Emerging Infections Programs (EIP) OMB Control Number 0920-0978 Expiration Date: 05/31/2021

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 populationbased 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.
- 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.

<u>Justification for changes</u>: 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

20 Data first positiva Cultura Independent Diagnostia	
3c. Date first positive Culture Independent Diagnostic Test (CIDT, e.g. PCR) COLLECTED	
3d. Type of CIDT:	T3 – Test method (non-culture)
□ Biofire Meningitis Panel	Options: 1=Biofire FilmArray M/E Panel, 2=other, 3=Biofire Filmarray
☐ Filmarray BCID	Blood Culture ID (BCID) Panel, 4=Verigene Gram + Blood Culture Test
□ Verigene BCT	(BCT), 5=Bruker MALDI Biotyper CA System, 6=BD Directigen Meningitis
□ Other	Combo Test Kit, 7=ThermoFisher Wellcogen Bacterial Antigen Rapid,
	8=Alere BinaxNOW Antigen Card, 9=Unknown
13. Sterile Sites from which organism isolated:	T4 – Site from which organism isolated
□ CSF □ Blood □ Peritoneal fluid □ Bone	Options: 1=Amniotic fluid, 2=Blood, 3=Bone, 4=Brain, 5=CSF, 6=Heart,
□ Pericardial Fluid □ Pleural fluid □ Joint	7=Other Sterile Site, 8=Joint, 9=unknown, 10=Kidney,
□ Muscle/Fascia/Tendon □ Internal Body Site	11=Liver, 12=Lung, 13=Lymph node, 14=Middle ear,
(specify)	15=Muscle/Fascia/Tendon, 16=Ovary, 17=Pancreas, 18=Pericardial Fluid,
site (specify)	19=Peritoneal Fluid, 20=Placenta, 21=Pleural fluid, 22=Respiratory secretion,
13b. CIDT STERILE SITE FROM WHICH	23=Sinus, 24=Spleen
ORGANISM WAS DETECTED: \Box CSF \Box Blood	25=Sputum, 26=Vitreous, 27=Wound, 28=Unknown
□ Other,	
14. Other sites from which organism isolated:	
\Box Wound \Box Amniotic Fluid \Box Placenta	
□ Middle ear □ Sinus	
Q12a. Bacterial Species isolated from any normally	T5- Bacterial species isolated*:
sterile site: 🗆 Neisseria meningitidis 🛛 Haemophilus	Options: 1=Neisseria meningitidis, 2=Haemophilus influenzae, 3=Group B
influenzae 🛛 Group B Streptococcus 🖓 Group A	Streptococcus, 5=Group A Streptococcus
Streptococcus 🗆 Streptococcus pneumoniae	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?	T6 – Test Result
$1 \square$ Yes, Positive $2 \square$ Yes, Negative $3 \square$ No	Options: 1=Positive, 0=Negative, 9=Indeterminant
15. Is Isolate available:	T7- Isolate/Specimen Available?
□ Yes □ No	Options: 1=Yes, 2=No
15b. If Isolate Not available, why not?	T8- If isolate/specimen not available, why not?
\Box N/A at hospital lab \Box N/A at state lab \Box Hospital	Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses,
refuses Isolate discrepancy (2x) No DNA (non-	4=Isolate Discrepancy (2x), 5=No DNA (non-viable)
viable)	
22a. If survived, patient discharged to:	Added checkbox, 'Left AMA'
□ Home □ LTC/SNF □ LTACH □ Unknown	22a. If survived, patient discharged to:
□ Other, Specify If discharged to	\Box Home \Box LTC/SNF \Box LTACH \Box Left AMA \Box Unknown
LTC/SNF or LTACH, list Facility ID	□ 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
enderiging causes of prior milesses	collected/_ /
	For diabetic patients only
27c. Smoking:	Changed 'E-cigarrete' option to 'E-nicotine delivery system'
\square None \square Unknown \square Tobacco \square E-Cigarrettes	27c. Smoking:
	□ None □ Unknown □ Tobacco □ E-Nicotine Delivery System □
	Marijuana
27d Other substance abuse surrent	Added Documented use disorder option for all substance categories and
27d. Other substance abuse, current □ None □ Unknown	
	added skin-popping option for mode of delivery. Also, changed substance
If yes, check all that apply: mode of delivery □ Illicit opioid □ IDU □ non-IDU □ Unk	categories for 'illicit opioid', 'prescription opioid', and 'stimulant'. Added
1	'Marijuana/cannabinoid' substance category. 27d. Other substances
Prescription Opioid IDU non-IDU Unk Stimulant IDU Prescription	
□ Stimulant □ IDU □ non-IDU □ Unk	□ None □ Unknown
□ Other □ IDU □ non-IDU □ Unk	Documented Use disorder mode of delivery
□ Unknown Substance □ IDU □ non-IDU □ Unk	□ 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 □ 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	Added 'Medical chart' option below
history? 🗆 Yes 🛛 No	28c. Were records obtained to verify vaccination history?
If yes, what is the source of the information?	□ Yes □ No
□ Vaccine Registry □ Healthcare Provider □ Other	If yes, what is the source of the information?
(specify)	□ 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)	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 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 	 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:	Two wording changes: Option 2: "Partial" changed to "Incomplete",
1 \Box Complete, 2 \Box Partial, 2 \Box Chart Unavailable, 2 \Box	Option 4: "after 3 requests" added
Edited & Corrected	35. Neonatal infection Expanded Form Tracking Status: 1 Complete, 2

	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
E1. Date of onset of acute condition resulting in current hospitalization E11m. Did patient have any of the following pre-existing medical conditions? If pregnant, specify gestational age in weeks	 N/A (Question removed) 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 	E1. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) Altered mental status/confusion Cough*

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

No discharge summary available	 Seizures
	 Stroke (CVA)
	 No discharge summary available
K3a. If patient was pregnant on admission but not longer	K3a. If patient was pregnant on admission but not
pregnant at discharge, indicate pregnancy outcome at	longer pregnant at discharge, indicate pregnancy
discharge.	outcome at discharge.
 Miscarriage 	 Miscarriage (intrauterine death at <22
 Ill newborn 	weeks GA)
 Newborn died 	 Stillbirth (intrauterine death at ≥22 weeks
 Healthy newborn 	GA)
 Abortion 	 Ill newborn
 Unknown 	 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:
	<u>-</u>
Title: 2018 Multi-site Gram-Negative Surveillance	Title: 2019 Carbapenem Resistant Enterobacteriaceae (CRE)/
Initiative (MuGSI) Healthcare Associated Infection	Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative
Community Interface (HAIC) Case Report	Surveillance Initiative (MuGSI) Healthcare Associated Infection
	Community Interface (HAIC) Case Report
4a. LABORATORY ID WHERE CULTURE	4a. LABORATORY ID WHERE INCIDENT SPECIMEN
IDENTIFIED:	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:	7. SEX AT BIRTH:
• Male	• Male • Female
• Female	• Unknown
	• Check if transgender
8b. ETHNIC ORIGIN:	8a. ETHNIC ORIGIN:
• Hispanic or Latino	• Hispanic or Latino
• Not Hispanic or Latino	Not Hispanic or Latino
• Unknown	• 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• Native Hawaiian or OtherAlaska Native• Asian• Asian• Black or AfricanAmerican
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 	10. ORGANISM: Carbapenem-resistant: Enterobacteriaceae (CRE) Escherichia coli Enterobacter cloacae Klebsiella aerogenes Klebsiella pneumoniae Klebsiella oxytoca A. baumannii (CRAB)
□ A. baumannii (CRAB) 14. INITIAL CULTURE SITE:	11. Incident specimen collection site (check all that apply)
 Blood CSF Pleural fluid Peritoneal fluid Pericardial fluid Joint/Synovial fluid Bone Urine Other normally sterile site 	 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 	 12. LOCATION OF SPECIMEN COLLECTION: Outpatient Facility ID:
 Dutpatient Clinic/Doctors Office Surgery Other outpatient Dialysis center Observational/clinical decision unit LTCF Facility ID:	 Observational centrical decision unit Other outpatient Inpatient Facility ID:
Autopsy Unknown	• 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): 	13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC? • Private residence • LTACH • LTCF Facility ID: Facility ID: • Homeless • Hospital inpatient • Incarcerated Facility ID: • Other (specify): Was patient transferred • Unknown • Yes • No
•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 	 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:
Date of discharge	
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:
12. PATIENT OUTCOME:	16. PATIENT OUTCOME:
• Survived	
DiedUnknownIf survived, transferred to:	 Survived Date of discharge: OR Date unknown Left against medical advice (AMA)
 Private residence LTCF Facility ID: LTACH Facility ID: Unknown Other (specify): 	If survived, discharged to: • Private residence • Other • LTCF Facility ID: (specify): • LTACH Facility ID: • Unknown
If died, date of death:	• Died Date of death: ON THE DAY OF OR IN THE 6 CALENDAR DAYS BEFORE DEATH, WAS THE PATHOGEN OF INTEREST ISOLATED FROM
urine, ≤ calendar day 7 before death? • Yes • No • Unknown	A SITE THAT MEETS THE CASE DEFINITION? • Yes • No • Unknown

19.	TYPES OF INFECTION ASSOCIATED WITH	17. TYPES OF INFECTION AS	SOCIATED WITH CULTURE(S):
CULTURE(S) (check all that apply):		(Check all that apply)	
	None	• None	
	Unknown	• Unknown	
	Abscess, not skin	\Box Abscess, not skin	
	AV fistula/graft infection	\Box AV fistula/graft infection	
	-	\square Bacteremia	
	Bacteremia	\square Bursitis	
	Bursitis	\Box Catheter site infection (CVC)	
	Catheter site infection (CVC)	□ Cellulitis	
	Cellulitis	□ Chronic ulcer/wound (not decu	bitus)
	Chronic ulcer/wound (not decubitus)	□ Decubitus/pressure ulcer)
	Decubitus/pressure ulcer	□ Empyema	
	Empyema	□ Endocarditis	
	Endocarditis	Epidural Abscess	
	Epidural Abscess	□ Meningitis	
	Meningitis	□ Osteomyelitis	
	Osteomyelitis	🗆 Peritonitis	
	Peritonitis	🗆 Pneumonia	
	Pneumonia	🗆 Pyelonephritis	
	Pyelonephritis	Septic arthritis	
	Septic arthritis	🗆 Septic emboli	
	Septic emboli	□ Septic shock	
	Septic shock	□ Skin abscess	
	Skin abscess	Surgical incision infection	
	Surgical incision infection	□ Surgical site infection (internal))
	Surgical site infection (internal)	Traumatic wound	
	Traumatic wound	□ Urinary tract infection	
	Urinary tract infection	\Box Other (specify):	-
	Other		
20.	UNDERLYING CONDITIONS (check all that	18. UNDERLYING CONDITIO	NS: (Check all that apply)
app	,	• None	
• N	one	Unknown	
• U	nknown	CHRONIC LUNG	NEUROLOGIC
	AIDS/CD4 count < 200	DISEASE	CONDITION
	Alcohol abuse	Cystic fibrosis	• Cerebral palsy
	Chronic Liver Disease	• Chronic pulmonary disease	Chronic cognitive deficit
	Chronic Pulmonary Disease	CHRONIC METABOLIC	• Dementia
	Chronic Renal Insufficiency	DISEASE	• Epilepsy/seizure/ seizure
	Chronic Skin Breakdown	 Diabetes mellitus 	disorder
	Congestive Heart Failure	• with chronic complications	 Multiple sclerosis
	Connective Tissue Disease	CARDIOVASCULAR	• Neuropathy
	Current Smoker	DISEASE	Parkinson's Disease
	CVA/Stroke	CVA/Stroke/TIA	Other specify:
	Cystic Fibrosis	Congenital heart disease	PLEGIAS/PARALYSIS
	Decubitus/Pressure Ulcer	Congestive heart failure	• Hemiplegia
	Dementia/Chronic Cognitive Deficit	• Myocardial infarction	• Paraplegia
	Diabetes	• Peripheral vascular disease	• Quadriplegia
	Hemiplegia/Paraplegia	(PVD)	RENAL DISEASE
	HIV	GASTROINTESTINAL	Chronic kidney disease
	Hematologic Malignancy	DISEASE	Lowest serum
	IVDU	Diverticular disease Inflammatory Rowel disease	creatinine:mg/Dl
	Liver failure	 Inflammatory Bowel disease Peptic ulcer disease	SKIN CONDITIONBurn
	Metastatic Solid Tumor	Short gut syndrome	 Durin Decubitus/pressure ulcer
			- Decubitus/pressure ulter

