Cross walk - 2020 form changes

ABCs:

1. 2020 ABCs Case Report Form

Current Form	Proposed changes
7a. Hospital /Lab ID where culture identified	T3a. Hospital/Lab ID where test identified
T4 – Site from which organism isolated Options: **Sterile Sites** 1=Blood 2=Bone 3=Brain 4=CSF 5=Heart 6=Joint 7=Kidney 8=Other Sterile Site 9=unknown 10=Liver 11=Lung 12=Lymph node 13=Muscle/Fascia/Tendon (GAS only) 14=Ovary 15=Pancreas 16=Pericardial Fluid 17=Peritoneal Fluid 18=Pleural fluid 19=Spleen 20=Vascular Tissue 21=Vitreous fluid **Non-Sterile Sites** 22=Amniotic fluid 23=Middle ear 24=Placenta 25=Sinus 26=Sputum 27=Wound	T4 – Removed several response options under 'Non-Sterile sites'; Options: **Sterile Sites** 1=Blood 2=Bone 3=Brain 4=CSF 5=Heart 6=Joint 7=Kidney 8=Other Sterile Site 9=unknown 10=Liver 11=Lung 12=Lymph node 13=Muscle/Fascia/Tendon (GAS only) 14=Ovary 15=Pancreas 16=Pericardial Fluid 17=Peritoneal Fluid 18=Pleural fluid 19=Spleen 20=Vascular Tissue 21=Vitreous fluid **Non-Sterile Sites** 22=Amniotic fluid 24=Placenta 27=Wound
T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable)	Question T8 – added response option '6=Isolate N/A for collection' T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable), 6=Isolate N/A for collection
	Added new question: T9- Shipped to CDC? 1=Yes, 0=No
	Added new question: T9- If Shipped, Accession #
	Added new question: 24d. ☐ Mark if this is a GBS Blood Spot Study case that lives outside ABCs catchment area
27. Underlying causes or prior illnesses	27. Added sub-Checkbox under 'Immunosuppressive Therapy' – 'Ravulizumab (Ultomiris) For N. meningitidis cases only

27d. Other substance abuse, current ☐ None ☐ Unknown If yes, check all that apply: mode of delivery ☐ Illicit opioid ☐ IDU ☐ non-IDU ☐ Unk ☐ Prescription Opioid ☐ IDU ☐ non-IDU ☐ Unk ☐ Stimulant ☐ IDU ☐ non-IDU ☐ Unk ☐ Other _____ ☐ IDU ☐ non-IDU ☐ Unk ☐ Unknown Substance ☐ IDU ☐ non-IDU ☐ Unk	Added checkbox 'Opioid, NOS' and separated checkbox 'Cocaine or Methamphetamine' into two separate checkboxes; 27d. Other substances ☐ None ☐ Unknown Documented Use disorder mode of delivery ☐ Marijuana/Cannabinoid (other than smoking) ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Opioid, DEA Schedule I ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Opioid, DEA Schedule II- IV ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Opioid, NOS ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Cocaine ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Methamphetamine ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Other _____ ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk ☐ Unknown Substance ☐DUD or Abuse ☐ IDU ☐ Skin Popping ☐ non-IDU ☐ Unk
28c. Were records obtained to verify vaccination history? ☐ Yes ☐ No If yes, what is the source of the information? ☐ Vaccine Registry ☐ Healthcare Provider ☐ Other (specify)_____	Removed this question from the form.

2. 2019 2020 Neonatal Infection Expanded Tracking Form

2019 form	**2020 Form**
	Added new question: 3c. Gestational age determined by: ☐ Dates (1) ☐ Physical Exam (2) ☐ Ultrasound (3) ☐ Unknown (9)
	Added new questions: 10a. Did the infant receive antibiotics anytime during the birth hospitalization? ☐ Yes (1) ☐ No (0) ☐ Unknown (9) 10b. IF YES, was it a beta-lactam? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)
12a. Number of prior pregnancies __ __ ☐ Unknown (9)	Variable value changed to harmonize with other unknown indicator variables. Recoding needed for 2018-2019 to match the 2020 change going forward. 12a. Number of prior pregnancies __ __ ☐ Unknown (1)
	Added new question 14a. Maternal underlying or prior illnesses: (check all that apply OR if NONE or CHART UNAVAILABLE, check appropriate box) ☐ None ☐ Unknown ☐ AIDS or CD4 count <200 ☐ Connective tissue disease ☐ Immunosuppressive therapy

	☐ Asthma ☐ Atherosclerotic CVD (ASCVD)/CAD ☐ Bone Marrow Transplant (BMT) ☐ CVA/Stroke/TIA ☐ Chronic Hepatitis C ☐ Chronic Kidney Disease ☐ Chronic Liver Disease/ Cirrhosis ☐ Chronic Skin Breakdown ☐ Complement Deficiency (Lupus, etc...) ☐ CSF Leak ☐ Dementia ☐ Diabetes Mellitus, HbA1C____(%), Date: __/__/___ ☐ Emphysema/ COPD ☐ Heart Failure/CHF ☐ HIV infection ☐ Hodgkin's Disease/ Lymphoma ☐ Immunoglobulin Deficiency (Steroids, etc.) ☐ Leukemia ☐ Multiple Myeloma ☐ Multiple Sclerosis ☐ Myocardial Infarction ☐ Nephrotic Syndrome ☐ Neuromuscular Disorder ☐ Obesity ☐ Parkinson's Disease ☐ Peptic Ulcer Disease
21a. Date & time antibiotics 1st administered: (before delivery) Date: __/__/____ Time: _ _ _ _ ☐ Unknown (9)	Variable value changed to harmonize with other unknown indicator variables. 21a. Date & time antibiotics 1st administered: (before delivery) Date: __/__/____ Time: _ _ _ _ ☐ Unknown (1)

3. 2020 ABCs Severe GAS Infection: Supplemental Form

2019 form	**2020 Form**
1. Soft-tissue necrosis (necrotizing fasciitis, necrotizing myositis, necrotizing gangrene)? 1 ☐ Yes 2 ☐ No 9 ☐ DK **OPTIONAL:** e. Is a pathology report available? 1 ☐ Yes 2 ☐ No 9 ☐ DK f. Is a surgical report available? 1 ☐ Yes 2 ☐ No 9 ☐ DK	Removed OPTIONAL section from the form.
3. If the case died and was not hospitalized, please indicate date of death: --/--/----(mm/dd/yyyy)	Removed this question from the form.
	Added *Laboratory Values* Table for Surveillance Officer's to reference on page 2

4. 2020 ABCs Invasive Pneumococcal Disease in Children (aged ≥2 months to <5 years)

2019 form	**2020 Form**

VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot #
Pneumococcal conjugate vaccine **Prevnar13® (PCV13)**	1				
	2				
	3				
	4				
	5				
	6				

VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot #
Pneumococcal conjugate vaccine **Prevnar13® (PCV13)**	1				
	Dose #1 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				
	2				
	Dose #2 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				
	3				
	Dose #3 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				
	4				
	Dose #4 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				
	5				
	Dose #5 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				
	6				
	Dose #6 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				

Added option to record source of vaccination for each reported dose.

VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name
Pneumococcal polysaccharide vaccine **Pnuemovax®23 (PPSV23)**	1			
	2			

VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot #
Pneumococcal polysaccharide vaccine **Pnuemovax®23 (PPSV23)**	1				
	Dose #1 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				
	2				
	Dose #2 source: Medical Chart ☐ Registry ☐ Primary Care Provider ☐ Other ☐				

Added option to record source of vaccination for each reported dose. Also added collection of lot # for this vaccine type.

What sources were used for vaccination history?

Medical Chart: ☐ Yes ☐ No ☐ Did Not Check

Vaccine Registry: ☐ Yes ☐ No ☐ Did Not Check

Primary Care Provider: ☐ Yes ☐ No ☐ Did Not Check

Other Provider: ☐ Yes ☐ No ☐ Did Not Check

Removed this question

FoodNet

5-7. Active Surveillance

Variable	Current data collection	Proposed Changes
SalGroup	Collected	Suspended (optional in MMG)
StecO157	Collected	Suspended (optional in MMG)
StecH7	Collected	Suspended (optional in MMG)
StecNM	Collected	Suspended (optional in MMG)
agclinictesttype;	Alere Shiga Toxin Quik Chek	Abbott Shiga Toxin Quik Check;
agsphltesttype	Immunocard STAT! EHEC (Meridian);	Merck Duopath STEC Rapid Test;
	Duopath Verotoxins (Merck);	Meridian Premier EHEC;
	Premier EHEC (Meridian);	Meridian ImmunoCard STAT! E. coli O157 Plus;
	ProSpecT STEC (Remel);	Meridian ImmunoCard STAT! EHEC;
	VTEC Screen (Denka Seiken);	Remel ProSpecT STEC;
	ProSpecT Campylobacter assay (Remel);	Meridian ImmunoCard STAT! CAMPY;
	PREMIER™ CAMPY assay (Meridian);	Meridian Premier CAMPY;
	ImmunoCard STAT! CAMPY (Meridian);	Remel ProSpecT Campylobacter;
	Xpect Campylobacter assay (Remel);	Remel Xpect Campylobacter;
	Other;	Other;
	Unknown	Unknown
pcrclinictesttype;	Biofire FilmArray GI Panel	Biofire Filmarray Gastrointestinal (GI);
pcrsphltesttype	BD Max Enteric Bacterial	Biofire Filmarray Meningitis/Encephalitis (ME);
	Diatherix;	Biofire Filmarray Blood Culture Identification (BCID);
	Luminex xTAG GI Panel;	BD Max Enteric Bacterial;
	ProGastroSSCS;	BD Max Extended Enteric Bacterial;
	Medical diagnostics;	Diatherix Gastrointestinal;
	Metametrix	Hologic Prodesse ProGastro SSCS;
	Verigene (Nanosphere) Enteric Pathogen Test	Luminex Gram-Positive Blood Culture;
	Seegene	Luminex Verigene Enteric Pathogens;
	Biofire Filmarray Meningitis/Encephalitis (ME) Panel	Luminex xTag Gastrointestinal Pathogens;
	Biofire Filmarray Blood Culture Indentification Panel	Medical Diagnostics;
	Verigene (Nanosphere) Gram-positive Blood Culture Test	Lab-developed test
	Staten Serum Institut PCR assay	Unknown
	Lab-developed test	
	Unknown	
otherclinictesttype;	Other;	Autoflourescence
othersphltesttype	Unknown	Stained Wet Mount;
		Wet Mount;
		Vero Cell Asay;
		Other;
		Unknown
dxo157testype	ImmunoCard STAT! O157 (Meridian)	Meridian ImmunoCard STAT! E. coli O157 Plus;

	Biofire FilmArray;	Biofire Filmarray Gastrointestinal (GI);
	Diatherix;	Diatherix Gastrointestinal;
	Luminex;	Luminex xTag Gastrointestinal Pathogens;
	Metametrix;	Metametrix;
	Other	Lab-developed test;
		Other
pcrclinic;	Stx1+;	Stx1+;
pcrsphl	Stx2+;	Stx2+;
	Stx1+ & Stx2+;	Stx1+ & Stx2+;
	Positive Undifferentiated;	Positive Undifferentiated;
	Negative;	Negative;
	Not Tested	Not Tested
	Positive;	Positive;
	Negative;	Negative;
	Not tested	Not tested
	Vibrios	Vibrios
	V. cholerae	V cholerae
	Vibrios&V. cholerae	Vibrios&V cholerae
		Not Tested
		Shigella/Stx undiff
		Shigella/Stx1
		Shigella/Stx2
		Shigella/Stx1&2
AR_antibiotic_use	Amoxicillin	Amoxicillin
	Amoxicillin/Clavulanate	Amoxicillin / Clavulanate
	Ampicillin	Ampicillin
	Augmentin	Augmentin
	Azithromycin	Azithromycin
	Bactrim	Bactrim
	Biaxin	Biaxin
	Ceclor	Ceclor
	Cefaclor	Cefaclor
	Ceftrin	Ceftin
	Cefixime	Cefixime
	Cefuorixime	Ceftriaxone
	Cefzil	Cefuorixime
	Cefprozil	Cefzil
	Cephalexin	Cefprozil
	Cephradine	Cephalexin
	Ciprofloxacin/Cipro	Cephradine
	Clarithromycin	Chloramphenicol
	Dapsone	Ciprofloxacin / Cipro
	Doxycycline	Clarithromycin
	Duricef	Dapsone
	Erythromycin	Doxycycline

