State ID: _____ Date of Incident Specimen Collection (*mm-dd-yyyy*): ___-___-_____ Surveillance Officer Initials _____

Form Approved
OMB No. 092-0978

CANDIDEMIA 2022 CASE REPORT FORM

Patient name: _____ (Last, First, MI)

Address: _____ (Number, Street, Apt. No.)

_____ (City, State) _____ (Zip Code)

Medical Record No.: _____

Hospital: _____

Acc No. (incident isolate): _____

Acc No. (subseq isolate): _____

Address type:
1☐Residential 2☐Post office 3☐Long-term care facility 4☐Corrections 5☐Military 6☐Homeless 7☐Other 8☐Insufficient 9☐Missing

Phone no.: ( ) _____ - _____

Check if not a case: ☐

Reason not a case: ☐Out of catchment area ☐Duplicate entry ☐Not candidemia ☐Unable to verify address ☐Other (specify):_____

SURVEILLANCE OFFICER INFORMATION

1. Date reported to EIP site:
__ __ - __ __ - __ __ __ __

2. Date review completed:
__ __ - __ __ - __ __ __ __

3. Was case first identified through audit?
1 ☐Yes 0 ☐No

4. Isolate available?
1 ☐Yes 0 ☐No

5. Previous candidemia episode?
1 ☐Yes 0 ☐No 9 ☐Unknown

5a. If yes, enter state IDs: ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐

6. CRF status:
1 ☐Complete
2 ☐Pending
3 ☐Chart unavailable

7. SO's initials:
_____

DEMOGRAPHICS

8. State ID: ☐☐☐☐☐☐☐☐ **10. State:** _____ **11. County:** _____

9. Patient ID: _____

12. Lab ID where positive culture was identified: _____

13. Date of birth (*mm-dd-yyyy*)**:**
__ __ - __ __ - __ __ __ __

14. Age:
_____ 1 ☐days 2 ☐mos 3 ☐yrs

15. Sex:
☐Male ☐Female ☐Check if transgender

16. Weight:
_____ **lbs.** _____ **oz. OR**
_____**kg** ☐ Unknown

17. Height:
_____ **ft.** _____ **in. OR**
_____**cm** ☐ Unknown

18. BMI: (record only if ht. and/or wt. is not available)
_____ ☐ Unknown

19. Race *(check all that apply):*
☐American Indian/Alaska Native
☐Asian
☐Black/African American
☐Native Hawaiian/Pacific Islander
☐White
☐Unknown

20. Ethnic origin:
1 ☐Hispanic/Latino
2 ☐Not Hispanic/Latino
9 ☐Unknown

LABORATORY DATA

21. Date of Incident Specimen Collection (DISC) (*mm-dd-yyyy*): __ __ - __ __ - __ __ __ __

22. Location of Specimen Collection:

☐Hospital Inpatient
Facility ID: _____
☐ ICU
☐ Surgery/OR
☐ Radiology
☐ Other inpatient

☐ Outpatient
Facility ID: _____
☐ Emergency Room
☐ Clinic/Doctor's office
☐ Dialysis center
☐ Surgery
☐ Observational/clinical decision unit
☐ Other outpatient

☐ LTCF
Facility ID: _____
☐ LTACH
Facility ID: _____
☐ Autopsy
☐ Other (specify): _____
☐ Unknown

23. Incident Specimen Collection Site *(check all that apply):*

24. *Candida* species from initial positive blood culture *(check all that apply):*

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

☐Blood, Central Line
☐Blood, Peripheral stick
☐Blood, not specified
☐Other (specify): _____________
☐Unknown

☐*Candida albicans* (CA)
☐*Candida glabrata* (CG)
☐*Candida parapsilosis* (CP)
☐*Candida tropicalis* (CT)
☐*Candida dubliniensis* (CD)
☐*Candida lusitaniae* (CL)
☐*Candida krusei* (CK)
☐*Candida guilliermondii* (CGM)
☐*Candida*, other (CO) specify: ______________
☐*Candida*, germ tube negative/non albicans (CGN)
☐*Candida* species (CS)
☐Pending

