Contact

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CDC requests approval for non-substantive changes to OMB Control No. 0920-0852: Prevalence Survey of Healthcare Associated Infections (HAIs) and Antimicrobial Use in U.S. Acute Care Hospitals. All proposed changes are consistent with previously approved goals and methods.

The types of changes are summarized as follows:

- 1. Minor changes to facilitate form use and administration
 - a. Changes to clarify the wording of selected questions, examples, or response options
 - b. Update the time frame of the survey from "2018 and 2019" to "2022 and 2023"
 - c. Remove "*must be at least 6 months after the survey date*" to permit greater flexibility in scheduling follow-up data collection

2. COVID-19 reporting

- a. Modify the currently approved question about SARS-CoV-2 viral test(s) to ascertain whether the infection was likely acquired prior to, or during, the hospital admission
- b. Add a new question about COVID-19 vaccination
- c. Add COVID-19 or SARS-CoV-2 as a response option in selected questions

3. Location

- a. Supplement current data elements about patient residential addresses to permit geocoding and enhance understanding of epidemiologic and contextual factors
- 4. Add one form (correction of an administrative error)
 - a. This change request includes the addition of one form (Attachment_C1_EIP HFA) which was approved and used in the 2015 cycle of survey administration (View Information Collection Request (ICR) Package (reginfo.gov)). Due to an administrative oversight the form was not included in the most recent Extension ICR and we request to incorporate it at this time. This form is used by local site EIP staff and does not pose burden on the public.

Impact of Proposed Changes on Burden

The proposed changes do not alter the estimated burden for this information collection. Minor changes are proposed for two forms that are listed in the burden table. These are the "HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT" form and the "HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM." A

description of changes to these two forms and justifications for the changes appear below. There is no change to the estimated burden per response for either form, as the minor additions are offset by clarifications that improve ease of use.

In this Change Request, CDC also proposes changes to other forms that are not listed in the ICR burden table (Supporting Statement section A.12). These forms are completed by EIP site personnel and the time associated with their completion is assessed as an Annualized Cost to the Government (Supporting Statement section A.14). Please see the supplemental section of this Change Request for detailed changes and justifications to those forms.

Justifications for changes to forms that pose burden to the public:

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM (Attachment D PIF)

- 1) We propose to add patient address including street address, city, state, ZIP code, and address type fields in *Section I (Identifiers)*. Information reported in these fields WILL NOT be transmitted to CDC. Emerging Infection Program (EIP) sites will use the address and address type information to accurately geocode the patients' addresses and link patients' data with census tract information. Geocoding patients included in this survey will enable an evaluation of potential associations between social determinants of health and HAI or antimicrobial use.
- 2) We propose to separate the question about COVID-19 status in *section V* to ask about 1) SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission or the first 2 days of hospital admission and 2) SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day 1= admission date) through the survey date. We also propose to add a question about COVID-19 vaccination. This information will allow us to identify patients with a potential healthcare-associated SARS-CoV-2 infection and the percentage of patients who have received COVID-19 vaccines.
- 3) We propose to remove "must be at least 6 months after the survey date" from Section VI (Follow-up information). This will allow data collectors to conduct a follow-up data collection less than 6 months after the survey date.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT (Attachment C HFA)

- 1) We propose to change answer choices for question 3 from "2018 and 2019" to "2022 and 2023" to allow data collectors to check the correct year instead of writing it as a free text in "Other" field.
- 2) We propose to add "or health system" in question 5. Sometimes, an infection control team or program serves the whole health system, not just the participating facility. This change will make the question more applicable for those settings.
- 3) We propose to add "staff" behind three answer choices including "quality department", "pharmacy department", and "environmental services" in question 10. This addition makes

- the answer choices more consistent with other answer choices in this question since the other answer choices refer to people such as administrators, supervisors, etc.
- 4) We also propose to add "GI panel" as an example for "nucleic acid amplification test (NAAT) in question 17. This addition reflects the updated testing options for *Clostridioides difficile*.

Burden:

Because the changes to the forms are minimal, the estimates of annualized burden hours for this change request will **stay the same**.

The burden estimate for the forms included in OMB Control No. 0920-0852 is 1,860 hours.

