Description of Changes

ABCs:

The changes made to the all 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.

1. **2020 ABCs Case Report Form**

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

   1. Question T3a – moved Q7a (collection of Hospital ID) to the lab repeating group block.
   2. Question T4 – removed response options '22=Lung, 23=Middle ear, 25=Sinus, 26=Sputum'; to simplify possible responses for data collection.
   3. Question T8 – added response option '6=Isolate N/A for collection', to select when a test is reported but isolates are not routinely collected for those tests.
   4. Added Question T9 – 'Shipped to CDC', added to be able to correctly categorize which isolates for which positive test/source were shipped to CDC.
   5. Added Question T10 – 'If shipped, accession#' to track information on isolates shipped to CDC.
   6. Added Question 24d, 'Mark if this is a GBS Blood Spot Study case that lives outside ABCs catchment area' to pull out cases only included in the study.
   7. Question 27, Underlying conditions – Added sub-checkbox under 'Immunosuppressive Therapy' to capture 'Ravulizumab (Ultomiris) for N.meningitidis cases only.
   8. Question 27d – added checkbox 'Opioid, NOS' to capture opioid use where opioid is unspecified'.
   9. Question 27d – separated checkbox 'Cocaine or Methamphetamine' to two separate checkboxes; one for 'Cocaine' and another for 'Methamphetamine'.
   10. Removed Question 28c – 'Were records obtained to verify vaccination history?'

2. **2020 ABCs Neonatal Infection Expanded Tracking Form**

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

   1. Added Question 3c 'Gestational age determined by' to collect information on the method used to determine gestational age of the baby.
   2. Added Question 10a 'Did the infant receive antibiotics anytime during the birth hospitalization?' to capture information on antibiotics given.
   3. Added Question 10b. 'If yes, was it a beta-lactam?' to categorize the type of antibiotics given to the newborn.
   4. Question 12a – minor change to code 'Unknown' checkbox from '9' to '1/0'.
   5. Added Question 14a – 'Maternal underlying or prior illnesses' to capture underlying conditions of the mother
   6. Question 21a- minor change to code 'Unknown' checkbox from '9' to '1/0'

3. **2020 ABCs Severe GAS Infection: Supplemental Form**

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

   1. Removed OPTIONAL section from form under Q1.
   2. Removed old Q3 from the form ("If the case died and was not hospitalized, indicate date of death")
   3. Added reference look-up table for Laboratory values (pg. 2)

4. 2020 ABCs Invasive Pneumococcal Disease in Children

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

1. For each PCV13 dose (up to 5 doses can be reported), Added 'source' options to report the location where the vaccine dose information was found. Options include 'Medical chart', 'Registry', 'Primary Care Provider' and 'Other'.
2. For each PPSV23 dose (up to 2 doses can be reported), Added 'source' options to report the location where the vaccine dose information was found. Options include 'Medical chart', 'Registry', 'Primary Care Provider' and 'Other'.
3. Removed Question 'What sources were used for vaccination history?' under 'Data sources used for vaccination history?'

Food Net:

Background: FoodNet is modernizing the data collection processes and reformatting data to be collected in HL7. The foodborne and diarrheal diseases message mapping guide (FDD MMG) found here: https://wwwn.cdc.gov/nndss/case-notification/message-mapping-guides.html contains some data elements that are FoodNet only and others that are OMB approved under the National Notifiable Diseases Surveillance System (NNDSS) (OMB Control No. 0920-0728). Additional data elements that are FoodNet only are included within EIP's ICR. All FoodNet-specific data elements in the FDD MMG are also included on FoodNet's Active Surveillance Variable List and have previously been OMB approved. No new conditions or data elements are being added under FoodNet surveillance for 2020. Sites will continue to send legacy data in the FoodNet Active Surveillance Data Elements List format until they onboard the FDD MMG. Some data elements being suspended for routine surveillance still exist in the FDD MMG. Sites may choose to send, but FoodNet is not asking for these fields. In addition, value sets in the FDD MMG are expanded beyond FoodNet's value sets to accommodate other program needs. The FDD MMG value sets found here: https://phinvads.cdc.gov/vads/ViewView.action?id=7EA53BC1-27F4-E811-939C-0017A477041A. These currently have not been finalized therefore will not be included for this revision; they will be included in the next EIP revision submission.

The changes made to the all 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.

The FDD MMG Cross-walk contains information on data elements in MMG that are FoodNet only, National only, and which data elements both FoodNet and National receive. The summary tab includes the FoodNet only data elements and which pathogens each element applies to. The pathogen tabs contain all data elements in the FDD MMG with the FoodNet-only data elements highlighted. The FoodNet FDD MMG Mapping Document (att. 6) maps legacy data elements to the FDD MMG and contains information about which variables FoodNet requires, which are optional, and the allowable FoodNet value sets.

5. FoodNet Active Surveillance Data Elements List

There is no impact on burden due to the changes on these data elements. Changes include:

a. Variables moved to optional rather than required in order to streamline data collected and reduce data cleaning

i. SalGroup
ii. StecO157
iii. StecH7
iv. StecNM

b. Value set changes to streamline, collect level of detail needed, and for consistency with FDD MMG
   i. Test type
      1. AgClinictesttype, AgSPHLtesttype
         a. VTEC Screen (Denka Seiken) dropped
         b. Meridian ImmunoCard STAT! E. coli O157 Plus added
         c. Brand names/values standardized
      2. Pcrclinictestttype, pcrsphltesttype
         a. BD Max Extended Enteric Bacterial and Luminex Gram-Positive Blood Culture added
         b. Seegene, Metametrix, and Staten Serum Institut PCR assay removed
         c. Brand names/values standardized
      3. Otherclinictesttype, Othersphltesttype
         a. Autoflourescence, stained wet mount, wet mount, vero cell assay added
      4. Dxo157testtype
         a. Meridian ImmunoCard STAT! E. coli O157 Plus added
         b. Brand names/values standardized
      5. Pcrclinic, pcrsphl
         a. Shigella/Stx undiff, Shigella/Stx1, Shigella/Stx2, Shigella/Stx1&2 added
         b. Period removed from V cholerae and Vibrios&V cholerae
      6. AR_antibiotic_use_1 to 8, AR_antibiotic_use30_1 to 8
         a. Ceftrin corrected to Ceftin
         b. Add Ceftriaxone
         c. Add Chloramphenicol
      7. AR_antacid_any_1-3
         a. 2019: Cal-Guest corrected to Cal Gest
      8. Outfetal
         a. Induced abortion removed
      9. STECHag
         a. 999=NM added

6. FDD MMG

All of these data elements were previously approved for collection by OMB; however, we are seeking approval for the modernizing the data collection process and reformatting data to now be collected in HL7. There is no impact on burden due to the changes on this process. Refer to FDD MMG Supplemental Attachment (Att #) for included elements that include the following:

c. Conditions: Yersinia is not included under NNDSS and therefore is included in the EIP FoodNet submission. Note: Enterotoxigenic E.coli (ETEC) is also sent to FoodNet only (currently piloting with 3 sites). GenV2 variables include:

d. FoodNet only- variables –(vary by pathogen, see supplemental documents for more details).

7. Diagnostic Laboratory Practices and Volume Data Elements

There is no impact on burden due to the changes on these data elements. Changes made to obtain a greater understanding on reasons and frequency in which test performed included:

e. Value set change for reflex culture question: If each pathogen is attempted using CIDT, is culture of the organism attempted on site?
   i. Yes, always for EIP purposes
   ii. Yes, always for antimicrobial susceptibility testing
   iii. Yes, always for public health purposes
   iv. Sometimes, when requested by a provider
   v. Sometimes, for special projects or outbreaks
   vi. Sometimes, for special populations
   vii. No, always send to a reference laboratory
   viii. No, sometime send to a reference laboratory
   ix. No and don't send to a reference laboratory

FluSurv-Net:

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Note on Data Transmission: Starting in the 2019-20 influenza season, CDC will start providing a REDCap database where sites can enter surveillance data directly into the CDC REDCap, or enter surveillance data on their local REDCap and submit a REDCap export to CDC via SAMS. This transition to the REDCap platform arises because the Influenza Division will soon be losing the technical support staff who builds and maintains the Access database provided for sites every season.

8. Influenza Hospitalization Surveillance Network Case Report Form

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

1. Section E, Admission & Patient History, Question 8a – Added options for Substance Abuse Type including Cocaine and Methamphetamines to harmonize with HAIC and ABCs CRF substance abuse collection.
2. Section E, Admission and Patient History, Question 9 – two changes:
   a. Minor changes in wording from "E-cigarettes" to "E-nicotine delivery system (ENDS)" to harmonize with HAIC and ABCs CRF.
   b. Minor changes to remove "(Optional)" since all sites are collecting this field.
3. Section E, Admission and Patient History, Question 10 regarding whether patient had additional pre-existing medical conditions. Added more comprehensive list of commons and high risk conditions under each header category to minimize the amount of free text in "Other, specify" field – these conditions were previously being documented in the Other, specify:
   a. Chronic Lung Disease – Added Asbestosis, Bronchiectasis, Bronchiolitis obliterans, Interstitial lung disease, Oxygen dependent, Obstrucetive sleep apnea, Pulmonary fibrosis, Restrictive lung disease, Sarcoidosis
   b. Chronic Metabolic Disease – Added Adrenal disorders (Addison's Adrenal Insufficiency, Cushing syndrome, Congenital adrenal hyperplasia), Glycogen or other storage diseases, Hyper/hypo function of pituitary gland, Inborn errors of metabolism, Metabolic syndrome, Parathyroid dysfunction (Hyperparathyroidism, Hypoparathyroidism)
   c. Blood Disorders/Hemoglobinapathy – Added Alpha thalassemia, Beta thalassemia, Coagulopathy (Factor V Leiden, Von Willebrand disease (VWD)), Hemoglobin S-beta thalassemia, Leukopenia, Myelodysplastic syndrome (MDS), Neutropenia, Pancytopenia, Polycythemia vera, Sickle cell disease, Thrombocytopenia
   d. Cardiovascular disease – Deleted Ischemic cardiomyopathy, Non-ischemic cardiomyopathy
   e. Cardiovascular disease – Added Aortic regurgitation, Automated implantable decides, Atrial septal defect, Pulmonic stenosis, Tetralogy of fallot, Ventricular septal defect, Deep vein thrombosis, Myocardial infarction, Mitral stenosis, Mitral regurgitation, Peripheral artery disease, Peripheral vascular disease, Pulmonary embolism, Pulmonary hypertension, Pulmonic stenosis, Pulmonic regurgitation, Transient ischemic attack, Tricuspid stenosis, Tricuspid regurgitation, Ventricular tachycardia, Ventricular fibrillation, Aortic/Mitral/Tricuspid/Pulmonic valve replacement
   f. Neuromuscular disorder – Deleted Duchenne muscular dystrophy
   g. Neuromuscular disorder – Added Amyotrophic lateral sclerosis, Scoliosis/kyphoscoliosis

h. Neurologic disorder – Added Epilepsy/seizure/seizure disorder, Neuropathy, Neural tube defects/Spina bifida

i. Pediatric Cases only – Added Chronic lung disease of prematurity/Bronchopulmonary dysplasia

j. Immunocompromised condition – Deleted Cancer

k. Immunocompromised condition – Added Grafts vs host disease, Leukemia, Lymphoma/Hodgkins/Non-Hodgkins, Metastatic cancer, Multiple myeloma, Solid organ malignancy, If yes to solid organ malignancy, which organ?, If yes to immunosuppressive therapy, for what condition?

l. Renal disease – Added Polycystic kidney disease

m. Gastrointestinal/Liver Disease – Added "Gastrointestinal" to header category

n. Gastrointestinal/Liver Disease – Deleted Viral Hepatitis (B or C)

o. Gastrointestinal/Liver Disease – Added Alcoholic hepatitis, Autoimmue hepatitis, Barrett's esophagitis, Chronic liver disease, Chronic pancreatitis, Crohn's disease, Esophageal varices, Esophageal strictures, Non-alcoholic fatty liver disease, Ulcerative colitis

p. Rheumatologic/Autoimmune/Inflammatory conditions – Ankylosing spondylitis, Dermatomyositis, Juvenile idiopathic arthritis, Kawasaki disease, Polymyalgia rheumatic, Polymyositis, Psoriatic arthritis, Rheumatoid arthritis, Systemic sclerosis, Takayasu arteritis, Temporal/Giant cell arteritis, Polyarteritis nodosum, Micryscopic polyangiitis, Vasculitis

q. Other – Added Feeding tube dependent, Trach dependent, Wheelchair dependent

r. Other – Moved Systemic lupus erythematosus to Rheumatologic conditions

4. Section I, Influenza Treatment – Added Baloxavir marboxil

5. Section J, Chest Radiograph – Added Pleural effusion/empyema

9. <u>FluSurv-NET/RSV Hospital Laboratory Survey</u>

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

1. Question 4a & 4b – Removed rapid influenza testing kits that are not FDA approved including ClearView Exact II Influenza A&B Test or Alere Influenza A&B Test, OSOM® Influenza A&B Test, QuickVue® Influenza A/B Test, RAMP Influenza A/B Assay or 3M™ Rapid Detection Flu A+B Test, SAS™ FluAlert A&B Test, SAS™ Influenza A Test, SAS™ Influenza B Test, TRU FLU®

2. Question 5 – Removed question about rapid molecular assays and combined it with overall molecular assay question because labs could not previously distinguish the difference between rapid molecular assays and standard molecular assays.

3. Question 5a, 5b – Removed questions about algorithm after positive or negative rapid molecular assay result

4. Question 6 – Changed wording from "Does the laboratory perform standard molecular assays" to "Does the laboratory perform molecular assays (including rapid molecular, RT-PCR, RVPs for influenza?" since labs could not previously distinguish the difference between rapid molecular assays and standard molecular assays

5. Question 6a,6b – Removed molecular assays that are not FDA approved including Alere i NAT Flu A/B (Moderate), (Alere) , Ibis PLEX-ID Flu, Qiagen Artus Influenza A/B Rotor-gene RT-PCR kit, Quidel Molecular Influenza A+B, U.S. Army JBAIDS Influenza A&B Detection Kit, U.S. Army JBAIDS Influenza A Subtyping Kit, U.S. Army JBAIDS Influenza A/H5 Kit, x-TAG® Respiratory Viral Panel (RVP)

6. Question 6a, 6b – Added molecular assays including Idylla Respiratory IFV-RSV Panel, Lyra Influenza A+B Assay, Panther Fusion Flu A/B RSV, Silaris Influenza A & B, Solana Influenza A+B Assay

7. Question 6a, 6b – Renamed Alere- NAT Flu A/B (CLIA Waived) to ID Now Influenza A&B (CLIA Waived)

8. Question 6d – Removed molecular assays that did not have the capability to subtype
9. Question 8a, 8b – Combined options to create new option Rapid Molecular assay– singleplex or duplex
10. Question 9 – Combined options to create new option Rapid Molecuar assay – singleplex or duplex
11. Question 9 – Combined options to create new option Standard Molecular assay – singleplex or duplex
12. Question 14a – Added RSV molecular assays options including Cobas® Liat® Influenza A/B and RSV Assay, FilmArray Respiratory Panel EZ
13. Question 14a, 14b – Removed RSV molecular assay options including x-TAG® Respiratory Viral Panel (RVP)

HAIC:

The changes made to the all 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.

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

For the 2020 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 will collect if the patient was determined to be colonized by the organisms of interest, 2) we added one question related to patients having recurrent urinary tract infections; 3) we added one question on treatment; 4) we added an 'unknown or not done' checkbox beneath lowest serum creatinine; 5) we added a 'Opioid, NOS' checkbox to the substance use question; 6) we separated cocaine and methamphetamine into separate fields to distinguish between the two substances; 7) we added a medication assisted treatment question to the substance use section; 7) we added an 'other, specify' field to the molecular test results question to streamline data collection; and 8) we added a date of abstraction field to enhance the sites' ability to track abstraction dates.

The changes to the substance use questions and the addition of a checkbox beneath an underlying condition were made in conjunction with all other HAIC pathogens and additional EIP surveillance activities to streamline data collection across programs and to make data collection more efficient. These modifications to the substance abuse questions are important for describing the impact of the opioid epidemic on the disease burden for MuGSI pathogens.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have no impact on the time expected to complete the case report form.

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

Due to high case counts among the participating EIP sites for ESBL-producing Enterobacteriaceae we are changing the case report form completion procedures for this part of the MuGSI program. Among ESBL cases the first case for each patient of a given species classified as an incident case and occurring in a surveillance year (July 1 to June 30) will have a data collection form completed. For each patient, within the surveillance year and species, only subsequent incident cases defined as an invasive infection (i.e., positive culture from a normally sterile site) will have a data collection form completed.

For the 2020 ESBL Case Report Form (CRF), we are proposing the following changes: 1) we added a 'colonized' checkbox to the types of infections associated with culture question; 2) we added an 'unknown or not done' checkbox beneath lowest serum creatinine; 3) we added an 'Opioid, NOS' checkbox to the substance use question; 4) we separated cocaine and methamphetamine into separate fields to distinguish between the two substances; 5) we added a medication assisted treatment question to the substance use section; and 6) we added a date of abstraction field to improve the sites' ability to

track abstraction dates. Question numbers 17a – 23 were also updated to harmonize with the CRE/CRAB CRF (item 8 above).

The changes to the substance use questions and the addition of a checkbox beneath an underlying condition were made in conjunction with all other HAIC pathogen groups and additional EIP surveillance activities to streamline data collection across programs and to make data collection more intuitive and efficient. These modifications to the substance abuse questions are important for understanding the impact of the opioid epidemic on the disease burden for MuGSI pathogens.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have no impact on the time expected to complete the case report form.

12. Invasive MRSA Infection Case Report Form

Minimal changes are being requested for the 2020 Methicillin-resistant *Staphylococcus aureus* (MRSA) Case Report Form. We are proposing the following changes: 1) two new check boxes are being added to ensure that data collection is more complete and clear; 2) five new questions are being added; 3) question numbers have been changed. The requested changes will have minimal or no impact on the burden of data collection.

Some of the question changes documented above were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked. 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.

13. 2020 Invasive MSSA Infections Case Report Form

Minimal changes are being requested for the 2020 Methicillin-sensitive *Staphylococcus aureus* (MRSA) Case Report Form. We are proposing the following changes: 1) two new check boxes are being added to ensure that data collection is more complete and clear; 2) five new questions are being added; 3) question numbers have been changed. The requested changes will have minimal or no impact on the burden of data collection.

Some of the question changes documented above were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked. 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.

14. 2020 CDI Case Report Form and Treatment Form

Minimal changes are requested for the 2020 CDI Case Report Form and Treatment Form: 1) the diagnostic assay question was expanded so that sites could more clearly document results for each test type; 2) as part of the HAIC harmonization effort, several questions were changed for the purpose of standardization across surveillance activities, and; 3) we added the date of abstraction of the case report form.

Certain form changes were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across HAIC pathogens. This resulted in minor modifications to 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.

The requested changes will have minimal impact on the burden of data collection and are anticipated to have no impact on the time expected to complete the case report form.

15. 2020 HAIC Candidemia Case Report

Minimal changes are being requested for the 2020 Candidemia Case Report Form (CRF). We are proposing the following changes: 1) we have added one new question. This change was made based on the changing epidemiology of candidemia in the United States and the intersection with injection drug use and the opioid epidemic. 2) Wording of some questions were changed to be consistent with how questions are being asked on other HAIC CRFs as part of the harmonization efforts. 3) Response options for some questions were also standardized with the other HAIC CRFs as part of the harmonization efforts. .

Certain form changes were made in conjunction with all other HAIC pathogen groups to standardize the way questions are asked across HAIC pathogens. This resulted in minor modifications to 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.

The requested changes are estimated to increase the time required for data collection by 10 minutes. Additionally, in the burden table below, we have expanded the number of sites participating from 9 to 10. Despite the changes to the data collection tool and the addition of one site, the overall burden estimate has gone down. The number of records from each site was overestimated in last year's burden table. The new estimated number of responses is based on 2018 surveillance data and was approximately 142 case report forms per site (with a range from 40-360 responses per site). We have updated the number of records in the burden table, resulting in an overall reduction in burden hours.

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

For the 2020 CDI Laboratory Survey several questions were slightly modified. Three new questions were added, and a single question was removed. These modifications and additions were made based on feedback from sites and the need to capture changes in laboratory practices for testing of *C. difficile*.

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 per response.

17. HAIC- CDI Annual Surveillance Officers Survey

For the 2020 CDI Annual Surveillance Officers Survey very few changes were made (see cross walk below). A single question was broken out into two separate questions to improve data collection and for clarity. The requested changes will have no impact on the burden of data collection.

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

For the 2020 LTCF Telephone Survey, two questions were removed. A single question was combined for efficiency. The requested changes will have no impact on the burden of data collection.

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

The changes for the 2020 iSA Laboratory Survey include: 1) the addition of three culture independent diagnostic tests (CIDT) as options to an existing "check all that apply" question; and 2) rewording of an existing question to increase clarity. The requested changes will have no impact on the burden of data collection.

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

For the 2020 iSA Surveillance Officers Survey the following changes were made; 1) 12 new questions were added; 2) two questions were removed; and 3) a single question was redesigned (see cross walk for details).

Although twelve questions were added to the survey, these additions are not expected to have any impact on the burden of collection. The data elements that are being collected through the new questions is information that the participating EIP site will have as a result of routine surveillance practices.

21. HAIC- Laboratory Testing Practices for Candidemia Questionnaire

For the 2020 Laboratory Testing Practices for Candidemia Questionnaire, we have no changes to the questions, other than a change to the year in the title. The change was made based on the year in which the survey will be administered. The requested change will result in no additional time for data collection.