	Erythromycin/sulfisoxizole	Duricef
	Flagyl	Erythromycin
	Floxin	Erythromycin / sulfisoxizole
	Keflex	Flagyl
	Keftab	Floxin
	Levofloxacin	Keflex
	Levoquin	Keftab
	Metronidazole	Levofloxacin
	Norfloxacin/Norflox	Levoquin
	Ofloxacin/Oflox	Metronidazole
	Pediazole	Norfloxacin / Norflox
	Penicillin/Pen VK	Ofloxacin / Oflox
	Septra	Pediazole
	Suprax	Penicillin / Pen VK
	Tetracycline	Septra
	Trimox	Suprax
	Trimethoprim/Sulfa	Tetracycline
	Zithromax/Z-Pak	Trimox
	Other	Trimethoprim / Sulfa
	Unknown	Zithromax / Z-Pak
		Other
		Unknown
AR_antacid_any	Aluminium hydroxide	Aluminium hydroxide
	Ami-Lac	Ami-Lac
	Amphojel	Amphojel
	Axid	Axid
	Calcium carbonate	Calcium carbonate
	Cal-Guest	Cal Gest
	Caltrate	Caltrate
	calcium-based supplements	calcium-based supplements
	Dexilant	Dexilant
	Dialume	Dialume
	Di-Gel	Di-Gel
	Gas-X with Maalox	Gas-X with Maalox
	Gaviscon	Gaviscon
	Gelusil	Gelusil
	Genaton	Genaton
	Isopan	Isopan
	Maalox / Maox	Maalox / Maox
	Magaldrate	Magaldrate
	Magnesium Hydroxide	Magnesium Hydroxide
	Masanti	Masanti
	Mi-Acid	Mi-Acid
	Milantex	Milantex
	Milk of Magnesia	Milk of Magnesia

	Mintox	Mintox
	Mylanta	Mylanta
	Nexium	Nexium
	Nizatidine	Nizatidine
	Os-Cal	Os-Cal
	Oysco	Oysco
	Oyster (shell) calcium	Oyster (shell) calcium
	Pepcid	Pepcid
	Pepto Children's	Pepto Children's
	Prevacid	Prevacid
	Prilosec	Prilosec
	Protonix	Protonix
	Ri-Mag	Ri-Mag
	Riopan	Riopan
	Rolaids	Rolaids
	Ron-Acid	Ron-Acid
	Rulox	Rulox
	Tagamet	Tagamet
	Tempo	Tempo
	Titralac	Titralac
	Tums	Tums
	Zantac	Zantac
	Zegerid	Zegerid
	Other	Other
	Unknown	Unknown
Outfetal	Still pregnant;	Still pregnant;
	Fetal death;	Fetal death;
	Induced abortion;	Delivery
	Delivery	Unknown;
	Unknown;	
Diagnostic Laboratory Practices and Volume		
Reflex CX	Yes, always	Yes, always for EIP purposes
	When requested by provider	Yes, always for antimicrobial susceptibility testing
	Only for special projects or outbreaks	Yes, always for public health purposes
	No, specimen sent to reference laboratory for culture	Sometimes, when requested by a provider
	No, never	Sometimes, for special projects or outbreaks
		Sometimes, for special populations
		No, always send to a reference laboratory
		No, sometime send to a reference laboratory
		No and don’t send to a reference laboratory

FluSurv-NET

8. 2019-2020 Influenza Hospitalization Surveillance Network Case Report Form

Question on 2018-19 Form	Question on 2019-20 Form
E8a. Substance Abuse Type (current use only)? ▪ IVDU ▪ Opioids ▪ Other, specify ▪ Unknown	**E8a. Substance Abuse Type (current use only)?** ▪ IVDU ▪ Opioids ▪ Cocaine ▪ Methamphetamines ▪ Other, specify ▪ Unknown
E9. Current Non-Tobacco Smoker ▪ Marijuana ▪ E-cigarettes ▪ Other	**E9. Current Non-Tobacco Smoker** ▪ Marijuana ▪ E-nicotine delivery system (ENDS) ▪ Other
E10b. Chronic Lung Disease ▪ Active tuberculosis/TB ▪ Chronic bronchitis ▪ Chronic respiratory failure ▪ Cystic fibrosis ▪ Emphysema/Chronic obstructive pulmonary disease (COPD) ▪ Other, specify	**E10b. Chronic Lung Disease** ▪ Active tuberculosis/TB ▪ Asbestosis ▪ Bronchiectasis ▪ Bronchiolitis obliterans ▪ Chronic bronchitis ▪ Chronic respiratory failure ▪ Cystic fibrosis (CF) ▪ Emphysema/Chronic obstructive pulmonary disease (COPD) ▪ Interstitial lung disease (ILD) ▪ Oxygen (O2) dependent ▪ Obstructive sleep apnea (OSA) ▪ Pulmonary fibrosis ▪ Restrictive lung disease ▪ Sarcoidosis ▪ Other, Specify
E10c. Chronic Metabolic Disease ▪ Diabetes mellitus (DM) ▪ Thyroid dysfunction ▪ Other, specify	**E10c. Chronic Metabolic Disease** ▪ Adrenal disorders (Addison's, Adrenal insufficiency, Cushing syndrome, Congenital adrenal hyperplasia) ▪ Diabetes mellitus (DM) ▪ Glycogen or other storage diseases (see list) ▪ Hyper/Hypofunction of pituitary gland ▪ Inborn errors of metabolism (see list) ▪ Metabolic syndrome ▪ Parathyroid syndrome ▪ Parathyroid dysfunction (Hyperparathyroidism, Hypoparathyroidism) ▪ Thyroid dysfunction (Grave's disease, Hashimoto's disease, Hyperthyroidism, Hypothyroidism) ▪ Other, specify
10d. Blood Disorders/Hemoglobinopathy ▪ Aplastic anemia ▪ Sickle cell disease ▪ Splenectomy/Asplenia ▪ Other, specify	**10d. Blood Disorders/Hemoglobinopathy** ▪ Alpha thalassemia ▪ Aplastic anemia ▪ Beta thalassemia ▪ Coagulopathy (Factor V Leiden, Von Willebrand disease (VWD), see list) ▪ Hemoglobin S-beta thalassemia

Question on 2018-19 Form	Question on 2019-20 Form
	▪ Leukopenia ▪ Myelodysplastic syndrome (MDS) ▪ Neutropenia ▪ Pancytopenia ▪ Polycythemia vera ▪ Sickle cell disease ▪ Splenectomy/Asplenia ▪ Thrombocytopenia ▪ Other, specify
10e. Cardiovascular Disease ▪ Aortic aneurysm ▪ Aortic stenosis ▪ Atherosclerotic cardiovascular disease ▪ Atrial fibrillation ▪ Cardiomyopathy ▪ Cerebral vascular accident (CVA)/Incident/Stroke ▪ Congenital heart disease ▪ Coronary artery disease ▪ Heart failure/Congestive heart failure ▪ Ischemic cardiomyopathy ▪ Non-ischemic cardiomyopathy ▪ Other, specify	**10e. Cardiovascular Disease** ▪ Aortic aneurysm (AAA) ▪ Aortic regurgitation (AR) ▪ Aortic stenosis (AS) ▪ Atherosclerotic cardiovascular disease (ASCVD) ▪ Atrial fibrillation (AFib) ▪ Atrioventricular (AV) blocks ▪ Automated implantable devices (AID/AICD)/ Pacemaker ▪ Bundle branch block (BBB/RBBB/LBBB) ▪ Cardiomyopathy ▪ Carotid stenosis ▪ Cerebral vascular accident (CVA)/Incident/Stroke ▪ Congenital heart disease (Specify) o Atrial septal defect o Pulmonary stenosis o Tetralogy of Fallot o Ventricular septal defect o Other, specify ▪ Coronary artery bypass grafting (CABG) ▪ Coronary artery disease (CAD) ▪ Deep vein thrombosis (DVT) ▪ Heart failure/Congestive heart failure (CHF) ▪ Myocardial infarction (MI), history of ▪ Mitral stenosis (MS) ▪ Mitral regurgitation (MR) ▪ Peripheral artery disease (PAD) ▪ Peripheral vascular disease (PVD) ▪ Pulmonary embolism (PE) ▪ Pulmonary hypertension (PHTN) ▪ Pulmonic stenosis ▪ Pulmonic regurgitation ▪ Transient ischemic attack (TIA) ▪ Tricuspid stenosis ▪ Tricuspid regurgitation (TR) ▪ Ventricular tachycardia (VT, VTach) ▪ Ventricular fibrillation (VF, VFib) ▪ Aortic/Mitral/Tricuspid/Pulmonic valve replacement ▪ Other, specify
10f. Neuromuscular Disorder ▪ Duchenne muscular dystrophy ▪ Mitochondrial disorder ▪ Multiple sclerosis (MS) ▪ Muscular dystrophy (see list) ▪ Myasthenia gravis (MG) ▪ Parkinson's disease	**10f. Neuromuscular Disorder** ▪ Amyotrophic lateral sclerosis (ALS) ▪ Mitochondrial disorder (see list) ▪ Multiple sclerosis (MS) ▪ Muscular dystrophy (see list) ▪ Myasthenia gravis (MG) ▪ Parkinson's disease