· · · · · ·		I	
	Myocardial Infarct	IMMUNOCOMPROMISED	 Surgical wound
	Neurological Problems	CONDITION	 Other chronic ulcer or
	Obesity or Morbid Obesity	• HIV infection	chronic wound
	Peptic Ulcer Disease	•AIDS/CD4 count <200	OTHER
	Peripheral Vascular Disease (PVD)	• Primary immunodeficiency	 Connective tissue disease
	Premature Birth	• Transplant, hematopoietic	 Obesity or morbid obesity
	Solid Tumor (non metastatic)	stem cell	• Pregnant
	Spina bifida	 Transplant, solid organ 	MuGSI CONDITIONS
	Transplant Recipient	LIVER DISEASE	Urinary tract
	Urinary Tract Problems/Abnormalities	Chronic liver disease	problems/abnormalities
		• Ascites	Premature birth
		• Cirrhosis	 Spina bifida
		Hepatic encephalopathy	
		• Variceal bleeding	
		Hepatitis C	
		• Treated, in SVR	
		• Current, chronic	
		MALIGNANCY	
		Malignancy, hematologic	
		• Malignancy, solid organ	
		(non-metastatic)	
		• Malignancy, solid organ	
20.1	JNDERLYING CONDITIONS (check all that	(metastatic)	NT
apply	•	19. SUBSTANCE USE, CURRE	111
• Nor		SMOKING (Check all that apply)•
	known	None None).
	AIDS/CD4 count < 200	• Unknown	
	Alcohol abuse	• Tobacco	
	Chronic Liver Disease	• E-nicotine delivery system	
	Chronic Pulmonary Disease	• Marijuana	
	Chronic Renal Insufficiency		
	Chronic Skin Breakdown	ALCOHOL ABUSE:	
	Congestive Heart Failure	• Yes	
	Connective Tissue Disease	• No	
	Current Smoker	Unknown	
	CVA/Stroke		
	Cystic Fibrosis	OTHER SUBSTANCES: (Check	all that apply)
	Decubitus/Pressure Ulcer		
	Dementia/Chronic Cognitive Deficit	• None	
	Diabetes	• Unknown	
	Hemiplegia/Paraplegia		DOCUMENTED USE
	HIV		DISORDER (DUD)/ABUSE:
	Hematologic Malignancy	MODE OF DELIVERY: (Check	
	IVDU		an mat apply)
	Liver failure	□ Marijuana/cannabinoid (other	than smoking) 🗆 DUD or abuse
	Metastatic Solid Tumor	\square IDU \square Skin popping \square Non-II	
	Myocardial Infarct		
	Neurological Problems	\Box Opioid, DEA schedule I (e.g.,	heroin) \Box DUD or abuse \Box
	Obesity or Morbid Obesity	IDU \square Skin popping \square Non-IDU	
	Peptic Ulcer Disease	1 ff 0	
	Peripheral Vascular Disease (PVD)	🗆 🗆 Opioid, DEA schedule II-IV (e	e.g., methadone, oxycodone) \Box DUD or
	Premature Birth		opping Non-IDU Unknown
	Solid Tumor (non metastatic)		
	Spina bifida	□ Cocaine or methamphetamine	
		Skin popping 🗆 Non-IDU 🛛 U	nknown

	splant Recipient	\Box Other (specify): \Box DUD or abuse \Box IDU
🗆 Urina	ary Tract Problems/Abnormalities	□ 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.
	FACTORS OF INTEREST (check all that	20. RISK FACTORS: (Check all that apply)
apply): • None • Unknov	vn	NoneUnknown
• Culture admission	collected \geq calendar day 3 after hospital	 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
If yes, en OR • Un	lized within year before date of initial culture: ter mo/yr ᠠᠠ/ᠠᠠᠠ known , prior hospital ID:	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)
	within year before date of initial culture	 Previous hospitalization in the year before DISC Yes • No • Unknown If yes, date of discharge closed to DISC:
□ Hemod Hemodia	chronic dialysis: ialysis □ Peritoneal □ Unknown lysis Access: .ula/graft □ CVC □ Unknown	 Facility ID: OR, Date Unknown •
culture If	nce in LTCF within year before date of initial known, D:	 Overnight stay in LTCF in the year before DISC Yes • No • Unknown Facility ID:
• Admitte date	ed to a LTACH within year before initial culture	Overnight stay in LTACH in the year before DISC • Yes • No • Unknown Facility ID:
	venous catheter in place on the day of culture ne of culture) or at	Surgery in the year before DISC • Yes • No • Unknown
	in the 2 calendar days prior to the date of culture	CURRENT CHRONIC DIALYSIS: IF YES, TYPE:
time of cu time in th	catheter in place on the day of culture (up to ulture) or at any le 2 calendar days prior to the date of culture	□ Hemodialysis □ Peritoneal □ Unknown IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS: □ AV fistula/graft □ Hemodialysis central line □ Unknown
IndwellSuprapu	d, indicate all that apply: ing Urethral Catheter ıbic Catheter n Catheter	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:	• Yes • No • Unknown
	Check here if central line in place for > 2 calendar days: \Box
 Any OTHER indwelling device in place on the day of 	
culture (up to time of culture)	URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME
or at any time in the 2 calendar days prior to the date of	OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR
culture	DAYS BEFORE DISC:
If checked, indicate all that apply:	• Yes • No • Unknown
• ET/NT Tube	IF YES, CHECK ALL THAT APPLY:
Gastrostomy Tube	□ Indwelling Urethral Catheter
• NG Tube	Suprapubic Catheter
• Tracheostomy	Condom Catheter
Nephrostomy Tube	\Box Other (specify):
• Other:	
ouler	ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC (UP
• Detions two-relading to really in the task months arise	
• Patient traveled internationally in the two months prior	TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2
to the date of initial culture.	CALENDAR DAYS BEFORE DISC:
	• Yes • No • Unknown
Country:,	IF YES, CHECK ALL THAT APPLY:
	□ ET/NT Tube □ Gastrostomy Tube □ NG Tube
· · · · · · · · · · · · · · · · · · ·	□ Tracheostomy □ Nephrostomy Tube □ Other (specify):
 Patient was hospitalized while visiting country(ies) 	PATIENT TRAVELED INTERNATIONALLY IN THE YEAR
listed above	
	BEFORE DISC:
	• Yes • No • Unknown
	COUNTRY:,,,
	PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES)
	ABOVE:
	• Yes • No • Unknown
8d. WEIGHT:	21a. WEIGHT:
lbsoz ORkg	21a. WEIGHT: lbs oz. OR
lbsoz ORkg □ Unknown	21a. WEIGHT: lbsoz. OR kg □ Unknown
lbsoz ORkg	21a. WEIGHT: lbs oz. OR
lbsoz ORkg □ Unknown 8e. HEIGHT:	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR cm □ Unknown
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): 	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR cm □ Unknown 21c. BMI:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown URINE Cultures ONLY:	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown URINE Cultures ONLY: 14a. Was the urine collected through an	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown URINE Cultures ONLY:	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown URINE Cultures ONLY: 14a. Was the urine collected through an indwelling urethral catheter?	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown URINE Cultures ONLY: 14a. Was the urine collected through an indwelling urethral catheter? • Yes • No	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown URINE Cultures ONLY: 14a. Was the urine collected through an indwelling urethral catheter? • Yes • No	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available): □ Unknown URINE Cultures ONLY: 14a. Was the urine collected through an indwelling urethral catheter? • Yes • No • Unknown URINE Cultures ONLY: 14b. Record the colony count	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: URINE CULTURES ONLY: URINE CULTURES ONLY:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: URINE CULTURES ONLY: 22c. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbs oz. OR kg □ Unknown 21b. HEIGHT: ft in. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: URINE CULTURES ONLY: URINE CULTURES ONLY:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT: URINE CULTURES ONLY: 22c. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE CULTURE
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: cm □ Unknown 21c. BMI: cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: cm □ Unknown 21c. BMI: cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: ftin. OR m □ Unknown 21c. BMI:
lbsoz ORkg □ Unknown 8e. HEIGHT: ftin ORcm □ Unknown 8f. BMI (Record only if ht and/or wt is not available):	21a. WEIGHT: lbsoz. OR kg □ Unknown 21b. HEIGHT: cm □ Unknown 21c. BMI: cm □ Unknown 21c. BMI: □ Unknown URINE CULTURES ONLY: 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? • Yes • No • Unknown URINE CULTURES ONLY: 22b. RECORD THE COLONY COUNT:

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

	□ VIM □ Pos □ Neg □ Ind □ Unk
	□ IMP □ Pos □ Neg □ Ind □ Unk
15. Was the same organism (Q13a) cultured from a	25. WAS THE SAME ORGANISM (Q10) CULTURED FROM A
different sterile site or urine in the 30 days after the date	DIFFERENT STERILE SITE OR URINE IN THE 30 DAYS AFTER
of initial culture (of this current episode)?	THE DISC?
• Yes • No • Unknown	• Yes • No • Unknown
IF YES, SOURCE: (check all that apply)	IF YES, SOURCE: (check all that apply)
• Blood	• Blood
• CSF	• Bone
• Pleural fluid	• CSF
Pericardial fluid	Internal body site (specify):
Peritoneal fluid	Joint/Synovial fluid
• Joint/Synovial fluid	• Muscle
• Bone	Pericardial fluid
• Urine	Peritoneal fluid
Other normally sterile site	Pleural fluid
• Other normany sterile site	• Urine
	Other normally sterile site (specify):
16. Enterobacteriaceae ONLY:	26. ENTEROBACTERIACEAE ONLY: WERE CULTURES OF
Were cultures of sterile site(s) or urine positive in the 30	STERILE SITE(S) OR URINE POSITIVE IN THE 30 DAYS BEFORE
days prior to the date of	THE DISC, FOR A DIFFERENT ORGANISM (Q10)?
	• Yes • No • Unknown • N/A
initial culture, for a DIFFERENT organism (Q13a)? ● Yes ● No ● Unknown ● N/A	
	IF YES, SOURCE: (check all that apply) Blood
IF YES, SOURCE: (check all that apply)	
• Blood	• Bone • CSF
• CSF	
Pleural fluidPericardial fluid	Internal body site (specify): Init (Symposial fluid)
Peritoneal fluid	Joint/Synovial fluidMuscle
	Pericardial fluid
Joint/Synovial fluidBone	Peritoneal fluid
• Urine	Pleural fluid
Other normally sterile site	• Urine
- Other normany sterile site	Other normally sterile site (specify):
If yes, indicate organism type and associated State ID for	• Other normany sterile site (specify).
the incident closest	IF YES, INDICATE ORGANISM TYPE AND ASSOCIATED STATE
to the date of initial culture:	ID FOR THE INCIDENT CLOSEST TO THE DISC:
to the date of millior culture.	Organism State ID
Organism State ID	Escherichia coli
Escherichia coli	Enterobacter cloacae
Enterobacter cloacae	Klebsiella aerogenes
Enterobacter aerogenes	Klebsiella pneumoniae
Klebsiella pneumoniae	Klebsiella oxytoca
Klebsiella oxytoca	
16a. A. baumannii Cultures ONLY:	27a. A. BAUMANNII CULTURES ONLY:
Were cultures of OTHER sterile site(s) or urine positive	WERE CULTURES OF OTHER STERILE SITE(S) OR URINE
in the 30 days prior to the	POSITIVE IN THE 30 DAYS BEFORE THE DISC, FOR ANOTHER
date of initial culture, for another A. baumannii?	A. BAUMANNII?
• Yes • No • Unknown • N/A	• Yes • No • Unknown • N/A
	IF YES, SOURCE: (check all that apply)
• Yes • No • Unknown • N/A	• Blood
IF YES, SOURCE: (check all that apply)	• Bone
Blood	• CSF
• CSF	Internal body site (specify):
	21