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (Hours)	Total Burden (Hours)
	Healthcare Facility	100	1	45/60	75
Hospital Staff (i.e., Infection	Assessment (HFA)				
Preventionist)	Patient Information	100	63	17/60	1,785
Total (Hours)	Form (PIF)				1,860

Description of Changes to forms that pose burden to the public:

The changes to the form are as follows:

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM (Attachment D PIF)

1) Patient address including street address, city, state, ZIP code, and address type fields were added in *Section I (Identifiers)*.

Patient address:		City:	State:	ZIP:
Address type: (check one)				
Residential	Other			
Post office box Long-term care facility	Insufficient Missing			
Corrections Military				
Homeless				

2) Question about COVID-19 status in *section V* was separated to ask about 1) SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission or the first 2 days of hospital admission and 2) SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day 1= admission date) through the survey date. Question about COVID-19 vaccination was added.

V. COVID-19 status
SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission or the first 2 days of hospital admission
(check all that apply):
Positive test; Enter positive test collection date closest to admission date (mm/dd/yyyy)://
Unknown
Negative test; Enter negative test collection date closest to admission date (mm/dd/yyyy)://
Unknown
No test performed
Unknown Unknown
SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day 1= admission date) through the survey date (check all
that apply):
Positive test; Enter positive test collection date closest to survey date (mm/dd/yyyy)://
Unknown
Negative test; Enter negative test collection date closest to survey date (mm/dd/yyyy):// Unknown
No test performed
Unknown
Olikilowii
Has the patient received any COVID-19 vaccine prior to survey date?
Yes
No
Unknown
If yes, enter the number of COVID-19 vaccine doses the patient has received:
3) The phrase "must be at least 6 months after the survey date" was removed from Section VI
(Follow-up information).
Enter date of follow-up data collection:// must be at least 6 months after the survey date

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT (Attachment C HFA)

- 1) Answer choices for question 3 were changed from "2018 and 2019" to "2022 and 2023"
- 3. Complete the following table for your hospital, <u>using the most current data available to you</u>:

Hospital characteristic	Number	What year are data from?
No. of <u>acute care</u> licensed beds	or	□2022 □2023
Do not include nursing home or skilled nursing facility beds.	□ Unknown	□Other:
No. of <u>acute care</u> staffed beds	or	<u>□2022</u> <u>□2023</u>
Do not include nursing home or skilled nursing facility beds.	□ Unknown	□Other:
No. of full time equivalent (FTE) infection preventionists Enter the number of FTEs to the nearest hundredth of an FTE. For example, if you have three staff members who each spend 35% of their time on infection prevention, you would enter 1.05 FTE. If you do not have any staff who serve part-	(enter number as a decimal) Or	□2022 □2023 □Other:
or full-time as an infection preventionist, check "None." If you do not know if your hospital has any part- or full-time infection preventionists, check "Unknown."	☐ None ☐ Unknown	
No. of FTE physician hospital epidemiologists Enter the no. of FTEs to the nearest hundredth of an FTE. For example, if you have two physician who spends 45% of their time as hospital epidemiologists, you would enter 0.9 FTE. If you do not have any physicians who serve part- or full-time as a hospital epidemiologists, check "None." If you do not know if your hospital has any part- or full-time hospital epidemiologists, check "Unknown."	(enter number as a decimal) or □ None □ Unknown	□2022 □2023 □Other:
Number of FTE interns/residents Enter the number of FTE interns or residents that work in your hospital to the nearest hundredth of an FTE (e.g., 50.25 FTE). If your hospital does not have any interns or residents, check "None" and skip to Question #4. If you do not know if your hospital has interns or residents, check "Unknown."	(enter number as a decimal) Or □ None □ Unknown	□2022 □2023 □Other:
If your hospital has interns or residents: Provide the official intern/resident to bed ratio (IRB) If you do not know your hospital's official IRB, check "Unknown".	□ <0.25 □ ≥0.25 □ Unknown	□2022 □2023 □Other:
5. Does your facility or health system have an infection staff member responsible for developing and impractices and related activities? Yes No (if "No", skip to question #9)	-	~

3) "staff" was added behind three answer choices including "quality department", "pharmacy department", and "environmental services" in question 10.