Question on 2018-19 Form	Question on 2019-20 Form
▪ Other, specify	▪ Scoliosis/Kyphoscoliosis ▪ Other, specify
10g. Neurologic disorder ▪ Cerebral palsy ▪ Cognitive dysfunction ▪ Dementia/Alzheimer's disease ▪ Developmental delay ▪ Down syndrome ▪ Epilepsy/Seizure/Seizure disorder ▪ Plegias/Paralysis/Quadriplegia ▪ Other, Specify	**10g. Neurologic disorder** ▪ Cerebral palsy ▪ Cognitive dysfunction ▪ Dementia/Alzheimer's disease ▪ Developmental delay ▪ Down syndrome/Trisomy 21 ▪ Edwards Syndrome/Trisomy 18 ▪ Epilepsy/Seizure/Seizure disorder ▪ Neuropathy ▪ Neural tube defects/Spina bifida (See list) ▪ Plegias/Paralysis/Quadriplegia ▪ Traumatic brain injury (TBI) ▪ Other, Specify
10i. Immunocompromised Condition ▪ AIDS or CD4 count<200 ▪ Complement deficiency ▪ HIV infection ▪ Immunoglobulin deficiency ▪ Immunosuppressive therapy ▪ Organ Transplant Stem cell transplant (e.g., bone marrow transplant) ▪ Steroid therapy (taken within 2 weeks of admission) ▪ Other, specify	**10i. Immunocompromised Condition** ▪ AIDS or CD4 count<200 ▪ Complement deficiency (See list) ▪ Grafts vs host disease/GVHD ▪ HIV infection ▪ Immunoglobulin deficiency/ immunodeficiency (See list) ▪ Immunosuppressive therapy (within the last 12 months of admission)(See list) o If yes, for what condition?: ▪ Leukemia* ▪ Lymphoma/Hodgkins/Non-Hodgkins (NHL)* ▪ Metastatic cancer* ▪ Multiple myeloma* ▪ Solid organ malignancy* o If yes, which organ? ▪ Steroid therapy (within 2 weeks of admission) ▪ Transplant, hematopoietic stem cell (Bone marrow transplant (BMT), peripheral stem cell transplant (PSCT)) ▪ Transplant, solid organ (SOT) ▪ Other, specify *Current/in treatment or diagnosed in last 12 months
10j. Renal Disease ▪ Chronic kidney disease /chronic renal insufficiency ▪ End stage renal disease/Dialysis ▪ Glomerulonephritis/GN ▪ Nephrotic syndrome ▪ Other, specify	**10j. Renal Disease** ▪ Chronic kidney disease (CKD)/chronic renal insufficiency (CRI) ▪ End stage renal disease (ESRD) ▪ Dialysis (HD) ▪ Glomerulonephritis/GN ▪ Nephrotic syndrome ▪ Polycystic kidney disease (PCKD) ▪ Other, specify
10k. Liver Disease ▪ Cirrhosis ▪ Viral hepatitis (B or C) ▪ Other, specify	**10k. Gastrointestinal/Liver Disease (Do Not Record GERD)** ▪ Alcoholic hepatitis ▪ Autoimmune hepatitis ▪ Barrett's esophagitis ▪ Chronic liver disease

Question on 2018-19 Form	Question on 2019-20 Form
	▪ Chronic pancreatitis ▪ Cirrhosis/End stage liver disease (ESLD) ▪ Crohn's disease ▪ Esophageal varices ▪ Esophageal strictures ▪ Hepatitis B, chronic (HBV) ▪ Hepatitis C, chronic (HCV) ▪ Non-alcoholic fatty liver disease/NASH/NAFLD ▪ Ulcerative colitis (UC) ▪ Other, specify
(N/A)	**10o. Rheumatologic/Autoimmune/Inflammatory Conditions** ▪ Ankylosing spondylitis ▪ Dermatomyositis ▪ Juvenile idiopathic arthritis ▪ Kawasaki disease ▪ Microscopic polyangiitis ▪ Polyarteritis nodosum (PAN) ▪ Polymyalgia rheumatica ▪ Polymyositis ▪ Psoriatic arthritis ▪ Rheumatoid arthritis (RA) ▪ Systemic lupus erythematosus/SLE/Lupus ▪ Systemic sclerosis ▪ Takayasu arteritis ▪ Temporal/Giant cell arteritis ▪ Vasculitis, other (see list) ▪ Other, specify
10o. Other ▪ Systemic lupus erythematosus/SLE/Lupus ▪ Other, specify	**10p. Other** ▪ Feeding tube dependent (PEG, see list) ▪ Trach dependent/Vent dependent ▪ Wheelchair dependent ▪ Other, specify
10p. Pediatric cases only ▪ Abnormality of airway (see instructions) ▪ Chronic lung disease of prematurity/Bronchopulmonary dysplasia (BPD) ▪ History of febrile seizures ▪ Long term aspirin therapy ▪ Premature (gestation age <37weeks at birth for patients <2 yrs)	**10p. Pediatric cases only** ▪ Abnormality of airway (see instructions) ▪ History of febrile seizures ▪ Long term aspirin therapy ▪ Premature (gestation age <37weeks at birth for patients <2 yrs)
I. Influenza Treatment ▪ Oseltamivir (Tamiflu) ▪ Peramivir (Rapivab) ▪ Zanamivir (Relenza) ▪ Other, specify ▪ Unknown	**I. Influenza Treatment** ▪ Oseltamivir (Tamiflu) ▪ Peramivir (Rapivab) ▪ Zanamivir (Relenza) ▪ Baloxavir marboxil (Xofluza) ▪ Other, specify ▪ Unknown

Question on 2018-19 Form	Question on 2019-20 Form
J2b. For first abnormal chest x-ray, please check all that apply ▪ Report not available ▪ Air space density ▪ Air space opacity ▪ Bronchopneumonia/pneumonia ▪ Cannot rule out pneumonia ▪ Consolidation ▪ Cavitation ▪ ARDS (acute respiratory distress syndrome) ▪ Lung infiltrate ▪ Interstitial infiltrate ▪ Lobar infiltrate ▪ Other	**J2b. For first abnormal chest x-ray, please check all that apply** ▪ Report not available ▪ Air space density ▪ Air space opacity ▪ Bronchopneumonia/pneumonia ▪ Cannot rule out pneumonia ▪ Consolidation ▪ Cavitation ▪ ARDS (acute respiratory distress syndrome) ▪ Lung infiltrate ▪ Interstitial infiltrate ▪ Lobar infiltrate ▪ Other ▪ Pleural effusion/empyema

9. 2019-20 FluSurv-NET/RSV Laboratory Survey

Question on 2018-19 form	Question on 2019-20 form
4a. Select the kit name(s) (manufacturer) for the rapid influenza diagnostic test(s) performed at the laboratory (Check all that apply): ▪ BD Directigen™ EZ Flu A+B (Becton-Dickinson & Co.) ▪ BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) ▪ BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson & Co.) ▪ Binax NOW® Influenza A&B Test (Alere Scarborough, Inc.) ▪ BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Polymedco Poly stat Flu A&B Test or LifeSign LLC Status Flu A&B (Princeton BioMedtech Corp.) ▪ ClearView Exact II Influenza A&B Test or Alere Influenza A&B Test (Alere Scarborough, Inc.) ▪ OSOM® Influenza A&B Test (Sekisui Diagnostics) ▪ QuickVue® Influenza A/B Test (Quidel Corp.) ▪ QuickVue® Influenza A+B Test (Quidel Corp.) ▪ RAMP Influenza A/B Assay or 3M™ Rapid Detection Flu A+B Test (Response Biomedical Corp.) SAS™ FluAlert A&B Test (SA Scientific, Inc.) ▪ SAS™ Influenza A Test (SA Scientific, Inc.) ▪ SAS™ Influenza B Test (SA Scientific, Inc.) ▪ Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.) ▪ Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.) ▪ TRU FLU® (Meridian Bioscience, Inc.) ▪ XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific) ▪ Other, specify	4a. Select the kit name(s) (manufacturer) for the rapid influenza diagnostic test(s) performed at the laboratory (Check all that apply): ▪ BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) ▪ BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson & Co.) ▪ Binax NOW® Influenza A&B Card 2 (Abbott) ▪ BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Polymedco Poly stat Flu A&B Test or LifeSign LLC Status Flu A&B (Princeton BioMedtech Corp.) ▪ QuickVue® Influenza A+B Test (Quidel Corp.) ▪ Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.) ▪ Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.) ▪ XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific) ▪ Other, specify:

4b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for rapid influenza diagnostic testing at the laboratory during the current influenza season: ▪ BD Directigen™ EZ Flu A+B (Becton-Dickinson & Co.) ▪ BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) ▪ BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson & Co.) ▪ Binax NOW® Influenza A&B Test (Alere Scarborough, Inc.) ▪ BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Polymedco Poly stat Flu A&B Test or LifeSign LLC Status Flu A&B (Princeton BioMedtech Corp.) ▪ ClearView Exact II Influenza A&B Test or Alere Influenza A&B Test (Alere Scarborough, Inc.) ▪ OSOM® Influenza A&B Test (Sekisui Diagnostics) ▪ QuickVue® Influenza A/B Test (Quidel Corp.) ▪ QuickVue® Influenza A+B Test (Quidel Corp.) ▪ RAMP Influenza A/B Assay or 3M™ Rapid Detection Flu A+B Test (Response Biomedical Corp.) SAS™ FluAlert A&B Test (SA Scientific, Inc.) ▪ SAS™ Influenza A Test (SA Scientific, Inc.) ▪ SAS™ Influenza B Test (SA Scientific, Inc.) ▪ Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.) ▪ Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.) ▪ TRU FLU® (Meridian Bioscience, Inc.) ▪ XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific) ▪ Other, specify	4b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for rapid influenza diagnostic testing at the laboratory during the current influenza season: ▪ BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) ▪ BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson & Co.) ▪ Binax NOW® Influenza A&B Card 2 (Abbott) ▪ BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Polymedco Poly stat Flu A&B Test or LifeSign LLC Status Flu A&B (Princeton BioMedtech Corp.) ▪ QuickVue® Influenza A+B Test (Quidel Corp.) ▪ Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.) ▪ Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.) ▪ XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific) ▪ Other, specify:
4c. What does the laboratory do if a rapid influenza diagnostic test result is <u>negative</u> for influenza? ▪ Report the negative result and do nothing else ▪ Reflex to molecular assay (PCR) for confirmation ▪ Report the negative result and submit specimen to state/regional public health lab for PCR confirmation ▪ Report the negative result with a disclaimer asking the physician to submit a second specimen for testing with a more sensitive assay ▪ Send for PCR confirmation by provider request ▪ Other, specify:	Question Removed

4d. What does the laboratory do if a rapid influenza diagnostic test result is positive for influenza? ▪ Report the positive result and do nothing else ▪ Reflex to another influenza test for confirmation ▪ Reflex to a confirmatory test only if early in influenza season or off-season ▪ Report the positive result with a disclaimer asking the physician to submit a second specimen for testing with a more sensitive assay ▪ Report the positive result and submit specimen to state/regional public health lab for PCR confirmation ▪ Other, specify	Question Removed
5. Does the laboratory perform rapid molecular assays (e.g. Alere-i, cobas Liat; results available ≤30 minutes) for influenza?	Question Removed
5a. What does the laboratory do if the rapid molecular assay is negative for influenza? ▪ Report the negative result and do nothing else ▪ Reflex to standard molecular assay (PCR) for confirmation ▪ Report the negative result with a disclaimer asking the physician to submit a second specimen for testing with a more sensitive assay ▪ Report the negative result and submit specimen to state/regional public health lab for PCR confirmation ▪ Other, specify	Question Removed
5b. What does the laboratory do if the rapid molecular is positive for influenza? ▪ Report the positive result and do nothing else ▪ Reflex to standard molecular assay (PCR) for confirmation ▪ Report the positive result with a disclaimer asking the physician to submit a second specimen for testing with a standard molecular assay ▪ Report the positive result and submit specimen to state/regional public health lab for PCR confirmation ▪ Reflex for subtyping ▪ Other, specify	Question Removed
6. Does the laboratory perform standard molecular assays (e.g., RT-PCR; with results available > 30 minutes) for influenza?	5. Does the laboratory perform molecular assays (including rapid molecular, RT-PCR, RVPs) for influenza?