• Plenard fluid • Joint/Synovial fluid • Joint/Synovial fluid • Pericardial fluid • Dericardial fluid • D		
• Pericardial fluid • Pieural fluid • Urinc • Other normally sterile site	• Pleural fluid	• Joint/Synovial fluid
Joint/Synovial fluid Periconeal fluid	Pericardial fluid	• Muscle
Joint/Synovial fluid Periconeal fluid	Peritoneal fluid	• Pericardial fluid
 Bone		
 Urine Other normally sterile site		
 Other normally sterile site		
If yes, Stare ID for the organism closest to the date of initial culture:		
closest to the date of initial culture:	• Other normally sterile site	• Other normally sterile site (specify):
closest to the date of initial culture:	If yes, State ID for the organism	IF VES STATE ID FOR THE INCIDENT CLOSEST TO THE DISC
16b. A. baumannii Cultures ONLY: 27b. A. BAUMANNII CULTURES ONLY: Did the patient have a sputum culture positive for CRAB in the 30 days 27b. A. BAUMANNII CULTURES ONLY: Did the patient have a sputum culture positive for CRAB in the 30 days 27c. A. BAUMANNII CULTURES ONLY: Ves • No • Unknown • N/A 27c. A. BAUMANNII CULTURES ONLY: *Yes • No • Unknown • N/A 27c. A. BAUMANNII CULTURES ONLY: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC: □ Non-invasive positive pressure venilation (CPA) 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 culture and State ID for the first positive culture in the year prior: 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE YEAR BEFORE. 17c. Enterobacteriaceae ONLY: 29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT POSITIVE FOR A MuGSI ENTEROBACTERIACEAE ONLY: WAS THE PATIENT POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR BEFORE. 17d. If yes, specify organism, date of culture and State ID for the first positive<		
Did the patient have a sputum culture positive for CRAB DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR CRAB IN THE 30 DAYS BEFORE THE DISC? *Yes •No • Unknown •N/A •Yes •No • Unknown •N/A 27c. A. BAUMANNII CULTURES ONLY: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC? Non-invasive positive pressure venilation (CPAP or BPAP) at any time in the 7 calendar days before the DISC Image: the year prior to the date of culture for the SAME organism in the year prior to the date of culture and State ID for the first positive culture in the year prior: 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? •Yes •No (GO TO Q17c) •Unknown (GO TO Q17c) 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE First positive culture in the year prior to the date of initial culture (Q10a); 29a. ENTEROBACTERIACEAE ONLY; WAS THE PATIENT Yes •No (GO TO Q17c) 29a. ENTEROBACTERIACEAE ONLY; WAS THE PATIENT 29a. ENTEROBACTERIACEAE ONLY; WAS THE PATIENT Yes •No (GO TO Q18) •Unknown (GO TO Q18) •Yes •No •Unknown •N/A 17d. If yes, specify organism, date of culture and State ID for the first positive culture in the year prior to the date of initial culture (Q10a); •Yes •No •Unknown •N/A 17d. If yes, specify organism, date of culture and State ID for the first positive culture in the year prior to the date of initial culture (Q10a); •Yes •No •Unknown •N/A		
Did the patient have a sputum culture positive for CRAB DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR CRAB IN THE 30 DAYS BEFORE THE DISC? *Yes •No • Unknown •N/A •Yes •No • Unknown •N/A 27c. A. BAUMANNII CULTURES ONLY: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC? Non-invasive positive pressure venilation (CPAP or BPAP) at any time in the 7 calendar days before the DISC Image: the year prior to the date of culture for the SAME organism in the year prior to the date of culture and State ID for the first positive culture in the year prior: 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? •Yes •No (GO TO Q17c) •Unknown (GO TO Q17c) 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE First positive culture in the year prior to the date of initial culture (Q10a); 29a. ENTEROBACTERIACEAE ONLY; WAS THE PATIENT Yes •No (GO TO Q17c) 29a. ENTEROBACTERIACEAE ONLY; WAS THE PATIENT 29a. ENTEROBACTERIACEAE ONLY; WAS THE PATIENT Yes •No (GO TO Q18) •Unknown (GO TO Q18) •Yes •No •Unknown •N/A 17d. If yes, specify organism, date of culture and State ID for the first positive culture in the year prior to the date of initial culture (Q10a); •Yes •No •Unknown •N/A 17d. If yes, specify organism, date of culture and State ID for the first positive culture in the year prior to the date of initial culture (Q10a); •Yes •No •Unknown •N/A	16b. A. baumannii Cultures ONLY:	27b. A. BAUMANNII CULTURES ONLY:
in the 30 days CRAB IN THE 30 DAYS BEFORE THE DISC? yrior to the date of culture (Day 1)? Yes • No • Unknown • N/A *Yes • No • Unknown • N/A 27c. A. BAUMANNII CULTURES ONLY: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
prior to the date of culture (Day 1)? • Yes • No • Unknown • N/A • Yes • No • Unknown • N/A 27c. A. BAUMANNI CULTURES ONLY: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC: Non-invasive possitive 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 Mchanical ventilation at any time in the 7 calendar days before the DISC Mchanical ventilation at any time in the 7 calendar days before the DISC Wes * No (GO TO Q17c) • Unknown (GO TO Q17c) 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: The FIRST POSITIVE CULTURE IN THE YEAR BEFORE. DATE OF CULTURE:		
Yes • No • Unknown • N/A 27c. A. BAUMANNII CULTURES ONLY: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC: RISK FACTORS IN THE 7 DAYS BEFORE THE DISC: RISK FACTORS IN THE 7 Calendar days before the DISC Rechanical 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) 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: RISK FACTORS IN THE YEAR BEFORE THE DISC? 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: RICHTED 27b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE: POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE: POSITIVE FOR A MuCSI ENTEROBACTERIACEAE IN THE YEAR BEFORE THE DISC? Yes • No (OG TO Q18) 7c. Enterobacteriaceae CNLY: 29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT POSITIVE FOR A MuCSI ENTEROBACTERIACEAE IN THE YEAR BEFORE THE DISC? Yes • No (OG TO Q18) 7c. First positive Culture in the year prior to the date of initial culture (Q10a): Positive EVER AND STATE ID FOR THE FIRST POSITIVE FOR THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): PENTEROBACTERIACEAE (CRE): PENTEROBACTERIACEAE (CRE): PENTEROBACTERIACEAE (CRE): PENTEROBACTERIACEAE (CRE): PENTEROBACTERIACEAE CULTURE: POSITIVE FOR A BEFORE THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): PENTEROBACTERIACEAE (CRE): PENTEROBACTERIACEAE (CRE): PENTEROBACTERIACEAE (CRE): PENTEROBACTERIACEAE CULTURE: PENTEROBACTERIACEAE PENTEROBACTERIACEAE PENTEROBACTERIACEAE PENTEROBACTERIACEAE PENTEROBACTERIACEAE PENTEROBACTERIACEAE PENTERO		
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 Ifa, 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) 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 17c. Enterobacteriaceae ONLY: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE: -	prior to the date of culture (Day 1)?	• Yes • No • Unknown • N/A
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 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): 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DIFUED State ID: - State ID: - - 17c. Enterobacteriaceae ONLY: 29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT Yes • No (GO TO Q18) Na (GO TO Q18) PATE OF CULTURE: 17d. If yes, specify organism, date of culture and State ID for the first positive STATE ID: 17d. If yes, specify organism, date of culture and State ID for the first positive 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID COR CULTURE, NO • VIAROWI • N/A 17d. If yes, specify organism, date of culture and State ID for the first positive 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE PAR BEFORE. Intentrobacter cloacae 29b. IF YE	• Yes • No • Unknown • N/A	
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 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): 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DIFUED State ID: - State ID: - - 17c. Enterobacteriaceae ONLY: 29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT Yes • No (GO TO Q18) Na (GO TO Q18) PATE OF CULTURE: 17d. If yes, specify organism, date of culture and State ID for the first positive STATE ID: 17d. If yes, specify organism, date of culture and State ID for the first positive 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID COR CULTURE, NO • VIAROWI • N/A 17d. If yes, specify organism, date of culture and State ID for the first positive 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE PAR BEFORE. Intentrobacter cloacae 29b. IF YE		27c A RAUMANNULCULTURES ONLY
Image: Section of the initial culture (010a): Image: Section of the initial culture (010a): Section of the initial culture (010a): Image: Section of the initial culture (010a): Section of the initial culture (010a): Section of the initial culture (010a): Image: Section of the initial culture (010a): Section of the initial culture (010a): Section of the initial culture (010a): Image: Section of the initial culture (010a): Section of the initial culture (010a): Section of the initial culture (010a): Image: Section of the initial culture (010a): Section of the initial culture (010a): Section of the initial culture (010a): Image: Section of the initial culture (010a): Section of the initial culture (010a): Section of the initial culture (010a): Image: Section of GO TO Q17c) Unknown (GO TO Q17c) Section of the initial culture (010a): Section of the initial culture (010a): Image: Section of Culture and State ID for the first positive culture in the year prior: Section of Culture Culture In THE YEAR BEFORE: DATE OF CULTURE:		
any time in the 7 calendar days before the DISC Nebulizer treatment at any time in the 7 calendar days before the DISC Nebulizer treatment at any time in the 7 calendar days before the DISC I7a. Was this patient positive for the SAME organism in the year prior to the date of the initial culture (Q10a): 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE First positive culture in the year prior: 17b. If yes, specify date of culture and State ID for the first positive for a MuGSI Enterobacteriaceae in the year prior to the date of initial culture (Q10a)? 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE FOR A MuGSI ENTEROBACTERIACEAE ONLY: WAS THE PATIENT Yes • No (GO TO Q18) DATE OF CULTURE:		
Image: Section of the sectencipic of the section of the section of the section o		
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): 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) • Yes • No • Unknown 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: □□□□□□ State ID: DATE OF CULTURE:		
Image: Section of the second of the section of the section of the section of the		
the DISC 17a. Was this patient positive for the SAME organism in the year prior to the date of the initial culture (Q10a): 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) * Yes • No • Unknown 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: Immunolity DATE OF CULTURE:		DISC
the DISC 17a. Was this patient positive for the SAME organism in the year prior to the date of the initial culture (Q10a): 28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) * Yes • No • Unknown 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: Immunolity DATE OF CULTURE:		□ Mechanical ventilation at any time in the 7 calendar days before
the year prior to the date of the initial culture (Q10a): IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: IMINITIE State ID: DATE OF CULTURE: - 17c. Enterobacteriaceae ONLY: DATE OF CULTURE: - - Vas this patient positive for a MuGSI Enterobacteriaceae in the year prior to the date of initial culture (Q10a)? 29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR BEFORE THE DISC? Yes • No (GO TO Q18) • Yes • No • Unknown • N/A 17d. If yes, specify organism, date of culture and State ID for the first positive 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): State ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE CULTURE IN THE YEAR BEFORE THE DISC: Enterobacter cloacae Klebsiella pneumoniae Klebsiella aneumoniae Klebsiella pneumoniae Klebsiella oxytoca Klebsiella oxytoca		
the year prior to the date of the initial culture (Q10a): IN THE YEAR BEFORE THE DISC? • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: IMINITIE State ID: DATE OF CULTURE: - 17c. Enterobacteriaceae ONLY: DATE OF CULTURE: - - Vas this patient positive for a MuGSI Enterobacteriaceae in the year prior to the date of initial culture (Q10a)? 29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR BEFORE THE DISC? Yes • No (GO TO Q18) • Yes • No • Unknown • N/A 17d. If yes, specify organism, date of culture and State ID for the first positive 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): State ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE CULTURE IN THE YEAR BEFORE THE DISC: Enterobacter cloacae Klebsiella pneumoniae Klebsiella aneumoniae Klebsiella pneumoniae Klebsiella oxytoca Klebsiella oxytoca		
of the initial culture (Q10a): • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) • Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) • Yes • No • Unknown 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: IMPLATION DATE OF CULTURE:		
 Yes Yes		IN THE YEAR BEFORE THE DISC?
 Yes • No (GO TO Q17c) • Unknown (GO TO Q17c) 17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE:	of the initial culture (Q10a):	
17b. If yes, specify date of culture and State ID for the first positive culture in the year prior: 28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE:		• Yes • No • Unknown
first positive culture in the year prior: THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE:	• Yes • No (GO TO Q17c) • Unknown (GO TO Q17c)	
first positive culture in the year prior: THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE: DATE OF CULTURE:		
DATE OF CULTURE:	17b. If yes, specify date of culture and State ID for the	28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR
DATE OF CULTURE:	first positive culture in the year prior:	THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE:
State ID:		
State ID:		DATE OF CULTURE:
17c. Enterobacteriaceae ONLY: 29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT 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) 17d. If yes, specify organism, date of culture and State ID for the first positive • Yes • No • Unknown • N/A 17d. If yes, specify organism, date of culture and State ID for the first positive 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Culture (Q10a): Culture (Q10a): Carbapenem-resistant Enterobacteriaceae (CRE): 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Culture (Q10a): Culture in the year prior to the date of Escherichia coli Culture in the year prior to the date of Escherichia coli Enterobacter aceae (CRE): Escherichia coli Escherichia coli Enterobacter aceae (CRE): Escherichia coli Enterobacter cloacae Klebsiella pneumoniae Klebsiella anerogenes Klebsiella oxytoca DATE OF CULTURE: - - -	State ID:	
Was this patient positive for a MuGSI Enterobacteriaceae POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR in the year prior to the date of initial culture (Q10a)? POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR *Yes * No (GO TO Q18) * Unknown (GO TO Q18) * POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR 17d. If yes, specify organism, date of culture and State ID 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND for the first positive STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Enterobacteriaceae culture in the year prior to the date of CULTURE IN THE YEAR BEFORE THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): Carbapenem-resistant Enterobacteriaceae (CRE): Enterobacter cloacae Klebsiella aneogenes Klebsiella pneumoniae Klebsiella oxytoca DATE OF CULTURE:		
Was this patient positive for a MuGSI Enterobacteriaceae POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR in the year prior to the date of initial culture (Q10a)? POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR *Yes * No (GO TO Q18) * Unknown (GO TO Q18) * POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR 17d. If yes, specify organism, date of culture and State ID 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND for the first positive STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Enterobacteriaceae culture in the year prior to the date of CULTURE IN THE YEAR BEFORE THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): Carbapenem-resistant Enterobacteriaceae (CRE): Enterobacter cloacae Klebsiella aneogenes Klebsiella pneumoniae Klebsiella oxytoca DATE OF CULTURE:	17c. Enterobacteriaceae ONLY:	29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT
 in the year prior to the date of initial culture (Q10a)? Yes • No (GO TO Q18) • Unknown (GO TO Q18) • 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 		
 Yes No (GO TO Q18) VA (GO TO Q18) 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 cloacae Enterobacter aerogenes Klebsiella pneumoniae Klebsiella oxytoca Ves No Unknown N/A 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): Enterobacter cloacae Klebsiella pneumoniae Klebsiella oxytoca 		
NA (GO TO Q18) • Yes • No • Unknown • N/A 17d. If yes, specify organism, date of culture and State ID for the first positive 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Enterobacteriaceae culture in the year prior to the date of initial culture (Q10a): 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Carbapenem-resistant Enterobacteriaceae (CRE): Culture IN THE YEAR BEFORE THE DISC: E Escherichia coli Enterobacter cloacae Enterobacter cloacae Klebsiella aerogenes Klebsiella pneumoniae Klebsiella pneumoniae Klebsiella oxytoca DATE OF CULTURE:		
17d. If yes, specify organism, date of culture and State ID 29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND for the first positive STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Enterobacteriaceae culture in the year prior to the date of CULTURE IN THE YEAR BEFORE THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): Carbapenem-resistant Enterobacteriaceae (CRE): Escherichia coli Enterobacter cloacae Enterobacter aerogenes Klebsiella aerogenes Klebsiella pneumoniae Klebsiella oxytoca DATE OF CULTURE: -		• Voc • No • Unknown • N/Λ
for the first positive STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Enterobacteriaceae culture in the year prior to the date of initial culture (Q10a): Culture IN THE YEAR BEFORE THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): Carbapenem-resistant Enterobacteriaceae (CRE): Escherichia coli Escherichia coli Enterobacter cloacae Klebsiella aerogenes Klebsiella pneumoniae Klebsiella oxytoca Klebsiella oxytoca DATE OF CULTURE:		
for the first positive STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE Enterobacteriaceae culture in the year prior to the date of initial culture (Q10a): Culture IN THE YEAR BEFORE THE DISC: Carbapenem-resistant Enterobacteriaceae (CRE): Carbapenem-resistant Enterobacteriaceae (CRE): Escherichia coli Escherichia coli Enterobacter cloacae Klebsiella aerogenes Klebsiella pneumoniae Klebsiella oxytoca Klebsiella oxytoca DATE OF CULTURE:	17d. If yes, specify organism, date of culture and State ID	29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND
Enterobacteriaceae culture in the year prior to the date of initial culture (Q10a): CULTURE IN THE YEAR BEFORE THE DISC: Carbap=nem-resistant Enterobacteriaceae (CRE): Carbap=nem-resistant Enterobacteriaceae (CRE): Escherichia coli Escherichia coli Enterobacter cloacae Klebsiella aerogenes Enterobacter aerogenes Klebsiella pneumoniae Klebsiella oxytoca DATE OF CULTURE:		
initial culture (Q10a): Carbapenem-resistant Enterobacteriaceae (CRE): Carbapenem-resistant Enterobacteriaceae (CRE): Escherichia coli Escherichia coli Enterobacter cloacae Enterobacter cloacae Klebsiella aerogenes Klebsiella pneumoniae Klebsiella oxytoca Klebsiella oxytoca DATE OF CULTURE:		
Carbapenem-resistant Enterobacteriaceae (CRE):		
 Escherichia coli Enterobacter cloacae Enterobacter cloacae Klebsiella pneumoniae Klebsiella pneumoniae Klebsiella oxytoca DATE OF CULTURE:		
 Enterobacter cloacae Enterobacter aerogenes Klebsiella pneumoniae Klebsiella oxytoca DATE OF CULTURE:		
 Enterobacter aerogenes Klebsiella pneumoniae Klebsiella oxytoca Klebsiella oxytoca 		
Image: Klebsiella pneumoniae Image: Klebsiella oxytoca Image: Klebsiella oxytoca Image: Klebsiella oxytoca		
Image: Second state of the second s		
Image: Second state of the second s	🗆 Klebsiella pneumoniae	🗆 Klebsiella oxytoca
DATE OF CULTURE:	□ Klebsiella oxytoca	
		DATE OF CULTURE:
	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 Plazomicin Tetracycline Rifampin\ Ceftolozane/Tazobactam Fosfomycin Imipenem-relebactam
22. Was case first identified through audit? Yes No Unknown 23. CRF status: Complete Pending Chart unavailable 25. SO initials:	31a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? Yes No 31b. CRF STATUS: Complete Pending Chart unavailable after 3 requests 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:	6. AGE
7b. Is age in day/mo/yr? • Days • Mos. • Years	• 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 8c. RACE: (Check all that apply) White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander 	8a. ETHNIC ORIGIN: • Hispanic or Latino • Not Hispanic or Latino • Not Hispanic or Latino • Unknown 8b. RACE: (Check all that apply) • American Indian or • Native Hawaiian or Other Alaska Native Pacific Islander • Asian • White • Black or African • Unknown
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:
14. INITIAL CULTURE SITE: Blood Bone Brain CSF Heart Joint/Synovial fluid Kidney Liver Vymph node Ovary Pancreas Pericardial fluid Peritoneal 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:	12. LOCATION OF SPECIMEN COLLECTION: • Outpatient Facility ID:
 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 Gother (specify):	13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC? • Private residence • LTACH • LTCF Facility ID: • Hospital inpatient • Homeless • Hospital inpatient • Incarcerated Facility ID: • Other (specify): Was patient transferred • Unknown • Yes • No
 9. WAS PATIENT HOSPITALIZED AT THE TIME OF, OR WITHIN 30 CALENDAR DAYS AFTER, INITIAL CULTURE? Yes • No • Unknown If yes: Date of admission 	 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:
· · · · · · · · · · · · · · · · · · ·	
Date of discharge	
 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 • Inknown IF YES, DATE OF ICU ADMISSION:

