitted from a LTCF or a LTACH? **□ Yes (HCFO – go to 11d)** **□ No (CO - stop data abstraction here)** **Facility ID: _____**	**18c. Was the patient admitted from a LTCF or a LTACH?** **□ Yes (HCFO – go to 18d)** **□ No (CO - stop data abstraction here)** **Facility ID: _____**

Question on 2018 Form	**Question on 2019 Form**
14. **Exclusion criteria for CA-CDI:** □ None □ Unknown □ Hospitalized (overnight) in the 12 weeks before the date of incident C. diff+ stool collection Date of most recent discharge __ __ – __ __ – __ __ __ __ □ Unknown Facility ID _____ □ Overnight stay in LTACH in the 12 weeks before the date of incident C.diff + stool collection Facility ID _____ □ Residence in LTCF in the 12 weeks before the date of incident C.diff + stool collection Facility ID _____	**20a-20c.** **Exposures to healthcare in the 12 weeks before the date of incident C. diff+ stool collection** **Previous hospitalization** □ Yes □ No □ Unknown If yes, date of discharge closest to date of incident C. diff+ stool collection: __ __ – __ __ – __ __ __ __ □ Unknown Facility ID _____ **Overnight stay in LTACH** □ Yes □ No □ Unknown Facility ID _____ **Overnight stay in LTCF** □ Yes □ No □ Unknown Facility ID _____
15a. **Chronic Hemodialysis** □ Yes □ No □ Unknown	**20d.** **Chronic dialysis** □ Yes □ No □ Unknown Type: □ Hemodialysis □ Peritoneal □ Unknown
15b. Surgical procedure □ Yes □ No □ Unknown	**20e.** Surgery □ Yes □ No □ Unknown
21. **UNDERLYING CONDITIONS:** (Check all that apply) □ AIDS □ Chronic Kidney Disease □ CVA/Stroke □ Diabetes □ Hematologic Malignancy □ Hemiplegia/Paraplegia □ Metastatic Solid Tumor □ Myocardial infarct □ Peripheral Vascular Disease □ Solid Organ Transplant □ Solid Tumor (non metastatic) □ Stem Cell Transplant	**21.** **UNDERLYING CONDITIONS:** (Check all that apply) □ AIDS/CD4 count <200 □ Chronic Kidney Disease Lowest serum creatinine: _____ mg/dL □ CVA/Stroke/TIA □ Diabetes mellitus □ [Diabetes mellitus]with chronic complications □ Malignancy, hematologic □ Hemiplegia □ Paraplegia □ Quadriplegia □ Malignancy, solid organ (metastatic) □ Myocardial infarction

Question on 2018 Form	**Question on 2019 Form**
	□ Peripheral Vascular Disease (PVD) □ Transplant, solid organ □ Malignancy, solid organ (non-metastatic) □ Transplant, hematopoietic stem cell □ Cystic fibrosis □ Ascites □ Cirrhosis □ Hepatic encephalopathy □ Variceal bleeding Hepatitis C [Hepatitis C] treated, in SVR [Hepatitis C] current, chronic □ Cerebral palsy □ Epilepsy/seizure/seizure disorder □ Multiple sclerosis □ Neuropathy □ Parkinson's disease □ Other [neurological condition] (specify): _____ □ Burn □ Decubitus/pressure ulcer □ Surgical wound □ Other chronic ulcer or chronic wound □ Other[skin condition] (specify): _____ □ Obesity or morbid obesity
17b. **ICU Admission** (in the 2 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection) □ Yes □ No □ Unknown If YES, Date of ICU Admission _____ □ Unknown	**26, 27** **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 If Yes, date of ICU admission: __ __ – __ __ – __ __ __ __ □ Unknown
18, 20.2e **RADIOGRAPHIC FINDINGS** (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection) □ Toxic megacolon □ Ileus □ Neither toxic megacolon nor ileus □ Both toxic megacolon and ileus □ Not Done □ Information not available **Other findings** (in the 6 calendar days before, the day of, or the 6 calendar days after the date of incident C. diff+ stool collection) □ Toxic megacolon □ Ileus □ Neither toxic megacolon nor ileus	**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) RADIOGRAPHIC FINDINGS □ Toxic megacolon □ Ileus □ Neither toxic megacolon nor ileus □ Both toxic megacolon and ileus □ Not Done □ Information not available Clinical findings □ Toxic megacolon □ Ileus □ Neither toxic megacolon nor ileus □ Both toxic megacolon and ileus