6a. Select kit name(s) (manufacturer) for all molecular assays performed at the laboratory (Check all that apply):	5a. Select the kit name(s) (manufacturer) for all molecular assays performed at the laboratory (Check all that apply):
▪ Alere i NAT Flu A/B (CLIA Waived), (Alere) ▪ Alere i NAT Flu A/B (Moderate), (Alere) ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) ▪ Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics) ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics) ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostices) ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics) ▪ FilmArray Respiratory Panel, (BioFire Diagnostics, LLC) ▪ Ibis PLEX-ID Flu, (Ibis/Abbott) ▪ IMDx Flu A/B and RSV for Abbott *m*2000, (IMDx) ▪ Nx-TAG Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic) ▪ Qiagen Artus Influenza A/B Rotor-gene RT-PCR kit, (Qiagen) ▪ Quidel Molecular Influenza A+B, (Quidel) ▪ Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) ▪ U.S. Army JBAIDS Influenza A&B Detection Kit , (Biofire Defense) ▪ U.S. Army JBAIDS Influenza A Subtyping Kit, (Biofire Defense) ▪ U.S. Army JBAIDS Influenza A/H5 Kit ,(Biofire Defense) ▪ Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Nanosphere, Inc) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*), (Nanosphere, Inc) ▪ x-TAG® Respiratory Viral Panel (RVP), (Luminex Molecular Diagnostics Inc)	▪ ID Now™ Influenza A&B (CLIA Waived), (Abbott) ▪ Accula Flu A/Flu B (Mesa Biotech, Inc.) ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) ▪ Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics) ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics) ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostices)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)* ▪ FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)* ▪ FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)* ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis)* ▪ IMDx Flu A/B and RSV for Abbott *m*2000, (IMDx) ▪ Lyra Influenza A+B Assay, (Quidel) Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)* ▪ Panther Fusion® Flu A/B RSV, (Assay Hologic) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic)* ▪ Silaris Infuenza A & Btg, (Sekisui Diagnostic) ▪ Solana Influenza A+B Assay, (Quidel) ▪ Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex) Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*)*, (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST)*, (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify

▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify	

6b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be used) most frequently for molecular assay at the laboratory during the current influenza season:	5b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be used) most frequently for molecular assay at the laboratory during the current influenza season:
▪ Alere i NAT Flu A/B (CLIA Waived), (Alere) ▪ Alere i NAT Flu A/B (Moderate), (Alere) ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) ▪ Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics) ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics) ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostices) ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics) ▪ FilmArray Respiratory Panel, (BioFire Diagnostics, LLC) ▪ Ibis PLEX-ID Flu, (Ibis/Abbott) ▪ IMDx Flu A/B and RSV for Abbott *m*2000, (IMDx) ▪ Nx-TAG Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic) ▪ Qiagen Artus Influenza A/B Rotor-gene RT-PCR kit, (Qiagen) ▪ Quidel Molecular Influenza A+B, (Quidel) ▪ Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) ▪ U.S. Army JBAIDS Influenza A&B Detection Kit , (Biofire Defense) ▪ U.S. Army JBAIDS Influenza A Subtyping Kit, (Biofire Defense) ▪ U.S. Army JBAIDS Influenza A/H5 Kit ,(Biofire Defense) ▪ Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Nanosphere, Inc) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*), (Nanosphere, Inc)	▪ ID Now™ Influenza A&B (CLIA Waived), (Abbott) ▪ Accula Flu A/Flu B (Mesa Biotech, Inc.) ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) ▪ Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics) ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics) ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostices)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)* ▪ FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)* ▪ FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)* ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis)* ▪ IMDx Flu A/B and RSV for Abbott *m*2000, (IMDx) ▪ Lyra Influenza A+B Assay, (Quidel) Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)* ▪ Panther Fusion® Flu A/B RSV, (Assay Hologic) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic)* ▪ Silaris Infuenza A & Btg, (Sekisui Diagnostic) ▪ Solana Influenza A+B Assay, (Quidel) ▪ Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex) Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*)*, (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST)*, (Luminex Molecular Diagnostics Inc)

▪ x-TAG® Respiratory Viral Panel (RVP), (Luminex Molecular Diagnostics Inc) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify	▪ In-house developed PCR assay ▪ Other, specify

6d. What testing kit does the testing facility use (or will it use) most often to perform influenza A sub-typing during the current influenza season? (Select one)	5d. What testing kit does the testing facility use (or will it use) most often to perform influenza A sub-typing during the current influenza season?
▪ Alere i NAT Flu A/B (CLIA Waived), (Alere) Alere i NAT Flu A/B (Moderate), (Alere) ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) ▪ Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics) ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics) ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics) ▪ FilmArray Respiratory Panel, (BioFire Diagnostics, LLC) ▪ Ibis PLEX-ID Flu, (Ibis/Abbott) IMDx Flu A/B and RSV for Abbott *m*2000, (IMDx) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic) ▪ Qiagen Artus Influenza A/B Rotor-gene RT-PCR kit, (Qiagen) ▪ Quidel Molecular Influenza A+B, (Quidel) ▪ Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) ▪ U.S. Army JBAIDS Influenza A&B Detection Kit , (Biofire Defense) ▪ U.S. Army JBAIDS Influenza A Subtyping Kit, (Biofire Defense) ▪ U.S. Army JBAIDS Influenza A/H5 Kit ,(Biofire Defense) ▪ Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Nanosphere, Inc) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*), (Nanosphere, Inc) ▪ x-TAG® Respiratory Viral Panel (RVP), (Luminex Molecular Diagnostics Inc) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify	▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostices)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics) ▪ FilmArray Respiratory Panel, (BioFire Diagnostics, LLC) ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis) ▪ Nx-TAG Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*), (Nanosphere, Inc) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify

8a. Which influenza test method does the laboratory perform most frequently for pediatric patients (aged 0-17 years)? (Select one) ▪ Viral culture Indirect fluorescent antibody (IFA)/direct fluorescent antibody stain (DFA) ▪ Rapid influenza antigen diagnostic test (rapid test, RIDT) ▪ Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only) ▪ Rapid Molecular assay (e.g. RT-PCR, NAAT) – dualplex (influenza/RSV) ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only) ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex (influenza/RSV) ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP) ▪ Not applicable (no pediatric testing)	7a. Which influenza test method does the laboratory perform most frequently for pediatric patients (aged 0-17 years)? (Select one) ▪ Viral culture Indirect fluorescent antibody (IFA)/direct fluorescent antibody stain (DFA) ▪ Rapid influenza diagnostic test (rapid test, RIDT) ▪ Rapid Molecular assay – singleplex or dualplex ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex or duplex ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP) ▪ Not applicable (no pediatric testing)
8b. Which influenza test method does the laboratory perform most frequently for adult patients (aged ≥18 years)? (Select one) ▪ Viral culture Indirect fluorescent antibody (IFA)/direct fluorescent antibody stain (DFA) ▪ Rapid influenza antigen diagnostic test (rapid test, RIDT) ▪ Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only) ▪ Rapid Molecular assay (e.g. RT-PCR, NAAT) – dualplex (influenza/RSV) ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only) ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex (influenza/RSV) ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP) ▪ Not applicable (no pediatric testing)	7b. Which influenza test method does the laboratory perform most frequently for adult patients (aged ≥18 years)? (Select one) ▪ Viral culture Indirect fluorescent antibody (IFA)/direct fluorescent antibody stain (DFA) ▪ Rapid influenza diagnostic test (rapid test, RIDT) ▪ Rapid Molecular assay – singleplex or dualplex ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex or duplex ▪ Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP) ▪ Not applicable (no pediatric testing)
9. Based on tests that were performed during the 2017-19 influenza season, approximately what percent of the time are each of these test types used to test for flu overall? (Answers should add to 100%) ▪ % Viral culture ▪ % Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) ▪ % Rapid influenza antigen diagnostic test (rapid test, RIDT) ▪ % Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only) ▪ % Rapid Molecular assay (e.g. RT-PCR, NAAT) – dualplex (influenza/RSV) ▪ % Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only) ▪ % Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex (influenza/RSV) ▪ % Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP)	8. Based on tests that were performed during the 2018-19 influenza season, approximately what percent of the time are each of these test types used to test for flu overall? ▪ % Viral culture ▪ % Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) ▪ % Rapid influenza diagnostic test (rapid test, RIDT) ▪ % Rapid Molecular assay – singleplex or dualplex ▪ % Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex or dualplex ▪ % Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP)

13a. Select the kit name(s) (manufacturer for the RSV rapid antigen detection test(s) performed at the laboratory: ▪ BinaxNOW® RSV Card (Alere Scarborough, Inc.) ▪ Clearview® RSV (Alere Scarborough, Inc.) ▪ QuickVue RSV Test (Quidel Corp.) ▪ Sofia RSV FIA (Quidel Corp.) Directigen™ EZ RSV Kit (Becton-Dickinson & Co.) TRU RSV® Kit (Meridian Bioscience, Inc.) ▪ RAMP™ Rapid Detection RSV Test Kit (Response Biomedical Corp.) ▪ SAS™ RSVAlert (SA Scientific, Inc.) ▪ Xpect™ RSV Test (Remel Inc./Thermo Fisher Scientific) ▪ BD Veritor System for Rapid Detection of RSV (Becton-Dickinson & Co.) ▪ Other, specify	12a. Select the kit name(s) (manufacturer) for the RSV rapid antigen detection test(s) performed at the laboratory: ▪ BinaxNOW® RSV Card (Abott) ▪ Clearview® RSV (Alere Scarborough, Inc.) ▪ QuickVue RSV Test (Quidel Corp.) ▪ Sofia RSV FIA (Quidel Corp.) Directigen™ ▪ EZ RSV Kit (Becton-Dickinson & Co.) ▪ TRU RSV® Kit (Meridian Bioscience, Inc.) ▪ RAMP™ Rapid Detection RSV Test Kit (Response Biomedical Corp.) ▪ SAS™ RSVAlert (SA Scientific, Inc.) ▪ Xpect™ RSV Test (Remel Inc./Thermo Fisher Scientific) ▪ BD Veritor System for Rapid Detection of RSV (Becton-Dickinson & Co.) ▪ Other, specify
13b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for RSV rapid antigen detection testing at the laboratory during the current RSV season: ▪ BinaxNOW® RSV Card (Alere Scarborough, Inc.) ▪ Clearview® RSV (Alere Scarborough, Inc.) ▪ QuickVue RSV Test (Quidel Corp.) ▪ Sofia RSV FIA (Quidel Corp.) Directigen™ EZ RSV Kit (Becton-Dickinson & Co.) TRU RSV® Kit (Meridian Bioscience, Inc.) ▪ RAMP™ Rapid Detection RSV Test Kit (Response Biomedical Corp.) ▪ SAS™ RSVAlert (SA Scientific, Inc.) ▪ Xpect™ RSV Test (Remel Inc./Thermo Fisher Scientific) ▪ BD Veritor System for Rapid Detection of RSV (Becton-Dickinson & Co.) ▪ Other, specify	12b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for RSV rapid antigen detection testing at the laboratory during the current RSV season: ▪ BinaxNOW® RSV Card (Abott) ▪ Clearview® RSV (Alere Scarborough, Inc.) ▪ QuickVue RSV Test (Quidel Corp.) ▪ Sofia RSV FIA (Quidel Corp.) Directigen™ ▪ EZ RSV Kit (Becton-Dickinson & Co.) ▪ TRU RSV® Kit (Meridian Bioscience, Inc.) ▪ RAMP™ Rapid Detection RSV Test Kit (Response Biomedical Corp.) ▪ SAS™ RSVAlert (SA Scientific, Inc.) ▪ Xpect™ RSV Test (Remel Inc./Thermo Fisher Scientific) ▪ BD Veritor System for Rapid Detection of RSV (Becton-Dickinson & Co.) ▪ Other, specify

14a. Select kit name(s) (manufacturer) for all molecular assays used at the laboratory:	13a. Select kit name(s) (manufacturer) for all molecular assays used at the laboratory
▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ i RSV (Alere) ▪ Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ eSensor® Respiratory Viral Panel (RVP) (GenMark Diagnostics) ▪ FilmArray Respiratory Panel (BioFire Diagnostics LLC) ▪ IMDx Flu A/B and RSV for Abbott *m*2000 (IMDx) ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Nanosphere, Inc) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*) (Nanosphere, Inc) ▪ x-TAG® Respiratory Viral Panel (RVP) (Luminex Molecular Diagnostics Inc) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST) (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay ▪ Other, specify	▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ i RSV (Alere) Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cepheid Xpert Xpress Flu/RSV Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ eSensor® Respiratory Viral Panel (RVP) (GenMark Diagnostics) ▪ FilmArray Respiratory Panel (BioFire Diagnostics LLC) ▪ FilmArray Respiratory Panel EZ (BioFire Diagnostics LLC) IMDx Flu A/B and RSV for Abbott *m*2000 (IMDx) ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Luminex) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*) (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST) (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay ▪ Other, specify