11b. Was the patient in the ICU on the date of or in the	15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT
7 days after the initial culture?	SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC?
• Yes • No • Unknown	• Yes • No • Unknown
	IF YES, DATE OF ICU ADMISSION:
12. PATIENT OUTCOME:	16. PATIENT OUTCOME:
• Survived	
• Died	• Survived
• Unknown	Date of discharge: OR
Chikhowh	Date unknown
If survived, transferred to:	• Left against medical advice (AMA)
Private residence	If survived, discharged to:
LTCF Facility ID:	 Private residence LTCF Facility ID: LTACH Facility ID: Unknown
• LTACH Facility ID:	LTCF Facility ID: (specify):
• Unknown	LTACH Facility ID: Unknown
• Other (specify):	
If died, date of death:	• 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	17. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S):
CULTURE(S) (check all that apply):	(Check all that apply)
• None	• None
• Unknown	• Unknown
□ Abscess, not skin	\Box Abscess, not skin
□ Appendicitis	\Box AV fistula/graft infection
\Box AV fistula/graft infection	
□ Catheter site infection (CVC)	□ Catheter site infection (CVC)
\Box Cholangitis	\Box Cellulitis
Chronic ulcer/wound (not decubitus)	Chronic ulcer/wound (not decubitus)
Decubitus/pressure ulcer Diverticulitic	Decubitus/pressure ulcer Empyone
Diverticulitis Employment	Empyema Findecarditie
Empyema Fride condition	Endocarditis Fridurel Abases
Endocarditis Fraid downiaia	Epidural Abscess
Epididymitis Fridurel Abases	
Epidural Abscess	□ Osteomyelitis
Peritonitis	□ Pyelonephritis
Pneumonia	□ Septic arthritis
	□ Septic emboli
□ Pyelonephritis	□ Septic shock
□ Septic arthritis	□ Skin abscess
□ Surgical incision infection	□ Surgical incision infection
□ Surgical site infection (internal)	□ Surgical site infection (internal)
Traumatic wound	Traumatic wound
□ Urinary tract infection	Urinary tract infection
\Box Other (specify):	\Box Other (specify):

NEW OUESTION	Five types of infections were rem	ioved from this question.	
NEW QUESTION	18. RECURRENT UTI		
	□ Yes □ No		
7 UNDERI VINC CONDITIONS (check all that		NS. (Charle all that apply)	
27. UNDERLYING CONDITIONS (check all that	19. UNDERLYING CONDITIO	ivs: (Check an that apply)	
apply): • None	• None		
Unknown	• Unknown		
a AIDS/CD4 count < 200	CHRONIC LUNG	NEUROLOGIC	
Alcohol abuse	DISEASE	CONDITION	
Chronic Liver Disease	Cystic fibrosisChronic pulmonary disease	Cerebral palsyChronic cognitive deficit	
Chronic Pulmonary Disease	CHRONIC METABOLIC	Dementia	
Chronic Renal Insufficiency	DISEASE	• Epilepsy/seizure/ seizure	
	Diabetes mellitus	disorder	
	with chronic complications	Multiple sclerosis	
Congestive Heart Failure	CARDIOVASCULAR	Neuropathy	
Connective Tissue Disease Current Smoker	DISEASE	Parkinson's Disease	
	• CVA/Stroke/TIA	• Other specify:	
CVA/Stroke	Congenital heart disease	PLEGIAS/PARALYSIS	
Cystic Fibrosis	Congestive heart failure	• Hemiplegia	
Decubitus/Pressure Ulcer	Myocardial infarction	• Paraplegia	
Dementia/Chronic Cognitive Deficit	Peripheral vascular disease	• Quadriplegia	
Diabetes	(PVD)	RENAL DISEASE	
Hemiplegia/Paraplegia	GASTROINTESTINAL	 Chronic kidney disease 	
HIV	DISEASE	Lowest serum	
Hematologic Malignancy	 Diverticular disease 	creatinine:mg/Dl	
IVDU	 Inflammatory Bowel disease 	SKIN CONDITION	
Liver failure	 Peptic ulcer disease 	• Burn	
Metastatic Solid Tumor	 Short gut syndrome 	 Decubitus/pressure ulcer 	
Myocardial Infarct	IMMUNOCOMPROMISED	 Surgical wound 	
Neurological Problems	CONDITION	 Other chronic ulcer or 	
Peptic Ulcer Disease	• HIV infection	chronic wound	
Peripheral Vascular Disease (PVD)	•AIDS/CD4 count <200	OTHER	
Premature Birth	Primary immunodeficiency	Connective tissue disease	
Solid Tumor (non metastatic)	• Transplant, hematopoietic	• Obesity or morbid obesity	
Spina bifida	stem cell	Pregnant	
Transplant Recipient	 Transplant, solid organ LIVER DISEASE 	MuGSI CONDITIONS	
Urinary Tract Problems/Abnormalities	Chronic liver disease	• Urinary tract	
	Ascites	problems/abnormalities Premature birth 	
	Ascres Chronic hepatitis C	Spina bifida	
	Cirrhosis	• Spina binda	
	Hepatic encephalopathy		
	Variceal bleeding		
	□ Hepatitis C		
	• Treated, in SVR		
	• Current, chronic		
	MALIGNANCY		
	Malignancy, hematologic		
	Malignancy, solid organ		
	(non-metastatic)		
	Malignancy, solid organ		
	(metastatic)		
7. UNDERLYING CONDITIONS (check all that	20. SUBSTÁNCE USE, CURRE	NT	

