**Cross walk - 2021 form changes**

**ABCs**

1. **2021 ABCs Neonatal Infection Expanded Tracking Form**

| **Current Form** | **Proposed changes** |
| --- | --- |
| 3C. Gestational age determined by: 1=Dates  2=Physical Exam  3=Ultrasound  9=Unknown | 3C. Gestational age determined by:  1=Dates  2=Physical Exam  3=Ultrasound  4=Assisted Reproductive Technology  9=Unknown |

**FoodNet**

1. **FoodNet Active Surveillance Data Elements List**

*Refer to Attachment #4 - Excel Spreadsheet – Changes are highlighted in Yellow*

1. **FoodNet Diagnostic Laboratory Practices and Volume Data Elements**

*Refer to Attachment #5 - Excel Spreadsheet - Changes are highlighted in Yellow*

**FluSurv-Net**

1. **FluSurv-NET Influenza Surveillance Project Case Report Form**

| **Question on 2019-20 Form** | **Question on 2020-21 Form** |
| --- | --- |
| **(N/A)** | **COVID-NET Case ID** |
| **(N/A)** | **RSV-NET Case ID** |
| **(N/A)** | **CDC Track** |
| **C14. Where did patient reside at the time of hospitalization? (Indicate type of residence)**   * Private residence * Home with services * Homeless/shelter * Nursing home/Skilled nursing facility * Alcohol/Drug Abuse Treatment * Hospitalized at birth * Rehabilitation facility * Corrections facility * Hospice * Assisted living/Residential care * LTACH * Group/Retirement home * Psychiatric facility * Other long term care facility * Unknown * Other, specify | **C15. Where did patient reside at the time of hospitalization? (Indicate type of residence)**   * Private residence * Private residence services * Homeless/shelter * Nursing home/Skilled nursing facility * Alcohol/Drug Abuse Treatment * Hospitalized at birth * Rehabilitation facility * Corrections facility * Hospice * Assisted living/Residential care * LTACH * Group/Retirement home * Psychiatric facility * Other long term care facility * Unknown   Other, specify |
| **(N/A)** | **E2. BiPAP or CPAP use?**   * Yes * No * Unknown |
| **(N/A)** | **E3. High flow nasal cannula (e.g., Vapotherm)?**   * Yes * No * Unknown |
| **(NA** | **E6. Vasopressor use?**   * Yes * No * Unknown |
| **(NA)** | **E7. Renal Replacement Therapy (RRT) or Dialysis?**   * Yes * No * Unknown |
| **K2a. If patient discharged alive, please indicate to where:**   * Private residence * Home with services * Homeless/shelter * Nursing home/Skilled nursing facility * Alcohol/Drug Abuse Treatment * Rehabilitation facility * Corrections facility * Hospice * Assisted living/Residential care * LTACH * Group/Retirement home * Psychiatric facility * Other long term care facility * Unknown * Other, specify | **F2. If patient discharged alive, please indicate to where:**   * Private residence * Home with services * Homeless/shelter * Nursing home/Skilled nursing facility * Alcohol/Drug Abuse Treatment * Hospitalized at birth * Rehabilitation facility * Corrections facility * Hospice * Assisted living/Residential care * LTACH * Group/Retirement home * Psychiatric facility * Other long term care facility * Against medical advice * Discharged to another hospital * Unknown * Other, specify |
| **E7. Alcohol abuse**   * Current * Former * No/Unknown | **(Deleted question)** |
| **E8. Substance abuse**   * Current * Former * No/Unknown | **(Deleted question)** |
| **E8a. Substance Abuse Type (Current use only) check all that apply**   * IVDU * Opioids * Cocaine * Methamphetamines * Marijuana (ingested or unknown route) * Unknown * Other, specify | **(Deleted question)** |
| **E9. Current Non-Tobacco Smoker**   * Yes * No/Unknown | **(Deleted question)** |
| **E9. Current Non-Tobacco Smoker Type**   * Marijuana * E-nicotine delivery system (ENDS) * Other | **(Deleted question)** |
| **(N/A)** | **I1o. Hypertension**   * Yes * No/Unknown |
| **E10f. Neuromuscular disorder**   * Amyotrophic lateral sclerosis (ALS) * Mitochondrial disorder (see list) * Multiple sclerosis (MS) * Muscular dystrophy (see list) * Myasthenia gravis (MG) * Parkinson’s disease * Scoliosis/Kyphoscoliosis * Other, specify   **E10g. 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 | **I1f. Neurologic Disorder**   * Amyotrophic lateral sclerosis (ALS) * Cerebral palsy * Cognitive dysfunction * Dementia/Alzheimer’s disease * Developmental delay * Down syndrome/Trisomy 21 * Edward’s syndrome/Trisomy 18 * Epilepsy/seizure/seizure disorder * Mitochondrial disorder *(See list)* * Multiple sclerosis (MS) * Muscular dystrophy *(See list)* * Myasthenia gravis (MG) * Neural tube defects/Spina bifida *(See list)* * Neuropathy * Parkinson’s disease * Plegias/Paralysis/Quadriplegia * Scoliosis/Kyphoscoliosis * Traumatic brain injury (TBI), history of * Other, specifiy |
| **E10m. Total # of pregnancies to date** | **(Deleted question)** |
| **E10m. Total # of pregnancies to date that resulted in a live birth** | **(Deleted question)** |
| **E10m. Specify total # of fetuses for current pregnancy**   * 1 * 2 * 3 * >3 * Unknown | **(Deleted question)** |
| **E10m. Specify gestational age in weeks** | **(Deleted question)** |
| **E10m. If gestation age in weeks unknown, specify trimester of pregnancy**   * 1st (0 to 13 weeks 6/7 days) * 2nd (14 weeks 0/7 days to 27 weeks 6/7 days) * 3rd (28 weeks 0/7 days to end) * Unknown | **(Deleted question)** |
| **G1. Were any bacterial culture tests performed with a collection date within three days of admission?**   * Yes * No * Unknown | **(Deleted question)** |
| **G2. If yes was there a positive culture for a bacterial pathogen?**   * Yes * No * Unknown | **(Deleted question)** |
| **G3a. If yes, specify Pathogen 1** | **(Deleted question)** |
| **Gb. Date of culture** | **(Deleted question)** |
| **G3c. Site where pathogen identified**   * Blood * Bronchoalveolar lavage (BAL) * Pleural fluid * Cerebrospinal fluid (CSF) * Sputum * Endotracheal aspirate * Other, specify | **(Deleted question)** |
| **G3d. If Staphylococcus aureus, specify**   * Methicillin resistant (MRSA) * Methicillin sensitive (MMSA) * Sensitivity unknown | **(Deleted question)** |
| **H1b. Adenovirus**   * Yes, positive * Yes, negative, * Not tested/Unknown | **(Deleted question)** |
| **H1b. Parainfluenza 1**   * Yes, positive * Yes, negative, * Not tested/Unknown * Date | **(Deleted question)** |
| **H1b. Parainfluenza 2**   * Yes, positive * Yes, negative, * Not tested/Unknown * Date | **(Deleted question)** |
| **H1b. Parainfluenza 3**   * Yes, positive * Yes, negative, * Not tested/Unknown * Date | **(Deleted question)** |
| **H1b. Parainfluenza 4**   * Yes, positive * Yes, negative, * Not tested/Unknown * Date | **(Deleted question)** |
| **H1b. Human metapneumovirus**   * Yes, positive * Yes, negative, * Not tested/Unknown * Date | **(Deleted question)** |
| **H1b. Rhinovirus/Entervirus**   * Yes, positive * Yes, negative, * Not tested/Unknown * Date | **(Deleted question)** |
| **H1b. Coronavirus type**   * Yes, positive * Yes, negative, * Not tested/Unknown * Date | **(Deleted question)** |
| **(N/A)** | **K1c. Coronavirus SARS-CoV-2**   * Yes, positive * Yes, negative * Not tested/Unknown * Date |
| **2c. Total Duration (days)** | **(Deleted question)** |
| **M1. Was a chest x-ray taken within 3 days of hospitalization?**   * Yes * No * Unknown | **(Deleted question)** |
| **M2. Were any of these chest x-rays abnormal?**   * Yes * No * Unknown | **(Deleted question)** |
| **M2a. Date of first abnormal chest x-ray** | **(Deleted question)** |
| **M2b. For first abnormal chest x-ray, please check all that apply**   * Report not available * Air space density * Air space opacity * Bronchopneumonia/pneumonia * Cannot rule our pneumonia * Consolidation * Cavitation * ARDS( acute respiratory distress syndrome) * Lung infiltrate * Interstitial infiltrate * Lobar infiltrate * Pleural effusion/empyema * Other | **(Deleted question)** |
| **K1. Did the patient have any of the following new diagnoses at discharge? (check all that apply)**   * Acute encephalopathy/encephalitis * Acute myocardial infarction * Acute myocarditis * Acute renal failure/acute kidney injury * Acute respiratory distress syndrome (ARDS) * Acute respiratory failure * Asthma exacerbation * Bacteremia * Bronchiolitis * Congestive heart failure * COPD exacerbation * Diabetic ketoacidosis * Guillain-Barre syndrome * Hemophagocytic syndrome * Invasive pulmonary aspergillosis * Reyes syndrome * Rhabdomyolysis * Pneumonia * Sepsis * Seizsures * Stroke (CVA) | **N1. Did the patient have any of the following new diagnoses at discharge? (check all that apply)**   * Acute encephalopathy/encephalitis * Acute liver failure * Acute myocardial infarction * Acute myocarditis * Acute renal failure/acute kidney injury * Acute respiratory distress syndrome (ARDS) * Acute respiratory failure * Asthma exacerbation * Bacteremia * Bronchiolitis * Bronchitis * Chronic lung disease of prematuriy/BPD * Congestive heart failure * COPD exacerbation * Diabetic ketoacidosis * Disseminated intravascular coagulation (DIC) * Guillain-Barre syndrome * Hemophagocytic syndrome * Invasive pulmonary aspergillosis * Kawasaki disease * Multisystem inflammatory syndrome in children (MIS-C) * Other thrombosis/embolism/coagulopathy * Pneumonia * Pulmonary embolism (PE) * Reyes syndrome * Rhabdomyolysis * Sepsis * Seizures * Stroke (CVA) * Toxic shock syndrome (TSS) |

1. **FluSurv-NET/RSV Laboratory Survey**

|  |  |
| --- | --- |
| **Question on 2019-20 form** | **Question on 2020-21 form** |
| 5a. **Select kit name(s) (manufacturer) for all molecular assays performed at the laboratory:** *(Check all that apply)* **(**https://www.cdc.gov/flu/professionals/diagnosis/table-nucleic-acid-detection.html**)**   * 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 | **5a. Select kit name(s) (manufacturer) for all molecular assays performed at the laboratory:** *(Check all that apply)* **(**https://www.cdc.gov/flu/professionals/diagnosis/table-nucleic-acid-detection.html**) Multiplex Assays Authorized for Simultaneous Detectiong of Influenza Viruses and SARS-CoV-2 by FDA: (**https://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html**)**   * ID Now™ Influenza A&B (CLIA Waived), (Abbott)† * Accula Flu A/Flu B (Mesa Biotech, Inc.)† * ARIES® Flu A/B & RSV Assay, (Luminex) * BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LLC)‡\* * 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) * CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (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)\* * QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)‡\* * 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 |
| **5b. If more than one kit is selected above, please select the one kit that is (or will be) used most frequently for molecular assay at the laboratory during the current influenza season.**   * 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 | **5b. If more than one kit is selected above, please select the one kit that is (or will be) used most frequently for molecular assay at the laboratory during the current influenza season.**   * ID Now™ Influenza A&B (CLIA Waived), (Abbott)† * Accula Flu A/Flu B (Mesa Biotech, Inc.)† * ARIES® Flu A/B & RSV Assay, (Luminex) * BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LLC)‡\* * 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) * CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (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)\* * QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)‡\* * 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 |
| **5d. What testing kit does the testing facility use (or will use) most often to perform influenza A sub-typing during the current influenza season?**   * ePlex Respiratory Pathogen Panel (GenMark Diagnostics) * 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) * Prodesse ProFAST™, (GenProbe/Hologic) * 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 | **5d. What testing kit does the testing facility use (or will use) most often to perform influenza A sub-typing during the current influenza season?**   * BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LL) * 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) * QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN) * 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 |
| **8. Based on tests that were performed during the 2018-2019 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 * \_\_% Standard Molecular Assay – singleplex or dualplex * \_\_% Standard Molecular Assay – multiplex /respiratory viral panel | **8. Based on tests that were performed during the 2019-2020 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 * \_\_% Standard Molecular Assay – singleplex or dualplex   \_\_% Standard Molecular Assay – multiplex /respiratory viral panel |
| **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) * 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 | **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 GeneXpert® Infinity-48 System (Cepheid) * 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.) * ePlex® Respiratory Pathogen Panel (GenMark Diagnostics) * 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) NxTAG® Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc.) * Panther Fusion™ Flu A/B RSV (Hologic) * 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) * xTAG® Respiratory Viral Panel (RVP or RVP FAST or RVP Fast v2) (Luminex Corporation) * In-house developed PCR assay * CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay * Other, specify |
| **13b. If more than one kit is selected above, please select the one kit that is (or will be) used most frequently for molecular assays at the laboratory during the current RSV season (select one)**   * 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 | **13b. If more than one kit is selected above, please select the one kit that is (or will be) used most frequently for molecular assays at the laboratory during the current RSV season (select one)**   * ARIES® Flu A/B & RSV Assay (Luminex) * Alere™ I RSV (Alere) * Cepheid GeneXpert® Infinity-48 System (Cepheid) * 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.) * ePlex® Respiratory Pathogen Panel (GenMark Diagnostics) * 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) NxTAG® Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc.) * Panther Fusion™ Flu A/B RSV (Hologic) * 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) * xTAG® Respiratory Viral Panel (RVP or RVP FAST or RVP Fast v2) (Luminex Corporation) * In-house developed PCR assay * CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay   Other, specify |
| **18. Based on tests that were performed during the 2018-2019 RSV season, approximately what percent of the time are each of these test types used to test for RSV in** pediatric patients (aged 0–17) years**?**   * \_\_% Viral culture * \_\_% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) * \_\_% Serology (IgG or IgM) * \_\_% Rapid antigen diagnostic test (rapid test, RADT) * \_\_% Molecular Assay – singleplex (RSV only) * \_\_% Molecular Assay – dualplex (RSV/influenza) * \_\_% Molecular Assay – multiplex /respiratory viral panel (RVP) * Not applicable (no pediatric testing) | **18. Based on tests that were performed during the 2019-2020 RSV season, approximately what percent of the time are each of these test types used to test for RSV in** pediatric patients (aged 0–17) years**?**   * \_\_% Viral culture * \_\_% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) * \_\_% Serology (IgG or IgM) * \_\_% Rapid antigen diagnostic test (rapid test, RADT) * \_\_% Molecular Assay – singleplex (RSV only) * \_\_% Molecular Assay – dualplex (RSV/influenza) * \_\_% Molecular Assay – multiplex /respiratory viral panel (RVP) * Not applicable (no pediatric testing) |
| **19. Based on tests that were performed during the 2018-2019 RSV season, approximately what percent of the time are each of these test types used to test for RSV in** adult patients (aged ≥18 years)**?**   * \_\_% Viral culture * \_\_% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) * \_\_% Serology (IgG or IgM) * \_\_% Rapid antigen diagnostic test (rapid test, RADT) * \_\_% Molecular Assay – singleplex (RSV only) * \_\_% Molecular Assay – dualplex (RSV/influenza) * \_\_% Molecular Assay – multiplex /respiratory viral panel (RVP) * Not applicable (no adult testing) | **19. Based on tests that were performed during the 2019-2020 RSV season, approximately what percent of the time are each of these test types used to test for RSV in** adult patients (aged ≥18 years)**?**   * \_\_% Viral culture * \_\_% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) * \_\_% Serology (IgG or IgM) * \_\_% Rapid antigen diagnostic test (rapid test, RADT) * \_\_% Molecular Assay – singleplex (RSV only) * \_\_% Molecular Assay – dualplex (RSV/influenza) * \_\_% Molecular Assay – multiplex /respiratory viral panel (RVP) * Not applicable (no adult testing) |

**HAIC**

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

*Note: Changes on the 2021 CRF are highlighted in yellow.*

|  |  |
| --- | --- |
| **Question on 2020 form** | **Question on 2021 form** |
| 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 | Title: 2021 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report |
| 11. Incident specimen collection site   Blood   Bone   CSF   Internal body site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_   Joint/synovial fluid   Muscle   Peritoneal fluid   Pericardial fluid   Pleural fluid   Urine   Other normally sterile site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 11. Incident specimen collection site   Blood   Bone   Bronchoalveolar lavage (CRAB only, complete Q23c)   CSF   Internal body site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_   Joint/synovial fluid   Muscle   Peritoneal fluid   Pericardial fluid   Pleural fluid   Sputum (CRAB only, complete Q23c)   Tracheal aspirate (CRAB only, complete Q23c)   Urine   Wound (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CRAB only)   Other LRT site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CRAB only, complete Q23c)   Other normally sterile site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. Incident specimen collection site   Abscess, not skin   AV fistula/graft infection   Bacteremia   Bursitis   Catheter site infection (CVC)   Cellulitis   Chronic ulcer/wound (not decubitus)   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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 11. Incident specimen collection site   Abscess, not skin   AV fistula/graft infection   Bacteremia   Bursitis   Catheter site infection (CVC)   Cellulitis   Chronic ulcer/wound (not decubitus)   Empyema   Endocarditis   Epidural abscess   Meningitis   Osteomyelitis   Peritonitis   Pneumonia (CRAB cases, complete Q23c)   Pyelonephritis   Septic arthritis   Septic emboli   Septic shock   Skin abscess   Surgical incision infection   Surgical site infection (internal)   Traumatic wound   Urinary tract infection   Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 22d. Urine culture only: Was a blood culture positive in the 3 calendar days before through the 3 calendar days after the DISC for the same MuGSI organism?   Yes   No   Unknown |  |
| 25. Was the same organism (Q10) cultured from a different sterile site or urine in the 30 days after the DISC?   Yes   No   Unknown  If yes, source (check all that apply):   Blood   Bone   CSF   Internal body site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_   Joint/synovial fluid   Muscle   Peritoneal fluid   Pericardial fluid   Pleural fluid   Urine   Other normally sterile site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 26. Enterobacteriaceae only: Were cultures of sterile site(s) or urine positive for a different organism (Q10) in the 30 days before the DISC?   Yes   No   Unknown   N/A  If yes, source (check all that apply):   Blood   Bone   CSF   Internal body site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_   Joint/synovial fluid   Muscle   Peritoneal fluid   Pericardial fluid   Pleural fluid   Urine   Other normally sterile site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, indicate organism and associated state ID for the incident closest to the DISC:   *Escherichia coli*   *Enterobacter cloacae*   *Klebsiella aerogenes*   *Klebsiella pneumoniae*   *Klebsiella oxytoca* |  |
| 27a. *A. baumannii* cultures only: Was cultures of other sterile site(s) or urine positive for another A. baumannii in in the 30 days after the DISC?   Yes   No   Unknown   N/A  If yes, source (check all that apply):   Blood   Bone   CSF   Internal body site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_   Joint/synovial fluid   Muscle   Peritoneal fluid   Pericardial fluid   Pleural fluid   Urine   Other normally sterile site (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, state ID for the incident case closest to the DISC:\_\_\_\_\_\_\_\_ |  |
| 27b. *A. baumannii* cultures only: Did the patient have a sputum culture positive for CRAB in the 30 days before the DISC?   Yes   No   Unknown   N/A | 23a. *A. baumannii* cultures only: Did the patient have a sputum culture positive for CRAB in the 30 days before the DISC?   Yes   No   Unknown   N/A |
| 27c. *A. baumannii* cultures only: Risk factors in the 7 days before the DISC   Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC   Nebulizer treatment at any time in the 7 calendar days before the DISC   Mechanical ventilation at any time in the 7 calendar days before the DISC | 23b. *A. baumannii* cultures only: Risk factors in the 7 days before the DISC   Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC   Nebulizer treatment at any time in the 7 calendar days before the DISC   Mechanical ventilation at any time in the 7 calendar days before the DISC |
|  | Complete question 23c ONLY for A. baumannii cases from LRT site cultures or for non-LRT cultures where pneumonia is marked in question 17a.  23c. Chest Radiology Findings (check all that apply):   Not done   No report available   Acute respiratory distress syndrome (ARDS)   Air Space density/opacity   Ground glass opacities/infiltrates   Bronchopneumonia/pneumonia   Cannot rule out pneumonia   Cavitation   Consolidation   Infiltrate   Pleural effusion   Nodules |
| 28a. Was the patient positive for the same organism in the year before the DISC?   Yes   No   Unknown |  |
| 28b. If yes, specify date of culture and state ID for the first positive culture in the year before:  Date of culture: \_\_/\_\_/\_\_\_\_  State ID:\_\_\_\_\_\_\_\_\_ |  |
| 29a. Enterobacteriaceae only: Was the patient positive for a MuGSI Enterobacteriaceae in the year before the DISC?   Yes   No   Unknown |  |
| 29b. If yes, specify organism, date of culture, and state ID for the first positive Enterobacteriaceae culture in the year before the DISC:   *Escherichia coli*   *Enterobacter cloacae*   *Klebsiella aerogenes*   *Klebsiella pneumoniae*   *Klebsiella oxytoca*  Date of culture: \_\_/\_\_/\_\_\_\_  State ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 30a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC?   Yes   No   Unknown | 24a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC?   Yes   No   Unknown |
| 30b. If yes, complete table below   |  |  |  | | --- | --- | --- | |  | Specimen Collection date | Test Type | | FIRST positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Serology  □ Unknown  □ Other (specify) | | MOST RECENT positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Serology  □ Unknown  □ Other (specify) | | 24b. If yes, complete table below   |  |  |  | | --- | --- | --- | |  | Specimen Collection date | Test Type | | FIRST positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify) | | MOST RECENT positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify) | |
| 30c. COVID-NET Case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 24c. COVID-NET Case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 30d. NNDSS IDs (Please provide at least one of the following when applicable):  Local Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  Local Record ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  State Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_  Legacy Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_ | 24d. NNDSS IDs (Please provide at least one of the following when applicable):  Local Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  Local Record ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  State Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_  Legacy Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_  CDC 2019-nCOV ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 23. Was the incident specimen polymicrobial?   Yes   No   Unknown | 25. Was the incident specimen polymicrobial?   Yes   No   Unknown |
| 24a. Was the incident specimen tested for carbapenemase?   Yes   No   Laboratory not testing   Unknown | 26a. Was the incident specimen tested for carbapenemase?   Yes   No   Laboratory not testing   Unknown |
| 24b. If yes, what testing method was used (check all that apply)  Non-Molecular Tests:   CarbaNP   Carbapenemase Inactivation Method (CIM)   Disk Diffusion/ROSCO Disk   E-test   Modified Carbapenemase Inactivation Method (mCIM)   Modified Hodge Test (MHT)   RAPIDEC   Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Unknown  Molecular Tests:   Automated Molecular Assay   Carba-R   Check Points   MALDI-TOF MS   Next Generation Nucleic Acid Sequencing   PCR   Streck ARM-D   Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Unknown | 26b. If yes, what testing method was used (check all that apply)  Non-Molecular Tests:   CarbaNP   Carbapenemase Inactivation Method (CIM)   Disk Diffusion/ROSCO Disk   E-test   Modified Carbapenemase Inactivation Method (mCIM)   Modified Hodge Test (MHT)   RAPIDEC   Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Unknown  Molecular Tests:   Automated Molecular Assay   Carba-R   Check Points   MALDI-TOF MS   Next Generation Nucleic Acid Sequencing   PCR   Streck ARM-D   Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Unknown |
| 24c. IF TESTED, WHAT WAS THE TESTING RESULT?  Non-Molecular Test Results:  □ Positive  □ Negative  □ Indeterminate  □ Unknown  Molecular Test Results:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | □ NDM | □ Pos | □ Neg | □ Ind | □ Unk | | □ KPC | □ Pos | □ Neg | □ Ind | □ Unk | | □ OXA | □ Pos | □ Neg | □ Ind | □ Unk | | □ OXA-48 | □ Pos | □ Neg | □ Ind | □ Unk | | □ VIM | □ Pos | □ Neg | □ Ind | □ Unk | | □ IMP | □ Pos | □ Neg | □ Ind | □ Unk | | □ Other  Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Pos | □ Neg | □ Ind | □ Unk | | 26c. IF TESTED, WHAT WAS THE TESTING RESULT?  Non-Molecular Test Results:  □ Positive  □ Negative  □ Indeterminate  □ Unknown  Molecular Test Results:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | □ NDM | □ Pos | □ Neg | □ Ind | □ Unk | | □ KPC | □ Pos | □ Neg | □ Ind | □ Unk | | □ OXA | □ Pos | □ Neg | □ Ind | □ Unk | | □ OXA-48 | □ Pos | □ Neg | □ Ind | □ Unk | | □ VIM | □ Pos | □ Neg | □ Ind | □ Unk | | □ IMP | □ Pos | □ Neg | □ Ind | □ Unk | | □ Other  Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Pos | □ Neg | □ Ind | □ Unk | |
| 31. Susceptibility results  **Antibiotic**  Amikacin  Amoxicillin/Clavulanate  Ampicillin  Ampicillin/Sulbactam  Aztreonam  Cefazolin  Cefepime  Cefotaxime  Cefoxitin  Ceftazidime  Ceftazidime/Avibactam  Ceftolozane/Tazobactam  Ceftriaxone  Cephalothin  Ciprofloxacin  Colistin  Doripenem  Doxycycline  Ertapenem  Fosfomycin  Gentamicin  Imipenem  Imipenem-relebactam  Levofloxacin  Meropenem  Meropenem-vaborbactam  Minocycline  Nitrofurantoin  Piperacillin/Tazobactam  Plazomicin  Polymyxin B  Rifampin  Tetracycline  Tigecycline  Tobramycin  Trimethoprim-sulfamethoxazole  **Data source**  Medical record  Microscan  Vitek  Phoenix  Kirby-Bauer  E-test | 27. Susceptibility results  **Antibiotic**  Amikacin  Amoxicillin/Clavulanate  Ampicillin  Ampicillin/Sulbactam  Aztreonam  Cefazolin  Cefepime  Cefiderocol  Cefotaxime  Cefoxitin  Ceftazidime  Ceftazidime/Avibactam  Ceftolozane/Tazobactam  Ceftriaxone  Cephalothin  Ciprofloxacin  Colistin  Doripenem  Doxycycline  Eravacycline  Ertapenem  Fosfomycin  Gentamicin  Imipenem  Imipenem-relebactam  Levofloxacin  Meropenem  Meropenem-vaborbactam  Minocycline  Nitrofurantoin  Omadacycline  Piperacillin/Tazobactam  Plazomicin  Polymyxin B  Rifampin  Tetracycline  Tigecycline  Tobramycin  Trimethoprim-sulfamethoxazole  **Data source**  Medical record  Microscan  Vitek  Phoenix  Sensititre  Kirby-Bauer  E-test |
| 32a. Was case first identified through audit?   Yes   No | 28a. Was case first identified through audit?   Yes   No |
| 32b. CRF status   Complete   Pending   Chart unavailable after 3 requests | 28b. CRF status   Complete   Pending   Chart unavailable after 3 requests |
| 28c. SO Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 28c. SO Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 31d. Date of abstraction:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 28d. Date of abstraction:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| 31e. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 28e. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