14b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for molecular assays at the laboratory during the current RSV season:	13b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for molecular assays at the laboratory during the current RSV season:
▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ i RSV (Alere) ▪ Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ eSensor® Respiratory Viral Panel (RVP) (GenMark Diagnostics) ▪ FilmArray Respiratory Panel (BioFire Diagnostics LLC) ▪ IMDx Flu A/B and RSV for Abbott *m*2000 (IMDx) ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Nanosphere, Inc) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*) (Nanosphere, Inc) ▪ x-TAG® Respiratory Viral Panel (RVP) (Luminex Molecular Diagnostics Inc) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST) (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay ▪ Other, specify	▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ i RSV (Alere) Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cepheid Xpert Xpress Flu/RSV Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ eSensor® Respiratory Viral Panel (RVP) (GenMark Diagnostics) ▪ FilmArray Respiratory Panel (BioFire Diagnostics LLC) ▪ FilmArray Respiratory Panel EZ (BioFire Diagnostics LLC) IMDx Flu A/B and RSV for Abbott *m*2000 (IMDx) ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Luminex) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*) (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST) (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay ▪ Other, specify

HAIC

10. 2020 MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and *Acinetobacter baumannii* (CRAB)

Question on 2019 form	**Question on 2020 form**
Title: 2019 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report	Title: 2020 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report *(change in title)*
10. ORGANISM: Carbapenem-resistant: □ *Enterobacteriaceae (CRE)* □ *Escherichia coli* □ *Enterobacter cloacae* □ *Klebsiella aerogenes* □ *Klebsiella pneumoniae* □ *Klebsiella oxytoca* □ *A. baumannii* (CRAB)	10. ORGANISM: □ CRE □ CRAB If CRE, select one of the following: □ *Escherichia coli* □ *Enterobacter cloacae* □ *Klebsiella aerogenes* □ *Klebsiella pneumoniae* □ *Klebsiella oxytoca* *(change in formatting)*
17. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) □ None □ Unknown	17a. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) □ None □ Unknown □ Colonized *(adding the option to choose "colonized"*
	17b. RECURRENT UTI □ Yes □ No □ Unknown *(new question)*
	17c. WAS THE PATIENT TREATED FOR THE MUGSI ORGANISM? □ Yes □ No □ Unknown *(new question)*

18. UNDERLYING CONDITIONS: (Check all that apply) RENAL DISEASE □ Chronic kidney disease Lowest serum creatinine: _____mg/DL	18. UNDERLYING CONDITIONS: (Check all that apply) RENAL DISEASE □ Chronic kidney disease Lowest serum creatinine: _____mg/DL □ Unknown or not done *(Added an option for "Unknown or not done")*
19 SUBSTANCE USE OTHER SUBSTANCES: (Check all that apply) □ Cocaine or methamphetamine	19. SUBSTANCE USE OTHER SUBSTANCES: (Check all that apply) □ Opioid, NOS *(new check box)* □ Cocaine □ Methamphetamine *(split out cocaine and methamphetamine)* During the current hospitalization did the patient receive medication assisted treatment (MAT) for opioid use disorder? □ Yes □ No □ N/A (patient not hospitalized or did not have DUD *(New question)*
24c. IF TESTED, WHAT WAS THE TESTING RESULT? Molecular Test Results: □ NDM □ KPC □ OXA □ OXA-48 □ VIM □ IMP	24c. IF TESTED, WHAT WAS THE TESTING RESULT? Molecular Test Results: □ NDM □ KPC □ OXA □ OXA-48 □ VIM □ IMP □ Other (specify): *(added other specify check box)*
	31d. DATE OF ABSTRACTION: ___ ___ - ___ ___ - ___ ___ ___ ___ *(new question)*
31d. COMMENTS: _____	31e. COMMENTS: _____ *(changed question number)*

11. 2020 Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL)

Question on 2019 form	Question on 2020 form
Title: 2019 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report	Title: 2020 Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacteriaceae Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report *(change in title)*
17. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) □ None □ Unknown	17a. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) □ None □ Unknown □ Colonized *(adding the option to choose "colonized")*
18. RECURRENT UTI	17b. RECURRENT UTI *(changed question number)*
19. UNDERLYING CONDITIONS: (Check all that apply) RENAL DISEASE □ Chronic kidney disease Lowest serum creatinine: _____mg/DL	18. UNDERLYING CONDITIONS: (Check all that apply) RENAL DISEASE □ Chronic kidney disease Lowest serum creatinine: _____mg/DL □ Unknown or not done *(Changed question number, added an option for "Unknown or not done")*
19 SUBSTANCE USE OTHER SUBSTANCES: (Check all that apply) □ Cocaine or methamphetamine	19. SUBSTANCE USE OTHER SUBSTANCES: (Check all that apply) □ Opioid, NOS *(new check box)* □ Cocaine □ Methamphetamine *(split out cocaine and methamphetamine)* During the current hospitalization did the patient receive medication assisted treatment (MAT) for opioid use disorder? □ Yes □ No □ N/A (patient not hospitalized or did not have DUD *(New question)*
21. RISK FACTORS: (Check all that apply)	20. RISK FACTORS: (Check all that apply) *(Changed question number)*
22a. WEIGHT	21a. WEIGHT *(Changed question number)*
22b. HEIGHT	21b. HEIGHT *(Changed question number)*
22c. BMI	21c. BMI *(Changed question number)*
23. RECORD THE COLONY COUNT:	22. RECORD THE COLONY COUNT:

	(Changed question number)
24. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE CULTURE:	23. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE CULTURE: *(Changed question number)*
	27d. DATE OF ABSTRACTION: ___ ___ - ___ ___ - ___ ___ ___ ___ *(New question)*
27d. COMMENTS: _____	27e. COMMENTS: _____ *(Changed question number)*

12. 2020 Invasive MRSA Infection Case Report Form

<table>
<tr><th>Questions on 2019 Form</th><th>Questions on 2020 Form</th></tr>
<tr><td>29. RENAL DISEASE
□ Chronic kidney disease
Lowest serum creatinine: _____mg/DL</td><td>29. RENAL DISEASE
□ Chronic kidney disease
Lowest serum creatinine: _____mg/DL
□ Unknown or not done

(Added an option for “Unknown or not done”)</td></tr>
<tr><td></td><td>30. Was the patient homeless in the year before DISC?
□ Yes □ No □ Unknown
(New question)</td></tr>
<tr><td>30.<table><tr><td>□ Opioid, DEA schedule I (e.g., heroin)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Opioid, DEA schedule II (e.g., methadone, oxycodone)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table></td><td>31.<table><tr><td>□ Opioid, DEA schedule I (e.g., heroin)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Opioid, DEA schedule II (e.g., methadone, oxycodone)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Opioid, NOS</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table>(Updated question number, added question opioid, not otherwise specified)</td></tr>
<tr><td>30.<table><tr><td>□ Cocaine or methamphetamine</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table></td><td>31.<table><tr><td>□ Cocaine</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Methamphetamine</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table>(separated cocaine and methamphetamine)</td></tr>
<tr><td>30.</td><td>31. During the current hospitalization did the patient receive medication assisted treatment (MAT) for opioid use disorder?
□ Yes □ No □ N/A (patient not hospitalized or did not have DUD

(New question)</td></tr>
<tr><td>31. Prior healthcare exposure(s)</td><td>32. Prior healthcare exposure(s)
(Updated question number)</td></tr>
</table>

32. Patient outcome	**33. Patient outcome** **(Updated question number)**
33. Was case identified through audit?	**34. Was case identified through audit?** **(Updated question number)**
34. CRF Status	**35. CRF status** **(Updated question number)**
35. Does this case have recurrent MRSA disease?	**36 Does this case have recurrent MRSA disease?** **(Updated question number)**
36. Date reported to EIP site	**37. Date reported to EIP site** **(Updated question number)**
	38. Date of abstraction: ___-___-_____ **(New question)**
37. S.O. Initials: **_____**	**39. S.O. Initials** **_____** **(Updated question number)**
38. Comments:	**40. Comments:** **(Updated question number)**

13. 2020 Invasive MSSA Infections Case Report Form

<table>
<tr><td>Questions on 2019 Form</td><td>Questions on 2020 Form</td></tr>
<tr><td>29. RENAL DISEASE
□ Chronic kidney disease
Lowest serum creatinine: _____mg/DL</td><td>29. RENAL DISEASE
□ Chronic kidney disease
Lowest serum creatinine: _____mg/DL
□ Unknown or not done

(Added an option for “Unknown or not done”)</td></tr>
<tr><td>30.</td><td>30. Was the patient homeless in the year before DISC?
□ Yes □ No □ Unknown
(New question)</td></tr>
<tr><td>30.
<table><tr><td>□ Opioid, DEA schedule I (e.g., heroin)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Opioid, DEA schedule II (e.g., methadone, oxycodone)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table></td><td>31.
<table><tr><td>□ Opioid, DEA schedule I (e.g., heroin)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Opioid, DEA schedule II (e.g., methadone, oxycodone)</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Opioid, NOS</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table>
(Updated question number, added question opioid, not otherwise specified)</td></tr>
<tr><td>30.
<table><tr><td>□ Cocaine or methamphetamine</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table></td><td>31.
<table><tr><td>□ Cocaine</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr><tr><td>□ Methamphetamine</td><td>□ Documented use disorder</td><td>□ IDU □ Skin popping □ Non-IDU □Unknown</td></tr></table>
(separated cocaine and methamphetamine)</td></tr>
<tr><td>30.</td><td>31. During the current hospitalization did the patient receive medication assisted treatment (MAT) for opioid use disorder?
□ Yes □ No □ N/A (patient not hospitalized or did not have DUD</td></tr>
</table>

	(New question)
31. Prior healthcare exposure(s)	32. Prior healthcare exposure(s) (Updated question number)
32. Patient outcome	33. Patient outcome (Updated question number)
33. Was case identified through audit?	34. Was case identified through audit? (Updated question number)
34. CRF Status	35. CRF status (Updated question number)
35. Does this case have recurrent MSSA disease?	36 Does this case have recurrent MSSA disease? (Updated question number)
36. Date reported to EIP site	37. Date reported to EIP site (Updated question number)
	38. Date of abstraction: ___-___-_____ (New question)
37. S.O. Initials: _____	39. S.O. Initials _____ (Updated question number)
38. Comments:	40. Comments: (Updated question number)

