



Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacteriaceae

A i 'h!g]h'; fUa !BY[Uhj Y'Gi fj Y]'UbWV-b]h]Uhj Y fA i ; G-L

Form Approved OMB No. 0920-0978

< YUk WUfY-5 ggcWUH'X-bZVWjcs'7 ca a i b]m-b]hfZUW'fk 5 7 L7 UgY F Ydcf h

Patient's Name: _____ Phone no. () _____

Address: _____ MRN: _____

City: _____ State _____ ZIP: _____ Hospital: _____

---Patient Identifier information is not transmitted to CDC---

8 9 AC; F 5 D<7 G'

Form with multiple text input fields for patient information.

Demographic information section including gender, ethnicity, and race options.

Antibiotic resistance section (10. CF; 5 B-GA) listing Escherichia coli, Klebsiella pneumoniae, and Klebsiella oxytoca.

Specimen source section with checkboxes for Blood, Bone, CSF, etc.

Facility information section with checkboxes for CI HD5 H9 BH, Emergency room, etc.

ICU admission section with checkboxes for Yes, No, Unknown and date of admission.

Outcome section (16. D5 H9 BH CI H7 CA9) with checkboxes for Survived, Died, Unknown and discharge/death dates.

Public reporting burden of this collection of information is estimated to average 28 minutes per response...



%4a" HMD9G'C: 'B: 97 HCB'5 GGC7-5 H98' K #k: 7I @H F9GL' f7\ YW' U''h UHidd'nk'
Abscess, not skin
AV fistula/graft infection
Bacteremia
Bursitis
Catheter site infection (CVC)
Cellulitis
Chronic ulcer/wound (not decubitus)
Decubitus/pressure ulcer
Empyema
Endocarditis
Epidural Abscess
Meningitis
Osteomyelitis
Peritonitis
Pneumonia
Pyelonephritis
Septic arthritis
Septic emboli
Septic shock
Skin abscess
Surgical incision infection
Surgical site infection (internal)
Traumatic wound
Urinary tract infection
Other (specify):

%8" I B89F @MB; '7 CB8 #HCBG: f7\ YW' U''h UHidd'nk'
None Unknown
7 <FCB7' @ B; '8 -G95 G9'
Cystic fibrosis
Chronic pulmonary disease
7 <FCB7' A9H56 C @7' 8 -G95 G9
Diabetes mellitus
With chronic complications
7 5F8 -CJ5 G7I @F 8 -G95 G9'
CVA/Stroke/TIA
Congenital heart disease
Congestive heart failure
Myocardial infarction
Peripheral vascular disease (PVD)
; 5 GHFC-BH9 GH5 @8 -G95 G9
Diverticular disease
Inflammatory bowel disease
Peptic ulcer disease
Short gut syndrome
A A1 BC7CADFCA-G98 '7 CB8 #HCB
HIV infection
AIDS/CD4 count < 200
Primary immunodeficiency
Transplant, hematopoietic stem cell
Transplant, solid organ
@J9F 8 -G95 G9
Chronic liver disease
Ascites
Cirrhosis
Hepatic encephalopathy
Variceal bleeding
Hepatitis C
Treated, in SVR
Current, chronic
A5 @; B5 B7 M'
Malignancy, hematologic
Malignancy, solid organ (non-metastatic)
Malignancy, solid organ (metastatic)
B9I FC @; '7 CB8 #HCB'
Cerebral palsy
Chronic cognitive deficit
Dementia
Epilepsy/seizure/seizure disorder
Multiple sclerosis
Neuropathy
Parkinson's disease
Other (specify):
'D @; '5 G'D5F5 @MG-G'
Hemiplegia
Paraplegia
Quadriplegia
RENAL DISEASE
Chronic kidney disease
Lowest serum creatinine: mg/DL
Unknown or not done
G? -B' 7 CB8 #HCB'
Burn
Decubitus/pressure ulcer
Surgical wound
Other chronic ulcer or chronic wound
Other (specify):
CH-9F'
Connective tissue disease
Obesity or morbid obesity
Pregnant
MUGSI CONDITIONS'
Urinary tract problems/abnormalities
Premature birth
Spina bifida