• None SMOKING (Check all that apply): • Unknown • None □ AIDS/CD4 count < 200 • Unknown □ Alcohol abuse • Tobacco □ Chronic Liver Disease • E-nicotine delivery system □ Chronic Pulmonary Disease • Marijuana □ Chronic Renal Insufficiency • ALCOHOL ABUSE:	
 AIDS/CD4 count < 200 Alcohol abuse Chronic Liver Disease Chronic Pulmonary Disease Chronic Renal Insufficiency Chronic Skin Breakdown ALCOHOL ABUSE: 	
 Alcohol abuse Chronic Liver Disease Chronic Pulmonary Disease Chronic Renal Insufficiency Chronic Skin Breakdown ALCOHOL ABUSE: 	
 Chronic Liver Disease Chronic Pulmonary Disease Chronic Renal Insufficiency Chronic Skin Breakdown ALCOHOL ABUSE: 	
 Chronic Pulmonary Disease Chronic Renal Insufficiency Chronic Skin Breakdown ALCOHOL ABUSE: 	
Chronic Renal Insufficiency Chronic Skin Breakdown ALCOHOL ABUSE:	
Chronic Skin Breakdown ALCOHOL ABUSE:	
• Vec	
Connective Tissue Disease Unknown	
Current Smoker	
CVA/Stroke OTHER SUBSTANCES: (Check all that apply)	
□ Cystic Fibrosis	
□ Decubitus/Pressure Ulcer • None	
Dementia/Chronic Cognitive Deficit	
□ Diabetes • Unknown	
□ Hemiplegia/Paraplegia DOCUMENTED USE	7
□ HIV DISORDER (DUD)/A	_
□ Hematologic Malignancy <u>MODE OF DELIVERY</u> : (Check all that apply)	BUSE:
, , , , , , , , , , , , , , , , , , ,	use 🗆
□ Metastatic Solid Tumor IDU □ Skin popping □ Non-IDU □ Unknown	
D Myocardial Infarct	_
□ Neurological Problems □ Opioid, DEA schedule I (e.g., heroin) □ DUD or abuse	
□ Peptic Ulcer Disease IDU □ Skin popping □ Non-IDU □ Unknown	
Peripheral Vascular Disease (PVD)	
□ Premature Birth □ Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	
\Box Solid Tumor (non metastatic)abuse \Box IDU \Box Skin popping \Box Non-IDU \Box Unl	known
□ Cocaine of methamphetamine □ DOD of abuse	□IDU □
Urinary Tract Problems/Abnormalities	
\Box Other (specify): \Box DUD or abuse	\Box IDU
□ Skin popping □ Non-IDU □ Unknown	
□ Unknown substance □ DUD or abuse	\Box IDU
□ Skin popping □ Non-IDU □ Unknown	
Some of the data in this section was formerly collected in the	
conditions section (IVDU [changed to injection drug user], Cu	
smoker [changed to smoking], Alcohol Abuse (see highlighte	
in the prior column). The collection of more information for c	other drug
use is new.	• •
There are six new check boxes that allow other drug use to be	
more detail. These questions focus on type of drug and mode	ot delivery.
21. RISK FACTORS OF INTEREST (check all that 21. RISK FACTORS: (Check all that apply)	
apply):	
• None	
• None • Unknown	
• Unknown	
WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE	
• Hospitalized within year before date of initial culture: CALENDAR DAYS AFTER HOSPITAL ADMISSION?	
If yes, enter mo/yr □/□/□□ • Yes • No (please note, this field is auto calculated in the d	
OR • Unknown management system (DMS), therefore, the user does not ever	
If known, prior hospital ID: this filed and there is not burden associated with its collection	. It is on

• Surgery within year before date of initial culture	the paper form because our users want to continue to view this in the DMS)
• Current chronic dialysis: □ Hemodialysis □ Peritoneal □ Unknown	Previous hospitalization in the year before DISC • Yes • No • Unknown
Hemodialysis Access:	If yes, date of discharge closed to DISC:
\Box AV fistula/graft \Box CVC \Box Unknown	
• Desidence in LTCE - sithin seen before data of initial	Facility ID:
• Residence in LTCF within year before date of initial	OR, Date Unknown •
culture If known,	
facility ID:	Overnight stay in LTCF in the year before DISC
	• Yes • No • Unknown
• Admitted to a LTACH within year before initial	Facility ID:
culture date	
If known, facility ID:	Overnight stay in LTACH in the year before DISC
	• Yes • No • Unknown
• Central venous catheter in place on the day of culture	Facility ID:
(up to time of culture) or at	
any time in the 2 calendar days prior to the date of	Surgery in the year before DISC
culture	• Yes • No • Unknown
• Urinary catheter in place on the day of culture (up to	CURRENT CHRONIC DIALYSIS:
time of culture) or at any	IF YES, TYPE:
time in the 2 calendar days prior to the date of culture	🗆 Hemodialysis 🗆 Peritoneal 🗆 Unknown
If checked, indicate all that apply:	IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS:
Indwelling Urethral Catheter	□ AV fistula/graft □ Hemodialysis central line □ Unknown
• Suprapubic Catheter	
• Condom Catheter	CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF
• Other:	COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS
	BEFORE DISC:
• Any OTHER indwelling device in place on the day of	• Yes • No • Unknown
culture (up to time of culture)	Check here if central line in place for > 2 calendar days: \Box
or at any time in the 2 calendar days prior to the date of	Check here if central line in place for 2 calculat days.
culture	URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME
If checked, indicate all that apply:	OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR
• ET/NT Tube	DAYS BEFORE DISC:
• Gastrostomy Tube	• Yes • No • Unknown
NG Tube	IF YES, CHECK ALL THAT APPLY:
TracheostomyNephrostomy Tube	 Indwelling Urethral Catheter Suprapubic Catheter
• Other:	□ Other (specify):
• Detions traveled internationally in the two menths	
• Patient traveled internationally in the two months	ANY OTHER INDUCED INC. DEVICE IN DUACE ON THE DISC. (UR
prior to the date of initial culture.	ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC (UP
Country	TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2
Country:,	CALENDAR DAYS BEFORE DISC:
,	• Yes • No • Unknown
	IF YES, CHECK ALL THAT APPLY:
• Patient was hospitalized while visiting country(ies)	\Box ET/NT Tube \Box Gastrostomy Tube \Box NG Tube
listed above	\Box Tracheostomy \Box Nephrostomy Tube \Box 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:
NEW QUESTION	lbs oz. ORkg □ Unknown 22b. HEIGHT:
	$ft.$ in. OR <u></u> cm \Box Unknown
NEW QUESTION	23c. BMI:
NEW QUESTION	URINE CULTURES ONLY:
	23a. RECORD THE COLONY COUNT:
URINE Cultures ONLY:	URINE CULTURES ONLY:
14b. Signs and Symptoms associated with urine	23b. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE
culture.	CULTURE
Please indicate if any of the following symptoms where reported during the 5 day time period	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
including the 2 calendar days before through the 2	calendar days after the DISC.
calendar days after the date of initial culture.	\square None
Then go to question 14d.	□ Costovertebral angle pain or tenderness
□ None	
□ Costovertebral angle pain or tenderness	$\Box \qquad \text{Fever [temperature } \ge 100.4 \text{ °F (38 °C)]}$
Dysuria	
□ Fever [temperature \geq 100.4 °F (38 °C)]	Frequency Supramula tandamaga
□ Unknown □ Frequency	 Suprapubic tenderness Urgency
□ Suprapubic tenderness	Symptoms for patients ≤1 year of age only:
□ Urgency	□ Apnea
	□ Bradycardia
	□ Lethargy
	□ Vomiting
15b. Did clinical laboratory identify isolate as ESBL	This question was removed.
producer?	
• Yes • No • Unknown	
NEW QUESTION	24a. WAS THE INCIDENT SPECIMEN POLYMICROBIAL?
	□ Yes
15c. What confirmatory testing method(s) was used?	24b. WHAT SCREENING/ CONFIRMATORY METHOD WAS USED
(Check all that apply):	FOR ESBL DETECTION? (Check all that apply):
□ Broth Microdilution (ATI)	Broth Microdilution (ATI detection)
□ Disk Diffusion	□ ESBL well
□ Other (Specify):	Expert rule (ATI flag)
□ None □ Unknown	 Broth Microdilution (Manual) Disk Diffusion
Unknown	□ Disk Diffusion □ E-test
	□ Molecular test (specify):
	□ Other non-molecular test (specify):
	□ None
15d. IF TESTED, what was the test result?	24c. IF SCREENING/ CONFIRMATORY METHOD WAS USED,
Desitive	WHAT WAS THE RESULT?
Positive	20

 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? 	Positive Negative Indeterminate Unknown 25a. IS ANTIMICROBIAL USE (IV OR ORAL) IN THE 30 DAYS BEFORE THE DISC DOCUMENTED?
 Yes (complete 19b) No Unknown 	 □ Yes □ No □ Unknown
19b . If yes, indicate all antibiotics given in the 30 days before the date of initial culture collection:	25b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: (Check all that apply)
 Amikacin Amoxicillin/Clavulanic Acid Ampicillin/Sulbactam Azithromycin Aztreonam Cefaclor Cefazolin Cefdinir Cefopime Cefotaxime Cefpodoxime Cefprozil Ceftazidime/Avibactam Ceftizoxime Ceftriaxone Ceftriaxone Cefuroxime Cephalexin Clarithromycin Colistin Daptomycin Doripenem Doxycycline Ertapenem Fosfomycin Gentamicin Imipenem Levofloxacin Linezolid Metronidazole Moxifloxacin Metronidazole Moxifloxacin 	Unknown Amikacin Amoxicillin Amoxicillin/clavulanic acid Ampicillin Ampicillin/sulbactam Azithromycin Aztreonam Cefazolin Cefepime Cefotaxime Cefotaxime Ceftazidime Ceftazidime Ceftazidime Ceftozime Ceftazidime Ceftazidime Ceftazidime Ceftazidime/avibactam Ceftozone/tazobactam Cefuroxime Delafloxacin Dalbavancin Doripenem Doxycycline Ertapenem Fidaxomicin Fosfomycin Imipenem/cilastatin

Nitrofurantoin	Levofloxacin
Ofloxacin	
Penicillin	□ Meropenem
Piperacillin-Tazobactam	□ Meropenem/vaborbactam
Polymyxin B	□ Metronidazole
Rifampin	□ Moxifloxacin
Tetracycline	□ Nitrofurantoin
Ticarcillin/Clavulanic Acid	□ Oritavancin
Tigecycline	□ Penicillin
• Tobramycin	Piperacillin/tazobactam
Trimethoprim-Sulfamethoxazole	D Polymyxin B
Vancomycin, IV	D Polymyxin E (colistin)
Vancomycin, oral	□ Rifaximin
Unknown	\Box Tedizolid
Other (specify):	□ Telavancin
Other (specify): Other (specify):	□ Tigecycline
• Other (specify)	
	□ Tobramycin
	□ Trimethoprim/sulfamethoxazole
	□ Vancomycin
	D 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?
	\square Yes
	\square No
20. CRF status:	27b. CRF STATUS:
	2/0, GAT 01/1100,
Complete Dending	
Pending	
\Box Chart unavailable	□ 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.:	
Patient ID:	(No change) 4. Patient ID:	
	(Updated question number; this was previously at the top of	
4a. Hospital/Lab I.D. where culture identified	the CRF and not numbered).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:	7. Sex at birth:	
• Male	• Male • Female	
• 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	
	\bullet Days \bullet Mos. \bullet Years	
	(Updated question number and combined with question below	
	[7b on old form])	
7b. Is age in day/mo/yr	This text (Is age in day/mo/yr) has been removed and the	
• Days • Mos. • Years	option day/mo/year is now included as a part of question 9	
12b. Race	10. Race (Check all that apply)	
• White	American Indian or American Indian or American Indian or	
 Black or African American 	Alaska Native Pacific Islander	
 American Indian or Alaska Native 	Asian White	
• Asian	Black or African Unknown	
 Native Hawaiian or Other Pacific Islander 	American	
• Unknown	(Updated question number and order of responses; all	
	response options remain the same)	
12a. Ethnic Origin	11. Ethnic origin	
	Hispanic or Latino	
Hispanic or Latino	• Hispanic or Latino	

• Unknown	• Unknown
• UIKIIOWII	(Updated question number)
12c. Weight	12. Weight
• Unknown	lbsoz OR
lbsoz ORkg	$\underline{\qquad kg \bullet Unknown}$
10502 OKKg	(Updated question number and order of responses; all
	response options remain the same)
10d II.:-bi	
12d. Height • Unknown	13. Height
ftin. ORcm	ft in. OR cm • Unknown
	(Updated question number and order of responses; all
12. DMI (do not coloulate only if available in the MD)	response options remain the same)
12e. BMI (do not calculate, only if available in the MR)	14. BMI (record only if ht. and/or wt. is not available)
• Unknown	• 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	16. Was the patient hospitalized at the time of, or in the 29
calendar days after, initial culture?	calendar days after, the DISC?
• Yes • No • Unknown	• Yes • No • Unknown
If yes, date of admission//	If yes, date of admission/_/
	(Updated question number and wording)
11. Was culture collected >3 calendar days after hospital	17. Was incident specimen collected 3 or more calendar days
admission?	after hospital admission?
• Yes (HO-MRSA case) • No (Complete CRF, CA-MRSA or	• Yes (HO-MRSA case) • No (CA-MRSA or HACO-MRSA
HACO-MRSA case)	case)
If yes, was case selected for full CRF based on sampling frame	(Updated question number and wording, dropped second part
1:10?	of question, "If yes, was case selected for full CRF based on
• Yes (Complete CRF) • No (STOP data abstraction)	sampling frame 1:10?")
8. Sterile site(s) from which MRSA was initially isolated (check	18. Incident specimen collection site (check all that apply)
	Blood
all that apply) • Blood	• Booe
	• CSF
CSFPleural fluid	
	Internal body site (specify)
Peritoneal fluid Devicerdial fluid	Joint/Synovial fluid Muscle
Pericardial fluid Joint/Currential fluid	Muscle Device dial fluid
Joint/Synovial fluidBone	Pericardial fluidPeritoneal fluid
Bone Muscle	
	 Pleural fluid Other normally starila site (specify)
Internal body site (specify) Other starile site (specify)	• Other normally sterile site (specify)
Other 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
10 Leasting of culture collection (deals and)	remain the same)
16. Location of culture collection (check one)	19. Location of specimen collection
Hospital inpatient	• Outpatient
• ICU	Facility ID:
• Surgery/OR	• Emergency room
Radiology	Clinic/Doctor's office Dialwia contar
• Other unit	• Dialysis center
Outpatient	• Surgery
• Clinic/Doctor's office	Observational/clinical decision unit
• Surgery	• Other outpatient
Dialysis/Renal Clinic	• Inpatient