14. 2020 CDI Case Report and Treatment Form

Question on 2019 Form	**Question on 2020 Form**
9. Positive diagnostic assay for *C.diff* *(Check all that apply)* □ EIA □ Culture □ GDH □ Cytotoxin □ NAAT □ Other (specify) _____ Unknown	**9. Diagnostic assay for *C.diff*** **9a. EIA** □ Positive □ Negative □ Not tested **9b. GDH** □ Positive □ Negative □ Not tested **9c. Cytotoxin** □ Positive □ Negative □ Not tested **9d. NAAT (*C. diff* only)** □ Positive □ Negative □ Not tested **9e. NAAT (GI panel)** □ Positive □ Negative □ Not tested **9.e.1 If positive, was result suppressed?** □ Yes □ No □ Unknown **9f. Other** (specify): _____ □ Positive □ Negative □ Not tested (split out each option into positive/negative/not tested, assigned a question number to each assay, split out NAAT into C. diff only tests and GI panel tests, added question about suppression of GI panel results, re-ordered response options, removed culture as an option)
[21. Underlying conditions] **Renal disease** □ Chronic kidney disease Lowest serum creatinine: _____mg/DL	**[21. Underlying conditions]** **Renal disease** □ Chronic kidney disease Lowest serum creatinine: _____mg/DL □ Unknown or not done (added option for unknown or not done)
[23c. Other substances] [not on 2019 CRF]	**[23c. Other substances]** □ Opioid, NOS □ DUD or abuse □IDU □Skin popping □Non-IDU □Unknown
[23c. Other substances] □ Cocaine or methamphetamine □ DUD or abuse □IDU □Skin popping □Non-IDU □Unknown	**[23c. Other substances]** □ Cocaine □ DUD or abuse □IDU □Skin popping □Non-IDU □Unknown □ Methamphetamine □ DUD or abuse □IDU □Skin popping □Non-IDU □Unknown (Split into two questions)
[not on 2019 CRF]	**[23c. Other substances]** During the current hospitalization, did the patient receive medication assisted treatment (MAT) for opioid use disorder? □ Yes □ No □ N/A (patient not hospitalized or did not have DUD) (new question)
[not on 2019 CRF]	**39. Date of abstraction** __ __ / __ __ / __ __ __ __ (new question)
39. Comments	**40. Comments** (updated question number)

15. 2020 HAIC Candidemia Case Report

Questions from 2019	**Questions from 2020**
26. Additional non-Candida organisms isolated from blood cultures in the 7 days before the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown	**26. Additional non-Candida organisms isolated from blood cultures on the day of or in the 6 days before the DISC:** **1 ☐Yes 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
27. Any subsequent positive Candida blood cultures in the 30 days after the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown	**28. Any subsequent positive Candida blood cultures in the 29 days after, not including the DISC?** **1 ☐Yes 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
28. Documented negative Candida blood culture in the 30 days after the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown	**29. Documented negative Candida blood culture on the day of or in the 29 days after the DISC?** **1 ☐Yes 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
29. Did the patient have any of the following types of infection/colonization related to their Candida infection? (check all that apply): ☐None ☐Unknown ☐Abscess ☐Splenic ☐Liver ☐Pulmonary ☐Candiduria ☐CNS involvement (meningitis, brain abscess) ☐Eyes (endophthalmitis or chorioretinitis) ☐Endocarditis ☐Peritonitis ☐Respiratory specimen with Candida ☐Septic emboli ☐Lungs ☐Brain ☐Osteomyelitis ☐Skin lesions ☐Other (specify): _____	**30. Did the patient have any of the following types of infection/colonization related to their Candida infection?** **(check all that apply): ☐None ☐Unknown** **☐Abscess** **☐Splenic** **☐Liver** **☐Pulmonary** **☐Other (specify): _____** **☐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): _____** **(Added another option "Other, specify" under the heading of Abscess)**
34. Previous Hospitalization in the 90 days before the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown	**37. Previous Hospitalization in the 90 days before, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐ Unknown** **(Updated timeframe wording to be clearer)**
35. Overnight stay in LTACH in the 90 days before the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown	**38. Overnight stay in LTACH in the 90 days before, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐ Unknown** **(Updated timeframe wording to be clearer)**
36. Overnight stay in LTCF in the 90 days before the DISC: 1 ☐Yes 0 ☐No 9 ☐	**39. Overnight stay in LTCF in the 90 days before, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐** **(Updated timeframe wording to be clearer)**
37. Underlying Conditions ☐Renal Disease ☐Chronic Kidney Disease Lowest serum creatinine: _____mg/DL	**40. Underlying Conditions** **☐Renal Disease** **☐Chronic Kidney Disease** **Lowest serum creatinine: _____mg/DL** **☐Unknown or not done**

<table>
<tr><td></td><td>(Added a checkbox for unknown lowest serum creatinine)</td></tr>
<tr><td>40. Other Substances (Check all that apply):
<table>
<tr><td>☐ None</td><td colspan="2">☐ Unknown</td></tr>
<tr><td>☐ Marijuana (other than smoking)</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Opioid, DEA schedule I (e.g., heroin)</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Cocaine or methamphetamine</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Other (Specify):</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Unknown substance</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
</table></td><td>43. Other Substances (Check all that apply :)
<table>
<tr><td>☐ None</td><td colspan="2">☐ Unknown</td></tr>
<tr><td>☐ Marijuana (other than smoking)</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Opioid, DEA schedule I (e.g., heroin)</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Opioid, NOS</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Cocaine</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Methamphetamine</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Other (Specify):</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
<tr><td>☐ Unknown substance</td><td>☐ Documented use disorder</td><td>☐ IDU ☐ Skin popping ☐ Non-IDU ☐Unknown</td></tr>
</table>
(Added a new option, Opioid, NOS for instances where the medical chart does not specify the exact Opioid; Cocaine and Methamphetamines were separated out to be different questions)</td></tr>
<tr><td>NEW QUESTION</td><td>44. During the current hospitalization, did the patient receive medication-assisted treatment (MAT) for opioid use disorder?
1 ☐Yes 0 ☐No 8 ☐N/A (patient not hospitalized or did not have DUD) 9 ☐Unknown</td></tr>
<tr><td>44. Surgeries in the 90 days before the DISC:
☐Abdominal surgery
☐Non-abdominal surgery (specify): _____
☐No surgery</td><td>47. Surgeries on the day of or in the 89 days before the DISC:
☐Abdominal surgery
☐Non-abdominal surgery (specify):
_____
☐No surgery

(Updated timeframe wording to be clearer)</td></tr>
<tr><td>45. Pancreatitis in the 90 days before the DISC:
1 ☐Yes
0 ☐No</td><td>48. Pancreatitis on the day of or in the 89 days before the DISC:
1 ☐Yes
0 ☐No
9 ☐Unknown

(Updated timeframe wording to be clearer and added an unknown option)</td></tr>
</table>

46a. If yes, did the patient have any urinary tract procedures in the 90 days before the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown	**49a. If yes, did the patient have any urinary tract procedures on the day of or in the 89 days before the DISC?** **1 ☐Yes 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
47. Was the patient neutropenic in the 2 calendar days before the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown (no WBC days -2 or 0, or no differential)	**50. Was the patient neutropenic in the 2 calendar days before, not including the DISC?** **1 ☐Yes 0 ☐No 9 ☐Unknown (no WBC days -2 or 0, or no differential)** **(Updated timeframe wording to be clearer)**
48. Was the patient in an ICU in the 14 days before the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown	**33. Was the patient in an ICU in the 14 days before, not including the DISC?** **1 ☐Yes 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
50. Did the patient have a CVC in the 2 calendar days before the DISC? 1 ☐Yes 2 ☐No 3 ☐Had CVC but can't find dates 9 ☐Unknown	**51. Did the patient have a CVC in the 2 calendar days before, not including the DISC?** **1 ☐Yes 2 ☐No 3 ☐Had CVC but can't find dates 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
50b. Were all CVCs removed or changed in the 7 days after the DISC? 1 ☐Yes 2 ☐No 3 ☐CVC removed, but can't find dates 5 ☐Died or discharged before indwelling catheter replaced 9 ☐Unknown	**51b. Were all CVCs removed or changed on the day of or in the 6 days after the DISC?** **1 ☐Yes** **2 ☐No** **3 ☐CVC removed, but can't find dates** **5 ☐Died or discharged before indwelling catheter replaced** **9 ☐Unknown** **(Updated timeframe wording to be clearer)**
51. Did the patient have a midline catheter in the 2 calendar days before the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown	**52. Did the patient have a midline catheter in the 2 calendar days before, not including the DISC?** **1 ☐Yes 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
52. Did the patient have any of the following indwelling devices present in the 3 calendar days before the DISC? ☐Urinary Catheter/Device ☐Indwelling urethral ☐Suprapubic ☐Respiratory ☐ET/NT ☐Tracheostomy ☐Gastrointestinal ☐Gastrostomy	**53. Did the patient have any of the following indwelling devices present in the 2 calendar days before, not including the DISC?** **☐None ☐Unknown** **☐Urinary Catheter/Device** **☐Indwelling urethral** **☐Suprapubic** **☐Respiratory** **☐ET/NT** **☐Tracheostomy** **☐Gastrointestinal** **☐Abdominal drain (specify): _____** **☐Gastrostomy** **(Changed timeframe wording to be clearer, added a none and unknown option for easier cleaning and coding, added an option under gastrointestinal looking at abdominal drains)**
53. Did the patient receive systemic antibacterial medication in the 14 days before the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown	**54. Did the patient receive systemic antibacterial medication in the 14 days before, not including the DISC?**

	1 ☐Yes 0 ☐No 9 ☐Unknown **(Updated timeframe wording to be clearer)**
54. Did the patient receive total parenteral nutrition (TPN) in the 14 days before the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown	**55. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?** **1 ☐Yes 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
55. Did the patient receive systemic antifungal medication in the 14 days before the DISC? 1 ☐Yes (if Yes, fill out question 58) 0 ☐No 9 ☐ Unknown	**56. Did the patient receive systemic antifungal medication on the day of or in the 13 days before the DISC?** **1 ☐Yes (if Yes, fill out question 58) 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**
56. Was the patient administered systemic antifungal medication after the DISC? 1 ☐Yes (if Yes, fill out question 58) 0 ☐No 9 ☐ Unknown	**57. Was the patient administered systemic antifungal medication after, not including the DISC?** **1 ☐Yes (if Yes, fill out question 58) 0 ☐No 9 ☐Unknown** **(Updated timeframe wording to be clearer)**

16. HAIC- Annual Survey of Laboratory Testing Practices for *C. difficile* Infections

Questions on 2019 Survey	**Questions on 2020 Survey**
Was this lab audited in 2018?	Was this lab audited in 2019? (Updated year referenced)
2. What type and order of testing is routinely used by your laboratory in standard testing for *C. difficile*? *(Enter letter from choices below; choose only one option for each line of testing*) 1st line of testing: _____ 2nd line of testing: _____ 3rd line of testing: _____ A. EIA Toxin A and B B. EIA for Toxin A only C. EIA for Toxin B only D. EIA Antigen (GDH) E. EIA Toxin A/B and Antigen (Simultaneous testing) F. EIA Other Specify other EIA type: _____ G. Nucleic Acid Amplification (e.g. PCR, Illumigene, Luminex) H. Culture I. Cytotoxin J. Other Specify other test type: _____ K. No one routine test; clients can order from among several tests	2. What type and order of testing is routinely used by your laboratory in standard testing for *C. difficile*? *(Enter letter from choices below; choose only one option for each line of testing*) 1st line of testing: _____ 2nd line of testing: _____ 3rd line of testing: _____ A. EIA Toxin A and B B. EIA for Toxin A only C. EIA for Toxin B only D. EIA Antigen (GDH) E. EIA Toxin A/B and Antigen (Simultaneous testing) F. EIA Other Specify other EIA type: _____ G. Nucleic Acid Amplification (e.g. PCR, Illumigene, Luminex, Biofire) H. Culture I. Cytotoxin J. Other Specify other test type: _____ K. No one routine test; clients can order from among several tests