Question on 2018 Form	**Question on 2019 Form**
□ Both toxic megacolon and ileus □ Information not available	□ Information not available
17a. **Colectomy** (related to CDI): ... If YES, Date of Procedure: __ __ – __ __ – __ __ __ __	**30.** **Colectomy** (related to CDI): ... If YES, Date of Procedure: __ __ – __ __ – __ __ __ __ □ Unknown
23d. **Antimicrobial therapy** (Check all that apply) □ Amp/sulb □ Imipenem □ Rifampin □Tetracycline	**33d.** **Antimicrobial therapy** (Check all that apply) □Ampicillin/sulbactam □ Cefixime □ Ceftaroline □ Ceftazidime/avibactam □ Ceftizoxime □ Ceftolozane/tazobactam □ Dalbavancin □ Delafloxacin □ Doripenem □ Fosfomycin □ Imipenem/cilastatin □ Meropenem/vaborbactam □ Oritavancin □ Polymyxin B □ Polymyxin E (colistin) □ Tedizolid □ Telavancin □ Trimethoprim
17c. **Any additional positive stool test for C. diff ≥2 and ≤8 weeks after the date of incident C. diff+ stool collection?** □ Yes □ No If YES, Date of first recurrent specimen: __ __ – __ __ – __ __ __ __	**36.** **Any recurrent C. diff episodes following this incident C. diff episode?** □ Yes □ No If YES, Date of first recurrent specimen: __ __ – __ __ – __ __ __ __
24. Treatment ... □ Probiotics (specify) _____ □ Stool transplant … Course 1... Course 2… Course 3…	**34.** Treatment ... Course 1... Course 2… Course 3… □ Probiotics (specify) _____ □ Stool transplant …

12. 2019 HAIC Candidemia Case Report

2018 CRF Question	**2019 CRF Question**
15. Sex:	15. Sex at birth:

<table>
<tr>
<td>• Female
• Male
☐ Check if transgender</td>
<td>• Male • Female
• Unknown
• Check if transgender
(Updated order of responses)</td>
</tr>
<tr>
<td>19. Race
• White
• Black or African American
• American Indian or Alaska Native
• Asian
• Native Hawaiian or Other Pacific Islander
• Unknown</td>
<td>19. Race (Check all that apply)
• American Indian or Alaska Native • Native Hawaiian or Other Pacific Islander
• Asian • White
• Black or African American • Unknown
(Updated question number and order of responses; all response options remain the same)</td>
</tr>
<tr>
<td>22. Location of specimen collection (check one)
Hospital inpatient
Hospital Inpatient
Facility ID: _____
☐ ICU
☐ Surgery/OR
☐ Radiology
☐ Other Unit

☐ Outpatient
☐ Clinic/Doctor’s office
☐ Surgery
☐ Dialysis center
☐ Other outpatient
☐ Emergency Room
☐ Observational/clinical decision unit
☐ LTCF
Facility ID: _____
☐ LTACH
Facility ID: _____
☐ Autopsy
☐ Unknown
☐ Other (specify):
_____</td>
<td>22. Location of specimen collection
• Outpatient
Facility ID:_____
• Emergency room
• Clinic/Doctor’s office
• Dialysis center
• Surgery
• Observational/clinical decision unit
• Other outpatient
• Inpatient
Facility ID: _____
• ICU
• OR
• Radiology
• Other inpatient
• LTCF
Facility ID: _____
• LTACH
Facility ID: _____
• Autopsy
• Other (specify):_____
• Unknown

(Added checkboxes for headings “Outpatient” and “Inpatient”. Added a facility ID for “Outpatient” and “Inpatient”. Updated the order of responses).</td>
</tr>
<tr>
<td>25. Antifungal susceptibility testing (check here ☐ if no testing done/no test reports available):
<table><tr><td>Amphotericin B</td><td></td><td>☐S ☐SDD ☐I ☐R ☐NS</td></tr></table></td>
<td>25. Antifungal susceptibility testing (check here ☐ if no testing done/no test reports available):
<table><tr><td>Amphotericin B</td><td></td><td>☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND</td></tr></table>(added options “NI” and “ND” for each drug –see above for example)</td>
</tr>
<tr>
<td>26. Additional non-Candida organisms isolated from blood cultures on the same day as DISC:
1 ☐Yes 0 ☐No 9 ☐Unknown
26a. If yes, additional organisms (Enter up to 3 pathogens):
_____, _____,
_____</td>
<td>26. Additional non-Candida organisms isolated from blood cultures on the day of or in the 7 days before DISC:
1 ☐Yes 0 ☐No 9 ☐Unknown
26a. If yes, additional organisms (Enter up to 3 pathogens):
_____, _____,
_____</td>
</tr>
<tr>
<td></td>
<td>27. At the time of DISC, was the patient known to be colonized with or being managed as if they were colonized</td>
</tr>
</table>