Other outpatient	Facility ID:	
	• ICU	
Emergency Room	• OR	
Observational Unit/clinical decision unit	Radiology	
• LTCF	Other inpatient	
Facility ID:	• LTCF	
• LTACH	Facility ID:	
Facility ID:	• LTACH	
• Autopsy	Facility ID:	
• Unknown	• Autopsy	
• Other	• Other (specify):	
	• Unknown	
	(Undeted question number Added checkboyes for headings	
	(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	20. Were cultures of the SAME or OTHER sterile site(s)	
within 30 days after initial culture date?	positive within 29 days after DISC?	
• Yes • No • Unknown	• Yes • No • Unknown	
If yes, indicate site and date of last positive culture.	If yes, indicate site and date of last positive culture.	
• Blood, Date:	• Blood, Date:	
• CSF, Date:	• Bone, Date:	
Pleural fluid, Date:	• CSF, Date:	
Peritoneal fluid, Date:	• Internal body site (specify), Date:	
• Pericardial fluid, Date:	Joint/Synovial fluid, Date:	
Joint/Synovial fluid, Date:	Muscle, Date:	
• Bone, Date:	Pericardial fluid, Date:	
• Muscle, Date:	Peritoneal fluid, Date:	
• Internal body site (specify) Date:	Pleural fluid, Date:	
Other sterile site (specify) Date:	Other normally sterile site (specify) Date:	
o une sterile site (specify) zuter	(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	21. Date of first SA blood culture after which SA not isolated	
14 days		
/ /	for 14 days	
′′	(Updated question number)	
22. Susceptibility Results		
Cefoxitin • S • R • U	22. Susceptibility Results	
$\begin{array}{c} \text{Certoxinii} \bullet S & \bullet R & \bullet U \\ \text{Oxacillin} \bullet S & \bullet R & \bullet U \end{array}$	Cefazolin • S • I • R • U Nafcillin • S • I • R • U	
Vancomycin • S • I • R • U	Cefoxitin \bullet S \bullet R \bullet U	
Clindamycin • S • I • R • U	Oxacillin • S • R • U Vancomucin • S • L • D • L	
Trimethoprim-sulfamethoxazole • S • I • R • U	Vancomycin \bullet S \bullet I \bullet R \bullet U	
	Clindamycin • S • I • R • U Tringtheories of fourth energy $h \in C$ • A • B • A H	
	Trimethoprim-sulfamethoxazole • S • I • R • U (Added to constrain which accents Cofeenlin and Mafaillin)	
	(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?	before the DISC?	
Private residence	Private residence LTACH	
• Long term care facility	• LTCF Facility ID:	
Facility ID:	Facility ID: • Homeless	
• Long term acute care hospital	•Hospital inpatient • Incarcerated	
Facility ID:		
• Homeless	Facility ID:• Other:Was patient transferred• Unknown	
• Incarcerated		
	from this hospital?	

• Hospital inpatient		• Yes • No • Unknown	
Facility ID: • Other • 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 	
10b. If patient was hospitalized, ICU during hospitalization?	was this patient admitted to the	 (Updated question number and wording checkboxes for birth weight and gestati 26. Was the patient in an ICU in the 2 description of VEs Yes No Unknown 	ional age) lays 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, ICU during hospitalization? Yes • No • Unknown 	was this patient admitted to the	 27. Was the patient in an ICU on the D after the DISC? Yes • No • Unknown if YES, date of ICU admission: OR • Date Un (Updated question number and wording questions, added date of admission) 	 known
19. Types of MRSA infection as	sociated with culture(s)	28. Types of MRSA infection associate	ed 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): 	 Bacteremia Bursitis Catheter Site Infection Cellulitis Chronic Ulcer/Wound Decubitus/Pressure Ulcer Empyema Endocarditis Urin Epidural abscess Meningitis Oste Oste Sept Sept<!--</td--><td>imonia omyelitis ic Arthritis ic Emboli ic Shock Abscess gical Incision gical Site (internal) ary Tract er (Specify):</td>	imonia omyelitis ic Arthritis ic Emboli ic Shock Abscess gical Incision gical Site (internal) ary Tract er (Specify):
 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 	DISEASECOI• Cystic fibrosis• Ce	UROLOGIC NDITION rrebral palsy pronic cognitive

- 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**
- LIVER DISEAS
- Chronic liver disease
 - Ascites
 - CirrhosisHepatic encephalopathy
 - Hepatic enceptialopatity
 Variceal bleeding
- Hepatitis C
 - Treated, in SVC
 - Current, chronic

MALIGNANCY

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

• Chronic kidney disease Lowest serum creatinine: mg/Dl

RENAL DISEASE

SKIN CONDITION

• Burn

• Dementia

• Epilepsy/seizure/

• Multiple sclerosis

• Parkinson's Disease

PLEGIAS/PARALYSIS

seizure disorder

Neuropathy

• Hemiplegia

Quadriplegia

Paraplegia

• Other specify:

- 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;

CAR

		hepatic encephalopathy: v	variceal bleeding	. There were
20. Underlying Conditions		hepatic encephalopathy; v minor wording changes fo CVA/Stroke/TIA; Diabeto malignancy to Malignancy tumor to Malignancy, soli infarct to myocardial infa obesity; peripheral vascul disease (PVD); solid tumo solid organ (non-metastat two [Hemiplegia and para checkboxes rather than he (pregnancy) was added to stood as a stand-alone que 30. Substance Use, curren	or eight condition es to Diabetes me y, hematologic; r id organ (metasta rction; obesity to ar disease to peri or (non metastatio ic)], one question aplegia are now the emiplegia/paraple o this question, but estion (Q13).	s [CVA/stroke to ellitus; Hematologic netastatic solid tic); myocardial obesity or morbid pheral vascular c) to Malignancy, a was broken into neir own gia). One condition
Abscess/Boil (Recurrent)	• IVDU	Smoking: (Check all		
• AIDS	Metastatic solid tumor	None Tabaaaa	Unknow	
 Chronic Cognitive Deficit Chronic Liver Disease 	Myocardial InfarctObesity	 Tobacco E-nicotine delivery system	 Marijuai stem 	ld
 Chronic Pulmonary Disease Chronic Kidney Disease Chronic Skin Breakdown Congestive Heart Failure 	Other drug usePeptic ulcer diseasePeripheral vascular diseasePremature birth	Alcohol Abuse: • Yes • No	• Unknow	n
 Connective Tissue Disease Current Smoker 	Birth weight lb oz OR g			1 \
CVA/Stroke	Estimated gestational age	Other Substances (Ch	eck all that ap	ply):
 Cystic fibrosis Decubitus/Pressure Ulcer Dementia Diabetes Hematologic Malignancy 	 weeks Solid tumor (non metastatic) Other (Specify for cases ≤12 months of age): 		Documented use disorder (DUD)/abuse:	Mode of delivery (Check all that apply):
 Hemiplegia/Paraplegia HIV Influenza (within 10 days of initial culture) 		• 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	• DUD or	• IDU • Skin
		schedule II-IV (e.g., methadone, oxycodone)	abuse	popping • Non- IDU •Unknown
		Cocaine or	• DUD or	• IDU • Skin
		methamphetamine	abuse	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

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.
 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	31. Prior healthcare exposure(s)
 None Unknown Previous document MRSA infection or colonization If yes, Month Year or previous state id: 	Previous documented MRSA infection or colonization • Yes • No • Unknown 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:	Previous hospitalization in the year before DISC • Yes • No • Unknown If yes, date of discharge closed to DISC:/ Facility ID:
• Admitted to a LTACH within year before initial culture date If known, Facility ID:	Overnight stay in LTACH in the year before DISC • Yes • No • Unknown Facility ID:
 Residence in a long-term care facility within year before initial culture date If known, 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 <u>90 days</u> prior to the initial culture: Surgery Date	If yes, list the surgeries and dates of surgery that occurred within <u>90 days</u> prior to the DISC: Surgery Date
• Central vascular catheter in place at or any time in the 2 calendar days prior to initial culture	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 within year before initial culture date (hemodialysis or peritoneal dialysis)	 Dialysis in the year before DISC (hemodialysis or peritoneal dialysis) Yes • No • Unknown
 Current chronic dialysis Type Peritoneal Unknown Hemodialysis Type of vascular access AV fistula/graft Hemodialysis CVC 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	32. Patient outcome
• Survived	• Survived
Date of discharge://	Date of discharge://
If survived, was the patient transferred to a LTCF?	• Left against medical advice (AMA)
• Yes • No • Unknown	If survived, discharged to:
If yes, facility ID:	
If survived, was the patient transferred to a LTACH?	Private residence Other
• Yes • No • Unknown	LTCF Facility ID: Specify:
	LTACH Facility ID: Unknown
If yes, facility ID:	
• Died	• Died
Date of death://	Date of death://
Was MRSA cultured from a normally sterile site < calendar day	On the day of or in the 6 calendar days before death, was
7 before death? ● Yes ● No ● Unknown	the pathogen of interest isolate from a site that meets the case
	definition? • Yes • No • Unknown
• 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?	33. Was case first identified through audit?
• Yes • No • Unknown	• Yes • No • Unknown
	(Updated question number)
24. CRF status	34. CRF Status
• Complete	• Complete
• Incomplete	• Incomplete
• Edited & Correct	Edited & Correct
• Chart unavailable after 3 requests	• Chart unavailable after 3 requests
1	(Updated question number)
25. Does this case have recurrent MRSA disease?	35. Does this case have recurrent MRSA disease?
• Yes • No • Unknown	• Yes • No • Unknown
If yes, previous (1 st) state ID	If yes, previous (1 st) 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
	(Indeted question number and - services)
10 2010 Invasivo MSSA Infections Case Deport Form	Updated question number and wording)
10. 2019 Invasive MSSA Infections Case Report Form	n
2018 Paper CRF Question	
<u>*</u>	Changes to the 2019 Paper CRF Question 1. State
2018 Paper CRF Question 1. State (Residence of patient)	Changes to the 2019 Paper CRF Question 1. State
2018 Paper CRF Question 1. State (Residence of patient)	Changes to the 2019 Paper CRF Question 1. State
2018 Paper CRF Question 1. State (Residence of patient)	Changes to the 2019 Paper CRF Question 1. State

	(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
40. Hospital I.D. where patient treated	
	(Updated question number and wording)
5. Sex:	7. Sex at birth:
• Male	• Male • Female
• 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	This text (Is age in day/mo/yr) has been removed and the
• Days • Mos. • Years	option day/mo/year is now included as a part of question 9
• Days • Mos. • Years	option day/mo/year is now included as a part of question 9
12b. Race	10. Race (Check all that apply)
• White	American Indian or Native Hawaiian or Other
 Black or African American 	Alaska Native Pacific Islander
 American Indian or Alaska Native 	Asian White
• Asian	Black or African Unknown
 Native Hawaiian or Other Pacific Islander 	American
• Unknown	(Updated question number and order of responses; all
	response options remain the same)
12a. Ethnic Origin	11. Ethnic origin
Hispanic or Latino	• Hispanic or Latino
Not Hispanic or Latino	Not Hispanic or Latino
• Unknown	• Unknown
	(Updated question number)
12c. Weight	12. Weight
• Unknown	lbsoz OR
lbsoz ORkg	$\underline{\qquad} kg \bullet Unknown$
	(Updated question number and order of responses; all
	response options remain the same)
12d. Height	13. Height
• Unknown	ft in. OR
ftin. ORcm	cm • Unknown
n,n, ortm	(Updated question number and order of responses; all
	response options remain the same)
12e. BMI (do not calculate, only if available in the MR)	14. BMI (record only if ht. and/or wt. is not available)
• Unknown	• Unknown
- UIIKIIUWII	
	(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)