19. SUBSTANCE' I G9 OTHER SUBSTANCES: (Check all that apply)' None Unknown
8C7I A9BH98' I G9 8 -GCF89F' f8I 8)561 G9. AC89' C: '89 @J9FM' f7\ YW' U''h UHidd'nk'
SMOKING:
f7\ YW' U''h UHidd'nk'
None Unknown
ALCOHOL ABUSE:
Yes
No
Unknown
Tobacco
E-nicotine delivery system
Marijuana
MARIJUANA, cannabinoid (other than smoking)
Opioid, DEA schedule I (e.g., heroin)
Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)
Opioid, NOS
Cocaine
Methamphetamine
Other (specify):
Unknown substance
DUD or abuse
IDU
Skin popping
Non-IDU
Unknown
DURING THE CURRENT HOSPITALIZATION, DID THE PATIENT RECEIVE MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER?
Yes No N/A (patient not hospitalized or did not have DUD)

20. F-G? : 57 HCFG. f7\ YW' U''h UHidd'nk'
None Unknown
K 5 G'-B7 -89BHGD97 -A9B7C @7H98' 'CF'ACF975 @B85F'
85 MG'5: H9F' <CGD'45 @58 A -GG-CB3
DF9J-CI G' <CGD'45 @N5 HCB' -B' H'K'9' M95F'69: CF9' 8 -G7:
IF YES, DATE OF DISCHARGE CLOSEST TO DISC:
OR, DATE UNKNOWN
Facility ID:
CJ9FB7 <HGH5M-B' @H7: 'B' H'K'9' M95F'69: CF9' 8 -G7:
Facility ID:
CJ9FB7 <HGH5M-B' @H57 <'B' H'K'9' M95F'69: CF9' 8 -G7:
Facility ID:
G' F; 9FM-B' H'K'9' M95F'69: CF9' 8 -G7:
7I FF9BH7 <FCB7' 8-5 @MG-G.
IF YES, TYPE:
Hemodialysis
Peritoneal
Unknown
IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS:
AV fistula/graft
Hemodialysis central line
Unknown
79BHF5 @B9' -B'D @79' CB' H'K'9' 8 -G7' fI D' HC' H'K'9' HA9' C: '
7C @7 HCB'ZCF' 5H5 BMHA9' -B' H'K'9' & 75 @B85F'
85 MG'69: CF9' 8 -G7.
IF YES, CHECK ALL THAT APPLY:
Indwelling Urethral Catheter
Suprapubic Catheter
Condom Catheter
Other (specify):
5 BMCH-9F' -B8 K9 @B; '89J-9' -B'D @79' CB' H'K'9' 8 -G7' fI D'
HC' H'K'9' HA9' C: '7C @7 HCB'ZCF' 5H5 BMHA9' -B' H'K'9' &
75 @B85F' 85 MG'69: CF9' 8 -G7.
IF YES, CHECK ALL THAT APPLY:
ET/NT Tube
Gastrostomy Tube
NG Tube
Tracheostomy
Nephrostomy Tube
Other (specify):
PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC:
Yes No Unknown
COUNTRY:
PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES) ABOVE:
Yes No Unknown

&1U" K9 <H.
lbs. oz. OR
kg
Unknown
&1V" <9 <H.
ft. in. OR
cm
Unknown
&1W 6A=
SSSSSSSS
Unknown



I F-B9 71 @H F9G' CB@M &2" F97 CF8 'H<9' 7C @CBM7 CI BH.

I F-B9 71 @H F9G'CB@M & . G= BG5 B8 'GMADHCAG5 GGC7-5 H98 'K H<' I F-B9 71 @H F9"

Please indicate if any of the following symptoms were reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC.

- BcbY □ I b_bck b
□ Costovertebral angle pain or tenderness □ Frequency
□ Dysuria □ Suprapubic tenderness
□ Fever [temperature ≥ 100.4 °F (38 °C)] □ Urgency
Symptoms for patients ≤ 1 year of age only:
□ Apnea
□ Bradycardia
□ Lethargy
□ Vomiting

&4U" =G5 BH A 7 FC6-5 @ G9 'fW' CF CF5 @-B' H<9' '\$85 MG'69: CF9 'H<9' 8-G7 '8 C7I A9 BH983' □ Yes □ No □ Unknown

&4V" = 'M9 GZ7 <9? '5 @@5 BH A 7 FC6-5 @G1 G98 'B' H<9' '\$85 MG'69: CF9 'H<9' 8-G7 . fW \ YW 'U' 'h UhUdd nL'..... □ Unknown

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

REMINDER: Any prior antimicrobial use that is not noted above should be documented in the other (specify) field.