Specify types: _____ L. None	Specify types: _____ L. None (Added "Biofire" as an example to response option G)
2a. Which specimens are used during your 2nd line of testing? *(Choose one)* ◯ Positive by the 1st line of testing ◯ Negative by the 1st line of testing ◯ Specimens with discordant results (e.g. EIA+/GDH- or GDH+/EIA-) ◯ All specimens ◯ Do not use 2nd line of testing (go to question 3a)	2a. Which specimens are used during your 2nd line of testing? *(Choose one)* ◯ Positive by the 1st line of testing ◯ Negative by the 1st line of testing ◯ Specimens with discordant results (e.g. EIA+/GDH- or GDH+/EIA-) ◯ All specimens ◯ Do not use 2nd line of testing (removed "go to question 3a" from final response option)
2b. Which specimens are used during your 3rd line of testing? *(Choose one)* ◯ Positive by the 2nd line of testing ◯ Negative by the 2nd line of testing ◯ Specimens with discordant results (e.g. EIA+/GDH- or GDH+/EIA-) ◯ All specimens ◯ Do not use 3rd line of testing (go to question 3a)	2b. Which specimens are used during your 3rd line of testing? *(Choose one)* ◯ Positive by the 2nd line of testing ◯ Negative by the 2nd line of testing ◯ Specimens with discordant results (e.g. EIA+/GDH- or GDH+/EIA-) ◯ All specimens ◯ Do not use 3rd line of testing (removed "go to question 3a" from final response option)
[Question did not exist]	2c. Does your laboratory perform any onsite testing for *C. difficile* outside of your normal testing algorithm? ◯ No, all onsite testing is done according to the testing al specified above ◯ Yes, on physician request Specify tests: _____ ◯ Other Specify: _____ (New question)
3b. Which Nucleic Acid Amplification test is currently used by your laboratory? *(Check all that apply)* □ BD-GeneOhm C. difficile □ Cepheid Xpert C. difficile □ Meridian Illumigene □ Prodesse (Gen-Probe) Progastro CD □ Luminex xTAG GPP □ Biofire Filmarray GI Panel □ Other Specify other test: _____ □ N/A (Do not use nucleic acid amplification)	3b. Which Nucleic Acid Amplification test is currently used by your laboratory? *(Check all that apply)* □ BD-GeneOhm C. difficile □ BD MAX C. difficile □ Cepheid Xpert C. difficile □ Meridian Illumigene □ Prodesse (Gen-Probe) Progastro CD □ Luminex xTAG GPP □ Biofire Filmarray GI Panel □ Quidel AmpliVue *C. difficile* Assay □ Great Basin Portrait Toxigenic *C. difficile* Assay □ Nanosphere Verigene SP □ Other Specify other test: _____ □ N/A (Do not use nucleic acid amplification) (Added response options)

3c. If your laboratory uses a multiplex PCR (e.g., Biofire Filmarray GI Panel, Luminex xTAG GPP) to test for several GI pathogens, does your laboratory suppress the result so that clinicians cannot see it? □ Yes □ No □ N/A (Do not use multiplex PCR)	4a. If your laboratory uses a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG GPP) to test for several GI pathogens, does your laboratory suppress the C. diff result so that clinicians cannot see it? □ Yes, always □ Yes, at clinician request □ Yes, but will release the result upon clinician request □ Yes, sometimes Specify: _____ □ No, clinicians always see C. diff result □ N/A (Do not use multiplexed molecular diagnostic) (Changed wording of question and "No" and "N/A" response options, expanded the "yes" response option for clarity, and changed question number)
[Question did not exist]	4b. If your laboratory uses a multiplexed diagnostic and the result is suppressed, where does the suppression occur? □ At the multiplexed molecular diagnostic instrument level (the result is not entered into the laboratory information management system (LIMS)) □ At the laboratory information management system (LIMS) level □ Other Specify: _____ □ N/A (Do not use multiplexed molecular diagnostic or the result is never suppressed) (New question)
4. What are the testing codes associated with the tests your lab currently uses?	5. What are the testing codes associated with the tests your lab currently uses? (Changed question number)
5. Has your lab testing algorithm for *C. difficile* changed since January 1, 2018? ◯ Yes What date did this change occur? _____ / _____ / _____ ◯ No	6. Has your lab testing algorithm for *C. difficile* changed since January 1, 2019? ◯ Yes What date did this change occur? _____ / _____ / _____ ◯ No (Changed question number and date referenced)
5a. *(If yes)* What was your previous type and order of testing? *(Enter letter from choices below; choose only one option for each line of testing*) 1st line of testing: _____ 2nd line of testing: _____ 3rd line of testing: _____ A. EIA Toxin A and B B. EIA for Toxin A only C. EIA for Toxin B only D. EIA Antigen (GDH) E. EIA Toxin A/B and Antigen (Simultaneous testing) F. EIA Other	6a. *(If yes)* What was your previous type and order of testing? *(Enter letter from choices below; choose only one option for each line of testing*) 1st line of testing: _____ 2nd line of testing: _____ 3rd line of testing: _____ A. EIA Toxin A and B B. EIA for Toxin A only C. EIA for Toxin B only D. EIA Antigen (GDH) E. EIA Toxin A/B and Antigen (Simultaneous testing) F. EIA Other

<table>
<tr>
<td>Specify other EIA type:
_____
G. Nucleic Acid Amplification (e.g. PCR, Illumigene, Luminex)
H. Culture
I. Cytotoxin
J. Other
Specify other test type:
_____
K. No one routine test; clients can order from among several tests
Specify types: _____
L. None</td>
<td>Specify other EIA type:
_____
G. Nucleic Acid Amplification (e.g. PCR, Illumigene, Luminex, Biofire)
H. Culture
I. Cytotoxin
J. Other
Specify other test type:
_____
K. No one routine test; clients can order from among several tests
Specify types: _____
L. None
(Changed question number and added “Biofire” as an example to response option G)</td>
</tr>
<tr>
<td>5b. Which specimens were used during your 2nd line of testing?</td>
<td>6b. Which specimens were used during your 2nd line of testing?
(Changed question number)</td>
</tr>
<tr>
<td>5c. Which specimens were used during your 3rd line of testing?</td>
<td>6c. Which specimens were used during your 3rd line of testing?
(Changed question number)</td>
</tr>
<tr>
<td>6. Does your lab have a policy to reject stool specimens for C. difficile testing?</td>
<td>7. Does your lab have a policy to reject stool specimens for C. difficile testing?
(Changed question number)</td>
</tr>
<tr>
<td>6a. Has your rejection policy for stool specimens changed since January 1, 2018?
◯ Yes
What date did this change occur?
_____ / _____ / _____
Specify changes: _____
◯ No</td>
<td>7a. Has your rejection policy for stool specimens changed since January 1, 2019?
◯ Yes
What date did this change occur?
_____ / _____ / _____
Specify changes: _____
◯ No

(Updated year referenced and question number)</td>
</tr>
<tr>
<td>[Question did not exist]</td>
<td>8. How many stool samples did you test for C. diff each month in 2019?

<table>
<tr><th>Month</th><th>Stool samples tested</th><th>C. diff+ samples</th></tr>
<tr><td>January</td><td></td><td></td></tr>
<tr><td>February</td><td></td><td></td></tr>
<tr><td>March</td><td></td><td></td></tr>
<tr><td>April</td><td></td><td></td></tr>
<tr><td>May</td><td></td><td></td></tr>
<tr><td>June</td><td></td><td></td></tr>
<tr><td>July</td><td></td><td></td></tr>
<tr><td>August</td><td></td><td></td></tr>
<tr><td>September</td><td></td><td></td></tr>
<tr><td>October</td><td></td><td></td></tr>
<tr><td>November</td><td></td><td></td></tr>
<tr><td>December</td><td></td><td></td></tr>
</table>
</td>
</tr>
</table>

	(New question)
7. Since your laboratory changed its testing algorithm for CDI diagnosis in the past year and this may have had an impact in the number of positive specimens, it is very important for us to have information on the number of stool samples tested for *C. difficile* and the number of stool samples positive for *C. difficile* in the 3 months prior to and the 3 months following the change in testing methodology.	[Removed question]

17. HAIC- CDI Annual Surveillance Officers Survey

Questions on 2019 Survey	**Questions on 2020 Survey**
2. In 2018, did any laboratories drop out of participation?	2. In 2019, did any laboratories drop out of participation? (Updated year referenced)
3. In 2018, did you identify any additional laboratories inside or outside of your catchment area which identify *C.diff* assays from persons who are residents of your catchment area?	3. In 2019, did you identify any additional laboratories inside or outside of your catchment area which identify *C.diff* assays from persons who are residents of your catchment area? (Updated year referenced)
11. What software do you use for geocoding?	11. What application do you use for geocoding (e.g. ArcGIS Pro, ArcMap, ArcGIS Online)? 12. Within this application, what geocoding tool do you use (e.g, StreetMap Premium, Spacialitics Health Geocoder, ArcGIS World Geocoding service, locally-created address locator file)? (Split into two questions, clarified the information we were looking for in this question)
12. For each facility that treated a case in 2018, please provide the following: a. Facility ID or Provider ID as it appears on the CRF b. Type of facility (i.e. hospital inpatient, outpatient, LTCF, LTACH, other). When possible, use the CMS classification to determine type of facility c. Either the state and county of the facility or an indication of if the facility is in catchment or out of catchment	13. For each facility that treated a case in 2019, please provide the following: a. Facility ID or Provider ID as it appears on the CRF b. Type of facility (i.e. hospital inpatient, outpatient, LTCF, LTACH, other). When possible, use the CMS classification to determine type of facility c. Either the state and county of the facility or an indication of if the facility is in catchment or out of catchment (Updated year referenced, updated question number)

18. HAIC- Emerging Infections Program *C. difficile* Surveillance Nursing Home Telephone Survey (LTCF)

Questions on 2019 Survey	**Questions on 2020 Survey**
Speaking to correct person: YES (proceed) NO (go to question 3) Record name and title:_____ Phone number: _____ 3. If NO, Name of person and title:_____ Phone number:_____ Best time to reach this person:_____	Speaking to correct person: If YES, Record name and title:_____ Phone number: _____ If NO, Name of person and title:_____ Phone number:_____ Best time to reach this person:_____ (Combined questions on the form, removed numbering)
1. Is your facility a free-standing facility? □ Yes	[Removed question]

□ No, which hospital is your facility affiliated with? _____	
2. Do you collect stool specimens in the facility to be sent for ***Clostridioides difficile*** testing? □ YES □ NO If YES, Do you send all your stool specimens for C. diff testing to a reference laboratory? □ YES (what is the name of the reference lab: _____) □ No, please name the laboratories you send stool specimens for C. *diff* testing? Name: _____ Phone number: _____ Name: _____ Phone number: _____ Name: _____ Phone number: _____	1. Do you collect stool specimens in the facility to be sent for ***Clostridioides difficile*** testing? □ YES □ NO 2. If YES, please name the laboratories to which you send stool specimens for C. *diff* testing: Name: _____ Phone number: _____ Name: _____ Phone number: _____ Name: _____ Phone number: _____ (Removed sub-question about reference laboratory, re-numbered question, rephrased question about where labs send stools for testing)