1 1	
,,	(Updated question number and wording)
10a. Was the patient hospitalized at the time of, or within 30	16. Was the patient hospitalized at the time of, or in the 29
calendar days after, initial culture?	calendar days after, the DISC?
• Yes • No • Unknown	• Yes • No • Unknown
If yes, date of admission//	If yes, date of admission/_/
	(Updated question number and wording)
11. Was culture collected >3 calendar days after hospital	17. Was incident specimen collected 3 or more calendar days
admission?	after hospital admission?
• Yes (HO case) • No	• Yes (HO-MSSA case) • No (CA-MSSA or HACO-MSSA
• Tes (IIO case) • No	case)
8. Sterile site(s) from which MSSA was initially isolated (check	18. Incident specimen collection site (check all that apply)
	Blood
all that apply)	
• Blood • CSF	• Bone • CSF
Pleural fluid Paritana al fluid	Internal body site (specify)
• Peritoneal fluid	• Joint/Synovial fluid
• Pericardial fluid	• Muscle
• Joint/Synovial fluid	Pericardial fluid
• Bone	• Peritoneal fluid
• Muscle	• Pleural fluid
• Internal body site (specify)	• Other normally sterile site (specify)
• Other 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)	19. Location of specimen collection
Hospital inpatient	Outpatient
• ICU	Facility ID:
• Surgery/OR	• Emergency room
Radiology	Clinic/Doctor's office
• Other unit	Dialysis center
Outpatient	Surgery
Clinic/Doctor's office	Observational/clinical decision unit
Surgery	• Other outpatient
Dialysis/Renal Clinic	• Inpatient
• Other outpatient	Facility ID:
	• ICU
• Emergency Room	• OR
Observational Unit/clinical decision unit	Radiology
LTCF	Other inpatient
Facility ID:	• LTCF
• LTACH	Facility ID:
Facility ID:	• LTACH
• Autopsy	Facility ID:
Unknown	• Autopsy
Ohkhown Other	• Autopsy • Other (specify):
	• Unknown
	(Updated question number. Added checkboxes for headings
	"Outpatient" and "Inpatient". Added checkboxes for headings
	"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	20. Were cultures of the SAME or OTHER sterile site(s)
within 30 days after initial culture date?	positive within 29 days after DISC?
• Yes • No • Unknown	• Yes • No • Unknown

If yes, indicate site and date of last positive culture.	If yes, indicate site and date of last positive culture.
• Blood, Date:	Blood, Date:
• CSF, Date:	• Bone, Date:
Pleural fluid, Date:	• CSF, Date:
Peritoneal fluid, Date:	• Internal body site (specify), Date:
Pericardial fluid, Date:	• Joint/Supervial fluid Date:
	Joint/Synovial fluid, Date:
Joint/Synovial fluid, Date:	• Muscle, Date:
• Bone, Date:	Pericardial fluid, Date:
• Muscle, Date:	Peritoneal fluid, Date:
• Internal body site (specify) Date:	Pleural fluid, Date:
Other sterile site (specify) 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	21. Date of first SA blood culture after which SA not isolated
14 days	for 14 days
	(Updated question number)
22. Susceptibility Results	22. Susceptibility Results
Cefoxitin • S • R • U	Cefazolin • S • I • R • U
Oxacillin • S • R • U	Nafcillin • S • I • R • U
Vancomycin • S • I • R • U	Cefoxitin • S • R • U
Clindamycin • S • I • R • U	Oxacillin • S • R • U
Trimethoprim-sulfamethoxazole • S • I • R • U	Vancomycin • S • I • R • U
	Clindamycin $\bullet S \bullet I \bullet R \bullet U$
	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	23. Where was the patient located on the 3 rd calendar day
the date of initial culture?	before the DISC?
Private residence	Private residence LTACH
• Long term care facility	• LTCF Facility ID:
Facility ID:	5
• Long term acute care hospital	
Facility ID:	Hospital inpatient Incarcerated
Homeless	Facility ID: • Other:
Incarcerated	Was patient transferred •Unknown
	from this hospital?
Hospital inpatient	• Yes • No • Unknown
Facility ID:	
• Other	(Updated question number and wording, Updated order of the
• Unknown	responses, added the response: Was patient transferred from
	this hospital? • Yes • No • Unknown for patients that
	were indicated to be a hospital inpatient.)
	were indicated to be a nospital inpatient.)
14. If consist <10 months of and time of birth here the literation	24. If each is <12 months of any time of high hearts it.
14. If case is \leq 12 months of age, type of birth hospitalization	24. If case is ≤ 12 months of age, type of birth hospitalization
• NICU/SCN	• NICU/SCN
• Well baby nursery	• Well baby nursery
• Unknown	• Unknown
	(Updated question number)
20. Underlying conditions:	25. If patient <2 years of age were they born premature (<37
Premature birth	weeks gestation)?
Birth weight lboz OR g	• Yes • No • Unknown
Estimated gestational age weeks	If YES, birth weight:lboz ORg
weeks	OR • Unknown birth weight
	If YES, estimated gestational age: weeks
	OR • Unknown gestational age
	(Indated question number and - anding Add diff.).
	(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		26. Was the patient in an ICU in the 2 days before the DISC?		
ICU during hospitalization? • Yes • No • Unknown		• Yes • No • Unknown		
		if YES, date of ICU admissi	ion:	
			ate Unknown	
		(Updated question number and v	wording, broke into two	
		questions, added date of admissi		
10b. If patient was hospitalized, w	was this patient admitted to the	27. Was the patient in an ICU or		
ICU during hospitalization?		after the DISC?	, j	
• Yes • No • Unknown		• Yes • No • Unknown		
		if YES, date of ICU admissi	ion:	
			ate Unknown	
		(Updated question number and v	wording, broke into two	
		questions, added date of admissi		
19. Types of MSSA infection ass	ociated with culture(s)	28. Types of MSSA infection as	sociated with culture(s)	
• Abaaaa (not alia)	Deviteritie	• Abassas (not slite)	• Devitoritie	
 Abscess (not skin) AV Eistule/Craft infection 	Peritonitis Decumonia	Abscess (not skin) AV Eistula/Craft infaction	Peritonitis Droumonia	
AV Fistula/Graft infection	Pneumonia Osteomuslitie	AV Fistula/Graft infection Basteromia	Pneumonia Ostaamualitia	
Bacteremia Duroitic	Osteomyelitis Septic Arthritic	Bacteremia Burgitic	 Osteomyelitis Septic Arthritic 	
Bursitis Catheter Site Infection	Septic Arthritis Septic Emboli	Bursitis Catheter Site Infection	Septic Arthritis Septic Emboli	
Catheter Site Infection Callulitie	Septic Emboli Septic Shock	Catheter Site Infection Callulitie	Septic Emboli Septic Shock	
Cellulitis Chronic Lilcor/Mound	Septic Shock Ship Abagaga	Cellulitis Chronic Illoor/Mound	Septic Shock Skin Abases	
Chronic Ulcer/Wound Decubitus/Droccure	Skin Abscess Surgical Incision	Chronic Ulcer/Wound Desubitus/Dressure Ulcer	Skin Abscess Surgical Incision	
Decubitus/Pressure	 Surgical Incision 	Decubitus/Pressure Ulcer	 Surgical Incision Surgical Site (internal) 	
Ulcer	• Sumainal Site (internal)	• Empyema	Surgical Site (internal)	
• Empyema	 Surgical Site (internal) University Transfer 	• Endocarditis	Urinary Tract Others (Second Color)	
Endocarditis	Urinary Tract Other (Specify):	• Epidural abscess	• Other (Specify):	
Epidural abscessMeningitis	• Other (Specify):	Meningitis		
• Meningitis		(Updated question number, no c	hange to the responses)	
20. Underlying Conditions		29. Underlying Conditions	<u> </u>	
Abscess/Boil (Recurrent)	• IVDU	CHRONIC LUNG	NEUROLOGIC	
• AIDS	 Metastatic solid tumor 	DISEASE	CONDITION	
 Chronic Cognitive Deficit 	 Myocardial Infarct 	Cystic fibrosis	• Cerebral palsy	
Chronic Liver Disease	• Obesity	Chronic pulmonary disease	• Chronic cognitive	
• Chronic Pulmonary Disease	• Other drug use	CHRONIC METABOLIC	deficit	
Chronic Kidney Disease	• Peptic ulcer disease	DISEASE	• Dementia	
• Chronic Skin Breakdown	• Peripheral vascular disease	• Diabetes mellitus	• Epilepsy/seizure/	
 Congestive Heart Failure 	Premature birth	• with chronic complications	seizure disorder	
Connective Tissue Disease	Birth weight lb	CARDIOVASCULÂR	 Multiple sclerosis 	
 Current Smoker 	oz OR g	DISEASE	 Neuropathy 	
CVA/Stroke	Estimated gestational age	CVA/Stroke/TIA	 Parkinson's Disease 	
• Cystic fibrosis	weeks	 Congenital heart disease 	 Other specify: 	
Decubitus/Pressure Ulcer	 Solid tumor (non metastatic) 	 Congestive heart failure 	PLEGIAS/PARALYSIS	
• Dementia	• Other (Specify for cases ≤ 12	 Myocardial infarction 	 Hemiplegia 	
• Diabetes	months of age):	Peripheral vascular disease	• Paraplegia	
 Hematologic Malignancy 		(PVD)	 Quadriplegia 	
Hemiplegia/Paraplegia		GASTROINTESTINAL	RENAL DISEASE	
• HIV		DISEASE	 Chronic kidney disease 	
 Influenza (within 10 days of 		 Diverticular disease 	Lowest serum	
initial culture)		Inflammatory Bowel disease	creatinine:mg/Dl	
		Peptic ulcer disease	SKIN CONDITION	
		 Short gut syndrome 	• Burn	
		IMMUNOCOMPROMISED	 Decubitus/pressure 	
		CONDITION	ulcer	
		• HIV infection	 Surgical wound 	
		•AIDS/CD4 count <200	• Other chronic ulcer or	

		 Primary immunodeficiency Transplant, homotopointing 	chronic wound	
		• Transplant, hematopoietic stem cell	OTHER	
		Transplant, solid organ	Connective tissue	
		LIVER DISEASE	disease	
		Chronic liver disease	• Obesity or morbid	
		• Ascites	obesity	
		Cirrhosis	• Pregnant	
		 Hepatic encephalopathy 	• Other (specify only for	
		 Variceal bleeding 	cases ≤ 12 months of	
		• Hepatitis C	age):	
		• Treated, in SVC		
		• Current, chronic		
		• Malignancy, hematologic		
		 Malignancy, solid organ 		
		(non-metastatic)		
		Malignancy, solid organ		
		(metastatic)		
		(Updated question number, re-o		
		system and alphabet, moved 6 c		
		on the CRF [IVDU, Other drug		
		Premature birth, birth weight, es removed 2 conditions [abscess/b		
		(within 10 days of initial culture		
		[an option under diabetes for "w		
		congenital heart disease; divertie	-	
		bowel disease; cerebral palsy; epilepsy/seizure/seizure		
		disorder; multiple sclerosis; neu	ropathy; Parkinson's disease;	
		other neurologic condition; quad		
		creatinine for those with chronic		
		wound; other chronic ulcer or w	1 0	
		immunodeficiency; transplant, h		
		transplant, solid organ; ascites; h hepatitis C: treated, in SVR and		
		hepatic encephalopathy; varicea		
		minor wording changes for eigh		
		CVA/Stroke/TIA; Diabetes to D		
		malignancy to Malignancy, hem		
		tumor to Malignancy, solid orga	0	
		infarct to myocardial infarction;		
		obesity; peripheral vascular dise		
		disease (PVD); solid tumor (non		
		solid organ (non-metastatic)], or		
		two [Hemiplegia and paraplegia checkboxes rather than hemiplegia		
		(pregnancy) was added to this q		
		stood as a stand-alone question (
20. Underlying Conditions		30. Substance Use	< 7[™]	
Abscess/Boil (Recurrent)	• IVDU	Smoking:		
• AIDS	Metastatic solid tumor	• None	• Unknown	
• Chronic Cognitive Deficit	• Myocardial Infarct		• Marijuana	
Chronic Liver Disease	• Obesity	• E-nicotine delivery system		
• Chronic Pulmonary Disease	• Other drug use			
Chronic Kidney Disease	Peptic ulcer disease	Alcohol Abuse:		
 Chronic Skin Breakdown 	 Peripheral vascular disease 	• No	 Unknown 	