25. Antifungal susceptibility testing (check here ☐ if no testing done/no test reports available):

Date of culture	Species	Drug	MIC	Interpretation
	1 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
	1 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NI ☐ND

26. Any subsequent positive *Candida* blood cultures in the 29 days after, not including the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown

26a. If yes, provide dates of all subsequent positive *Candida* blood cultures and select the species:

Date Drawn (*mm-dd-yyyy*)	**Species identified***
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐Pending
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐Pending
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐Pending
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐Pending

***Attach additional MIC page if additional *Candida* species (different from original), if another *C. glabrata* (even if original was *C. glabrata*), or if same *Candida* species (if no AFST results available for original)**

27. Documented negative *Candida* blood culture on the day of or in the 29 days after the DISC (in which no blood cultures after this negative culture were positive in the 29 days after the DISC)? 1 ☐Yes 0 ☐No 9 ☐Unknown

27a. If yes, date of negative blood culture: ___ ___ - ___ ___ - ___ ___ ___ ___

28. On the day of or in the 6 days before the DISC, was the patient known to be colonized with or being managed as if they were colonized with a multi-drug resistant organism (MDRO) (e.g., on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.

1 ☐Yes 0 ☐No 9 ☐Unknown

28a. If yes, specify organisms *(Enter up to 3 pathogens):* _____, _____, _____

29. Additional non-*Candida* organisms isolated from blood cultures on the day of or in the 6 days before the DISC:

1 ☐Yes 0 ☐No 9 ☐Unknown

29a. If yes, additional organisms (*Enter up to 3 pathogens*): _____, _____, _____

30. Infection with *Clostridioides difficile* <u>on the day of or in the 89 days before or 29 days after</u> the DISC:

1 ☐Yes 0 ☐No 9 ☐Unknown

30a. If yes, date of first *C. diff* diagnosis: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown

31. Did the patient have any of the following types of infection/colonization related to their *Candida* infection? *(check all that apply):*

☐None ☐Unknown

☐Abdominal
- ☐Hepatobiliary or pancreatic
- ☐GI tract
- ☐Abscess (specify): _____
- ☐Peritonitis/peritoneal fluid
- ☐Splenic

☐Candiduria
☐Esophagitis
☐Oral/thrush
☐Osteomyelitis
☐Skin lesions/wounds

☐Pulmonary
- ☐Abscess
- ☐Respiratory specimen with *Candida*

☐CNS involvement (meningitis, brain abscess)
☐Eyes (endophthalmitis or chorioretinitis)

☐Endocarditis
- ☐Septic emboli (specify location): _____

☐Other (specify): _____

MEDICAL ENCOUNTERS

32. Was the patient hospitalized on the day of or in the 6 days after the DISC? 1 ☐Yes 0 ☐No 9 ☐Unknown

32a. If yes,
Date of first admission: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown
Hospital ID: _____ ☐Unknown

32b. Was the patient transferred during this hospitalization?

1 ☐Yes 0 ☐No 9 ☐Unknown

If yes, enter up to two transfers:

Date of transfer: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ Unknown
Hospital ID: _____ ☐Unknown

Date of second transfer: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ Unknown
Hospital ID: _____ ☐Unknown

32c. Where was the patient located prior to admission or, if not hospitalized, where was the patient located on the 3rd calendar day before the DISC? (*Check one*)

1 ☐Private residence
2 ☐Hospital inpatient
Facility ID: _____
3 ☐LTCF
Facility ID: _____
4 ☐LTACH
Facility ID: _____
5 ☐Homeless
6 ☐Incarcerated
7 ☐Other (specify): _____
9 ☐Unknown

33. Was the patient in an ICU in the 14 days before, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

34. Was the patient in an ICU on the day of incident specimen collection or in the 13 days after the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

35. Did the patient receive invasive mechanical ventilation in the 30 days before the DISC, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

36. Did the patient receive dialysis or renal replacement therapy (RRT) in the 30 days before the DISC, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

State ID: _____ Date of Incident Specimen Collection (*mm-dd-yyyy*): ___-___-_____ Surveillance Officer Initials _____

37. Patient outcome: 1 ☐Survived 9 ☐Unknown 2 ☐Died

Date of discharge:

___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown

Date of death:

___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown

☐ Left against medical advice (AMA)

37a. Discharged to:

0 ☐Not applicable (i.e. patient died, or not hospitalized)
1 ☐Private residence
2 ☐LTCF Facility ID: _____
3 ☐LTACH Facility ID: _____
5 ☐Other (specify): _____
6 ☐Homeless
7 ☐Incarcerated
9 ☐ Unknown

38. 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: _____
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)
☐ Other *Candida*-related code
Specify code: _____

39. Previous Hospitalization in the <u>90 days before</u>, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown

39a. If yes, date of discharge: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown

Facility ID: _____

40. Overnight stay in LTACH in the <u>90 days before</u>, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown

Facility ID: _____

41. Overnight stay in LTCF in the <u>90 days before</u>, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown

Facility ID: _____

UNDERLYING CONDITIONS

42. Underlying conditions (*Check all that apply*): ☐**None** ☐**Unknown**

☐**Chronic Lung Disease**
- ☐Cystic Fibrosis
- ☐Chronic Pulmonary disease

☐**Chronic Metabolic Disease**
- ☐Diabetes Mellitus
  - ☐With Chronic Complications

☐**Cardiovascular Disease**
- ☐CVA/Stroke/TIA
- ☐Congenital Heart disease
- ☐Congestive Heart Failure
- ☐Myocardial infarction
- ☐Peripheral Vascular Disease (PVD)

☐**Gastrointestinal Disease**
- ☐Diverticular disease
- ☐Inflammatory Bowel Disease
- ☐Peptic Ulcer Disease
- ☐Short gut syndrome

☐**Immunocompromised Condition**
- ☐ HIV infection
  - ☐AIDS/CD4 count <200
- ☐Primary Immunodeficiency
- ☐Transplant, Hematopoietic Stem Cell
- ☐Transplant, Solid Organ

☐**Liver Disease**
- ☐Chronic Liver Disease
  - ☐Ascites
  - ☐Cirrhosis
  - ☐Hepatic Encephalopathy
  - ☐Variceal Bleeding
  - ☐Hepatitis B, chronic
- ☐Hepatitis C
  - ☐Treated, in SVR
  - ☐Current, chronic
- ☐Hepatitis B, acute

☐**Malignancy**
- ☐Malignancy, Hematologic
- ☐Malignancy, Solid Organ (non-metastatic)
- ☐Malignancy, Solid Organ (metastatic)

☐**Neurologic Condition**
- ☐Cerebral palsy
- ☐Chronic Cognitive Deficit
- ☐Dementia
- ☐Epilepsy/seizure/seizure disorder
- ☐Multiple sclerosis
- ☐Neuropathy
- ☐Parkinson's disease
- ☐Other (specify): _____

☐**Plegias/Paralysis**
- ☐Hemiplegia
- ☐Paraplegia
- ☐Quadriplegia

☐**Renal Disease**
- ☐Chronic Kidney Disease
  - Lowest serum creatinine: _____mg/DL
  - ☐Unknown or not done

☐**Skin Condition**
- ☐Burn
- ☐Decubitus/Pressure Ulcer
- ☐Surgical Wound
- ☐Other chronic ulcer or chronic wound
- ☐Other (specify): _____

☐**Other**
- ☐Connective tissue disease
- ☐Obesity or morbid obesity
- ☐Pregnant

SOCIAL HISTORY

43. Smoking *(Check all that apply):*

44. Alcohol Abuse:

☐None ☐Unknown	☐Tobacco ☐E-nicotine delivery system ☐Marijuana	1 ☐Yes 0 ☐No 9 ☐Unknown

45. Other Substances *(Check all that apply):* ☐**None** ☐**Unknown**

	Documented Use Disorder (DUD/Abuse):	**Mode of Delivery** *(Check all that apply):*
☐Marijuana (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
☐Opioid, NOS	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Cocaine	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐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

46. During the current hospitalization, did the patient receive medication-assisted treatment (MAT) for opioid use disorder?

1 ☐Yes 0 ☐No 8 ☐N/A (patient not hospitalized or did not have DUD) 9 ☐Unknown

OTHER CONDITIONS

47. For cases ≤ 1 year of age: Gestational age at birth: _____ wks 9 ☐Unknown AND Birth weight: _____ gms 9 ☐Unknown

48. Chronic Dialysis: ☐ Not on chronic dialysis ☐ Unknown

Type: ☐ Hemodialysis ☐ Peritoneal

46a. If Hemodialysis, type of vascular access:

☐ AV fistula/graft ☐ Hemodialysis central line ☐ Unknown

49. Surgeries in the 90 days before, not including the DISC:

☐Abdominal surgery (specify): _____

If yes: 1 ☐Open abdomen 0 ☐Laparoscopic 9 ☐Unknown

☐Non-abdominal surgery (specify): _____

☐No surgery

50. Pancreatitis in the 90 days before, not including the DISC:

1 ☐Yes

0 ☐No

9 ☐Unknown

51. Chronic Urinary Tract Problems/Abnormalities:

1 ☐Yes 0 ☐No 9 ☐Unknown

51a. If yes, did the patient have any urinary tract procedures in the 90 days before, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

52. Was the patient neutropenic in the 2 calendar days before, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown (no WBC days -2 or 0, or no differential)

53. Did the patient have a CVC in the 2 calendar days before, not including the DISC?

1 ☐Yes 2 ☐No 3 ☐Had CVC but can't find dates 9 ☐Unknown

If yes, check here if central line in place for > 2 calendar days: ☐

53a. If yes, CVC type: (*Check all that apply*)

☐Non-tunneled CVCs ☐Implantable ports ☐Other (specify): _____

☐Tunneled CVCs ☐Peripherally inserted central catheter (PICC) ☐Unknown

53b. Were all CVCs removed or changed on the day of or in the 6 days after the DISC?

1 ☐Yes 3 ☐CVC removed, but can't find dates 9 ☐Unknown

2 ☐No 5 ☐Died or discharged before indwelling catheter replaced

54. Did the patient have a midline catheter in the 2 calendar days before, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

55. Did the patient have any of the following indwelling devices or other devices present in the 2 calendar days before, not including the DISC? ☐None ☐Unknown

☐Urinary Catheter/Device
- ☐Indwelling urethral
- ☐Suprapubic

☐Respiratory
- ☐ET/NT
- ☐Tracheostomy
- ☐Invasive mechanical ventilation

☐Gastrointestinal
- ☐Abdominal drain (specify): _____
- ☐Gastrostomy

56. Did the patient have a positive SARS-CoV-2 test result (molecular assay, serology, or other confirmatory test) from a specimen collected in the 90 days before the DISC or on the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

56a. If yes, date of specimen collection for initial positive SARS-CoV-2 test:

Date: _____ 9 ☐ Date Unknown

56b. If yes, EIP COVID-NET Case ID: _____ 9 ☐ Unknown ☐ Out of EIP COVID-NET catchment area

57. Did the patient receive systemic antibacterial medication in the 14 days before, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

58. Did the patient receive any systemic steroids in the 30 days before, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

58a. If yes, what was the reason steroids were administered? *(check all that apply)*

☐ Steroid(s) given as an outpatient medication
☐ Steroid(s) given during hospitalization associated with candidemia episode prior to Candida DISC
☐ Steroid(s) given as part of treatment/management for COVID-19

59. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

60. Did the patient receive any of the following immunomodulatory drugs in the 30 days before the DISC, not including the DISC? *(check all that apply)*

☐None ☐Tocilizumab ☐Sarilumab ☐Baricitinib ☐Unknown

60a. If yes were any of the immunomodulatory drugs given as part of treatment/management for COVID-19?

1 ☐Yes 0 ☐No 9 ☐Unknown

61. Did the patient receive systemic antifungal medication on the day of or in the 13 days before the DISC?

1 ☐Yes *(if Yes, fill out question 60)* 0 ☐No 9 ☐Unknown

62. Was the patient administered systemic antifungal medication after, not including the DISC?

1 ☐Yes *(if Yes, fill out question 60)* 0 ☐No 9 ☐Unknown

63. If antifungal medication was not given to treat current candidemia infection, what was the reason?

1 ☐Patient died before culture result available to clinicians
2 ☐Comfort care only measures were instituted
3 ☐Patient discharged before culture result available to clinician
4 ☐Medical records indicated culture result not clinically significant or contaminated
5 ☐Other reason documented in medical records, specify: _____
6 ☐Patient refused treatment against medical advice
9 ☐Unknown

----------IF ANY ANTIFUNGAL MEDICATION WAS GIVEN, COMPLETE NEXT PAGE. ----------

OTHER

64. Does the chart indicate that the incident specimen was considered a contaminant or was considered to not be indicative of true of infection?

1 ☐Yes 0 ☐No 9 ☐Unknown

65. Was the patient under the care of an infectious disease physician on the day of the DISC or within the 6 days after the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

ANTIFUNGAL MEDICATION TABLES

Drug abbreviations (**NOTE: Please use abbreviation when entering data**):

Amphotericin – any IV formulation (Amphotec, Amphocil, Fungizone, Abelcet, AmBiosome, etc.)=AMBIV
Anidulafungin (Eraxis)=ANF
Caspofungin (Cancidas)=CAS
Fluconazole (Diflucan)=FLC
Flucytosine (5FC)=5FC
Isavuconazole (cresemba)=ISU
Itraconazole (Sporanox)=ITC
Micafungin (Mycamine)=MFG
Other=OTH
Posaconazole (Noxafil)=PSC
UNKNOWN DRUG=UNK
Voriconazole (Vfend)=VRC

60. ANTIFUNGAL MEDICATION

a. Drug Abbrev	b. First date given (*mm-dd-yyyy*)	c. Date start unknown	d. Last date given (*mm-dd-yyyy*)	e. Date stop unknown	f. Indication	g. Reason for stopping (if applicable)*
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __-__ __-__ __ __ __	☐	__ __-__ __-__ __ __ __	☐	☐ Prophylaxis ☐ Treatment	

*Reasons for stopping antifungal treatment include: (1) completion of treatment; (2) started on different antifungal; (3) hospital discharge; (4) withdrawal of care/transition to comfort care only; (5) death; (6) other; (7) no additional records/lost to follow-up; (8) not applicable, no therapy given; and (9) unknown.

------------------------------------END OF CHART REVIEW FORM------------------------------------

State ID: _____ Date of Incident Specimen Collection (*mm-dd-yyyy*): ___-___-_____ Surveillance Officer Initials _____

AFST results for additional *Candida* isolates

Antifungal susceptibility testing (check here ☐ if no testing done/no test reports available):

Date of culture	Species	Drug	MIC	Interpretation
	1 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
	1 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NI ☐ND

Antifungal susceptibility testing (check here ☐ if no testing done/no test reports available):

Date of culture	Species	Drug	MIC	Interpretation
	1 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
	1 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NI ☐ND