19. HAIC- Invasive *Staphyloccus aureus* Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT)

Questions on 2019 Survey	**Questions on 2020 Survey**
2b. Which CIDTs do you use (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply. □ FilmArray® Blood Culture Identification Panel..Date started_____ □ Verigene® Gram-Positive Blood Culture Test…Date started_____ □ Verigene® Staphylococcus Blood Culture Test…Date started_____ □ Cepheid Xpert® MRSA/SA BC…Date started_____ □ BD Geneohm® StaphSR…Date started_____ □ AdvanDx Staphylococcus QuickFISH blood culture kit…Date started_____ □ AdvanDx S. aureus/CNS PNA FISH…Date started_____ □ Alere BinaxNOW® *Staphylococcus aureus* test…Date started_____ □ Great Basin Staph ID/R blood culture panel…Date started_____ □ T2Bacteria® Panel…Date started_____ □ Accelerate PhenoTest™ BC kit…Date started _____ □ iCubate iC-GPC Assay™…Date started _____ □ Other, Lab Developed Test (detects MRSA or SA)… Date started _____ □ Other commercial test, Specify_____...Date started_____	2b. Which CIDTs do you use (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply. □ FilmArray® Blood Culture Identification Panel..Date started_____ □ Verigene® Gram-Positive Blood Culture Test…Date started_____ □ Verigene® Staphylococcus Blood Culture Test…Date started_____ □ Cepheid Xpert® MRSA/SA BC…Date started_____ □ BD Geneohm® StaphSR…Date started_____ □ AdvanDx Staphylococcus QuickFISH blood culture kit…Date started_____ □ AdvanDx S. aureus/CNS PNA FISH…Date started_____ □ Alere BinaxNOW® *Staphylococcus aureus* test…Date started_____ □ Great Basin Staph ID/R blood culture panel…Date started_____ □ T2Bacteria® Panel…Date started_____ □ Accelerate PhenoTest™ BC kit…Date started _____ □ iCubate iC-GPC Assay™…Date started _____ □ mecA XpressFISH® …Date started _____ □ Micacom hemoFISH Masterpanel … Date started _____ □ ePlex BCID-GP Panel … Date started _____ □ Other, Lab Developed Test (detects MRSA or SA)… Date started _____ □ Other commercial test, Specify_____...Date started_____

2c. [If using any of the above tests for sterile site cultures] Do you still obtain an isolate for *S. aureus* or MRSA? □ Yes □ No - GO to Q3	2c. [If using any of the above tests on sterile site specimens] Do you still obtain an isolate for *S. aureus* or MRSA? □ Yes □ No - GO to Q3

20. HAIC- Invasive *Staphylococcus aureus* Supplemental Surveillance Officers Survey

Question on 2019 Survey	**Question on 2020 Survey**
Section: Surveillance Area Characteristics	
4a: If yes, what mechanism did you have in place that allowed for SOs to have access to MSSA case counts and medical records? _____MSSA is a reportable condition _____ Agent of the state _____ State Health Department Regulation _____ Other, please explain: _____	2. Is MSSA reportable at your site? _____ yes _____ no (split question 4a into two parts)
	2ai. If yes: What is your reportable definition of MSSA? _____ All invasive MSSA statewide _____ Invasive MSSA in residents among defined catchment area _____ Healthcare-associated invasive MSSA infection _____ Other, please define: _____ (new question)
	2aii: Is isolate submission to the State Health Department Laboratory required? _____ yes _____ no (new question)
4a: If yes, what mechanism did you have in place that allowed for SOs to have access to MSSA case counts and medical records? _____MSSA is a reportable condition _____ Agent of the state _____ State Health Department Regulation _____ Other, please explain: _____	2bi: If no: what mechanism do you have in place that allows for SOs to have access to MSSA case counts and medical records? _____ Agent of the state _____ State Health Department Regulation _____ Other, please explain: _____ (split question 4a into two parts)
	2bii: If no, does your state/site plan to make MSSA reportable? _____yes _____no (new question)
2. Did your site send MRSA/MSSA isolates to CDC for characterization in 2017? ___yes ____no	3. Did your site send MRSA/MSSA isolates to CDC for characterization in 2019? ___yes ____no (updated question number)
2a. If yes, how were isolates selected?	3a. If yes, how were isolates selected? (updated question number)
	3b. If yes, how many isolates did you expect to be able to collect from clinical labs? _____ MRSA, _____ MSSA

<table>
<tr><td></td><td>(new question)</td></tr>
<tr><td></td><td>3c. If yes, what was the total number of isolates collected from clinical labs?
_____ MRSA, _____ MSSA

(new question)</td></tr>
<tr><td>4. Did your site participate in MSSA surveillance in 2018? _____ yes _____ no

(deleted)</td><td></td></tr>
<tr><td>4b. If yes, please complete the date range for which MSSA surveillance was conducted as well as the catchment area:
<table><tr><th></th><th>2018</th></tr><tr><td>Dates of MSSA surveillance</td><td></td></tr><tr><td>Catchment area</td><td></td></tr></table>
(deleted)</td><td></td></tr>
<tr><td>3. How does your site complete SA case report forms (please select all that apply)?
_____On a computer or tablet
_____With paper and pen
_____Other, please explain:
_____</td><td>4. How does your site complete SA case report forms (please select all that apply)?
_____On a computer or tablet
_____With paper and pen
_____Other, please explain:
_____

(updated question number)</td></tr>
<tr><td colspan="2">Section: Lab Participation and Case Finding</td></tr>
<tr><td>1. Please list the total number of each type of lab <u>serving</u> your MRSA surveillance catchment area (both inside and outside of the catchment area):
<table><tr><th>Inside catchment area</th><th>Outside catchment area</th><th></th></tr><tr><td></td><td></td><td>Hospital laboratories</td></tr><tr><td></td><td></td><td>Dialysis referral laboratories</td></tr><tr><td></td><td></td><td>Commercial/outpatient laboratories*</td></tr><tr><td></td><td></td><td>Other; please specify:_____
_____</td></tr><tr><td></td><td></td><td>Total number (Add above together)</td></tr></table>
<u>*For the purpose of the survey, we are defining “Commercial/Outpatient Laboratories” as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.</u></td><td>1. Please list the total number of each type of lab <u>serving</u> your MRSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab <u>participating</u> (i.e., submit test results when available) <u>in surveillance (both inside and outside the catchment area)</u>:
<table><tr><th colspan="2">Inside catchment area</th><th colspan="2">Outside catchment area</th><th></th></tr><tr><th>Serve</th><th>Participate</th><th>Serve</th><th>Participate</th><th></th></tr><tr><td></td><td></td><td></td><td></td><td>Hospital laboratories</td></tr><tr><td></td><td></td><td></td><td></td><td>Dialysis referral laboratories</td></tr><tr><td></td><td></td><td></td><td></td><td>Commercial/outpatient laboratories*</td></tr><tr><td></td><td></td><td></td><td></td><td>Other; please specify:_____
_____</td></tr><tr><td></td><td></td><td></td><td></td><td>Total number (Add above together)</td></tr></table>
<u>*For the purpose of the survey, we are defining “Commercial/Outpatient Laboratories” as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.</u>

(updated question wording and response formatting)</td></tr>
<tr><td>2. Please list the total number of each type of lab</td><td>2. If different catchment than MRSA, please list the total number</td></tr>
</table>

<table>
<tr>
<td>serving your MSSA surveillance catchment area if different catchment than MRSA (both inside and outside of the catchment area):
<table>
<tr><th>Inside catchment area</th><th>Outside catchment area</th><th></th></tr>
<tr><td></td><td></td><td>Hospital laboratories</td></tr>
<tr><td></td><td></td><td>Dialysis referral laboratories</td></tr>
<tr><td></td><td></td><td>Commercial/outpatient laboratories*</td></tr>
<tr><td></td><td></td><td>Other; please specify:_____ _____</td></tr>
<tr><td></td><td></td><td>Total number (Add above together)</td></tr>
</table>
*For the purpose of the survey, we are defining "Commercial/Outpatient Laboratories" as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.</td>
<td>of each type of lab serving your MSSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab participating (i.e., submit test results when available) in surveillance (both inside and outside the catchment area)::
<table>
<tr><th colspan="2">Inside catchment area</th><th colspan="2">Outside catchment area</th><th></th></tr>
<tr><th>Serve</th><th>Participate</th><th>Serve</th><th>Participate</th><th></th></tr>
<tr><td></td><td></td><td></td><td></td><td>Hospital laboratories</td></tr>
<tr><td></td><td></td><td></td><td></td><td>Dialysis referral laboratories</td></tr>
<tr><td></td><td></td><td></td><td></td><td>Commercial/outpatient laboratories*</td></tr>
<tr><td></td><td></td><td></td><td></td><td>Other; please specify:_____ _____</td></tr>
<tr><td></td><td></td><td></td><td></td><td>Total number (Add above together)</td></tr>
</table>
*For the purpose of the survey, we are defining "Commercial/Outpatient Laboratories" as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.

(updated question wording and response formatting)</td>
</tr>
<tr><td colspan="2">Section: Data Edits</td></tr>
<tr><td></td><td>2. Did your site have any challenges completing the CRF re-abstractions? _____ yes _____ no

(new question)</td></tr>
<tr><td></td><td>2a. If yes, please describe

(new question)</td></tr>
<tr><td colspan="2">Section: Ascertainment of Surveillance Area and Case Audits</td></tr>
<tr><td></td><td>3d. How many laboratories did you audit in 2019?

(new question)</td></tr>
<tr><td></td><td>4. In 2019, did your site update its inventory of facilities within the EIP catchment area? _____ yes_____ no

(new question)</td></tr>
<tr><td></td><td>4a. If no, why not?

(new question)</td></tr>
<tr><td></td><td>4b. If yes, how many facilities serve the catchment area?

(new question)</td></tr>
<tr><td></td><td>4c. If yes, how many facilities have you identified a clinical laboratory for?
(new question)</td></tr>
<tr><td>4. Does your site perform routine ascertainment* of the surveillance area?
"Case ascertainment" should include ongoing attempts to identify new or additional laboratories inside and outside of your defined catchment area which may be</td><td>5. Does your site perform routine ascertainment of the surveillance area?
*"Case ascertainment" should include ongoing attempts to identify new or additional laboratories inside and outside of your defined catchment area which may be processing specimens for surveillance area residents.</td></tr>
</table>

processing specimens for surveillance area residents. _____ yes _____ no a. If yes, how does your site assess case ascertainment* methods? (examples include: physician surveys, LTCF surveys, outreach to new dialysis centers, etc…). b. If yes, how often is this performed? When was this last performed?	_____ yes _____ no a. If yes, how does your site assess case ascertainment* methods? (examples include: physician surveys, LTCF surveys, outreach to new dialysis centers, etc…). b. If yes, how often is this performed? When was this last performed? (updated question number)
5. Are there specific labs that you have difficulty obtaining line lists from? _____ yes _____ no a. If yes, what types of labs?	6. Are there specific labs that you have difficulty obtaining line lists from? _____ yes _____ no a. If yes, what types of labs? (updated question number)
6. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MRSA disease? _____ yes _____ no a. If yes, please describe the check(s) that you use b. If yes, how often are the check(s) used? c. If yes, do you plan to use these for MSSA once more surveillance data are available? _____ yes _____ no	7. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MRSA disease? _____ yes _____ no a. If yes, please describe the check(s) that you use b. If yes, how often are the check(s) used? c. If yes, do you plan to use these for MSSA once more surveillance data are available? _____ yes _____ no (updated question number)
Section: CDC Responsibilities	
1. CDC staff are responsive to questions/concerns/emails (e.g., Valerie Albrecht, Kelly Jackson, Isaac See, and Shirley Zhang). _____ Strongly agree _____ Agree _____ Neutral _____ Disagree _____ Strongly disagree a. If you disagree or strongly disagree, please explain and provide improvement suggestions:	2. CDC staff are responsive to questions/concerns/emails (e.g., Davina Campbell, Runa Gokhale, Kelly Jackson, Isaac See, and Shirley Zhang). _____ Strongly agree _____ Agree _____ Neutral _____ Disagree _____ Strongly disagree a. If you disagree or strongly disagree, please explain and provide improvement suggestions: (Updated wording)

21. HAIC- Laboratory Testing Practices for Candidemia Questionnaire

Questions on 2019 Survey	Questions on 2020 Survey
Title: 2019 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE	**Title: 2020 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE**