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

Program Contact

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Submission Date: August 23, 2018

Circumstances of Change Request for OMB 0920-0978

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

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

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

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

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

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

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

ABCs:

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

FluSurv-NET:

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

HAIC:

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

Description of Changes

ABCs:

1. 2019 ABCs Case Report Form

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

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

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

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

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

3. 2019 Neonatal Infection Expanded Tracking Form

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

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

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

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

FluSurv-Net:

5. Influenza Hospitalization Surveillance Network Case Report Form

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

HAIC:

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

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

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

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

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

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

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

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

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

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

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

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

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

9. Invasive MRSA Infection Case Report Form

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

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

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

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

10. 2019 Invasive MSSA Infections Case Report Form

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

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

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

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

11. 2019 CDI Case Report Form and Treatment Form

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

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

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

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

12. 2019 HAIC Candidemia Case Report

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

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

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

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

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

Cross walk - 2019 form changes

ABCs:

1. 2019 ABCs Case Report Form

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

3c. Date first positive Culture Independent Diagnostic	
Test (CIDT, e.g. PCR) COLLECTED	
3d. Type of CIDT:	T3 – Test method (non-culture)
☐ Biofire Meningitis Panel	Options: 1=Biofire FilmArray M/E Panel, 2=other, 3=Biofire Filmarray
☐ Filmarray BCID	Blood Culture ID (BCID) Panel, 4=Verigene Gram + Blood Culture Test
☐ Verigene BCT	(BCT), 5=Bruker MALDI Biotyper CA System, 6=BD Directigen Meningitis
□ Other	Combo Test Kit, 7=ThermoFisher Wellcogen Bacterial Antigen Rapid,
□ Unknown	8=Alere BinaxNOW Antigen Card, 9=Unknown
13. Sterile Sites from which organism isolated:	T4 – Site from which organism isolated
☐ CSF ☐ Blood ☐ Peritoneal fluid ☐ Bone	Options: 1=Amniotic fluid, 2=Blood, 3=Bone, 4=Brain, 5=CSF, 6=Heart,
☐ Pericardial Fluid ☐ Pleural fluid ☐ Joint	7=Other Sterile Site, 8=Joint, 9=unknown, 10=Kidney,
☐ Muscle/Fascia/Tendon ☐ Internal Body Site	11=Liver, 12=Lung, 13=Lymph node, 14=Middle ear,
(specify) □ Other normally sterile	15=Muscle/Fascia/Tendon, 16=Ovary, 17=Pancreas, 18=Pericardial Fluid,
site (specify)	19=Peritoneal Fluid, 20=Placenta, 21=Pleural fluid, 22=Respiratory secretion,
13b. CIDT STERILE SITE FROM WHICH	23=Sinus, 24=Spleen
ORGANISM WAS DETECTED: CSF Blood	25=Sputum, 26=Vitreous, 27=Wound, 28=Unknown
Other,	25-5putuin, 20- viitcous, 27-vvound, 20-Onknown
14. Other sites from which organism isolated:	
□ Wound □ Amniotic Fluid □ Placenta	
☐ Middle ear ☐ Sinus	
Q12a. Bacterial Species isolated from any normally	T5- Bacterial species isolated*:
sterile site: Neisseria meningitidis Haemophilus	Options: 1=Neisseria meningitidis, 2=Haemophilus influenzae, 3=Group B
influenzae ☐ Group B Streptococcus ☐ Group A	Streptococcus, 5=Group A Streptococcus
Streptococcus Streptococcus Group A	6=Streptococcus pneumoniae
Q12b. Other bacterial species isolated from any	0-Streptococcus pheumomae
normally sterile site:	* For other bacterial pathogens (i.e. non-ABCs) write-in pathogen name
morniany sterne site:	For other bacterial pathogens (i.e. non-ABCs) write-in pathogen name
3a. Was a culture performed?	T6 – Test Result
$1 \square $ Yes, Positive $2 \square $ Yes, Negative $3 \square $ No	Options: 1=Positive, 0=Negative, 9=Indeterminant
45 7 7 1 . 0111	TT 7 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15. Is Isolate available:	T7- Isolate/Specimen Available?
☐ Yes ☐ No	Options: 1=Yes, 2=No
☐ Yes ☐ No	Options: 1=Yes, 2=No
☐ Yes ☐ No 15b. If Isolate Not available, why not?	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not?
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable)
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses,
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable)	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable)
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable) 22a. If survived, patient discharged to:	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable) Added checkbox, 'Left AMA'
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable) 22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Unknown	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable) Added checkbox, 'Left AMA' 22a. If survived, patient discharged to:
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable) 22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Unknown ☐ Other, Specify If discharged to	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable) Added checkbox, 'Left AMA' 22a. If survived, patient discharged to: □ Home □ LTC/SNF □ LTACH □ Left AMA □ Unknown □ Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable) 22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Unknown ☐ Other, Specify If discharged to	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable) Added checkbox, 'Left AMA' 22a. If survived, patient discharged to: □ Home □ LTC/SNF □ LTACH □ Left AMA □ Unknown □ Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID 27. Added Checkbox for lab test, HbA1C % and Date
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable) 22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Unknown ☐ Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable) Added checkbox, 'Left AMA' 22a. If survived, patient discharged to: □ Home □ LTC/SNF □ LTACH □ Left AMA □ Unknown □ Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID 27. Added Checkbox for lab test, HbA1C % and Date collected//
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable) 22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Unknown ☐ Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable) Added checkbox, 'Left AMA' 22a. If survived, patient discharged to: Home LTC/SNF LTACH Left AMA Unknown Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID 27. Added Checkbox for lab test, HbA1C % and Date collected/_/_ For diabetic patients only
☐ Yes ☐ No 15b. If Isolate Not available, why not? ☐ N/A at hospital lab ☐ N/A at state lab ☐ Hospital refuses ☐ Isolate discrepancy (2x) ☐ No DNA (non-viable) 22a. If survived, patient discharged to: ☐ Home ☐ LTC/SNF ☐ LTACH ☐ Unknown ☐ Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID	Options: 1=Yes, 2=No T8- If isolate/specimen not available, why not? Options: 1=N/A at Hospital Lab 2=N/A at State Lab, 3=Hospital refuses, 4=Isolate Discrepancy (2x), 5=No DNA (non-viable) Added checkbox, 'Left AMA' 22a. If survived, patient discharged to: □ Home □ LTC/SNF □ LTACH □ Left AMA □ Unknown □ Other, Specify If discharged to LTC/SNF or LTACH, list Facility ID 27. Added Checkbox for lab test, HbA1C % and Date collected//
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	☐ Opioid, DEA Schedule I ☐ DUD or Abuse ☐ IDU
	☐ Skin Popping ☐ non-IDU ☐ Unk
	☐ Opioid, DEA Schedule II- IV ☐ DUD or Abuse ☐ IDU
	☐ Skin Popping ☐ non-IDU ☐ Unk
	☐ Cocain or methamphetamine ☐ DUD or Abuse ☐ IDU
	☐ Skin Popping ☐ non-IDU ☐ Unk
	☐ Other ☐ DUD or Abuse ☐ IDU
	☐ Skin Popping ☐ non-IDU ☐ Unk
	☐ Unknown Substance ☐ DUD or Abuse ☐ IDU
	☐ Skin Popping ☐ non-IDU ☐ Unk
28c. Were records obtained to verify vaccination	Added 'Medical chart' option below
history? □ Yes □ No	28c. Were records obtained to verify vaccination history?
If yes, what is the source of the information?	☐ Yes ☐ No
☐ Vaccine Registry ☐ Healthcare Provider ☐ Other	If yes, what is the source of the information?
(specify)	☐ Medical Chart ☐ Vaccine Registry ☐ Healthcare Provider ☐ Other
	(specify)

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

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

3. 2019 Neonatal Infection Expanded Tracking Form

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

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

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

FluSurv-NET

5. Influenza Hospitalization Surveillance Network Case Report Form

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

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

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

HAIC

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

Question on 2018 form	Question on 2019 form
24. Date reported to EIP site:	DATE REPORTED TO EIP SITE:
Title: 2018 Multi-site Gram-Negative Surveillance	Title: 2019 Carbapenem Resistant Enterobacteriaceae (CRE)/
Initiative (MuGSI) Healthcare Associated Infection	Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative
Community Interface (HAIC) Case Report	Surveillance Initiative (MuGSI) Healthcare Associated Infection
	Community Interface (HAIC) Case Report
4a. LABORATORY ID WHERE CULTURE	4a. LABORATORY ID WHERE INCIDENT SPECIMEN
IDENTIFIED:	IDENTIFIED:
C DATE OF DIDTH	5 DATE OF DIDTH
6. DATE OF BIRTH:	5. DATE OF BIRTH:
- 107	6.407
7a. AGE:	6. AGE
	Days
7b. Is age in day/mo/yr?	Days Vivios. Viedis
• Days • Mos. • Years	
Days Wios. Tears	
8a. Sex:	7. SEX AT BIRTH:
• Male	• Male • Female
• Female	• Unknown
	Check if transgender
8b. ETHNIC ORIGIN:	8a. ETHNIC ORIGIN:
Hispanic or Latino	Hispanic or Latino
Not Hispanic or Latino	Not Hispanic or Latino
• Unknown	• Unknown

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

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

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

Myocardial Infarct	IMMUNOCOMPROMISED	Surgical wound
Neurological Problems	CONDITION	Other chronic ulcer or
•	• HIV infection	chronic wound
Obesity or Morbid Obesity	•AIDS/CD4 count <200	OTHER
Peptic Ulcer Disease		Connective tissue disease
Peripheral Vascular Disease (PVD)	Primary immunodeficiency Transplant has a transplant.	
Premature Birth	• Transplant, hematopoietic	Obesity or morbid obesity
Solid Tumor (non metastatic)	stem cell	• Pregnant
Spina bifida	• Transplant, solid organ	MuGSI CONDITIONS
Transplant Recipient	LIVER DISEASE	Urinary tract
Urinary Tract Problems/Abnormalities	Chronic liver disease	problems/abnormalities
Offidary Tract Problems/Autoritabilies	• Ascites	 Premature birth
	Cirrhosis	 Spina bifida
	Hepatic encephalopathy	•
	Variceal bleeding	
	☐ Hepatitis C	
	• Treated, in SVR	
	• Current, chronic	
	MALIGNANCY	
	Malignancy, hematologic	
	Malignancy, nematologic Malignancy, solid organ	
	(non-metastatic)	
	Malignancy, solid organ	
 LINDEDLATING CONDITIONS (1 1 11 11 1	(metastatic)	D TED
UNDERLYING CONDITIONS (check all that	19. SUBSTANCE USE, CURRE	IN I
oly):	CMOVING (Charle all that are le	.
lone	SMOKING (Check all that apply):
Inknown	• None	
AIDS/CD4 count < 200	• Unknown	
Alcohol abuse	• Tobacco	
Chronic Liver Disease	• E-nicotine delivery system	
Chronic Pulmonary Disease	Marijuana	
Chronic Renal Insufficiency	ALCOHOL ADUCE	
Chronic Skin Breakdown	ALCOHOL ABUSE:	
Congestive Heart Failure	• Yes	
Connective Tissue Disease	• No	
Current Smoker	Unknown	
CVA/Stroke	OFFIED GUIDGEANGEG (CL. 1	11.1
Cystic Fibrosis	OTHER SUBSTANCES: (Check	call that apply)
Decubitus/Pressure Ulcer		
Dementia/Chronic Cognitive Deficit	• None	
Diabetes	. 77.1	
	Unknown	DOGUM (ENTERD LIGH
Hemiplegia/Paraplegia		DOCUMENTED USE
HIV		DISORDER (DUD)/ABUSE:
Hematologic Malignancy	MODE OF DELIVERY: (Check	all that apply)
IVDU		
Liver failure	☐ Marijuana/cannabinoid (other	
Metastatic Solid Tumor	☐ IDU ☐ Skin popping ☐ Non-II	DU □ Unknown
Myocardial Infarct		
Neurological Problems	☐ Opioid, DEA schedule I (e.g.,	
Obesity or Morbid Obesity	IDU □ Skin popping □ Non-IDU	J □ Unknown
Peptic Ulcer Disease		
Peripheral Vascular Disease (PVD)		e.g., methadone, oxycodone) \Box DUD or
Premature Birth	abuse □ IDU □ Skin p	opping Non-IDU Unknown
Solid Tumor (non metastatic)	☐ Cocaine or methamphetamine	\square DUD or abuse \square IDU \square
Spina bifida	Skin popping \(\subseteq \text{Non-IDU} \) \(\subseteq \text{U}_1 \)	

□ Transplant Recipient □ Urinary Tract Problems/Abnormalities	☐ Other (specify): ☐ DUD or abuse ☐ IDU
	☐ Skin popping ☐ Non-IDU ☐ Unknown
	☐ Unknown substance ☐ DUD or abuse ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown
	Some of the data in this section was formerly collected in the underlying conditions section (IVDU [changed to injection drug user], Current
	smoker [changed to smoking], Alcohol Abuse (see highlighted conditions in the prior column). The collection of more information for other drug use is new. There are six new check boxes that allow other drug use to be captured in more detail. These questions focus on type of drug and mode of delivery.
21. RISK FACTORS OF INTEREST (check all that	20. RISK FACTORS: (Check all that apply)
apply):	• None
• None	• Unknown
• Unknown	WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE
• Culture collected ≥ calendar day 3 after hospital admission	CALENDAR DAYS AFTER HOSPITAL ADMISSION? • Yes • No (please note, this field is auto calculated in the data management system (DMS), therefore, the user does not ever complete
• Hospitalized within year before date of initial culture: If yes, enter mo/yr □□/□□□□ OR • Unknown	this filed and there is not burden associated with its collection. It is on the paper form because our users want to continue to view this in the DMS)
If known, prior hospital ID:	Positions have the literation in the consult of our DIGG
Surgery within year before date of initial culture	Previous hospitalization in the year before DISC • Yes • No • Unknown If yes, date of discharge closed to DISC:
• Current chronic dialysis: □ Hemodialysis □ Peritoneal □ Unknown	Facility ID:
Hemodialysis Access:	OR, Date Unknown •
□ AV fistula/graft □ CVC □ Unknown	
Residence in LTCF within year before date of initial	Overnight stay in LTCF in the year before DISC • Yes • No • Unknown
culture If known,	Facility ID:
facility ID:	Overnight stay in LTACH in the year before DISC
Admitted to a LTACH within year before initial culture	• Yes • No • Unknown
date If known, facility ID:	Facility ID:
II Kilowii, lacinty ID.	Surgery in the year before DISC
 Central venous catheter in place on the day of culture (up to time of culture) or at 	• Yes • No • Unknown
any time in the 2 calendar days prior to the date of culture	CURRENT CHRONIC DIALYSIS: IF YES, TYPE:
• Urinary catheter in place on the day of culture (up to	☐ Hemodialysis ☐ Peritoneal ☐ Unknown
time of culture) or at any time in the 2 calendar days prior to the date of culture	IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS: □ AV fistula/graft □ Hemodialysis central line □ Unknown
If checked, indicate all that apply:	211 IIstala giate 2 Hemodalysis cellula inic 2 Olikilowii
Indwelling Urethral Catheter	CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF
Suprapubic Catheter Condom Catheter	COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:

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

□ Fever [temperature \geq 100.4 °F (38 °C)]	□ Unkn	own			
□ Unknown	□ Frequ	ency			
□ Frequency	□ Supra	pubic tenderne	SS.		
□ Suprapubic tenderness	□ Urger	ncy			
□ Urgency					
	Symptoms for	patients $\leq 1 \text{ ye}$	ear of age only	:	
Symptoms for patients ≤ 1 year of age only:	□ Apne				
□ Apnea	☐ Brady	cardia			
□ Bradycardia	□ Letha				
□ Lethargy	□ Vomi	ting			
□ Vomiting					
URINE Cultures ONLY:	URINE CULT				
14d. Was a blood culture positive in the	22d. WAS A E				
3 calendar days before through the 3 calendar					S AFTER THE
days after the initial urine culture for the same	DISC FOR TH		GSI ORGANIS	M?	
MuGSI organism?	• Yes • No •	Unknown			
• Yes • No • Unknown					
13b. Was the initial culture polymicrobial?	23. WAS THE		PECIMEN PO	LYMICROB	IAL?
	• Yes • No •	Unknown			
• Yes • No • Unknown					
13c. Was the initial	24a. WAS TH		SPECIMEN TI	ESTED FOR	
isolate tested for	CARBAPENE				
carbapenemase?	• Yes • No •				2 (2) 1 11 1
A TOTAL A TOTA	· ·	WHAT TESTI	NG METHOD	WAS USED	? (Check all that
• Yes • No • Laboratory not testing	apply):	-			
• Unknown	Non-Molecula				
	□ Carba			LODO	
If yes, what testing method was used		penemase Inca		iod (CIM)	
(check all that apply):		Diffusion/ROS	CO Disk		
Automated Molecular Assay	□ E-test		.		(CD 0
(specify):		fied Carbapene		ation Method	(mCIM)
• CarbaNP		fied Hodge Tes	st (MH1)		
• PCR	□ RAPI				
• E Test		(specify):			
Modified Hodge Test (MHT) Other (consist)	□ Unkn	own			
• Other (specify):	MalandauTaa				
• Unknown	Molecular Tes		Α		
If tested, what was		nated Molecula	ar Assay		
the testing result?	☐ Carba	ı-K K Points			
		DI-TOF MS			
			oloio Aoid Coa	vancing	
		Generation Nu	cieic Acid Seq	uencing	
☐ Indeterminate ☐ Unknown	□ PCR	(anacify).			
Ulikilowii		(specify):			
	☐ Unkn 24c. IF TESTE		A C THE TECT	INC DECLI	T7
	Non-Molecula		AS THE TEST	ING KESUL	1:
	□ Positi				
		erminate			
	□ Unkn				
	Molecular Tes				
		□ Pos	□Neg	□ Ind	□ Unk
		□ Pos	□ Neg		□ Unk
	OXA	□ Pos	□ Neg		□ Unk
	\square OXA-48	□ Pos	□Neg	□ Ind	□ Unk

		□VIM	□ Pos	□Neg	□ Ind	□Unk
		□IMP	□ Pos	□Neg	□ Ind	□Unk
15. Was the same organism (Q13a) cultured from a different sterile site or urine in the 30 days after the date of initial culture (of this current episode)? • Yes • No • Unknown IF YES, SOURCE: (check all that apply) • Blood • CSF • Pleural fluid • Pericardial fluid • Peritoneal fluid • Joint/Synovial fluid • Bone • Urine • Other normally sterile site		25. WAS THE SAME ORGANISM (Q10) CULTURED FROM A DIFFERENT STERILE SITE OR URINE IN THE 30 DAYS AFTER THE DISC? • Yes • No • Unknown IF YES, SOURCE: (check all that apply) • Blood • Bone • CSF • Internal body site (specify): • Joint/Synovial fluid • Muscle • Pericardial fluid • Peritoneal fluid • Pleural fluid • Pleural fluid • Urine • Other normally sterile site (specify):				
16. Enterobacteriaceae ONLY: Were cultures of sterile site(s) or urine positive in the 30 days prior to the date of initial culture, for a DIFFERENT organism (Q13a)? • Yes • No • Unknown • N/A IF YES, SOURCE: (check all that apply) • Blood • CSF • Pleural fluid • Pericardial fluid • Peritoneal fluid • Peritoneal fluid • Joint/Synovial fluid • Bone • Urine • Other normally sterile site If yes, indicate organism type and associated State ID for the incident closest to the date of initial culture:		THE DISC, FO Yes No IF YES, SOUR Blood Bone CSF Internal body Joint/Synovi Muscle Pericardial fl Peritoneal flu Pleural fluid Urine Other norma IF YES, INDIO ID FOR THE	E(S) OR URINDR A DIFFER OR A D	NE POSITIVE ENT ORGAN N/A I that apply) Specify):	IN THE 30 E JISM (Q10)? AND ASSOCI THE DISC:	JRES OF DAYS BEFORE
Organism	State ID	Organism Escherichia o	aoli	State	מוצ	
Escherichia coli	Juic 15	Enterobacter				
Enterobacter cloacae		Klebsiella ae				
Enterobacter aerogenes		Klebsiella pn				
Klebsiella pneumoniae		Klebsiella ox				
Klebsiella oxytoca		Tricosteria ori	ytocu			
Riebsiena oxytoca						
16a. A. baumannii Cultures ONLY: Were cultures of OTHER sterile site(s) or urine positive in the 30 days prior to the date of initial culture, for another A. baumannii? • Yes • No • Unknown • N/A • Yes • No • Unknown • N/A IF YES, SOURCE: (check all that apply) • Blood			NII? • Unknown • :	HER STERILI S BEFORE T N/A	E SITE(S) OR	
• CSF		• Internal body site (specify):				

Pleural fluid	Joint/Synovial fluid
Pericardial fluid	• Muscle
Peritoneal fluid	Pericardial fluid
Joint/Synovial fluid	Peritoneal fluid
• Bone	Pleural fluid
• Urine	• Urine
Other normally sterile site	Other normally sterile site (specify):
other normany sterile site	other normally sterile site (specify).
If yes, State ID for the organism	IF YES, STATE ID FOR THE INCIDENT CLOSEST TO THE DISC:
closest to the date of initial culture:	TES, STITE IS TON THE INCIDENT GEODEST TO THE BISS.
erosest to the date of initial editaret	
16b. A. baumannii Cultures ONLY:	27b. A. BAUMANNII CULTURES ONLY:
Did the patient have a sputum culture positive for CRAB	DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR
in the 30 days	CRAB IN THE 30 DAYS BEFORE THE DISC?
prior to the date of culture (Day 1)?	• Yes • No • Unknown • N/A
prior to the date of culture (Day 1):	- 1C5 - 1V0 - Olikilowii - 1V/1
• Yes • No • Unknown • N/A	
2.00	
	27c. A. BAUMANNII CULTURES ONLY:
	RISK FACTORS IN THE 7 DAYS BEFORE THE DISC:
	□ Non-invasive positive pressure ventilation (CPAP or BiPAP) at
	any time in the 7 calendar days before the DISC
	□ Nebulizer treatment at any time in the 7 calendar days before the
	DISC
	☐ Mechanical ventilation at any time in the 7 calendar days before
	the DISC
17a. Was this patient positive for the SAME organism in	28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM
the year prior to the date	IN THE YEAR BEFORE THE DISC?
of the initial culture (Q10a):	
()	• Yes • No • Unknown
• Yes • No (GO TO Q17c) • Unknown (GO TO Q17c)	
17b. If yes, specify date of culture and State ID for the	28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR
first positive culture in the year prior:	THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE:
, ,	
	DATE OF CULTURE:
State ID:	STATE ID:
17c. Enterobacteriaceae ONLY:	29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT
Was this patient positive for a MuGSI Enterobacteriaceae	POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR
in the year prior to the date of initial culture (Q10a)?	BEFORE THE DISC?
• Yes • No (GO TO Q18) • Unknown (GO TO Q18) •	
NA (GO TO Q18)	• Yes • No • Unknown • N/A
17d. If yes, specify organism, date of culture and State ID	29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND
for the first positive	STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE
Enterobacteriaceae culture in the year prior to the date of	CULTURE IN THE YEAR BEFORE THE DISC:
initial culture (Q10a):	Carbapenem-resistant Enterobacteriaceae (CRE):
Carbapenem-resistant Enterobacteriaceae (CRE):	□ Escherichia coli
□ Escherichia coli	□ Enterobacter cloacae
□ Enterobacter cloacae	□ Klebsiella aerogenes
□ Enterobacter aerogenes	□ Klebsiella pneumoniae
□ Klebsiella pneumoniae	□ Klebsiella oxytoca
□ Klebsiella oxytoca	
	DATE OF CULTURE:
Date of Culture:	

	STATE ID:
State ID:	
10.0	DO CANO CERTIFICA PROVINCE
18. Susceptibility Results: (please complete the table below based on the information found in the indicated	30. SUSCEPTIBILITY RESULTS:
data source). Shaded antibiotics are required to have the	Please complete the table below based on the information found in the indicated data source. Shaded antibiotics are required to have the MIC
MIC entered into the MuGSI-CM system, if available.	entered into the MuGSI-CM system, if available.
wild entered into the widdsi-Gw system, it available.	entered into the Mud31-Civi system, if available.
	Add option to collect ten additional drug susceptibilities:
	☐ Meropenem-vaborbactam
	☐ Minocycline
	□ Doxycycline
	□ Plazomicin
	□ Tetracycline
	□ Rifampin\
	☐ Ceftazidime/Avibactam
	☐ Ceftolozane/Tazobactam
	☐ Fosfomycin
	☐ Imipenem-relebactam
22. Was case first identified	31a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT?
through audit?	□ Yes
□ Yes	□ No
\square No	
□ Unknown	
23. CRF status:	31b. CRF STATUS:
□ Complete	
□ Pending	□ Complete
□ Chart unavailable	□ Pending
25 60 : :: 1	Chart unavailable after 3 requests
25. SO initials:	31c. SO INITIALS:
26. Comments:	31d. COMMENTS:

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

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

6. DAT	E OF BIRTH:	5. DATE OF BIRTH:			
	<u></u>				
7a. AGI	<u>:</u> :	6. AGE			
	ge in day/mo/yr?	• Days • Mos. • Years			
• Days	• Mos. • Years				
8a. Sex:		7. SEX AT BIRTH:			
• Male		• Male • Female			
• Femal	е	• Unknown			
• Unkno	own	Check if transgender			
	INIC ORIGIN:	8a. ETHNIC ORIGIN:			
	nic or Latino	Hispanic or Latino			
	ispanic or Latino	Not Hispanic or Latino			
• Unkno		• Unknown	l4l)		
• White	CE: (Check all that apply)	8b. RACE: (Check all t			
	or African American	American Indian or Alacka Nations	Native Hawaiian or Other Pagific Islander		
	can Indian or Alaska Native	Alaska Native • Asian	Pacific Islander • White		
• Asian		Black or African	• Unknown		
• Native	Hawaiian or Other Pacific Islander	American	Chillown		
• Unkno					
10a. DA	TE OF INITIAL CULTURE	9. DATE OF INCIDENT SE	PECIMEN COLLECTION (DISC):		
40.0	DOANISMA ISOLATED EDONALINITIAL	10 ODC ANICM:			
13a. ORGANISM ISOLATED FROM INITIAL		10. ORGANISM:			
NORM	IALLY STERILE SITE OR URINE:	Extended-Spectrum Cephalo	osporin-resistant		
		□ Escherichia coli	osporm resistant.		
	d-Spectrum Cephalosporin-resistant:	□ Klebsiella pneumoniae			
	bsiella pneumoniae	□ Klebsiella oxytoca	□ Klebsiella oxytoca		
	bsiella oxytoca				
14. INI	TIAL CULTURE SITE:	11. Incident specimen collec	ction site (check all that apply)		
	Blood	• Blood			
	Bone	• Bone			
	Brain	• CSF			
	CSF	• Internal body site (specify)):		
	Heart	 Joint/Synovial fluid Muscle			
	Joint/Synovial fluid	Pericardial fluid			
	Kidney	Peritoneal fluid			
	Liver	Pleural fluid			
_	Lymph node	• Urine			
	Ovary	• Other normally sterile site	(specify):		
	Pancreas Pericardial fluid				
	Peritoneal fluid				
	Pleural fluid				
	Spleen				
	Urine				
_	Vascular tissue				

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

 11b. Was the patient in the ICU on the date of or in the 7 days after the initial culture? Yes No Unknown 	15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC? • Yes • No • Unknown IF YES, DATE OF ICU ADMISSION: OR □ Date unknown
12. PATIENT OUTCOME:	16. PATIENT OUTCOME:
• Survived	10.1711EIVI OOTGOME.
• Died	• Survived
• Unknown	Date of discharge: OR
	• Date unknown
If survived, transferred to:	Left against medical advice (AMA)
 Private residence LTCF Facility ID: LTACH Facility ID: Unknown Other (specify): 	If survived, discharged to: • Private residence • LTCF Facility ID: (specify): • LTACH Facility ID: • Unknown
If diad date of death.	• Diad
If died, date of death:	• Died Date of death:
	Date of death:
	ON THE DAY OF OR IN THE 6 CALENDAR DAYS BEFORE DEATH, WAS THE PATHOGEN OF INTEREST ISOLATED FROM A SITE THAT MEETS THE CASE DEFINITION? • Yes • No • Unknown
16. TYPES OF INFECTION ASSOCIATED WITH	17. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S):
CULTURE(S) (check all that apply):	(Check all that apply)
• None	• None
• Unknown	• Unknown
□ Abscess, not skin	□ Abscess, not skin
□ Appendicitis	□ AV fistula/graft infection
☐ AV fistula/graft infection	□ Bacteremia
□ Bacteremia	□ Bursitis
\Box Catheter site infection (CVC)	\square Catheter site infection (CVC)
□ Cholangitis	
☐ Chronic ulcer/wound (not decubitus)	☐ Chronic ulcer/wound (not decubitus)
□ Decubitus/pressure ulcer	☐ Decubitus/pressure ulcer
□ Diverticulitis	□ Empyema
□ Empyema	☐ Endocarditis
□ Endocarditis	□ Epidural Abscess
□ Epididymitis	☐ Meningitis
□ Epidural Abscess	□ Osteomyelitis □ Peritonitis
☐ Meningitis ☐ Osteomyelitis	□ Pneumonia
□ Peritonitis	□ Pyelonephritis
□ Pneumonia	□ Septic arthritis
□ Prostatitis	□ Septic artificis
□ Pyelonephritis	□ Septic shock
□ Septic arthritis	□ Skin abscess
□ Surgical incision infection	□ Surgical incision infection
□ Surgical site infection (internal)	□ Surgical site infection (internal)
□ Traumatic wound	☐ Traumatic wound
☐ Urinary tract infection	☐ Urinary tract infection
□ Other (specify):	□ Other (specify):

Five types of infections were removed from this question. 18. RECURRENT UTI Yes No Unknown 27. UNDERLYING CONDITIONS (check all that apply): None Unknown Unknown Unknown CHRONIC LUNG DISEASE CONDITION Chronic Liver Disease Chronic Pulmonary Disease Chronic Pulmonary Disease Chronic Renal Insufficiency Chronic Renal Insufficiency Congestive Heart Failure Connective Tissue Disease CURRENT UTI No Unknown CHRONIC LUNG DISEASE CONDITION CHRONIC LUNG DISEASE CHRONIC METABOLIC DISEASE Chronic cognitive deficit Disease CHRONIC METABOLIC DISEASE Chronic complications CARDIOVASCULAR DISEASE CVA/Stroke CUYA/Stroke CUYA/St						
Yes		oved from this question.				
27. UNDERLYING CONDITIONS (check all that apply) • None • Unknown CHRONIC LUNG DISEASE CONDITION • Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ Current Smoker □ CVA/Stroke □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Dementia/Chronic Cognitive Deficit □ Diabetes □ Hemiplegia/Paraplegia □ Hematologic Malignancy □ IVDU □ Liver failure □ Diverticular disease • Peptic ulcer disease • Peptic ulcer disease • Peptic ulcer disease • Peptic ulcer disease • Burn 19. UNDERLYING CONDITIONS: (Check all that apply) 10. None 10. Unknown 10. Unknown 10. UNDERLYING CONDITIONS: (Check all that apply) 10. None 10. Unknown 10. Unknown 10. UNDERLYING CONDITIONS: (Check all that apply) 10. None 10. Unknown 10. Unknown 10. Unknown 10. Unknown 10. WEUROLOGIC CONDITION 10. Cerebral palsy 10. Cerebral palsy 10. Chronic cognitive deficit 10. Diabetes mellitus 10. Epilepsy/seizure/ seizure 10. Epilepsy/seizure/ 10. Epilepsy/seizure/ 10. Epilepsy/seizure/ 10. Dementia 10. Dementia 10. Polipesy/seizure/ 10. Dementia 10. Pellepsy/seizure/ 10. Pellepsy/seizure/ 10. Epilepsy/seizure/ 10. Epilepsy/seizure/ 10. Dementia 10. Pellepsy/seizure/ 10. Pellepsy/seizur				NEW QUESTION		
Unknown 19. UNKNOWN 19. UNDERLYING CONDITIONS: (Check all that apply) 19. Underly 19. U						
27. UNDERLYING CONDITIONS (check all that apply): None None Unknown AIDS/CD4 count < 200 Alcohol abuse Chronic Liver Disease Chronic Pulmonary Disease Chronic Renal Insufficiency Chronic Skin Breakdown Chronic Skin Breakdown Congestive Heart Failure Connective Tissue Disease CONDITION NEUROLOGIC CONDITION Cerebral palsy Chronic pulmonary disease CHRONIC METABOLIC DISEASE Chronic Renal Insufficiency Disease Chronic Skin Breakdown Congestive Heart Failure Connective Tissue Disease CONDITION Congenitia Multiple sclerosis Neurocapative deficit Disease CHRONIC METABOLIC Disease CHRONIC LUNG NEUROLOGIC CONDITION Cerebral palsy Chronic cognitive deficit Disease CHRONIC METABOLIC Disease CHRONIC LUNG NEUROLOGIC CONDITION Cerebral palsy Chronic cognitive deficit Disease CHRONIC LUNG Disease CHRONIC LUNG NEUROLOGIC OCHRONIC LUNG NEUROLOGIC ONDITION Cerebral palsy Chronic cognitive deficit Disease CHRONIC METABOLIC Disease CHRONIC LUNG Disease CHRONIC LUNG NEUROLOGIC ONDITION Cerebral palsy Chronic cognitive deficit Disease CHRONIC LUNG Disease CHRONIC LUNG NEUROLOGIC ONDITION NEUROLOGIC OCHRONIC LUNG Cerebral palsy Chronic cognitive deficit Dementia Chronic complications Carbiovaria Congestive heart failure Myocardial infarction Peripheral vascular disease (PVD) GASTROINTESTINAL Disease Chronic kidney disease Chronic kidney disease Chr						
apply):		IC. (Charle all that and a		77 LINDEDI VINC CONDITIONS (sheet all that	27	
• None • Unknown • Unknown • Unknown • Unknown • Unknown • Unknown		15: (Check all that apply)		· ·		
• Unknown □ AIDS/CD4 count < 200 □ Alcohol abuse □ Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ CVA/Stroke □ Cystic Fibrosis □ Current Smoker □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Dementia/Chronic Cognitive Deficit □ Disease □ Hemiplegia/Paraplegia □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure □ CHRONIC LUNG □ Cystic fibrosis □ Cystic fibrosis □ Chronic pulmonary disease □ Chronic pulmonary disease □ Chronic Renal Insufficiency □ Disease □ Disease □ Chronic Renal Insufficiency □ Disease □ Disease □ Chronic Cognitive deficit □ Disease □ Chronic Cognitive deficit □ Disease □ Disease □ Chronic cognitive deficit □ Disease □ Disease □ Nultiple sclerosis □ Nult						
□ AIDS/CD4 count < 200 □ Alcohol abuse □ Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ Current Smoker □ CVA/Stroke □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Dementia/Chronic Cognitive Deficit □ Diabetes □ Hemiplegia/Paraplegia □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure		NEUDOL OCIC				
□ Alcohol abuse □ Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ CVA/Stroke □ CVA/Stroke □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Diabetes □ Diabetes □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure						
□ Chronic Liver Disease □ Chronic Pulmonary Disease □ Chronic Renal Insufficiency □ Chronic Skin Breakdown □ Congestive Heart Failure □ Connective Tissue Disease □ CVA/Stroke □ Cystic Fibrosis □ Decubitus/Pressure Ulcer □ Diabetes □ Diabetes □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure □ Chronic Pulmonary disease ○ CHRONIC METABOLIC ○ DiseASE ○ Diabetes □ CHRONIC METABOLIC ○ DiseASE ○ Diabetes mellitus ○ Diabetes mellitus ○ Epilepsy/seizure/ seizure ○ Multiple sclerosis ○ Multiple sclerosis ○ Neuropathy ○ Parkinson's Disease ○ CVA/Stroke/TIA ○ Congenita heart disease ○ Congestive heart failure ○ Peripheral vascular disease ○ Peripheral vascular disease ○ Peripheral vascular disease ○ Poiverticular disease ○ Chronic pulmonary disease ○ Epilepsy/seizure/ seizure ○ Multiple sclerosis ○ Neuropathy ○ Parkinson's Disease ○ Other specify: ○ PleGIAS/PARALYSIS ○ Hemiplegia ○ Paraplegia ○ Chronic kidney disease ○ CARDIOVASCULAR ○ Neuropathy ○ Peripheral vascular disease ○ Peripheral vascular disease ○ Peripheral vascular disease ○ Chronic kidney disease □ Lowest serum ○ Chronic kidney disease □ Lowest serum ○ Creatinine:mg/Dl ○ SKIN CONDITION ○ Burn						
□ Chronic Pulmonary Disease CHRONIC METABOLIC • Dementia □ Chronic Renal Insufficiency Disease • Epilepsy/seizure/ seizure □ Chronic Skin Breakdown • Diabetes mellitus disorder □ Congestive Heart Failure • with chronic complications • Multiple sclerosis □ Connective Tissue Disease CARDIOVASCULAR • Neuropathy □ Current Smoker DISEASE • Parkinson's Disease □ CVA/Stroke • CVA/Stroke/TIA • Other specify: □ Cystic Fibrosis • Congenital heart disease PLEGIAS/PARALYSIS □ Dementia/Chronic Cognitive Deficit • Myocardial infarction • Paraplegia □ Diabetes • Peripheral vascular disease • Quadriplegia □ Peripheral vascular disease • Chronic kidney disease □ Pripheral vascular disease • Chronic kidney disease □ Pripheral vascular disease • Chronic kidney disease □ Disease • Diverticular disease • Chronic kidney disease □ Diverticular disease • Diverticular disease • Chronic implication • Diverticular disease • Peripheral vascular disease • Chronic kidney disease □ Liver failure • Diverticular disease <						
□ Chronic Renal Insufficiency DISEASE • Epilepsy/seizure/ seizure □ Chronic Skin Breakdown • Diabetes mellitus disorder □ Congestive Heart Failure • with chronic complications • Multiple sclerosis □ Connective Tissue Disease CARDIOVASCULAR • Neuropathy □ Current Smoker • CVA/Stroke/TIA • Other specify: □ CVA/Stroke • Congenital heart disease • PLEGIAS/PARALYSIS □ Cystic Fibrosis • Congestive heart failure • Hemiplegia □ Decubitus/Pressure Ulcer • Myocardial infarction • Hemiplegia □ Diabetes • Peripheral vascular disease • Quadriplegia □ Paraplegia • Quadriplegia • Parablegia • Quadriplegia • Chronic kidney disease • Chronic kidney disease □ HIV DISEASE • Chronic kidney disease □ HIV DISEASE • Chronic kidney disease □ Hematologic Malignancy • Diverticular disease • Chronic kidney disease □ Diverticular disease • Chronic kidney disease • Diverticular disease • Diverticular disease <						
□ Chronic Skin Breakdown • Diabetes mellitus disorder □ Congestive Heart Failure • with chronic complications • Multiple sclerosis □ Connective Tissue Disease CARDIOVASCULAR • Neuropathy □ Current Smoker DISEASE • Parkinson's Disease □ CVA/Stroke • CVA/Stroke/TIA • Other specify: □ Cystic Fibrosis • Congenital heart disease PLEGIAS/PARALYSIS □ Decubitus/Pressure Ulcer • Myocardial infarction • Hemiplegia □ Diabetes • Peripheral vascular disease • Quadriplegia □ Diabetes (PVD) RENAL DISEASE □ HIV DISEASE • Chronic kidney disease □ Hematologic Malignancy • Diverticular disease • Chronic kidney disease □ Disease • Diverticular disease • Chronic kidney disease □ Liver failure • Diverticular disease • Chronic kidney disease • Diverticular disease • Chronic kidney disease • Diverticular disease • Congenital heart disease • Peripheral vascular disease • Quadriplegia • Chronic kidney disease • Chronic kidney disease • Diverticular disease • Chronic kidney disease • Diverticular disease • Chronic kidney disease • Diverticular disease • Congenital heart disease • Congestive heart failure • Congestive heart failure • Peripheral vascular disease • Chronic kidney • Congenital heart disease • Congenital heart disease • Peripheral vascular		• Epilepsy/seizure/ seizure				
 Congestive Heart Failure Connective Tissue Disease Current Smoker CVA/Stroke Cystic Fibrosis Decubitus/Pressure Ulcer Diabetes Hemiplegia/Paraplegia Hematologic Malignancy Liver failure • with chronic complications • Multiple sclerosis • Neuropathy • Neuropathy • Neuropathy • Parkinson's Disease • Other specify: • Perigharal disease • Peripheral vascular disease • Quadriplegia • Chronic kidney disease • Chronic kidney disease • Diverticular disease • Diverticular disease • Diverticular disease • Burn 			Diabetes mellitus			
Connective Tissue Disease Current Smoker CVA/Stroke CVA/Stroke Cystic Fibrosis Decubitus/Pressure Ulcer Dementia/Chronic Cognitive Deficit Diabetes Hemiplegia/Paraplegia HIV Hematologic Malignancy IVDU CARDIOVASCULAR DISEASE CVA/Stroke/TIA CVA/Stroke/TIA CVA/Stroke/TIA COngenital heart disease Congestive heart failure Congestive heart failure Congestive heart failure Myocardial infarction Peripheral vascular disease Puegia/Paraplegia Peripheral vascular disease CYDD RENAL DISEASE Chronic kidney disease Chronic kidney disease Disease CVA/Stroke/TIA Puegia/Paraplegia Peripheral vascular disease CPVD RENAL DISEASE Chronic kidney disease Creatinine:mg/Dl SKIN CONDITION Peptic ulcer disease Burn		 Multiple sclerosis 	 with chronic complications 			
 CVA/Stroke Cystic Fibrosis Decubitus/Pressure Ulcer Dementia/Chronic Cognitive Deficit Diabetes Hemiplegia/Paraplegia HIV Hematologic Malignancy IVDU CVA/Stroke/TIA Congenital heart disease Congestive heart failure Hemiplegia Peripheral vascular disease (PVD) RENAL DISEASE Chronic kidney disease Lowest serum Creatinine:mg/Dl SKIN CONDITION Peptic ulcer disease Burn 			CARDIOVASCULAR	9		
 Cyrtostoke Cystic Fibrosis Decubitus/Pressure Ulcer Dementia/Chronic Cognitive Deficit Diabetes Hemiplegia/Paraplegia HIV Hematologic Malignancy IVDU Liver failure Congestive heart failure Myocardial infarction Paraplegia Myocardial infarction Peripheral vascular disease (PVD) RENAL DISEASE Chronic kidney disease Lowest serum Creatinine:mg/Dl SKIN CONDITION Peptic ulcer disease Burn 				Current Smoker		
 Cystic Fibrosis Decubitus/Pressure Ulcer Dementia/Chronic Cognitive Deficit Diabetes Hemiplegia/Paraplegia HIV Hematologic Malignancy IVDU Liver failure Congestive heart failure Myocardial infarction Peripheral vascular disease (PVD) RENAL DISEASE Chronic kidney disease Lowest serum Disease Diverticular disease Pinflammatory Bowel disease Burn 				CVA/Stroke		
 Decubitus/Pressure Ulcer Dementia/Chronic Cognitive Deficit Diabetes Hemiplegia/Paraplegia HIV Hematologic Malignancy IVDU Liver failure Myocardial infarction Peripheral vascular disease (PVD) RENAL DISEASE Chronic kidney disease Lowest serum Creatinine:mg/Dl SKIN CONDITION Burn 				Cystic Fibrosis		
 Dementia Chronic Cognitive Deficit Diabetes Hemiplegia/Paraplegia HIV Hematologic Malignancy IVDU Liver failure Peripheral vascular disease (PVD) RENAL DISEASE CASTROINTESTINAL OLISEASE DISEASE OLIOWEST SETUM CONDITION Peptic ulcer disease Quadriplegia RENAL DISEASE Chronic kidney disease Lowest serum Creatinine:mg/Dl SKIN CONDITION Peptic ulcer disease Burn 						
□ Diabetes				Dementia/Chronic Cognitive Deficit		
□ Hemiplegia/Paraplegia □ HIV □ Hematologic Malignancy □ IVDU □ Liver failure □ Hemiplegia/Paraplegia □ GASTROINTESTINAL □ DISEASE □ Diverticular disease □ Diverticular disease □ IVDU □ Inflammatory Bowel disease □ Peptic ulcer disease □ Burn • Chronic kidney disease Lowest serum creatinine:mg/Dl SKIN CONDITION • Burn		1 0				
□ HIV □ Hematologic Malignancy □ IVDU □ Liver failure DISEASE • Diverticular disease • Peptic ulcer disease • Peptic ulcer disease • Burn				Hemiplegia/Paraplegia		
 □ Hematologic Malignancy □ IVDU □ Liver failure • Diverticular disease • Diverticular disease • Inflammatory Bowel disease • Peptic ulcer disease • Burn 		•				
□ IVDU • Inflammatory Bowel disease • SKIN CONDITION • Peptic ulcer disease • Burn				Hematologic Malignancy		
□ Liver failure • Peptic ulcer disease • Burn		_		ı IVDU		
				Liver failure		
- Metabatic bond runor Short gut syndronie Decubitus/pressure dicer		• Decubitus/pressure ulcer	Short gut syndrome	Metastatic Solid Tumor		
□ Myocardial Infarct IMMUNOCOMPROMISED • Surgical wound				Myocardial Infarct		
□ Neurological Problems		• Other chronic ulcer or	CONDITION	Neurological Problems		
□ Peptic Ulcer Disease • HIV infection chronic wound				Peptic Ulcer Disease		
□ Peripheral Vascular Disease (PVD) •AIDS/CD4 count <200 OTHER				Peripheral Vascular Disease (PVD)		
□ Premature Birth • Primary immunodeficiency • Connective tissue disease				Premature Birth		
□ Solid Tumor (non metastatic) • Transplant, hematopoietic • Obesity or morbid obesity				Solid Tumor (non metastatic)		
□ Spina bifida stem cell • Pregnant		9		Spina bifida		
 Transplant Recipient Transplant, solid organ MuGSI CONDITIONS 				Transplant Recipient		
 Urinary Tract Problems/Abnormalities LIVER DISEASE Chronic liver disease Urinary tract problems/abnormalities 		-		Urinary Tract Problems/Abnormalities		
• Chronic liver disease problems/abnormalities • Ascites • Premature birth						
• Chronic hepatitis C • Spina bifida						
• Cirrhosis		- Spilla billida				
Hepatic encephalopathy						
• Variceal bleeding						
□ Hepatitis C			<u> </u>			
• Treated, in SVR						
• Current, chronic						
MALIGNANCY						
Malignancy, hematologic						
• Malignancy, solid organ						
(non-metastatic)						
• Malignancy, solid organ						
(metastatic) 27. LINDEDI VINC CONDITIONS (check all that 20. SUBSTANCE USE CURRENT)		JT.	` '	7 LINDEDI VINC CONDITIONS (al all all all all all all all all all	27	
27. UNDERLYING CONDITIONS (check all that apply): 20. SUBSTANCE USE, CURRENT		4 T	20. SUBSTAINCE USE, CURREL	· · · · · · · · · · · · · · · · · · ·		

• N	one	SMOKING (Check all that apply):		
	nknown	None		
	AIDS/CD4 count < 200	• Unknown		
_	Alcohol abuse	• Tobacco		
	Chronic Liver Disease	E-nicotine delivery system		
	Chronic Pulmonary Disease	Marijuana		
	Chronic Renal Insufficiency	J		
	Chronic Skin Breakdown	ALCOHOL ABUSE:		
	Congestive Heart Failure	• Yes		
	Connective Tissue Disease	• No		
	Current Smoker	Unknown		
_				
	CVA/Stroke	OTHER SUBSTANCES: (Check all that apply)		
	Cystic Fibrosis			
	Decubitus/Pressure Ulcer	• None		
	Dementia/Chronic Cognitive Deficit			
	Diabetes	Unknown		
	Hemiplegia/Paraplegia	<u>DOCUMENTED USE</u>		
	HIV	<u>DISORDER (DUD)/ABUSE:</u>		
	Hematologic Malignancy	MODE OF DELIVERY: (Check all that apply)		
	IVDU			
	Liver failure	\square Marijuana/cannabinoid (other than smoking) \square DUD or abuse \square		
	Metastatic Solid Tumor	IDU □ Skin popping □ Non-IDU □ Unknown		
	Myocardial Infarct			
	Neurological Problems	\Box Opioid, DEA schedule I (e.g., heroin) \Box DUD or abuse \Box		
	Peptic Ulcer Disease	IDU □ Skin popping □ Non-IDU □ Unknown		
	Peripheral Vascular Disease (PVD)			
	Premature Birth	☐ Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) ☐ DUD or		
	Solid Tumor (non metastatic)	abuse □ IDU □ Skin popping □ Non-IDU □ Unknown		
	Spina bifida			
	Transplant Recipient	☐ Cocaine or methamphetamine ☐ DUD or abuse ☐ IDU ☐		
Uri	nary Tract Problems/Abnormalities	Skin popping □ Non-IDU □ Unknown		
	·	\Box Other (specify): \Box DUD or abuse \Box IDU		
		☐ Other (specify): ☐ DUD or abuse ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown		
		\Box Unknown substance \Box DUD or abuse \Box IDU		
		□ Skin popping □ Non-IDU □ Unknown		
		Skin popping Sixon 150 Sixinown		
		Some of the data in this section was formerly collected in the underlying		
		conditions section (IVDU [changed to injection drug user], Current		
		smoker [changed to smoking], Alcohol Abuse (see highlighted conditions		
		in the prior column). The collection of more information for other drug		
		use is new.		
		There are six new check boxes that allow other drug use to be captured in		
		more detail. These questions focus on type of drug and mode of delivery.		
21.	RISK FACTORS OF INTEREST (check all that	21. RISK FACTORS: (Check all that apply)		
app	`			
		• None		
• N	one	Unknown		
• U	nknown			
		WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE		
• H	ospitalized within year before date of initial culture:	CALENDAR DAYS AFTER HOSPITAL ADMISSION?		
If yes, enter mo/yr \(\subseteq \subseteq \subseteq \)		• Yes • No (please note, this field is auto calculated in the data		
	• Unknown	management system (DMS), therefore, the user does not ever complete		
If k	nown, prior hospital ID:	this filed and there is not burden associated with its collection. It is on		

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

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

	Negative	□ Posit	ive Negative	☐ Indeterminate	□ Unknown
	Indeterminate	□ Positi		☐ Indeterminate	□ Unknown
	Unknown	□ Positi		☐ Indeterminate	□ Unknown
		□ Posit	ive Negative	☐ Indeterminate	□ Unknown
		□ Posit		☐ Indeterminate	□ Unknown
		□ Positi		☐ Indeterminate	□ Unknown
		□ Positi		☐ Indeterminate	□ Unknown
		□ Positi		☐ Indeterminate	□ Unknown
			-8		
19a. Is a	antimicrobial use (IV or oral) in the 30 days	25a. IS A	NTIMICROBIAL U	JSE (IV OR ORAL) IN THE 30 DAYS
	he date of initial culture collection documented		E THE DISC DOCU		,
in the H	&P or medical administration record?				
			Yes		
	Yes (complete 19b)		No		
	No		Unknown		
	Unknown				
	yes, indicate all antibiotics given in the 30 days		YES, CHECK ALL A		
before t	he date of initial culture collection:	DAYS B	EFORE THE DISC:	(Check all that app	oly)
•	Amikacin		Unknown		
•	Amoxicillin		Amikacin		
•	Amoxicillin/Clavulanic Acid		Amoxicillin		
•	Ampicillin/Sulbactam		Amoxicillin/clavular	nic acid	
•	Azithromycin		Ampicillin		
•	Aztreonam		Ampicillin/sulbactar	n	
•	Cefaclin		Azithromycin		
•	Cefazolin		Aztreonam		
•	Cefdinir		Cefazolin Cefdinir		
•	Cefepime Cefotaxime		Cefepime		
•	Cefpodoxime		Cefixime		
•	Cefprozil		Cefotaxime		
•	Ceftazidime		Cefoxitin		
•	Ceftazidime/Avibactam		Cefpodoxime		
•	Ceftizoxime		Ceftaroline		
•	Ceftolozane/Tazobactam		Ceftazidime		
•	Ceftriaxone		Ceftazidime/avibacta	am	
•	Cefuroxime		Ceftizoxime		
•	Cephalexin		Ceftolozane/tazobac	tam	
•	Ciprofloxacin		Ceftriaxone		
•	Clarithromycin		Cefuroxime		
•	Clindamycin		Cephalexin		
•	Colistin		Ciprofloxacin		
•	Daptomycin		Clarithromycin		
•	Doripenem		Clindamycin		
•	Doxycycline		Dalbavancin		
•	Ertapenem		Daptomycin		
•	Fosfomycin		Delafloxacin		
•	Gentamicin		Doripenem		
•	Imipenem		Doxycycline		
•	Levofloxacin		Ertapenem		
•	Linezolid		Fidaxomicin		
•	Meropenem		Fosfomycin		
•	Metronidazole Moviflovacin		Gentamicin Iminenem/cilastatin		
•	WIOXITIOXACID		iminenem/cilastatin		

Nitrofurantoin	□ Levofloxacin
 Ofloxacin 	□ Linezolid
 Penicillin 	□ Meropenem
Piperacillin-Tazobactam	☐ Meropenem/vaborbactam
Polymyxin B	□ Metronidazole
 Rifampin 	□ Moxifloxacin
 Tetracycline 	□ Nitrofurantoin
 Ticarcillin/Clavulanic Acid 	□ Oritavancin
 Tigecycline 	□ Penicillin
 Tobramycin 	□ Piperacillin/tazobactam
 Trimethoprim-Sulfamethoxazole 	□ Polymyxin B
 Vancomycin, IV 	□ Polymyxin E (colistin)
 Vancomycin, oral 	□ Rifaximin
 Unknown 	□ Tedizolid
• Other (specify):	□ Telavancin
Other (specify):	
	□ Trimethoprim
	☐ Trimethoprim/sulfamethoxazole
	□ Vancomycin
	□ РО
	Other (specify):
	Other (specify):
	□ Other (specify):
45 0	DO GLIGGERHAN HAV BEGLIA TO
15a. Susceptibility Results: Please complete the table	26. SUSCEPTIBILITY RESULTS:
below based on the primary antibiotic testing report.	Please complete the table below based on the information found in the
Shaded antibiotics are required to have the MIC	indicated data source. Shaded antibiotics are required to have the MIC
entered into the ESBL Case Management system, if	entered into the MuGSI-CM system, if available.
available.	Dom
	Remove: □ Other (Specify):
	□ Other (Specify):
	۸ ۵۵۰
	Add: Medical record column
	Meropenem-vaborbactam Minocycline
	Millocycline
	Doxycycline
	Doxycycline Plazomicin
	Doxycycline Plazomicin Tetracycline
	Doxycycline Plazomicin Tetracycline Rifampin
	Doxycycline Plazomicin Tetracycline
	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam
	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the
	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF.
	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT?
	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? ☐ Yes
20. CRF status:	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? □ Yes □ No
20. CRF status: □ Complete	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? ☐ Yes
\Box Complete	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? □ Yes □ No 27b. CRF STATUS:
□ Complete □ Pending	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? ☐ Yes ☐ No 27b. CRF STATUS:
\Box Complete	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? □ Yes □ No 27b. CRF STATUS: □ Complete □ Pending
□ Complete □ Pending	Doxycycline Plazomicin Tetracycline Rifampin Imipenem-relebactam 7 new antibiotic were added to this form for consistency with the CRE/CRAB CRF. 27a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? ☐ Yes ☐ No 27b. CRF STATUS: ☐ Complete ☐ Pending

23. Comments:	27d. COMMENTS:
	

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

9. 2019 Invasive MRSA Infection Case Report Form

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

• Unknown	Unknown
	(Updated question number)
12c. Weight	12. Weight
• Unknown	lbsoz OR
lbsoz ORkg	kg • Unknown
02 01118	(Updated question number and order of responses; all
	response options remain the same)
12d. Height	13. Height
• Unknown	ft in. OR
ft in. OR cm	cm • Unknown
tiiii. ORtii	(Updated question number and order of responses; all
	response options remain the same)
12e. BMI (do not calculate, only if available in the MR)	14. BMI (record only if ht. and/or wt. is not available)
• Unknown	• Unknown
- Chillown	(Updated question number, wording, and order of responses;
	all response options remain the same)
9. Date of Initial Culture	15. Date of Incident Specimen Collection (DISC)
9. Date of fillial Culture	15. Date of incident specimen Conection (DISC)
	(Indeted question number and wording)
10- M/ d	(Updated question number and wording)
10a. Was the patient hospitalized at the time of, or within 30	16. Was the patient hospitalized at the time of, or in the 29
calendar days after, initial culture?	calendar days after, the DISC?
• Yes • No • Unknown	• Yes • No • Unknown
If yes, date of admission//	If yes, date of admission//
	(Updated question number and wording)
11. Was culture collected >3 calendar days after hospital	17. Was incident specimen collected 3 or more calendar days
admission?	after hospital admission?
• Yes (HO-MRSA case) • No (Complete CRF, CA-MRSA or	• Yes (HO-MRSA case) • No (CA-MRSA or HACO-MRSA
HACO-MRSA case)	case)
If yes, was case selected for full CRF based on sampling frame	(Updated question number and wording, dropped second part
1:10?	of question, "If yes, was case selected for full CRF based on
• Yes (Complete CRF) • No (STOP data abstraction)	sampling frame 1:10?")
8. Sterile site(s) from which MRSA was initially isolated (check	18. Incident specimen collection site (check all that apply)
all that apply)	• Blood
• Blood	• Bone
• CSF	• CSF
• Pleural fluid	• Internal body site (specify)
Peritoneal fluid	Joint/Synovial fluid
Pericardial fluid	• Muscle
• Joint/Synovial fluid	Pericardial fluid
• Bone	Peritoneal fluid
• Muscle	Pleural fluid
• Internal body site (specify)	Other normally sterile site (specify)
• Other sterile site (specify)	(Updated question number, wording, order of responses, and
\1	wording of one response options [other sterile site is now
	other normally sterile site], though all response options
	remain the same)
16. Location of culture collection (check one)	19. Location of specimen collection
Hospital inpatient	• Outpatient
• ICU	Facility ID:
• Surgery/OR	• Emergency room
• Radiology	Clinic/Doctor's office
• Other unit	• Dialysis center
Outpatient	• Surgery
• Clinic/Doctor's office	Observational/clinical decision unit
• Surgery	Other outpatient
• Dialysis/Renal Clinic	• Inpatient
- 101 , 010/ 1 CHAI CHILL	

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

Hospital inpatient		• Yes • No • Unknown			
Facility ID:					
• Other		(Updated question number and	wording, Updated order of the		
• Unknown		responses, added the response: Was patient transferred from			
		this hospital? • Yes • No • Unknown for patients that			
		were indicated to be a hospital i	inpatient.)		
14. If case is ≤12 months of age,	type of birth hospitalization	24. If case is ≤12 months of age	e, type of birth hospitalization		
• NICU/SCN		• NICU/SCN			
 Well baby nursery 		Well baby nursery			
Unknown		Unknown			
		(Updated question number)			
20. Underlying conditions:		25. If patient <2 years of age w	ere they born premature (<37		
Premature birth	_		weeks gestation)?		
Birth weight lboz C		• Yes • No • Unknown			
Estimated gestational age	_ weeks	If YES, birth weight:			
			Unknown birth weight		
		If YES, estimated gestation			
		UR UR	 Unknown gestational age 		
			1. A 11 1 6TT 1		
		(Updated question number and			
101 16 1 1		checkboxes for birth weight and	<u> </u>		
10b. If patient was hospitalized, v	was this patient admitted to the	26. Was the patient in an ICU in the 2 days before the DISC?			
ICU during hospitalization? • Yes • No • Unknown		• Yes • No • Unknown			
Yes Tho Tolikilowii		if YES, date of ICU admission: OR • Date Unknown			
		(Updated question number and questions, added date of admiss			
10b. If patient was hospitalized, v	was this patient admitted to the	27. Was the patient in an ICU of			
ICU during hospitalization?	was this patient admitted to the	after the DISC?	in the Disc of in the 2 days		
• Yes • No • Unknown		• Yes • No • Unknown			
Tes Two Unknown		if YES, date of ICU admiss	sion:		
			Date Unknown		
		(Updated question number and			
		questions, added date of admiss			
19. Types of MRSA infection ass	ociated with culture(s)	28. Types of MRSA infection associated with culture(s)			
J.F		J. J.	,		
Abscess (not skin)	• Peritonitis	Abscess (not skin)	 Peritonitis 		
 AV Fistula/Graft infection 	 Pneumonia 	AV Fistula/Graft infection	 Pneumonia 		
Bacteremia	 Osteomyelitis 	Bacteremia	 Osteomyelitis 		
• Bursitis	Septic Arthritis	Bursitis	Septic Arthritis		
 Catheter Site Infection 	Septic Emboli	Catheter Site Infection	Septic Emboli		
 Cellulitis 	Septic Shock	• Cellulitis	Septic Shock		
 Chronic Ulcer/Wound 	 Skin Abscess 	Chronic Ulcer/Wound	 Skin Abscess 		
 Decubitus/Pressure 	 Surgical Incision 	• Decubitus/Pressure Ulcer	 Surgical Incision 		
Ulcer		• Empyema	 Surgical Site (internal) 		
• Empyema	 Surgical Site (internal) 	 Endocarditis 	 Urinary Tract 		
 Endocarditis 	Urinary Tract	• Epidural abscess	• Other (Specify):		
 Epidural abscess 	Other (Specify):	Meningitis			
Meningitis					
		(Updated question number, no			
20. Underlying Conditions		29. Underlying Conditions	5		
 Abscess/Boil (Recurrent) 	• IVDU	CHRONIC LUNG	NEUROLOGIC		
• AIDS	 Metastatic solid tumor 	DISEASE	CONDITION		
Chronic Cognitive Deficit	Myocardial Infarct	Cystic fibrosis	 Cerebral palsy 		
Chronic Liver Disease	• Obesity	Chronic pulmonary disease	Chronic cognitive		
 Chronic Pulmonary Disease 	 Other drug use 	CHRONIC METABOLIC	deficit		

- Chronic Kidney Disease
- Chronic Skin Breakdown
- Congestive Heart Failure
- Connective Tissue Disease
- Current Smoker
- CVA/Stroke
- Cvstic fibrosis
- Decubitus/Pressure Ulcer
- Dementia
- Diabetes
- Hematologic Malignancy
- Hemiplegia/Paraplegia
- HIV
- Influenza (within 10 days of initial culture)

- Peptic ulcer disease
- Peripheral vascular disease
- Premature birthBirth weight lb

____oz OR _____ g Estimated gestational age weeks

- Solid tumor (non metastatic)
- Other (Specify for cases ≤12 months of age):

DISEASE

- Diabetes mellitus
- with chronic complications

CARDIOVASCULAR DISEASE

- CVA/Stroke/TIA
- Congenital heart disease
- Congestive heart failure
- Myocardial infarction
- Peripheral vascular disease (PVD)

GASTROINTESTINAL DISEASE

- Diverticular disease
- Inflammatory Bowel disease
- Peptic ulcer disease
- Short gut syndrome

IMMUNOCOMPROMISED CONDITION

- HIV infection
 - •AIDS/CD4 count <200
- Primary immunodeficiency
- Transplant, hematopoietic stem cell
- Transplant, solid organ

LIVER DISEASE

- Chronic liver disease
 - Ascites
 - Cirrhosis
 - Hepatic encephalopathy
 - Variceal bleeding
- Hepatitis C
 - Treated, in SVC
 - Current, chronic

MALIGNANCY

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

- Dementia
- Epilepsy/seizure/ seizure disorder
- Multiple sclerosis
- Neuropathy
- Parkinson's Disease
- Other specify:_

PLEGIAS/PARALYSIS

- Hemiplegia
- Paraplegia
- Quadriplegia

RENAL DISEASE

• Chronic kidney disease Lowest serum

creatinine:____mg/Dl

SKIN CONDITION

- Burn
- Decubitus/pressure ulcer
- Surgical wound
- Other chronic ulcer or chronic wound

OTHER

- Connective tissue disease
- Obesity or morbid obesity
- Pregnant
- Other (specify only for cases ≤12 months of age):_____

(Updated question number, re-ordered options based on system and alphabet, moved 6 conditions to another location on the CRF [IVDU, Other drug use, Current smoker, Premature birth, birth weight, estimated gestational age], removed 2 conditions [abscess/boil (recurrent), influenza (within 10 days of initial culture)], and added 22 conditions [an option under diabetes for "with chronic complications"; congenital heart disease; diverticular disease; inflammatory bowel disease; cerebral palsy; epilepsy/seizure/seizure disorder; multiple sclerosis; neuropathy; Parkinson's disease; other neurologic condition; quadriplegia; lowest serum creatinine for those with chronic kidney disease; surgical wound; other chronic ulcer or wound; primary immunodeficiency; transplant, hematopoietic stem cell; transplant, solid organ; ascites; hepatitis C; 2 options under hepatitis C: treated, in SVR and current, chronic, cirrhosis;

hepatic encephalopathy; variceal bleeding]. There were minor wording changes for eight conditions [CVA/stroke to CVA/Stroke/TIA; Diabetes to Diabetes mellitus; Hematologic malignancy to Malignancy, hematologic; metastatic solid tumor to Malignancy, solid organ (metastatic); myocardial infarct to myocardial infarction; obesity to obesity or morbid obesity; peripheral vascular disease to peripheral vascular disease (PVD); solid tumor (non metastatic) to Malignancy, solid organ (non-metastatic)], one question was broken into two [Hemiplegia and paraplegia are now their own checkboxes rather than hemiplegia/paraplegia). One condition (pregnancy) was added to this question, but had previously stood as a stand-alone question (Q13).

20. Underlying Conditions

- Abscess/Boil (Recurrent)
- AIDS
- Chronic Cognitive Deficit
- Chronic Liver Disease
- Chronic Pulmonary Disease
- Chronic Kidney Disease
- Chronic Skin Breakdown
- Congestive Heart Failure
- Connective Tissue Disease
- Current Smoker
- CVA/Stroke
- Cvstic fibrosis
- Decubitus/Pressure Ulcer
- Dementia
- Diabetes
- Hematologic Malignancy
- Hemiplegia/Paraplegia
- HIV
- Influenza (within 10 days of initial culture)

- IVDU
- Metastatic solid tumor
- Myocardial Infarct
- Obesity
- Other drug use
- Peptic ulcer disease
- Peripheral vascular disease
- Premature birth

Birth weight _____ lb ____ oz OR _____ g Estimated gestational age

- weeksSolid tumor (non metastatic)
- Other (Specify for cases ≤12 months of age):_____

30. Substance Use, current

Smoking: (Check all that apply)

• None

Unknown

Tobacco

- Marijuana
- E-nicotine delivery system

Alcohol Abuse:

YesNo

• Unknown

Other Substances (Check all that apply):

• None	Unknown	
	Documented use disorder (DUD)/abuse:	Mode of delivery (Check all that apply):
• Marijuana/cannabinoid (other than smoking)	• DUD or abuse	• IDU • Skin popping • Non- IDU •Unknown
• Opioid, DEA schedule I (e.g., heroin)	• DUD or abuse	• IDU • Skin popping • Non- IDU •Unknown
• Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	• DUD or abuse	• IDU • Skin popping • Non- IDU •Unknown
Cocaine or methamphetamine	• DUD or abuse	• IDU • Skin popping • Non- IDU •Unknown
• Other (Specify):	• DUD or abuse	• IDU • Skin popping • Non- IDU •Unknown
Unknown substance	• DUD or abuse	• IDU • Skin popping • Non- IDU •Unknown

The data in this section was formerly collected in the underlying conditions section (IVDU [changed to injection drug user], Current smoker [changed to smoking], and other drug use). See the highlighted conditions in the prior column.

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

	None/Unknown checkboxes on prior CRF. Order of sub-
	questions has changed [not shown].)
18. Patient outcome	32. Patient outcome
• Survived	Survived
Date of discharge://	Date of discharge://
If survived, was the patient transferred to a LTCF?	• Left against medical advice (AMA)
• Yes • No • Unknown	If survived, discharged to:
If yes, facility ID:	• Private residence • Other
If survived, was the patient transferred to a LTACH?	
• Yes • No • Unknown	LTCF Facility ID: Specify: LTACH Facility ID: • Unknown
If yes, facility ID:	• LTACH Facility ID: • Unknown
11 yes, facility 15	
• Died	a D'a l
	• Died
Date of death:/	Date of death:/
Was MRSA cultured from a normally sterile site < calendar day 7 before death? • Yes • No • Unknown	On the day of or in the 6 calendar days before death, was
/ before death: • Yes • No • Offknown	the pathogen of interest isolate from a site that meets the case
	definition? • Yes • No • Unknown
- 11 1	
• Unknown	• Unknown
	(Updated question number and wording. Collapsed two
	questions (If patient survived, was the patient transferred to a
	LTCF and If patient survived was the patient transferred to a
	LTACH) into a single question (If survived, discharged to)
	and added a checkbox for "left against medical advice" and
	for "date unknown" (for both date of discharge [if survived]
	and date of death [if died])
23. Was case first identified through audit?	33. Was case first identified through audit?
• Yes • No • Unknown	• Yes • No • Unknown
	(Updated question number)
24. CRF status	34. CRF Status
• Complete	Complete
• Incomplete	• Incomplete
• Edited & Correct	• Edited & Correct
• Chart unavailable after 3 requests	Chart unavailable after 3 requests
Grant and tandote arter 5 requests	(Updated question number)
25. Does this case have recurrent MRSA disease?	35. Does this case have recurrent MRSA disease?
• Yes • No • Unknown	• Yes • No • Unknown
If yes, previous (1 st) state ID	If yes, previous (1 st) state ID
ii yes, pievious (i) state ib	(Updated question number)
26. Date reported to EIP site	
20. Date reported to ETP site	36. Date reported to EIP site
	(Updated question number)
27 Little of CO	
27. Initials of S.O.	37. S.O. Initials
20007	(Updated question number and wording)
10. 2019 Invasive MSSA Infections Case Report Form	
2018 Paper CRF Question	Changes to the 2019 Paper CRF Question
1. State (Residence of patient)	1. State
	<u> </u>
	(Updated question wording)
2. County (Residence of patient)	2. County
	(Updated question wording)
3. State I.D.:	3. State I.D.:
· · · · · · · · · · · · · · · · · · ·	* **

	(No change)
Patient ID:	4. Patient ID:
	(Updated question number; this was previously at the top of
	the CRF and not numbered).
4a. Hospital/Lab I.D. where culture identified	5. Laboratory ID where incident specimen identified
in 1150ptui 200 1121 Where culture inclusive	or Euroratory 12 where meracin specimen racination
	(Updated question number and wording)
4b. Hospital I.D. where patient treated	6. Facility ID where patient treated
40. Hospital 1.D. where patient treated	o. I definty 1D where patient treated
	(Updated question number and wording)
5. Sex:	7. Sex at birth:
	• Male • Female
• Male	
• Female	• Unknown
	• Check if transgender
	(Updated question number and wording, added two new
	options—one for unknown sex at birth and a checkbox if the
	patient is transgender)
6. Date of Birth	8. Date of birth
//	
	(Updated question number)
7. Age	9. Age
	• Days • Mos. • Years
	(Updated question number and combined with question below
	[7b on old form])
7b. Is age in day/mo/yr	This text (Is age in day/mo/yr) has been removed and the
• Days • Mos. • Years	option day/mo/year is now included as a part of question 9
12b. Race	10. Race (Check all that apply)
• White	• American Indian or • Native Hawaiian or Other
• Black or African American	Alaska Native Pacific Islander
• American Indian or Alaska Native	• Asian • White
• Asian	Black or African Unknown
• Native Hawaiian or Other Pacific Islander	American
• Unknown	(Updated question number and order of responses; all
	response options remain the same)
12a. Ethnic Origin	11. Ethnic origin
• Hispanic or Latino	Hispanic or Latino
Not Hispanic or Latino	Not Hispanic or Latino
• Unknown	• Unknown
Chiniown	(Updated question number)
12c. Weight	12. Weight
• Unknown	lbsoz OR
lbsoz ORkg	kg • Unknown
1030Z OR	(Updated question number and order of responses; all
	response options remain the same)
12d. Height	13. Height
• Unknown	ft in. OR
ft in. ORcm	cm • Unknown
II III. OKCIII	
	(Updated question number and order of responses; all
10a DMI (da nat calculate and of control to 1 MD)	response options remain the same)
12e. BMI (do not calculate, only if available in the MR)	14. BMI (record only if ht. and/or wt. is not available)
• Unknown	• Unknown
	(Updated question number, wording, and order of responses;
	all response options remain the same)
9. Date of Initial Culture	15. Date of Incident Specimen Collection (DISC)

	Updated question number and wording)
10a. Was the patient hospitalized at the time of, or within 30	16. Was the patient hospitalized at the time of, or in the 29
calendar days after, initial culture?	calendar days after, the DISC?
• Yes • No • Unknown	• Yes • No • Unknown
	If yes, date of admission//
If yes, date of admission//	
11 Man sulting collected > 2 color day days after beautiful	(Updated question number and wording)
11. Was culture collected >3 calendar days after hospital admission?	17. Was incident specimen collected 3 or more calendar days
	after hospital admission?
• Yes (HO case) • No	• Yes (HO-MSSA case) • No (CA-MSSA or HACO-MSSA
O Charle du (-) france high MCCA and introductional (-) and	case)
8. Sterile site(s) from which MSSA was initially isolated (check	18. Incident specimen collection site (check all that apply)
all that apply)	• Blood
• Blood	• Bone
• CSF	• CSF
• Pleural fluid	• Internal body site (specify)
• Peritoneal fluid	• Joint/Synovial fluid
Pericardial fluid This is a family and a family are a family	• Muscle
• Joint/Synovial fluid	Pericardial fluid
• Bone	Peritoneal fluid
• Muscle	• Pleural fluid
• Internal body site (specify)	• Other normally sterile site (specify)
• Other sterile site (specify)	(Updated question number, wording, order of responses, and
	wording of one response options [other sterile site is now
	other normally sterile site], though all response options
	remain the same)
16. Location of culture collection (check one)	19. Location of specimen collection
Hospital inpatient	• Outpatient
• ICU	Facility ID:
• Surgery/OR	• Emergency room
• Radiology	Clinic/Doctor's office
• Other unit	• Dialysis center
Outpatient	• Surgery
Clinic/Doctor's office	Observational/clinical decision unit
• Surgery	Other outpatient
• Dialysis/Renal Clinic	• Inpatient
Other outpatient	Facility ID:
	• ICU
• Emergency Room	• OR
Observational Unit/clinical decision unit	• Radiology
• LTCF	• Other inpatient
Facility ID:	• LTCF
• LTACH	Facility ID:
Facility ID:	• LTACH
• Autopsy	Facility ID:
• Unknown	• Autopsy
• Other	• Other (specify):
	• Unknown
	(Updated question number. Added checkboxes for headings
	"Outpatient" and "Inpatient". Added a facility ID for
	"Outpatient" and "Inpatient". Updated the order of responses.
	Changed the wording of the response "Dialysis/Renal clinic to
17. Ways cultures of the CAME or OTHER states to	"Dialysis" and "Other unit" to "Other inpatient")
17. Were cultures of the SAME or OTHER sterile sites positive	20. Were cultures of the SAME or OTHER sterile site(s)
within 30 days after initial culture date?	positive within 29 days after DISC?
Yes	◆ Yes ◆ No ◆ Unknown

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

		checkboxes for birth weight and	gestational age)
10b. If patient was hospitalized,	was this natient admitted to the	26. Was the patient in an ICU in	
ICU during hospitalization?	was this patient admitted to the	• Yes • No • Unknown	the 2 days before the Disc.
• Yes • No • Unknown		if YES, date of ICU admissi	on:
			ate Unknown
		(Updated question number and v	
		questions, added date of admissi	
10b. If patient was hospitalized,	was this patient admitted to the	27. Was the patient in an ICU or	•
ICU during hospitalization?	-	after the DISC?	•
Yes		• Yes • No • Unknown	
		if YES, date of ICU admissi	on:
			ate Unknown
		(Updated question number and v	
		questions, added date of admissi	<u>, </u>
19. Types of MSSA infection ass	sociated with culture(s)	28. Types of MSSA infection as	sociated with culture(s)
• Abscess (not skin)	 Peritonitis 	• Abscess (not skin)	 Peritonitis
AV Fistula/Graft infection	• Pneumonia	• AV Fistula/Graft infection	• Pneumonia
Bacteremia	Osteomyelitis	Bacteremia	Osteomyelitis
• Bursitis	• Septic Arthritis	• Bursitis	• Septic Arthritis
Catheter Site Infection	Septic Emboli	Catheter Site Infection	• Septic Emboli
• Cellulitis	Septic Shock	• Cellulitis	• Septic Shock
 Chronic Ulcer/Wound 	• Skin Abscess	Chronic Ulcer/Wound	• Skin Abscess
 Decubitus/Pressure 	 Surgical Incision 	• Decubitus/Pressure Ulcer	• Surgical Incision
Ulcer	-	• Empyema	• Surgical Site (internal)
• Empyema	 Surgical Site (internal) 	 Endocarditis 	Urinary Tract
 Endocarditis 	 Urinary Tract 	 Epidural abscess 	• Other (Specify):
 Epidural abscess 	Other (Specify):	Meningitis	
Meningitis		(I I dated assertion assertion as	hanga ta tha warnanaa)
20 Underlying Conditions		(Updated question number, no cl	nange to the responses)
20. Underlying Conditions	• IVDU	29. Underlying Conditions CHRONIC LUNG	NEUDOL OCIC
Abscess/Boil (Recurrent)AIDS	Metastatic solid tumor	DISEASE	NEUROLOGIC CONDITION
Chronic Cognitive Deficit	Myocardial Infarct	• Cystic fibrosis	• Cerebral palsy
Chronic Cognitive Benefit Chronic Liver Disease	Obesity	Chronic pulmonary disease	Chronic cognitive
Chronic Pulmonary Disease	Other drug use	CHRONIC METABOLIC	deficit
Chronic Kidney Disease	Peptic ulcer disease	DISEASE	• Dementia
Chronic Skin Breakdown	Peripheral vascular disease	• Diabetes mellitus	• Epilepsy/seizure/
 Congestive Heart Failure 	Premature birth	• with chronic complications	seizure disorder
• Connective Tissue Disease	Birth weight lb	CARDIOVASCULAR	 Multiple sclerosis
 Current Smoker 	oz OR g	DISEASE	 Neuropathy
 CVA/Stroke 	Estimated gestational age	CVA/Stroke/TIA	 Parkinson's Disease
 Cystic fibrosis 	weeks	 Congenital heart disease 	Other specify:
 Decubitus/Pressure Ulcer 	 Solid tumor (non metastatic) 	 Congestive heart failure 	PLEGIAS/PARALYSIS
• Dementia	• Other (Specify for cases ≤12	 Myocardial infarction 	• Hemiplegia
• Diabetes	months of age):	Peripheral vascular disease	Paraplegia
Hematologic Malignancy		(PVD)	• Quadriplegia
Hemiplegia/Paraplegia		GASTROINTESTINAL	RENAL DISEASE
• HIV		DISEASE	• Chronic kidney disease
• Influenza (within 10 days of		Diverticular disease Inflammatory Poycel disease	Lowest serum
initial culture)		Inflammatory Bowel disease Poptic ulcor disease	creatinine:mg/Dl
		Peptic ulcer disease Short gut syndrome	SKIN CONDITION
		• Short gut syndrome IMMUNOCOMPROMISED	Burn Docubitus/prossure
		CONDITION	 Decubitus/pressure ulcer
		• HIV infection	Surgical wound
		•AIDS/CD4 count <200	Other chronic ulcer or
		111DO/CD4 COUIIL \200	Outer Childring differ of

 Primary 	immunod	eficiency
-----------------------------	---------	-----------

- Transplant, hematopoietic stem cell
- Transplant, solid organ

LIVER DISEASE

- Chronic liver disease
 - Ascites
 - Cirrhosis
 - Hepatic encephalopathy
- Variceal bleeding
- Hepatitis C
 - Treated, in SVC
 - Current, chronic

MALIGNANCY

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

chronic wound

OTHER

- Connective tissue disease
- Obesity or morbid obesity
- Pregnant
- Other (specify only for cases ≤12 months of age):_____

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

20. Underlying Conditions

- Abscess/Boil (Recurrent)
- AIDS
- Chronic Cognitive Deficit
- Chronic Liver Disease
- Chronic Pulmonary Disease
- Chronic Kidney DiseaseChronic Skin Breakdown
- IVDU
- Metastatic solid tumor
- Myocardial Infarct
- Obesity
- Other drug use
- Peptic ulcer disease
- Peripheral vascular disease

30. Substance Use

Smoking:

- None
- Tobacco

- Unknown
- Marijuana
- E-nicotine delivery system

Alcohol Abuse:

No

• Unknown

 Congestive Heart Failure Connective Tissue Disease Current Smoker CVA/Stroke Cystic fibrosis Decubitus/Pressure Ulcer Dementia 	 Premature birth Birth weight lb oz OR g Estimated gestational age weeks Solid tumor (non metastatic) Other (Specify for cases ≤12 	• Yes Other Substances (C • None • Marijuana (other than smoking)	• Unknown • Documented use disorder	• IDU • Skin popping • Non-IDU
 Diabetes Hematologic Malignancy Hemiplegia/Paraplegia HIV Influenza (within 10 days of initial culture) 	months of age):	• Opioid, DEA schedule I (e.g., heroin) • Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	Documented use disorder Documented use disorder	IDU Skin popping Non-IDU Unknown IDU Skin popping Non-IDU Unknown Unknown
		Cocaine or methamphetamine	• Documented use disorder	• IDU • Skin popping • Non-IDU •Unknown
		• Other (Specify):	• Documented use disorder	• IDU • Skin popping • Non-IDU •Unknown
		• Unknown substance	• Documented use disorder	• IDU • Skin popping • Non-IDU •Unknown
13.At the time of first positive cul • Pregnant • Post-partum • Neither	lture, patient was:	The data in this section underlying conditions so drug user], Current smo drug use). See the high! There are six new check be captured in more deta drug and mode of deliver. This question has been conow included in Q20, under the condition of the conow included in Q20, under the condition of the conow included in Q20, under the conoccurrence in the conoccurrence	ection (IVDU [c ker [changed to lighted condition boxes that allo ail. These questi ery.	changed to injection smoking], and other ns in the prior column. w "other drug" use to ions focus on type of the nancy checkbox is
• Unknown 21. Prior healthcare exposure		31. Prior healthcare exp	osure(s)	
 None Unknown Previous document MSSA infectif yes, Month Year or previous state id: 	_	Previous documented M • Yes • No • Unknow If yes, Month Ye or previous state id: _	ISSA infection on the control of the	or colonization
Hospitalized within year before If yes, Month Day Yes, If known, Facility ID:	Year• Unknown	Previous hospitalization • Yes • No • Unknow If yes, date of dischar Facility ID:	n ge closed to DI	
• Admitted to a LTACH within your If known, Facility ID:		Overnight stay in LTAC • Yes • No • Unknow Facility ID:	'n	efore DISC
Residence in a long-term care faculture date If known, Facility ID:		Overnight stay in LTCF • Yes • No • Unknow Facility ID:	in the year befo	ore DISC

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

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

11. 2018 CDI Case Report and Treatment Form

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

Question on 2018 Form	Question on 2019 Form
□ LTCF Facility ID □ Hospital Inpatient Facility ID □ LTACH Facility ID □ Homeless □ Incarcerated □ Other (specify): □ Unknown	□ Private Residence □ LTCF Facility ID □ Hospital Inpatient Facility ID Was the patient transferred from this hospital? □ Yes □ No □ Unknown □ LTACH Facility ID □ Homeless □ Incarcerated □ Other (specify): □ Unknown
Bc. Location of incident C. diff+ stool collection: Outpatient Emergency Room Observation Unit/CDU Hospital Inpatient Facility ID LTCF Facility ID LTACH Facility ID Other (specify): Unknown	IT. Location of incident C. diff+ stool collection: □ Outpatient Facility ID □ Emergency room □ Clinic/doctor's office □ Dialysis center □ Surgery □ Observation/Clinical decision unit □ Other outpatient □ Hospital Inpatient Facility ID □ ICU □ OR □ Radiology □ Other inpatient □ LTCF Facility ID □ LTACH Facility ID □ Autopsy □ Other (specify): □ Unknown
11a. Was incident C. diff+ stool collected at least 3 calendar days after the date of hospital admission? ☐ Yes (HCFO – go to 11d) ☐ No	18a. Was incident C. diff+ stool collected at least 3 calendar days after the date of hospital admission? ☐ Yes (HCFO – go to 18d) ☐ No
11b. Was incident C. diff+ stool collected at an outpatient setting for a LTCF resident, or in a LTCF or LTACH? ☐ Yes (HCFO – go to 11d) ☐ No	18b. Was incident C. diff+ stool collected at an outpatient setting for a LTCF resident, or in a LTCF or LTACH? □ Yes (HCFO – go to 18d) □ No
11c. Was the patient admitted from a LTCF or a LTACH? ☐ Yes (HCFO – go to 11d) ☐ No (CO - stop data abstraction here) Facility ID:	18c. Was the patient admitted from a LTCF or a LTACH? ☐ Yes (HCFO – go to 18d) ☐ No (CO - stop data abstraction here) Facility ID:

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

Question on 2018 Form	Question on 2019 Form
	☐ Peripheral Vascular Disease (PVD)
	☐ Transplant, solid organ
	☐ Malignancy, solid organ (non-metastatic)
	☐ Transplant, hematopoietic stem cell
	□ Cystic fibrosis
	□ Ascites
	□ Cirrhosis
	☐ Hepatic encephalopathy
	☐ Variceal bleeding
	Hepatitis C
	[Hepatitis C] treated, in SVR
	[Hepatitis C] current, chronic
	☐ Cerebral palsy
	□ Epilepsy/seizure/seizure disorder
	☐ Multiple sclerosis
	□ Neuropathy
	☐ Parkinson's disease
	☐ Other [neurological condition] (specify):
	Burn
	□ Decubitus/pressure ulcer
	□ Surgical wound
	☐ Other chronic ulcer or chronic wound
	☐ Other[skin condition] (specify):
	☐ Obesity or morbid obesity
17b.	26, 27
ICU Admission (in the 2 calendar days before, the day of, or	Was the patient in an ICU on the day of or in the 6
the 6 calendar days after the date of incident C. diff+ stool	days after the date of incident C. diff+ stool
collection)	collection?
□Yes	□Yes
□No	□No
□ Unknown	□ Unknown
If YES, Date of ICU Admission	If Yes, date of ICU admission:
□ Unknown	
	☐ Unknown
18, 20.2e	28.
RADIOGRAPHIC FINDINGS (in the 6 calendar days	Toxic megacolon and ileus (in the 6 calendar days before,
before, the day of, or the 6 calendar days after the date of	the day of, or the 6 calendar days after the date of
incident C. diff+ stool collection)	incident C. diff+ stool collection)
☐ Toxic megacolon	RADIOGRAPHIC FINDINGS
□ Ileus	☐ Toxic megacolon
□ Neither toxic megacolon nor ileus	□ Ileus
☐ Both toxic megacolon and ileus	□ Neither toxic megacolon nor ileus
□ Not Done	☐ Both toxic megacolon and ileus
☐ Information not available	☐ Not Done ☐ Information not available
Other findings (in the 6 calendar days before, the day of, or	111101111dt1011 110t avallable
the 6 calendar days after the date of incident C. diff+ stool	Clinical findings
collection)	☐ Toxic megacolon
☐ Toxic megacolon	□ Ileus
□ Ileus	☐ Neither toxic megacolon nor ileus
□ Neither toxic megacolon nor ileus	☐ Both toxic megacolon and ileus

Question on 2018 Form	Question on 2019 Form
☐ Both toxic megacolon and ileus ☐ Information not available	☐ Information not available
17.	20
Colectomy (related to CDI):	30. Colectomy (related to CDI):
If YES, Date of Procedure:	If YES, Date of Procedure:
	□ Unknown
23d. Antimicrobial therapy (Check all that apply)	33d. Antimicrobial therapy (Check all that apply)
	□Ampicillin/sulbactam
□ Amp/sulb	□ Cefixime
□ Imipenem	□ Ceftaroline
□ Rifampin	□ Ceftazidime/avibactam
□Tetracycline	□ Ceftizoxime
	□ Ceftolozane/tazobactam
	☐ Dalbavancin
	□ Delafloxacin
	□ Doripenem
	□ Fosfomycin
	☐ Imipenem/cilastatin
	☐ Meropenem/vaborbactam
	□ Oritavancin
	□ Polymyxin B
	□ Polymyxin E (colistin)
	□ Tedizolid
	□ Telavancin
	□ Trimethoprim
17c.	<u>36.</u>
Any additional positive stool test for C. diff ≥2 and ≤8	Any recurrent C. diff episodes following this incident
weeks after the date of incident C. diff+ stool collection?	C. diff episode?
□Yes	□Yes
□ No	□No
If YES, Date of first recurrent specimen:	If YES, Date of first recurrent specimen:
24.	34.
Treatment	Treatment
□ Probiotics (specify)	Course 1
☐ Stool transplant	Course 2
	Course 3
Course 1	☐ Probiotics (specify)
Course 2	☐ Stool transplant
Course 3	

12. 2019 HAIC Candidemia Case Report

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

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

	with multi-drug resistant organism (MDRO) infection control (e.g.: on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE. 1 Yes 0 No 9 Unknown
	27a. If yes, specify organisms (<i>Enter up to 3 pathogens</i>):
	(added new question)
	1
29. Other known sites of Candida/yeast infection or colonization in the 7 days before or 3 days after the DISC? (check all that apply): None Unknown Peritoneal fluid or abdominal cavity Urine Respiratory specimen Pleural fluid CSF Bone Skin Catheter tip Other site (specify):	30. Did the patient have any of the following types of infection/colonization related to their Candida infection? (check all that apply): None Unknown Abscess Splenic Liver Pulmonary Candiduria CNS involvement (meningitis, brain abscess) Eyes (endophthalmitis or chorioretinitis) Endocarditis Peritonitis Peritonitis Persiyntery specimen with Candida
	Respiratory specimen with Candida Septic emboli Lungs Brain Osteomyelitis Skin lesions Other (specify): (changed question number, wording slightly and changed more options)
32. Patient outcome: 1 Survived 9 Unknown	33. Patient outcome
Date of discharge:	Date of discharge: 1 Survived 9 Unknown ——————————————————————————————————
	34. Did the patient have any of the following classes or
	specific ICD-10 codes, including any sub-codes for this hospitalization? (Check all that apply): None Unknown B37 (candidiasis)
	Specify sub-code:
	P37.5 (neonatal candidiasis) B48 (other mycoses, not classified elsewhere)
	B49 (unspecified mycoses)
	T80.211 (BSI due to central venous catheter) A41.9 (sepsis, unspecified organism)
	R65.2 (severe sepsis)
	(new question)
36. Underlying conditions (<i>Check all that apply</i>): Malignancy Malignancy, Hematologic	38. Underlying Conditions Chronic Lung Disease Liver Disease

None Unknown	Malignancy, Solid Organ	Cystic Fibrosis		nronic Liver Disease			
	(non-metastatic)	Chronic Pulmonar		Ascites			
Chronic Lung Disease	Malignancy, Solid Organ	disease		Cirrhosis			
Cystic Fibrosis	(metastatic)	Chronic Metabolic		Hepatic			
Chronic Pulmonary	Neurologic Condition	Disease		Encephalopathy			
disease	Cerebral palsy	Diabetes Mellitus		Variceal Bleeding			
Chronic Metabolic	Chronic Cognitive Deficit	With Chronic		Hepatitis C			
Disease	Dementia	Complications		Treated, in SVR			
Diabetes Mellitus	Epilepsy/seizure/seizure	Cardiovascular Di	sease (Current, chronic			
With Chronic	disorder	CVA/Stroke/TIA	Ma	llignancy			
Complications	Multiple sclerosis	Congenital Heart	M	alignancy,			
Cardiovascular Disease	Neuropathy	disease		tologic			
CVA/Stroke/TIA	Parkinson's disease	Congestive Heart		Malignancy, Solid			
Congenital Heart disease	Other (specify):	Failure		Organ (non-metastatic)			
Congestive Heart Failure	Plegia	Myocardial infarct		Malignancy, Solid			
Myocardial infarction	s/Paralysis	Peripheral Vascula		(metastatic)			
Peripheral Vascular	Hemiplegia	Disease (PVD)		urologic Condition			
Disease (PVD)	Paraplegia	Gastrointestinal D		erebral palsy			
Gastrointestinal Disease	Quadriplegia	Diverticular diseas		aronic Cognitive			
Diverticular disease	Renal Disease						
<u> </u>		Inflammatory Bow					
Inflammatory Bowel	Chronic Kidney Disease	Disease		ementia			
Disease	Lowest serum creatinine: -	Peptic Ulcer Disea					
Peptic Ulcer Disease	mg/DL	Short gut syndrom		sy/seizure/seizure			
Short gut syndrome	Skin Condition	Immunocomprom					
Immunocompromised	Burn	Condition		Multiple sclerosis			
Condition	Decubitus/Pressure Ulcer	HIV infection		Neuropathy			
HIV infection	Surgical Wound	AIDS/CD4 count <200 Parkinson's disease					
AIDS/CD4 count <200	Other chronic ulcer or	Primary Other (specify):					
Primary	chronic wound	Immunodeficiency					
I <u>mm</u> unodeficiency	Other skin condition	Transplant,					
Transplant,	(specify):	Hematopoietic Stem C	ell				
Hematopoietic Stem Cell		Transplant, Solid (Organ				
Transplant, Solid Organ	Other						
Chronic Liver Disease	Connective tissue disease	(Updated question numl	oer, changed wo	ording of Hepatitis C			
Ascites	Obesity or morbid obesity	question and added 2 o	otions under he	patitis C: treated, in			
Chronic hepatitis C	Pregnant	SVR and current, chron					
Cirrhosis		conditions" after "other					
Hepatic Encephalopathy			,				
Variceal Bleeding							
37. Social History (check all the	nt apply): None	39. Substance Use					
Unknown		Smoking:					
		• None	• Unkn	IOM/D			
Smoker		Tobacco	• Marij	= ::			
E-Cigarette Use		• E-nicotine delivery s		udiid			
Alcohol Abuse		E-incomile derivery s	ystem				
Injection Drug Use		A1 1 1 A1					
Skin Popping		Alcohol Abuse:					
Other drug use		• No	• Unkn	iown			
Other drug use		• Yes					
				1 \			
		Other Substances (C		apply):			
		• None	• Unknown				
		Marijuana (other	•	• IDU • Skin			
		than smoking)	Documented	popping • Non-IDU			
			use disorder	Unknown			
		• Opioid, DEA	•	• IDU • Skin			
			Documented				

	schedule I (e.g., heroin) Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) Cocaine or methamphetamine Other (Specify):	Documented use disorder Documented use disorder Documented use disorder Documented use disorder Documented use disorder	popping • Non-IDU •Unknown • IDU • Skin popping • Non-IDU •Unknown • IDU • Skin popping • Non-IDU •Unknown • IDU • Skin popping • Non-IDU •Unknown • IDU • Skin popping • Non-IDU •Unknown	
	• Unknown substance	Documented use disorder	• IDU • Skin popping • Non-IDU •Unknown	
44a. If yes, date of neutropenia (<i>mm-dd-yyyy</i>):	Removed in the new ve	rsion		
47. Did the patient have a CVC on the day of incident specimen collection or at any time in the 2 calendar days before DISC? 1 Yes 2 No 3 Had CVC but can't find dates 9 Unknown	51. Did the patient have a CVC in the 2 calendar days before DISC? 1 Yes 2 No 3 Had CVC but can't find dates 9 Unknown (update number and changed wording of question slightly)			
48. Did the patient have a midline catheter on the day of incident specimen collection or at any time in the 2 calendar days before DISC? 1 Yes 0 No 9 Unknown	52. Did the patient ha calendar days before I 1 Yes 0 No (updated number and ch	OISC? 9	/n	
NEW QUESTION	53. Did the patient had devices present in the Urinary Catheter	3 calendar day	0	

Estimated Annualized Burden Hours

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

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

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

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

	Vaccination History Fax Form (Children/Adults)					
	MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and Acinetobacter baumannii (CRAB) (Att 5)	10	500	20/60 25/60	1667	2083
	MuGSI Extended-Spectrum Beta- Lactamase-Producing Enterobacteriaceae (ESBL) (Att 6)	10	1200	20/60 25/60	4000	5000
	MuGSI- Carbapenem-resistant- Pseudomonas aeruginosa (CR-PA) FORM DISCONTINUED	10	344	45/60	2580	0
	Invasive Methicillin-resistant Staphylococcus aureus (MRSA) Infection Case Report Form (Att 7)	10	609 474	20/60 25/60	2030	1975
	Invasive Methicillin-sensitive Staphylococcus aureus (MSSA) Infection Case Report Form (Att 8)	10	1,035 754	20/60 25/60	3450	3142
	CDI Case Report and Treatment Form (Att 9)	10	1650	30/60 35/60	8250	9625
	HAIC Candidemia Case Report (Att 10)	9	800	20/60	2400	2400
TOTAL					40,349	39,98