&5a" DID 'H<9' D5 H9 BH HAVE A POSITIVE TEST(S) FOR 'G5 F G17 c J1 & fA C @ 71 @ F '5 G G5 MZ G9 F C @; MCF' CH<9 F '7 CB: -F A5 HCFM H9 GH' CB' CF' 69: CF9 'H<9' 8-G7 3'

&5b. IF YES, COMPLETE TABLE BELOW:

- Yes
□ No
□ Unknown

Table with 3 columns: Test result, Specimen collection date, Test type. Rows for FIRST and MOST RECENT positive tests for SARS-CoV-2.

&5W 7 CJ-8 IB9 H75 G9 '8.

&5X" BB8 GG-8 g fD @ 5 G9' DFCJ-89 '5 H' @ 5 GH CB9 C: 'H<9' : C @ @ K -B; 'K <9 B '5 DD @ 7 5 6 @ L

@WU' cUgY-8.
@WU' rYw fX'-8.
GHUH' VUgY' X Y b H J Z Y f.
@ [U W H V U g Y '] X Y b H J Z Y f.
CDC 2019-nCoV ID: _____

&6U" K 5 G' H<9' -B7 -8 9 BH' GD97 -A9 B' DC @ MA 7 FC6-5 @

&6V" K <5 H' G7 F99 B-B; #7 CB: -F A5 HCFM A9 H<C8 'K 5 G1' G98 ': CF '9 G6 @ IDENTIFICATION3' (Check all that apply): □ None □ Unknown

&6W" = 'G7 F99 B-B; #7 CB: -F A5 HCFM A9 H<C8 'K 5 G1' G98 ZK <5 H' K 5 G' H<9' F9 G1 @ B3

- Yes
□ No
□ Unknown

- Broth Microdilution (ATI detection)
□ ESBL well
□ Expert rule (ATI flag)
□ Unknown
□ Broth Microdilution (Manual)
□ Disk Diffusion
□ E-test
□ Molecular test (specify):
□ Other non-molecular test (specify):

- Positive □ Negative □ Indeterminate □ Unknown
□ Positive □ Negative □ Indeterminate □ Unknown
□ Positive □ Negative □ Indeterminate □ Unknown
□ Positive □ Negative □ Indeterminate □ Unknown
□ Positive □ Negative □ Indeterminate □ Unknown
□ Positive □ Negative □ Indeterminate □ Unknown
□ Positive □ Negative □ Indeterminate □ Unknown
□ Positive □ Negative □ Indeterminate □ Unknown



2+ "GI G7 9DH6 =GHMF9GI @HG.

Please complete the table below based on the information found in the indicated data source. Shaded antibiotics are required to have the MIC entered into the MuGSI-CM system, if available

8 UH Gci fVW	Medical Record		Microscan		Vitek		Phoenix		Sensititre		Kirby-Bauer		E-test	
5 bhjVjchjW	A 7	hifd	A 7	hifd	A 7	hifd	A 7	hifd	MIC	Interp	Zone Diam	Interp	MIC	Interp
5 a j_UWj														
5 a cl jW j b#`Uj i`UbUH														
5 a d jW j b														
5 a d jW j b#Gi`VUWLa														
5 nfYcbLa														
7 YZjnc`j b														
7 9: 9D=A9														
7 YZXYfcVc`														
7 9: CH5 L=A9														
7 YZ: l j j b														
7 9: H5 N8 =A9														
7 YZUhjXja Y# j jVUWLa														
7 YZc`cnUbY#HuncVUWLa														
7 9: HF-5 LCB9														
7 Yd\ Uch j b														
7 jdfcZcl UWj b														
7 C @GH-B														
8 CF=D9 B9 A														
8 cl nWwVj bY														
9 fUj UWwVj bY														
9 FH5 D9 B9 A														
: cgZ: a nWj b														
; YbHLa jWj b														
=A=D9 B9 A														
=a j dYbYa !fY VUWLa														
@j cZcl UWj b														
A9 FCD9 B9 A														
A YfcdYbYa !j UVcfVUWLa														
A jbcWwVj bY														
B jfcZ fUhc j b														
Ca UXUWwVj bY														
D j dYf UWj`j b#HuncVUWLa														
D`Unca jWj b														
DC @MA ML-B`6														
F jZLa d j b														
HYf UWwVj bY														
H; 97 M7 @B9														
Hc VfLa nWj b														
Trimethoprim-sulfamethoxazole														

28a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? Yes No

28b. CRF STATUS: Complete Pending Chart unavailable after 3 requests

28c. SO INITIALS: _____

28d. DATE OF ABSTRACTION: _____

28e. COMMENTS: _____