***Note: Changes on the 2021 CRF are highlighted in yellow.***

|  |  |
| --- | --- |
| **Question on 2020 form** | **Question on 2021 form** |
| 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 | Title: 2021 Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacteriaceae Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report |
| 26a. Is antimicrobial use (IV or oral) in the 30 days before the DISC documented?   Yes   No   Unknown | 24a. Is antimicrobial use (IV or oral) in the 30 days before the DISC documented?   Yes   No   Unknown |
| 26b. If yes, check all antimicrobials used in the 30 days before the DISC  □ Amikacin  □ Amoxicillin  □ Amoxicillin/clavulanic acid  □ Ampicillin  □ Ampicillin/sulbactam  □ Azithromycin  □ Aztreonam  □ Cefazolin  □ Cefdinir  □ Cefepime  □ Cefixime  □ Cefotaxime  □ Cefoxitin  □ Cefpodoxime  □ Ceftaroline  □ Ceftazidime  □ Ceftazidime/avibactam  □ Ceftizoxime  □ Ceftolozane/tazobactam  □ Ceftriaxone  □ Cefuroxime  □ Cephalexin  □ Ciprofloxacin  □ Clarithromycin  □ Clindamycin  □ Dalbavancin  □ Daptomycin  □ Delafloxacin  □ Doripenem  □ Doxycycline  □ Ertapenem  □ Fidaxomicin  □ Fosfomycin  □ Gentamicin  □ Imipenem/cilastatin  □ Levofloxacin  □ Linezolid  □ Meropenem  □ Meropenem/vaborbactam  □ Metronidazole  □ Moxifloxacin  □ Nitrofurantoin  □ Oritavancin  □ Penicillin  □ Piperacillin/tazobactam  □ Polymyxin B  □ Polymyxin E (colistin)  □ Rifaximin  □ Tedizolid  □ Telavancin  □ Tigecycline  □ Tobramycin  □ Trimethoprim  □ Trimethoprim/sulfamethoxazole  □ Vancomycin IV PO  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 24b. If yes, check all antimicrobials used in the 30 days before the DISC  □ Amikacin  □ Amoxicillin  □ Amoxicillin/clavulanic acid  □ Ampicillin  □ Ampicillin/sulbactam  □ Azithromycin  □ Aztreonam  □ Cefazolin  □ Cefdinir  □ Cefepime  □ Cefiderocol  □ Cefixime  □ Cefotaxime  □ Cefoxitin  □ Cefpodoxime  □ Ceftaroline  □ Ceftazidime  □ Ceftazidime/avibactam  □ Ceftizoxime  □ Ceftolozane/tazobactam  □ Ceftriaxone  □ Cefuroxime  □ Cephalexin  □ Ciprofloxacin  □ Clarithromycin  □ Clindamycin  □ Dalbavancin  □ Daptomycin  □ Delafloxacin  □ Doripenem  □ Doxycycline  □ Ertapenem  □ Eravacycline  □ Fidaxomicin  □ Fosfomycin  □ Gentamicin  □ Imipenem/cilastatin  □ Levofloxacin  □ Linezolid  □ Meropenem  □ Meropenem/vaborbactam  □ Metronidazole  □ Moxifloxacin  □ Nitrofurantoin  □ Omadacycline  □ Oritavancin  □ Penicillin  □ Piperacillin/tazobactam  □ Polymyxin B  □ Polymyxin E (colistin)  □ Rifaximin  □ Tedizolid  □ Telavancin  □ Tigecycline  □ Tobramycin  □ Trimethoprim  □ Trimethoprim/sulfamethoxazole  □ Vancomycin IV PO  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 24a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC?   Yes   No   Unknown | 25a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC?   Yes   No   Unknown |
| 24b. If yes, complete table below   |  |  |  | | --- | --- | --- | |  | Specimen Collection date | Test Type | | FIRST positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Serology  □ Unknown  □ Other (specify) | | MOST RECENT positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Serology  □ Unknown  □ Other (specify) | | 25b. If yes, complete table below   |  |  |  | | --- | --- | --- | |  | Specimen Collection date | Test Type | | FIRST positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify) | | MOST RECENT positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify) | |
| 24c. COVID-NET Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ | 25c. COVID-NET Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 24d. NNDSS IDs (Please provide at least one of the following when applicable):  Local Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  Local Record ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  State Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_  Legacy Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_ | 25d. NNDSS IDs (Please provide at least one of the following when applicable):  Local Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  Local Record ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  State Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_  Legacy Case Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_  CDC 2019-nCOV ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25a. Was the incident specimen polymicrobial?   Yes   No   Unknown | 26a. Was the incident specimen polymicrobial?   Yes   No   Unknown |
| 25b. What screening/confirmatory method was used for ESBL identification?   None   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) | 26b. What screening/confirmatory method was used for ESBL identification?   None   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) |
| 25c. If screening/confirmatory method was used, what was the result?   Positive   Negative   Indeterminate   Unknown | 26c. If screening/confirmatory method was used, what was the result?   Positive   Negative   Indeterminate   Unknown |
| 27. Susceptibility results  **Antibiotic**  Amikacin  Amoxicillin/Clavulanate  Ampicillin  Ampicillin/Sulbactam  Aztreonam  Cefazolin  Cefepime  Cefotaxime  Cefoxitin  Ceftazidime  Ceftazidime/Avibactam  Ceftolozane/Tazobactam  Ceftriaxone  Cephalothin  Ciprofloxacin  Colistin  Doripenem  Doxycycline  Ertapenem  Fosfomycin  Gentamicin  Imipenem  Imipenem-relebactam  Levofloxacin  Meropenem  Meropenem-vaborbactam  Minocycline  Nitrofurantoin  Piperacillin/Tazobactam  Plazomicin  Polymyxin B  Rifampin  Tetracycline  Tigecycline  Tobramycin  Trimethoprim-sulfamethoxazole  **Data source**  Medical record  Microscan  Vitek  Phoenix  Kirby-Bauer  E-test | 27. Susceptibility results  **Antibiotic**  Amikacin  Amoxicillin/Clavulanate  Ampicillin  Ampicillin/Sulbactam  Aztreonam  Cefazolin  Cefepime  Cefiderocol  Cefotaxime  Cefoxitin  Ceftazidime  Ceftazidime/Avibactam  Ceftolozane/Tazobactam  Ceftriaxone  Cephalothin  Ciprofloxacin  Colistin  Doripenem  Doxycycline  Eravacycline  Ertapenem  Fosfomycin  Gentamicin  Imipenem  Imipenem-relebactam  Levofloxacin  Meropenem  Meropenem-vaborbactam  Minocycline  Nitrofurantoin  Omadacycline  Piperacillin/Tazobactam  Plazomicin  Polymyxin B  Rifampin  Tetracycline  Tigecycline  Tobramycin  Trimethoprim-sulfamethoxazole  **Data source**  Medical record  Microscan  Vitek  Phoenix  Sensititre  Kirby-Bauer  E-test |

1. **Invasive MRSA Infection Case Report Form**

|  |  |
| --- | --- |
| **2020 Paper CRF Question** | **Changes to the 2020 Paper CRF Question** |
| 34a. NNDSS IDs (please provide at least one of the following when applicable):  Local case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_  Local record ID:\_\_\_\_\_\_\_\_\_\_\_  State case Identifier:\_\_\_\_\_\_\_\_  Legacy case identifier:\_\_\_\_\_\_\_\_\_\_\_\_\_ | 34a. NNDSS IDs (please provide at least one of the following when applicable):  CDC 2019 NCOV ID:\_\_\_\_\_\_\_\_\_\_\_\_\_ *(new data collection)*  Local case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Local record ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State case Identifier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legacy case identifier:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Invasive MSSA Infections Case Report Form**

|  |  |
| --- | --- |
| **2020 Paper CRF Question** | **Changes to the 2020 Paper CRF Question** |
| 34a. NNDSS IDs (please provide at least one of the following when applicable):  Local case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_  Local record ID:\_\_\_\_\_\_\_\_\_\_\_  State case Identifier:\_\_\_\_\_\_\_\_  Legacy case identifier:\_\_\_\_\_\_\_\_\_\_\_\_\_ | 34a. NNDSS IDs (please provide at least one of the following when applicable):  CDC 2019 NCOV ID:\_\_\_\_\_\_\_\_\_\_\_\_\_ *(new data collection)*  Local case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Local record ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State case Identifier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legacy case identifier:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **CDI Case Report Form and Treatment Form**

|  |  |
| --- | --- |
| 2020 CRF | 2021 CRF |
| 9. Positive diagnostic assay for *C.diff* | 9. Diagnostic assay for *C.diff*  (Reworded question. Change was noted on last year’s application but mistakenly not changed on the CRF. Response options remain the same) |
| 40a. FIRST positive test for SARS-CoV-2 on or before the DISC – Test type   * Molecular assay * Serology * Unknown * Other, specify | 40a. FIRST positive test for SARS-CoV-2 on or before the DISC – Test type   * Antigen * Molecular assay * Serology * Unknown * Other, specify   (Added antigen as a response option, previously captured as “other”) |
| 40a. Most recent positive test for SARS-CoV-2 on or before the DISC – Test type   * Molecular assay * Serology * Unknown * Other, specify | 40a. Most recent positive test for SARS-CoV-2 on or before the DISC – Test type   * Antigen * Molecular assay * Serology * Unknown * Other, specify   (Added antigen as a response option, previously captured as “other”) |
| 41b. NNDSS IDs (please provide at least one of the following when applicable):  Local Case ID:  Local Record ID:  State case identifier:  Legacy case identifier: | 41b. NNDSS IDs (please provide at least one of the following when applicable):  Local Case ID:  Local Record ID:  State case identifier:  Legacy case identifier:  CDC 2019-nCOV ID:  (Added one more NNDSS ID) |

1. **Annual Survey of Laboratory Testing Practices for *C. difficile* Infections**

|  |  |
| --- | --- |
| **Existing question** | **Modified question** |
| [Section 1] Was this lab audited in 2019? | [Section 1] Was this lab audited in 2020?  *(changed year to 2020 to reflect change in survey year)* |
| [Section 2] 5. What are the testing codes associated with the tests your lab currently uses? | [Section 2] 5. What are the LOINC or internal testing codes associated with the tests your lab currently uses (e.g. LOINC codes 13957-6, 34713-8, or 54067-4)?  *(Clarified that we’re asking for LOINC or internal testing codes; added examples of LOINC codes)* |
| [Section 2] 6. Has your lab testing algorithm for *C. difficile* changed since January 1, 2019? | [Section 2] 6. Has your lab testing algorithm for *C. difficile* changed since January 1, 2020?  *(changed year to 2020 to reflect change in survey year)* |
| [Section 2] 7a. Has your rejection policy for stool specimens changed since January 1, 2019? | [Section 2] 7a. Has your rejection policy for stool specimens changed since January 1, 2020?  *(changed year to 2020 to reflect change in survey year)* |

1. **HAIC Candidemia Case Report**

|  |  |
| --- | --- |
| **2020 CRF Question** | **2021 CRF Question** |
| **CANDIDEMIA 2020 CASE REPORT FORM** (header) | **CANDIDEMIA 2021 CASE REPORT FORM** (header)  *(changed year)* |
| **Version: Short Form 2020, Last Updated: 07/9/2019** (footnotes) | **Version: Short Form 2021, Last Updated: 07/21/2020** (footnotes)  *(changed year and date)* |
| **25. Antifungal susceptibility testing (check here**  **if no testing done/no test reports available):**   |  | | --- | | **Interpretation** | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | S SDD I R NS NI ND | | **25. Antifungal susceptibility testing (check here  if no testing done/no test reports available):**  *(removed “NS” as an option)*   |  | | --- | | **Interpretation** | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | | S SDD I R NI ND | |
| **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 | **29. 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  *(changed question number)* |
| 26a. If yes, additional organisms (*Enter up to 3 pathogens*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 29a. If yes, additional organisms (*Enter up to 3 pathogens*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(changed question number)* |
| **27. Infection with *Clostridioides difficile* in the 90 days before or 30 days after the DISC:**  1 Yes 0 No 9 Unknown | **30. Infection with *Clostridioides difficile* on the day of or in the 89 days before or 29 days after the DISC:**  1 Yes 0 No 9 Unknown  *(changed question number and updated wording)* |
| 27a. If yes, date of first *C. diff* diagnosis:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ Unknown | 30a. If yes, date of first *C. diff* diagnosis:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ Unknown  *(changed quesiton number)* |
| **28. Any subsequent positive *Candida* bloodcultures in the 29 days after, not including the DISC?**    1 Yes 0 No 9 Unknown | **26. Any subsequent positive *Candida* bloodcultures in the 29 days after, not including the DISC?**  1 Yes 0 No 9 Unknown  *(changed question number)* |
| 28a. If yes, provide dates of all subsequent positive *Candida* blood cultures and select the species: | 26a. If yes, provide dates of all subsequent positive *Candida* blood cultures and select the species:  *(changed question number)* |
| **29. Documented negative *Candida* blood culture on the day of or in the 29 days after the DISC?**  1 Yes 0 No 9 Unknown | **27. Documented negative *Candida* blood culture on the day of or in the 29 days after the DISC (in which no blood cultures after this negative culture were positive in the 29 days after the DISC)?**  1 Yes 0 No 9 Unknown  *(changed question number and updated the wording)* |
| 29a. If yes, date of negative blood culture:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 27a. If yes, date of negative blood culture:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  *(changed question number)* |
| ***New question for 2021*** | **28. On the day of or in the 6 days before the DISC, was the patient known to be colonized with or being managed as if they were colonized with a multi-drug resistant organism (MDRO) (e.g., on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.**  1 Yes 0 No 9 Unknown  *(new data collection)* |
| ***New question for 2021*** | 28a. If yes, specify organisms *(Enter up to 3 pathogens):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(new data collection)* |
| **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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **31. Did the patient have any of the following types of infection/colonization related to their *Candida* infection?**  (*check all that apply):*None Unknown  Abdominal *(new data collection)*  Hepatobiliary or pancreatic *(new data collection)*  GI tract *(new data collection)*  Abscess (specify): \_\_\_\_\_\_\_\_\_ *(new data collection)*  Peritonitis/peritoneal fluid *(new data collection)*  Splenic *(new data collection)*  Candiduria  Esophagitis *(new data collection)*  Oral/thrush *(new data collection)*  Osteomyelitis  Skin lesions/wounds  Pulmonary *(new data collection)*  Abscess *(new data collection)*  Respiratory specimen with *Candida (new data collection)*  CNS involvement (meningitis, brain abscess)  Eyes (endophthalmitis or chorioretinitis)  Endocarditis  Septic emboli (specify location): \_\_\_\_\_\_\_\_\_ *(new data collection)*  Other (specify): \_\_\_\_\_\_\_\_\_\_  *(changed question number, reorganized response options, removed some response options, new data collection for some response options)* |
| **31. Was the patient hospitalized on the day of or in the 6 days after the DISC?**  1 Yes 0 No 9 Unknown | **32. Was the patient hospitalized on the day of or in the 6 days after the DISC?**  1 Yes 0 No 9 Unknown    *(changed question number)* |
| 31a. If yes,  Date of first admission:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ Unknown  Hospital ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Unknown | 32a. If yes,  Date of first admission:  \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ Unknown  Hospital ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Unknown  *(changed question number)* |
| 31b. Was the patient transferred during this hospitalization?  1 Yes 0 No 9 Unknown  If yes, enter up to two transfers:  Date of transfer: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  Unknown  Hospital ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Unknown  Date of second transfer: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  Unknown  Hospital ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Unknown | 32b. Was the patient transferred during this hospitalization?  1 Yes 0 No 9 Unknown  If yes, enter up to two transfers:  Date of transfer: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  Unknown  Hospital ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Unknown  Date of second transfer: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  Unknown  Hospital ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Unknown  *(changed question number)* |
| 32. Where was the patient located prior to admission?  1 Private residence  3 LTCF  Facility ID: \_\_\_\_\_\_\_\_\_\_\_\_  4 LTACH  Facility ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  5 Homeless  6 Incarcerated  7 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9 Unknown | 32c. Where was the patient located prior to admission or, if not hospitalized, where was the patient located on the 3rd calendar day before the DISC? (Check one)  1 Private residence  2 Hospital inpatient *(new option)*  Facility ID: \_\_\_\_\_\_\_\_\_\_\_  3 LTCF  Facility ID: \_\_\_\_\_\_\_\_\_\_\_\_  4 LTACH  Facility ID: \_\_\_\_\_\_\_\_\_\_\_\_\_  5 Homeless  6 Incarcerated  7 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9 Unknown  *(changed question number, clarified the wording of the question and added a new location option)* |
| **40. Underlying conditions** (*Check all that apply*):  **Chronic Lung Disease**  Cystic Fibrosis  Chronic Pulmonary disease  **Chronic Metabolic Disease**  Diabetes Mellitus  With Chronic Complications  **Cardiovascular Disease**  CVA/Stroke/TIA  Congenital Heart disease  Congestive Heart Failure  Myocardial infarction  Peripheral Vascular Disease (PVD)  **Gastrointestinal Disease**  Diverticular disease  Inflammatory Bowel Disease  Peptic Ulcer Disease  Short gut syndrome  **Immunocompromised Condition**  HIV infection  AIDS/CD4 count <200  Primary Immunodeficiency  Transplant, Hematopoietic Stem Cell  Transplant, Solid Organ  **Liver Disease**  Chronic Liver Disease  Ascites  Cirrhosis  Hepatic Encephalopathy  Variceal Bleeding  Hepatitis C  Treated, in SVR  Current, chronic  **Malignancy**  Malignancy, Hematologic  Malignancy, Solid Organ (non-metastatic)  Malignancy, Solid Organ (metastatic)  **Neurologic Condition**  Cerebral palsy  Chronic Cognitive Deficit  Dementia  Epilepsy/seizure/seizure disorder  Multiple sclerosis  Neuropathy  Parkinson’s disease  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Plegias/Paralysis**  Hemiplegia  Paraplegia  Quadriplegia  **Renal Disease**  Chronic Kidney Disease  Lowest serum creatinine: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/DL  Unknown or not done  **Skin Condition**  Burn  Decubitus/Pressure Ulcer  Surgical Wound  Other chronic ulcer or chronic wound  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other**  Connective tissue disease  Obesity or morbid obesity  Pregnant | **40. Underlying conditions** (*Check all that apply*):  **Chronic Lung Disease**  Cystic Fibrosis  Chronic Pulmonary disease  **Chronic Metabolic Disease**  Diabetes Mellitus  With Chronic Complications  **Cardiovascular Disease**  CVA/Stroke/TIA  Congenital Heart disease  Congestive Heart Failure  Myocardial infarction  Peripheral Vascular Disease (PVD)  **Gastrointestinal Disease**  Diverticular disease  Inflammatory Bowel Disease  Peptic Ulcer Disease  Short gut syndrome  **Immunocompromised Condition**  HIV infection  AIDS/CD4 count <200  Primary Immunodeficiency  Transplant, Hematopoietic Stem Cell  Transplant, Solid Organ  **Liver Disease**  Chronic Liver Disease  Ascites  Cirrhosis  Hepatic Encephalopathy  Variceal Bleeding  Hepatitis B, chronic *(new option)*  Hepatitis C  Treated, in SVR  Current, chronic  Hepatitis B, acute *(new option)*  **Malignancy**  Malignancy, Hematologic  Malignancy, Solid Organ (non-metastatic)  Malignancy, Solid Organ (metastatic)  **Neurologic Condition**  Cerebral palsy  Chronic Cognitive Deficit  Dementia  Epilepsy/seizure/seizure disorder  Multiple sclerosis  Neuropathy  Parkinson’s disease  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Plegias/Paralysis**  Hemiplegia  Paraplegia  Quadriplegia  **Renal Disease**  Chronic Kidney Disease  Lowest serum creatinine: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/DL  Unknown or not done  **Skin Condition**  Burn  Decubitus/Pressure Ulcer  Surgical Wound  Other chronic ulcer or chronic wound  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other**  Connective tissue disease  Obesity or morbid obesity  Pregnant  *(added 2 new options for hepatitis indication under ‘liver disease’)* |
| **47. Surgeries on the day of or in the 89 days before the DISC:**  Abdominal surgery  Non-abdominal surgery (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No surgery | **47. Surgeries in the** **90 days before, not including the DISC:**  Abdominal surgery (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes: 1 Open abdomen  0 Laparoscopic  9 Unknown  Non-abdominal surgery (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No surgery  *(changed the question wording, added specification for “Abdominal surgery” and check box options under “Abdominal surgery” which is a new data collection)* |
| **48. Pancreatitis on the day of or in the 89 days before the DISC:**  1 Yes  0 No  9 Unknown | **48. Pancreatitis in the 90 days before, not including the DISC:**  1 Yes  0 No  9 Unknown  *(changed the question wording)* |
| 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 | **49a. If yes, did the patient have any urinary tract procedures in the 90 days before, not including the DISC?**  1 Yes 0 No 9 Unknown  *(changed the question wording)* |
| **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 | **53. Did the patient have any of the following indwelling devices or other devices present in the 2 calendar days before, not including the DISC?**  None  Unknown  Urinary Catheter/Device  Indwelling urethral  Suprapubic  Respiratory  ET/NT  Tracheostomy  Invasive mechanical ventilation *(new data collection)*  Gastrointestinal  Abdominal drain (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gastrostomy  *(changed question wording, added a check box for this question)* |
| ***New question for 2021*** | **55.**  **Did the patient receive any systemic steroids in the 30 days before, not including the DISC?**  1 Yes 0 No 9 Unknown  *(new question)* |
| **55. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?**  1 Yes 0 No 9 Unknown | **56. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?**  1 Yes 0 No 9 Unknown  *(changed the question number)* |
| **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 59)* 0 No 9 Unknown | **57. 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 60)* 0 No 9 Unknown  *(changed the question number)* |
| **57. Was the patient administered systemic antifungal medication after, not including the DISC?**  1 Yes *(if Yes, fill out question 59)* 0 No 9 Unknown | **58. Was the patient administered systemic antifungal medication after, not including the DISC?**  1 Yes *(if Yes, fill out question 60)* 0 No 9 Unknown  *(changed the question number)* |
| **58. If antifungal medication was not given to treat current candidemia infection, what was the reason?**  1 Patient died before culture result available to clinicians  2 Comfort care only measures were instituted  3 Patient discharged before culture result available to clinician  4 Medical records indicated culture result not clinically significant  5 Other reason documented in medical records, specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  6 Patient refused treatment against medical advice  9 Unknown | **59. If antifungal medication was not given to treat current candidemia infection, what was the reason?**    1 Patient died before culture result available to clinicians  2 Comfort care only measures were instituted  3 Patient discharged before culture result available to clinician  4 Medical records indicated culture result not clinically significant or contaminated  5 Other reason documented in medical records, specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  6 Patient refused treatment against medical advice  9 Unknown  *(changed question number, added additional clarification to one response)* |
| **59. ANTIFUNGAL MEDICATION** | **60. ANTIFUNGAL MEDICATION**  *(changed question number)* |
| ***New question for 2021*** | **61. Does the chart indicate that the incident specimen was considered a contaminant or was considered to not be indicative of true of infection?**  1 Yes 0 No 9 Unknown  *(new question)* |
| ***New question for 2021*** | **62. Was the patient under the care of an infectious disease physician on the day of the DISC or within the 6 days after the DISC?**  1 Yes 0 No 9 Unknown  *(new question)* |
| ***New question for 2021*** | **1. Did the patient have a positive SARS-CoV-2 test result (molecular assay, serology, or other confirmatory test) from a specimen collected in the 30 days before the DISC or on the DISC?**  1 Yes 0 No 9 Unknown  *(new question)* |
| ***New question for 2021*** | 1a. If yes, date of specimen collection for initial positive SARS-CoV-2 test:  Date: \_\_\_\_\_\_\_\_ 9  Date Unknown  *(new question)* |
| ***New question for 2021*** | 1b. If yes, EIP COVID-NET Case ID: \_\_\_\_\_\_\_\_\_\_\_\_  9  Unknown  Out of EIP COVID-NET catchment area  *(new question)* |
| ***New question for 2021*** | **2. Did the patient receive invasive mechanical ventilation in the 30 days before the DISC, not including the DISC?**  1 Yes 0 No 9 Unknown  *(new question)* |
| ***New question for 2021*** | **3. Did the patient receive dialysis or renal replacement therapy (RRT) in the 30 days before the DISC, not including the DISC?**  1 Yes 0 No 9 Unknown  *(new question)* |
| ***New question for 2021*** | **4. If patient received any systemic steroids in the 30 days before the DISC, not including the DISC (question 55), are any of the following scenarios true? *(check all that apply)***  Steroid(s) given as an outpatient medication  Steroid(s) given during hospitalization associated  with candidemia episode prior to Candida DISC  Steroid(s) given as part of treatment/management  for COVID-19  *(new question)* |
| ***New question for 2021*** | **5. Did the patient receive any of the following immunomodulatory drugs in the 30 days before the DISC, not including the DISC? *(check all that apply)***  None Tocilizumab Sarilumab  Baricitinib Unknown  *(new question)* |
| ***New question for 2021*** | 5a. If yes (and patient had a positive SARS-CoV-2 test), were any of the immunomodulatory drugs given as part of treatment/management for COVID-19?  1 Yes 0 No 9 Unknown  *(new question)* |

1. **Laboratory Testing Practices for Candidemia Questionnaire**

|  |  |
| --- | --- |
| **2020 CRF Question** | **2021 CRF Question** |
| **2020 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE** (header) | **2021 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE** (header)  *(changed year)* |
| **New Question** | 1. **Does this laboratory offer yeast identification either onsite or sent to another laboratory?**   Yes  No *(****----- If No,******SKIP TO QUESTION 15 -----****)*  Unknown *(is there another laboratory staff*  *member who can assist with the*  *questionnaire?)*  *(new data collection)* |
| **New Question** | 1. **Where is yeast identification done? (check the most applicable)**   On-site, in the laboratory  Sent to commercial lab  Sent to affiliated hospital lab  Sent to other local/regional, non-affiliated reference or public health laboratory  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown  *(new data collection)* |
| **New Instructions** | **Answer the following questions for the lab selected in question 8.** |
| **7) How does your lab identify yeast? (check all that apply)**  MALDI-TOF Bruker (Biotyper)  MALDI-TOF bioMerieux (VITEK MS)  VITEK 2  API 20C  DNA sequencing  PNA-FISH  BactiCard Candida  BD Phoenix  MicroScan  RapID Plus  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown | 1. **How does this lab identify yeast? (check all that apply)**   MALDI-TOF Bruker (Biotyper)  MALDI-TOF bioMerieux (VITEK MS)  VITEK 2  API 20C  DNA sequencing  PNA-FISH  BactiCard Candida  BD Phoenix  MicroScan  RapID Plus  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown  *(changed question number, updated question wording)* |
| **8) Does your laboratory routinely use Chromagar for the identification or differentiation of *Candida* isolates?**  Yes  No  Unknown | 1. **Does this laboratory routinely use Chromagar for the identification or differentiation of *Candida* isolates?**   Yes  No  Unknown  *(changed question number, updated question wording)* |
| **9) Species-level identification is performed for *Candida* spp. isolated from which of the following?**   1. **Blood isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Other normally sterile body site isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Abdominal isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Respiratory isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Urine isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Other (specify) \_\_\_\_\_\_\_\_**   Yes, reflexively  Yes, with clinician order  No  Unknown | 1. **Species-level identification is performed for *Candida* spp. isolated from which of the following?** 2. **Blood isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Other normally sterile body site isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Abdominal isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Respiratory isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Urine isolates**   Yes, reflexively  Yes, with clinician order  No  Unknown   1. **Other (specify) \_\_\_\_\_\_\_\_**   Yes, reflexively  Yes, with clinician order  No  Unknown  *(changed question number)* |
| **10) Does your laboratory employ the T2Candida Panel to identify *Candida* from blood specimens?**  Yes (go to 10a)  No (go to 11)  Unknown   * 1. **If Yes, when did this lab first start using T2Candida Panel?** *Date (mm/dd/yyyy):* \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_   2. **If Yes, does this lab culture blood if you get a positive result on T2Candida Panel?**   Yes, reflexively  Yes, with a clinical order  No  Unknown | 1. **Does this laboratory employ the T2Candida Panel to identify *Candida* from blood specimens?**   Yes (go to 12a)  No (go to 13)  Unknown   * 1. **If Yes, when did this lab first start using T2Candida Panel?** *Date (mm/dd/yyyy):* \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_   2. **If Yes, does this lab culture blood if you get a positive result on T2Candida Panel?**   Yes, reflexively  Yes, with a clinical order  No  Unknown  *(changed question number, updated question wording, updated question numbers for proper skip logic in response options)* |
| **11) Does your laboratory employ the BioFire (FilmArray) to identify *Candida* from blood culture?**  Yes (go to 11a)  No (go to 12)  Unknown   * 1. **If Yes, when did this lab first start using BioFire?** *Date (mm/dd/yyyy):* \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_   2. **If yes, does this lab reflexively culture blood if you get a positive result on BiorFire?**   Yes, reflexively  Yes, with a clinical order  No  Unknown | 1. **Does this laboratory employ the BioFire (FilmArray)** **to identify *Candida* from blood culture?**   Yes (go to 13a)  No (go to 14)  Unknown   * 1. **If Yes, when did this lab first start using BioFire?** *Date (mm/dd/yyyy):* \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_   **(Deleted 11b)**  *(changed question number, updated question wording, updated question numbers for proper skip logic in response options, removed sub-question 11b)* |
| **12) If No for both Question 10 and 11,** **does this laboratory have plans to employ culture-independent diagnostics for *Candida* identification in the near future (e.g. T2Candida Panel, BioFire)?**  Yes  No  Unknown  Not applicable (Yes to Q17 or Q18) | 1. **If No for both Question 12 and 13,** **does this laboratory have plans to employ culture-independent diagnostics for *Candida* identification in the near future (e.g. T2Candida Panel, BioFire)?**   Yes  No  Unknown  Not applicable  *(changed question number, updated question wording, updated response wording for ‘not applicable’)* |
| **13) Does your laboratory offer any antifungal susceptibility testing for *Candida*?**  Yes (Continue onto Page 2)  No *(****-- If No,******QUESTIONNAIRE COMPLETE---****)*  Unknown *(is there another laboratory staff*  *member who can assist with the*  *questionnaire?)* | 1. **Does this laboratory offer any antifungal susceptibility testing for *Candida* either onsite or sent to another laboratory?**   Yes  No *(****-- If No,******QUESTIONNAIRE COMPLETE---****)*  Unknown *(is there another laboratory staff*  *member who can assist with the*  *questionnaire?)*  *(changed question number, updated question wording, updated response wording for ‘yes’)* |
| **14) Where is antifungal susceptibility testing (AFST) done? (check all that apply)**  On-site, in the laboratory  Sent to commercial lab  Sent to affiliated hospital lab  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown | 1. **Where is antifungal susceptibility testing (AFST) done? (check the most applicable)**   On-site, in the laboratory  Sent to commercial lab  Sent to affiliated hospital lab  Sent to other local/regional, non-affiliated reference or public health laboratory *(new collection)*  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown  *(changed question number, updated question wording, added additional response option)* |
| **New Instructions** | **Answer the following questions for the lab selected in question 16.** |
| **15) Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):**  Fluconazole  Voriconazole  Itraconazole  Posaconazole  Micafungin  Anidulafungin  Caspofungin  Amphotericin B  Flucytosine  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown | 1. **Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):**   Fluconazole  Voriconazole  Itraconazole  Posaconazole  Micafungin  Anidulafungin  Caspofungin  Amphotericin B  Flucytosine  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown  *(changed question number)* |
| **16) What methods are used for AFST? (check all that apply)**  Non-commercial broth microdilution  YeastOne  E test  Vitek  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   1. **If you use Vitek for AFST, what *Candida* species do you test with it? (check all that apply)**   *C. albicans*  *C. parapsilosis*  *C. glabrata*  Other *Candida* spp. | 1. **What methods are used for AFST? (check all that apply)**   Non-commercial broth microdilution  YeastOne  E test  Vitek  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   1. **If you use Vitek for AFST, what *Candida* species do you test with it? (check all that apply)**   *C. albicans*  *C. parapsilosis*  *C. glabrata*  Other *Candida* spp.  *(changed question number)* |
| **17) How are results of AFST reported? (select one)**  Categorical interpretation only (susceptible, resistant, etc.)  MIC only  Both--categorical interpretation PLUS MIC  Unknown   1. **If categorical interpretation only, how do you determine the categorical interpretation? (check all that apply)**   CLSI M27 S4  CLSI M27 S3  From manufacturer of MIC test  Apply epidemiologic breakpoints  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. **How are results of AFST reported? (select one)**   Categorical interpretation only (susceptible, resistant, etc.)  MIC only  Both--categorical interpretation PLUS MIC  Unknown   1. **If categorical interpretation only, how do you determine the categorical interpretation? (check all that apply)**   CLSI M27 S4  CLSI M27 S3  From manufacturer of MIC test  Apply epidemiologic breakpoints  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(changed question number)* |
| **18) For what type of *Candida* isolates is antifungal susceptibility testing (AFST) performed automatically/reflexively? (check all that apply)**  Blood isolates  Other normally sterile body site isolates  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No AFST performed automatically (requires  order from a clinician)  Unknown | 1. **For what type of *Candida* isolates is antifungal susceptibility testing (AFST) performed automatically/reflexively? (check all that apply)**   Blood isolates  Other normally sterile body site isolates  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No AFST performed automatically (requires  order from a clinician)  Unknown  *(changed question number)* |
| **19) How is AFST performed for the following *Candida* spp.?**   * 1. ***C. albicans***   Performed automatically/reflexively  *(Go to* 19*ai)*  Performed with a clinician’s order  Not performed   1. **Drugs for which AFST is performed automatically/reflexively on *C. abicans* (check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown   * 1. ***C. glabrata***   Performed automatically/reflexively  *(Go to* 19*bi)*  Performed with a clinician’s order  Not performed   1. **Drugs for which AFST is performed automatically/reflexively on *C. glabrata* (check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown   * 1. ***C. parapsilosis***   Performed automatically/reflexively  *(Go to* 19*ci)*  Performed with a clinician’s order  Not performed   1. **Drugs for which AFST is performed automatically/reflexively on *C. parapsilosis* (check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown   * 1. **Other *Candida* spp.**   Performed automatically/reflexively  *(Go to* 19*di)*  Performed with a clinician’s order  Not performed   1. **Drugs for which AFST is performed automatically/reflexively on other *Candida* spp.(check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown | 1. **How is AFST performed for the following *Candida* spp.?**    1. ***C. albicans***   Performed automatically/reflexively  *(Go to* *21ai)*  Performed with a clinician’s order  *(Go to* *21ai)*  Not performed   1. **Drugs for which AFST is performed on *C. abicans* (check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown   * 1. ***C. glabrata***   Performed automatically/reflexively  *(Go to* *21bi)*  Performed with a clinician’s order  *(Go to* *21bi)*  Not performed   1. **Drugs for which AFST is performed on *C. glabrata* (check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown   * 1. ***C. parapsilosis***   Performed automatically/reflexively  *(Go to* *21ci)*  Performed with a clinician’s order  *(Go to* *21ci)*  Not performed   1. **Drugs for which AFST is performed on *C. parapsilosis* (check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown   * 1. **Other *Candida* spp.**   Performed automatically/reflexively  *(Go to* *21di)*  Performed with a clinician’s order  *(Go to* *21di)*  Not performed   1. **Drugs for which AFST is performed on other *Candida* spp.(check all that apply):**   Micafungin  Anidulafungin  Caspofungin  Fluconazole  Voriconazole  Amphotericin B  Other  Unknown  *(changed question number, changed skip logic question numbers in response options, updated question wording)* |

1. **Invasive *Staphylococcus aureus* (iSA) Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT)**

|  |  |
| --- | --- |
| **2020 Survey Question** | **Proposed Changes Survey Question** |
| 1. Do you set up culture for sterile sites (blood, CSF, bone, etc.) for *Staphylococcus aureus* on site (in-house at your laboratory?  **□** Yes - GO TO Q2 **□** No | 1. Do you routinely set up culture for sterile sites (blood, CSF, bone, etc.) on site (in-house at your laboratory?  **□** Yes - GO TO Q2 **□** No – GO TO Q3  *(updated question wording and skip pattern)* |
| 1a. [if no} To which laboratory do you send sterile specimens for *Staphylococcus aureus* culture? | 1a. [if no] To which laboratory do you send sterile specimens for culture/identification?  *(updated question wording)* |
|  | 2. Is *S. aureus* or MRSA routinely identified via culture-based methods on site (in-house) at your laboratory? **□** Yes - GO TO Q3 **□** No  *(added question)* |
|  | 2a. [if no] To which laboratory do you send cultures for *S. aureus* identification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(added question)* |
| 2. Do you run any culture independent diagnostic tests (CIDT) for detection of *S. aureus* or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture?  **□** Yes **□** No - GO TO Q2d | 3. Do you routinely run any culture independent diagnostic tests (CIDT) on site or at another lab for detection of *S. aureus* or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture?  **□** Yes **□** No - GO TO Q3d  *(updated question number, wording, and skip pattern)* |
| 2a. [If yes] Do you run the CIDT on site or send out to another lab?  **□** On-site **□** Send out, please specify lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3a. [If yes] Where is CIDT testing completed?  **□** On-site **□** Send out, please specify lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - GO TO Q3c  *(updated question number, wording, and skip pattern)* |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** MicacomhemoFISH 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\_\_\_\_\_\_\_\_\_\_ | 3b. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** MicacomhemoFISH 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\_\_\_\_\_\_\_\_\_\_  *(updated question number)* |
| 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 | 3c. [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 Q4  *(updated question number and skip pattern)* |
| 2d. [If no] Do you plan to start offering any CIDTs for *S. aureus* or MRSA within the next year?  **□** Yes **□** No – END SURVEY | 3d. [If no] Do you plan to start offering any CIDTs for *S. aureus* or MRSA within the next year?  **□** Yes **□** No – END SURVEY  *(updated question number)* |
| 2e. When do you plan to start offering culture independent diagnostic tests?  Month/Year: \_\_\_\_/\_\_\_\_ | 3e. When do you plan to start offering CIDTs?  Month/Year: \_\_\_\_/\_\_\_\_  *(updated question number and wording)* |
|  | 3f. Where do you plan to have CIDT tested?  **□** On-site **□** Send out, please specify lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - END SURVEY  *(added question)* |
| 3. How does your lab use the CIDT for detection of *S. aureus* or MRSA? (select one)  **□** Test concurrently with culture  **□** Reflex to culture after positive by CIDT panel  **□** Only run CIDT panel, no additional testing is done  **□** Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. How does your lab use the CIDT for detection of *S. aureus* or MRSA? (select one)  **□** Test concurrently with culture  **□** Reflex to culture after positive by CIDT panel  **□** Only run CIDT panel, no additional testing is done  **□** Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_  *(updated question number)* |
|  | Comments  *(added comments field)* |