	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):* _____, _____, _____ (added new question)
29. Other known sites of *Candida*/yeast infection or colonization in the 7 days before or 3 days after the DISC? (*check all that apply):* ☐None ☐Unknown ☐Peritoneal fluid or abdominal cavity ☐Urine ☐Respiratory specimen ☐Pleural fluid ☐CSF ☐Bone ☐Skin ☐Catheter tip ☐Other site (specify): _____	**30. Did the patient have any of the following types of infection/colonization related to their *Candida* infection?** (*check all that apply):* ☐None ☐Unknown ☐Abscess ☐Splenic ☐Liver ☐Pulmonary ☐Candiduria ☐CNS involvement (meningitis, brain abscess) ☐Eyes (endophthalmitis or chorioretinitis) ☐Endocarditis ☐Peritonitis ☐Respiratory specimen with *Candida* ☐Septic emboli ☐Lungs ☐Brain ☐Osteomyelitis ☐Skin lesions ☐Other (specify): _____ (changed question number, wording slightly and changed more options)
32. Patient outcome: 1 ☐Survived 9 ☐Unknown Date of discharge: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown	33. Patient outcome Date of discharge: 1 ☐Survived 9 ☐Unknown ___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown ☐ Left against medical advice (AMA) (updated number and added option for left AMA)
	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** ☐ B37 (candidiasis) Specify sub-code: _____ Specify sub-code: _____ ☐ P37.5 (neonatal candidiasis) ☐ B48 (other mycoses, not classified elsewhere) ☐ B49 (unspecified mycoses) ☐ T80.211 (BSI due to central venous catheter) ☐ A41.9 (sepsis, unspecified organism) ☐ R65.2 (severe sepsis) **(new question)**
36. Underlying conditions ☐**Malignancy** (*Check all that apply*): ☐ ☐Malignancy, Hematologic	38. Underlying Conditions ☐**Chronic Lung Disease** ☐**Liver Disease**

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 infection
  - ☐ AIDS/CD4 count <200
- ☐ Primary Immunodeficiency
- ☐ Transplant, Hematopoietic Stem Cell
- ☐ Transplant, Solid Organ

☐ **Chronic Liver Disease**
- ☐ Ascites
- ☐ Chronic hepatitis C
- ☐ Cirrhosis
- ☐ Hepatic Encephalopathy
- ☐ Variceal Bleeding
- ☐ 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

☐ **Skin Condition**
- ☐ Burn
- ☐ Decubitus/Pressure Ulcer
- ☐ Surgical Wound
- ☐ Other chronic ulcer or chronic wound
- ☐ Other skin condition (specify): _____

☐ **Other**
- ☐ Connective tissue disease
- ☐ Obesity or morbid obesity
- ☐ Pregnant
- ☐ 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 infection
  - ☐ AIDS/CD4 count <200
- ☐ Primary Immunodeficiency
- ☐ Transplant, Hematopoietic Stem Cell
- ☐ Transplant, Solid Organ

☐ **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): _____

(Updated question number, changed wording of Hepatitis C question and added 2 options under hepatitis C: treated, in SVR and current, chronic, cirrhosis; removed "skin conditions" after "other")

37. Social History *(check all that apply):* ☐ **None** ☐ **Unknown**

- ☐ Smoker
- ☐ E-Cigarette Use
- ☐ Alcohol Abuse
- ☐ Injection Drug Use
- ☐ Skin Popping
- ☐ Other drug use

39. Substance Use

Smoking:
- None
- Tobacco
- E-nicotine delivery system
- Unknown
- Marijuana

Alcohol Abuse:
- No
- Yes
- Unknown

Other Substances (Check all that apply):

• None	• Unknown	
• Marijuana (other than smoking)	• Documented use disorder	• IDU • Skin popping • Non-IDU •Unknown
• Opioid, DEA	• Documented	• IDU • Skin