Congestive Heart Failure	Premature birth	• Yes		
Connective Tissue Disease Current Smelver	Birth weight lb			1 \
Current SmokerCVA/Stroke	oz ORg Estimated gestational age	Other Substances (C	i	apply):
Cystic fibrosis	weeks	None Noriiuana (athar	Unknown	• IDU • Skin
Decubitus/Pressure Ulcer	• Solid tumor (non metastatic)	• Marijuana (other than smoking)	Documented	• IDU • Skin popping • Non-IDU
• Dementia	• Other (Specify for cases ≤ 12		use disorder	•Unknown
• Diabetes	months of age):	Opioid, DEA	•	• IDU • Skin
Hematologic Malignancy		schedule I (e.g.,	Documented	popping • Non-IDU
Hemiplegia/Paraplegia		heroin)	use disorder	Unknown
HIVInfluenza (within 10 days of		• Opioid, DEA	• De sum ente d	• IDU • Skin
initial culture)		schedule II-IV (e.g.,	Documented use disorder	popping • Non-IDU •Unknown
		methadone, oxycodone)		•Unknown
		Cocaine or	•	• IDU • Skin
		methamphetamine	Documented	popping • Non-IDU
		1	use disorder	•Unknown
		• Other (Specify):	•	• IDU • Skin
			Documented use disorder	popping • Non-IDU
		• II.	•	•Unknown
		• Unknown substance	Documented	• IDU • Skin popping • Non-IDU
		Substance	use disorder	•Unknown
12 At the time of first positive or	liture patient was	underlying conditions s drug user], Current smo drug use). See the high There are six new check be captured in more det drug and mode of delive This question has been	ker [changed to lighted conditio c boxes that allo ail. These quest ery.	o smoking], and other ns in the prior column. w "other drug" use to ions focus on type of
13.At the time of first positive cuPregnant	inture, patient was.	now included in Q20, u		
• Post-partum				
• Neither				
• Unknown				
21. Prior healthcare exposureNoneUnknown		31. Prior healthcare exp	osure(s)	
Previous document MSSA infe	ction or colonization	Previous documented M	ISSA infection	or colonization
If yes, Month Year		• Yes • No • Unknow		
or previous state id:	_	If yes, MonthY		
		or previous state id: _		
Hospitalized within year before	initial culture date	Previous hospitalization	in the year bef	ore DISC
If yes, Month Day ?		• Yes • No • Unknow		
If known, Facility ID:		If yes, date of dischar		SC://
		Facility ID:		
• Admitted to a LTACH within y	ear before initial culture date	Overnight stay in LTAC	CH in the year b	efore DISC
If known, Facility ID:		• Yes • No • Unknow		
		Facility ID:		
• Residence in a long-term care f	acility within year before initial			DIGO
culture date If known, Facility ID:		 Overnight stay in LTCF Yes No Unknow 		ore DISC
		Facility ID:	V 11	

• Surgery within year before initial culture date	
• Surgery within year before initial culture date	Surgery in the year before DISC • Yes • No • Unknown
If yes, list the surgeries and dates of surgery that occurred within <u>90 days</u> prior to the initial culture:	If yes, list the surgeries and dates of surgery that occurred within <u>90 days</u> prior to the DISC:
Surgery Date	Surgery Date
• Central vascular catheter in place at or any time in the 2 calendar days prior to initial culture	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 within year before initial culture date (hemodialysis or peritoneal dialysis)	Dialysis in the year before DISC (hemodialysis or peritoneal dialysis)
• Current chronic dialysis	• Yes • No • Unknown
Type • Peritoneal • Unknown • Hemodialysis Type of vascular access • AV fistula/graft • Hemodialysis CVC • 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 outcomeSurvived	32. Patient outcome • Survived
Date of discharge://	Date of discharge://
If survived, was the patient transferred to a LTCF? • Yes • No • Unknown	• Left against medical advice (AMA) If survived, discharged to:
If yes, facility ID:	Private residence Other
If survived, was the patient transferred to a LTACH? • Yes • No • Unknown If yes, facility ID:	LTCF Facility ID: Specify: LTACH Facility ID: • Unknown
• Died	
Date of death://	• Died Date of death://
Was MSSA cultured from a normally sterile site < calendar day 7 before death? • Yes • No • Unknown	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	• 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?	33. Was case first identified through audit?
• Yes • No • Unknown	• Yes • No • Unknown
	(Updated question number)
24. CRF status	34. CRF Status
• Complete	• Complete
• Incomplete	• Incomplete
Edited & Correct	Edited & Correct
Chart unavailable after 3 requests	• Chart unavailable after 3 requests
	(Updated question number)
25. Does this case have recurrent MSSA disease?	35. Does this case have recurrent MSSA disease?
• Yes • No • Unknown	• Yes • No • Unknown
If yes, previous (1 st) state ID	If yes, previous (1 st) 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
<u>6. Age</u>	□ Unknown <u> 12.</u> Age (years)
<u>7a.</u> 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:
<u>10.</u> Where was the patient located on the 3rd calendar day before the date of incident C. diff+ stool collection? □ Private Residence	<u>16.</u> 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
Bc. 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
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 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	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:
15a. Chronic Hemodialysis □ Yes □ No □ Unknown	Facility ID 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

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] 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): 		
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:		
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	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		
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	 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):	30. Colectomy (related to CDI):		
 If YES, Date of Procedure:	 If YES, Date of Procedure:		
	□ Unknown		
23d. Antimicrobial therapy (Check all that apply)	33d. Antimicrobial therapy (Check all that apply)		
□ Amp/sulb □ Imipenem □ Rifampin □Tetracycline	 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:		
<u>24.</u> Treatment	<u>34.</u> Treatment		
 □ Probiotics (specify) □ Stool transplant Course 1 Course 2 Course 3	… 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:

• Female	• Male • Female			
• Male	• Unknown			
Check if transgender	• Check if transgender			
	(Updated order of responses)			
19. Race	19. Race (Check all that apply)			
• White	American Indian or Native Hawaiian or Other			
• Black or African American	Alaska Native Pacific Islander			
 American Indian or Alaska Native 	Asian White			
• Asian	Black or African Unknown			
 Native Hawaiian or Other Pacific Islander 	American			
• Unknown	(Updated question number and order of responses; all			
	response options remain the same)			
22. Location of specimen collection (check one)	22. Location of specimen collection			
Hospital inpatient	• Outpatient			
Hospital Inpatient	Facility ID:			
	• Emergency room			
Facility ID:	Clinic/Doctor's office			
ICU	• Dialysis center			
Surgery/OR	• Surgery			
Radiology	Observational/clinical decision unit			
	• Other outpatient			
Other Unit	• Inpatient			
	Facility ID:			
Outpatient	• ICU			
Clinic/Doctor's office	• OR			
Surgery	Radiology			
Dialysis center	Other inpatient			
Other outpatient	• LTCF			
Emergency Room	Facility ID:			
Observational/clinical decision unit	• LTACH			
	Facility ID:			
LTCF	• Autopsy			
Facility ID:	• Other (specify):			
LTACH	• Unknown			
Facility ID:				
Autopsy	(Added checkboxes for headings "Outpatient" and			
Unknown	"Inpatient". Added a facility ID for "Outpatient" and			
Other (specify):	"Inpatient". Updated the order of responses).			
25. Antifungal susceptibility testing (check here if no	25. Antifungal susceptibility testing (check here if no			
	testing done/no test reports available):			
Amphotericin SDD I R				
B NS				
testing done/no test reports available):	Amphotericin S SDD I R			
	(added options "NI" and "ND" for each drug –see above for			
	example)			
26. Additional non- <i>Candida</i> organisms isolated from blood	26. Additional non- <i>Candida</i> organisms isolated from blood			
cultures on the same day as DISC:	cultures on the day of or in the 7 days before DISC:			
1 Yes 0 No 9 Unknown	1 Yes 0 No 9 Unknown			
26a. If yes, additional organisms (<i>Enter up to 3 pathogens</i>):	26a. If yes, additional organisms (<i>Enter up to 3 pathogens</i>):			
, ,	,,			
<u> </u>				
	27. At the time of DISC, was the patient known to be			
	colonized with or being managed as if they were colonized			

	with multi-drug resistant organism (MDRO) infection control (e.g.: on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE. 1 Yes 0 No 9 Unknown 27a. If yes, specify organisms (Enter up to 3 pathogens): ,, ,, 				
	(added new question)				
29. Other known sites of <i>Candida</i> /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 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):				
32. Patient outcome: 1 Survived 9 Unknown	(changed question number, wording slightly and changed more options)				
Date of discharge:	33. Patient outcome Date of discharge: 1 Survived 9 Unknown				
	(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 B37 (candidiasis) Specify sub-code: Specify sub-code: 937.5 (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				

Malignancy, Solid Organ Cystic Fibrosis Chronic Liver Disease None Unknown (non-metastatic) Chronic Pulmonary Ascites Chronic Lung Disease Malignancy, Solid Organ disease Cirrhosis Cystic Fibrosis Chronic Metabolic Hepatic (metastatic) **Neurologic Condition** Chronic Pulmonary Disease Encephalopathy disease Cerebral palsy Diabetes Mellitus Variceal Bleeding Chronic Cognitive Deficit Hepatitis C Chronic Metabolic With Chronic Disease Dementia Complications Treated, in SVR Cardiovascular Disease Diabetes Mellitus Epilepsy/seizure/seizure Current, chronic With Chronic disorder CVA/Stroke/TIA Malignancy Complications Multiple sclerosis Congenital Heart Malignancy, **Cardiovascular Disease** Neuropathy Hematologic disease CVA/Stroke/TIA Parkinson's disease Congestive Heart Malignancy, Solid Congenital Heart disease Other (specify): Failure Organ (non-metastatic) Congestive Heart Failure Plegia Myocardial infarction Malignancy, Solid Organ (metastatic) Myocardial infarction s/Paralysis Peripheral Vascular Neurologic Condition Peripheral Vascular Hemiplegia Disease (PVD) Disease (PVD) Gastrointestinal Disease Paraplegia Cerebral palsy Gastrointestinal Disease Quadriplegia Diverticular disease Chronic Cognitive **Renal Disease** Diverticular disease Inflammatory Bowel Deficit Inflammatory Bowel Chronic Kidney Disease Dementia Disease Disease Lowest serum creatinine: -Peptic Ulcer Disease Peptic Ulcer Disease mg/DL Short gut syndrome Epilepsy/seizure/seizure Short gut syndrome Skin Condition Immunocompromised disorder Immunocompromised Burn Condition Multiple sclerosis Condition Decubitus/Pressure Ulcer HIV infection Neuropathy HIV infection AIDS/CD4 count <200 Parkinson's disease Surgical Wound Primary AIDS/CD4 count <200 Other chronic ulcer or Other (specify): Immunodeficiency Primary chronic wound Other skin condition Transplant, Immunodeficiency Hematopoietic Stem Cell Transplant, (specify): Transplant, Solid Organ Hematopoietic Stem Cell Transplant, Solid Organ Other Chronic Liver Disease Connective tissue disease (Updated question number, changed wording of Hepatitis C Ascites Obesity or morbid obesity question and added 2 options under hepatitis C: treated, in Chronic hepatitis C Pregnant SVR and current, chronic, cirrhosis; removed "skin Cirrhosis conditions" after "other") Hepatic Encephalopathy Variceal Bleeding **37. Social History** (check all that apply): 39. Substance Use None Unknown Smoking: • None • Unknown Smoker Tobacco Marijuana E-Cigarette Use • E-nicotine delivery system Alcohol Abuse Injection Drug Use Alcohol Abuse: Skin Popping • No • Unknown Other drug use • Yes Other Substances (Check all that apply): • None • Unknown • IDU • Skin • Marijuana (other Documented popping • Non-IDU than smoking) use disorder Unknown • Opioid, DEA • IDU • Skin Documented

	schedule I (e.g., heroin) • Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) • Cocaine or methamphetamine • Other (Specify): • Unknown substance	 use disorder Documented use disorder Documented use disorder Documented use disorder Documented use disorder 	popping • Non-IDU •Unknown • IDU • Skin popping • Non-IDU •Unknown	
44a. If yes, date of neutropenia (<i>mm-dd-yyyy</i>):	Removed in the new ve	ersion		
WBC count * (% polys + % bands) ≤500 Laboratory-calculated ANC: * (%+ %) = 47. Did the patient have a CVC on the day of incident	51. Did the patient have a CVC in the 2 calendar days			
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	before DISC? 1 Yes 2 No 3 Had CVC but can't find dates 9 Unknown (update number and changed wording of question slightly)			
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? 1Yes 0No 9Unknown	 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) 			
NEW QUESTION	53. Did the patient has devices present in the Urinary Catheter Indwelling ureth Suprapubic Respiratory ET/NT Tracheostomy Gastrointestinal Gastrostomy (Added new question)	3 calendar day		

Estimated Annualized Burden Hours

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 respond ents	No. of responses per respondent	Avg. burden per response (in hours)	Current Total Burden	After Proposed Changes
State Health	ABCs Case Report Form (Att. 1)	10	809	20/60	2697	2697
Department	ABCs Invasive Pneumococcal Disease in Children Case Report Form	10	22	10/60	37	37
	ABCs <i>H. influenzae</i> 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 <i>Acinetobacter baumannii</i> (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 <i>Staphylococcus aureus</i> (MRSA) Infection Case Report Form (Att 7)	10	609 474	20/60 25/60	2030	197 5
	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	39,98