<table>
<tr>
<td></td>
<td>
<table>
<tr><td>schedule I (e.g., heroin)</td><td>use disorder</td><td>popping • Non-IDU •Unknown</td></tr>
<tr><td>• Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Cocaine or methamphetamine</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Other (Specify):</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
<tr><td>• Unknown substance</td><td>• Documented use disorder</td><td>• IDU • Skin popping • Non-IDU •Unknown</td></tr>
</table>
</td>
</tr>
<tr>
<td>44a. If yes, date of neutropenia (mm-dd-yyyy): ☐☐-☐☐-☐☐☐☐
*Neutropenia: ANC ≤ 500 OR calculated as: WBC count * (% polys + % bands) ≤500
Laboratory-calculated ANC:_____
_____ * (% _____ + % _____) = _____</td>
<td>Removed in the new version</td>
</tr>
<tr>
<td>47. Did the patient have a CVC on the day of incident specimen collection or at any time in the 2 calendar days before DISC?
1 ☐Yes 2 ☐No 3 ☐Had CVC but can’t find dates 9 ☐ Unknown</td>
<td>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
(update number and changed wording of question slightly)</td>
</tr>
<tr>
<td>48. Did the patient have a midline catheter on the day of incident specimen collection or at any time in the 2 calendar days before DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown</td>
<td>52. Did the patient have a midline catheter in the 2 calendar days before DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown
(updated number and changed working of question slightly)</td>
</tr>
<tr>
<td>NEW QUESTION</td>
<td>53. Did the patient have any of the following indwelling devices present in the 3 calendar days before DISC?
☐Urinary Catheter
☐Indwelling urethral
☐Suprapubic
☐Respiratory
☐ET/NT
☐Tracheostomy
☐Gastrointestinal
☐Gastrostomy
(Added new question)</td>
</tr>
</table>

<u>Estimated Annualized Burden Hours</u>

As a result of proposed changes to forms highlighted in yellow, the estimated annualized burden is expected to decrease by 360 hours, from 40,349 to 39,989 and the estimated number of annual responses

is shown to decrease by 8,850 from 115,600 to 106,750 responses. The changes to the amended forms have minimal to no impact on burden estimates.

The following table is updated for the entire 0920-0978 burden table. The forms included in this change request are highlighted:

Type of Respondent	Form Name	No. of respondents	No. of responses per respondent	Avg. burden per response (in hours)	Current Total Burden	After Proposed Changes
State Health Department	ABCs Case Report Form (Att. 1)	10	809	20/60	2697	**2697**
	ABCs Invasive Pneumococcal Disease in Children Case Report Form	10	22	10/60	37	**37**
	ABCs *H. influenzae* Neonatal Sepsis Expanded Surveillance Form (Att. 2)	10	6	10/60	10	**10**
	ABCs Severe GAS Infection Supplemental Form	10	136	20/60	453	**453**
	ABCs Neonatal Infection Expanded Tracking Form (Att. 3)	10	37	20/60	123	**123**
	~~Surveillance for Non-Invasive Pneumococcal Pneumonia (SNiPP)~~ FORM DISCONTINUED	~~10~~	~~125~~	~~10/60~~	~~208~~	**0**
	FoodNet Campylobacter	10	850	21/60	2975	**2975**
	FoodNet Cryptosporidium	10	130	10/60	217	**217**
	FoodNet Cyclospora	10	3	10/60	5	**5**
	FoodNet Listeria monocytogenes	10	13	20/60	43	**43**
	FoodNet Salmonella	10	827	21/60	2895	**2895**
	FoodNet Shiga toxin producing E. coli	10	190	20/60	633	**633**
	FoodNet Shigella	10	290	10/60	483	**483**
	FoodNet Vibrio	10	25	10/60	42	**42**
	FoodNet Yersinia	10	30	10/60	50	**50**
	FoodNet Hemolytic Uremic Syndrome	10	10	1	100	**100**
	Influenza Hospitalization Surveillance Network Case Report Form (Att 4)	10	1000	25/60	4167	**4167**
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (English)	10	333	5/60	278	**278**
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (Spanish)	10	333	5/60	278	**278**
	Influenza Hospitalization Surveillance Project Provider	10	333	5/60	278	**278**

	Vaccination History Fax Form (Children/Adults)					
	MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and *Acinetobacter baumannii* (CRAB) (Att 5)	10	500	~~20/60~~ 25/60	1667	**2083**
	MuGSI Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL) (Att 6)	10	1200	~~20/60~~ 25/60	4000	**5000**
	~~MuGSI- Carbapenem-resistant *Pseudomonas aeruginosa* (CR-PA)~~ FORM DISCONTINUED	~~10~~	~~344~~	~~45/60~~	~~2580~~	**0**
	Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) Infection Case Report Form (Att 7)	10	~~609~~ 474	~~20/60~~ 25/60	2030	**1975**
	Invasive Methicillin-sensitive *Staphylococcus aureus* (MSSA) Infection Case Report Form (Att 8)	10	~~1,035~~ 754	~~20/60~~ 25/60	3450	**3142**
	CDI Case Report and Treatment Form (Att 9)	10	1650	~~30/60~~ 35/60	8250	**9625**
	HAIC Candidemia Case Report (Att 10)	9	800	20/60	2400	**2400**
TOTAL					40,349	**39,989**