For EIP Team use only:	Hospital ID:	
FULLIF LEATH USE UTIV.	HUSDIIAI ID.	

10	 If there is a committee in your hospital that reviews infection control-related activities, indicate the members represented on the committee (check all that apply):
	Facility executive leaders (e.g., CEO, COO) or board members
	Nursing leaders or administrators
	Medical/physician leaders or administrators
	Quality department staff
	Pharmacy department staff
	Environmental services <mark>staff</mark>
	Nursing unit managers or supervisors
	Physician staff
	Nursing staff
	Other (specify):
17	question 17. . What is the primary testing method for <i>Clostridioides difficile</i> (<i>C. difficile</i>) used most often by you hospital's laboratory or the outside laboratory where your hospital's testing is performed (Choose
	one)?
П	Enzyme immunoassay (EIA) for toxin
	Cell cytotoxicity neutralization assay
	Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GI panel)
	NAAT plus EIA, if NAAT positive (2-step algorithm)
	Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) GDH plus NAAT (2-step algorithm)
	GDH plus NAAT (2-step algoritim) GDH plus EIA for toxin, followed by NAAT for discrepant results
	Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins)
	Other (specify):

I. Identifiers (NOT trans	mitted to CDC)	e Change Request to (OMB (Control Number 0920-0852	
Patient name:	Date of birth (mm/dd/yyyy):/				
Form Høspital name:	Current qu	estion		Requested cl	hange
				I. Identifiers (NOT transmitted to CD	PC)
Room number:	Medical record no.:			Patient name:	Date of birth (mm/dd/yyyy): /
		-		Patient address:	
HAI & ANTIMICROB IAL USE PREVALENCE SURVEY PATIENT INFORMATIO N FORM				Address type: (check one) Residential Post office box Long-term care facility Corrections Military Homeless Hospital name: Room number:	Other Insufficient Missing Hospital unit name: Medical record no.:
HAI & ANTIMICROB IAL USE PREVALENCE SURVEY PATIENT INFORMATIO N FORM	V. COVID-19 status SARS-CoV-2 viral test(s) perfor before hospital admission throu (check all that apply): Positive test; Enter positive closest to survey date (mm/dd/yyy/	test collection date yy): ye test collection date	S h a a	GARS-CoV-2 viral test(s) performed du nospital admission or the first 2 days all that apply): Positive test; Enter positive test condmission date (mm/dd/yyyy): Negative test; Enter negative test condmission date (mm/dd/yyyy): No test performed Unknown	of hospital admission (check ollection date closest to/ Unknown collection date closest to/ Unknown

				1= admission date) through the su Positive test; Enter positive test date (mm/dd/yyyy):/ Negative test; Enter negative te date (mm/dd/yyyy):/ No test performed Unknown Has the patient received any COVI date? Yes No Unknown If yes, enter the number of COV has received: Unknown	et collection date ci Unkrest collection date Unknow D-19 vaccine pric	losest to survey nown closest to survey wn or to survey
HAI & ANTIMICROB IAL USE PREVALENCE SURVEY PATIENT INFORMATIO	Enter date of follow-up data collow-up data data data data data data data dat			Enter date of follow-up data collec	tion:/	<i>I</i>
HAI & ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR	No. of <u>acute care</u> licensed beds Do not include nursing home or skilled nursing facility beds.	Number or	What year are data from?	No. of acute care licensed beds Do not include nursing home or skilled nursing facility beds.	Number or Unknown	What year are data from? □2022 □2023 □Other:
E FACILITY ASSESSMENT	or standa harsing radinty beds.	Unknown				

No. of <u>acute care</u> staffed beds Do not include nursing home	or	□2018 □2019	Hospital characteristic No. of acute care staffed beds	Number	What year are data from?
or skilled nursing facility beds.	Unknown	□Other:	Do not include nursing home or	or	<mark>□2023</mark>
No. of full time equivalent (FTE) infection preventionists Enter the number of FTEs to the nearest hundreth of an FTE. For example, if you have three staff members who each spend 35% of their time on infection prevention, you would enter 1.05 FTE. If you do not have any staff who serve part- or full-time as an infection preventionist, check "None." If you do not know if your hospital has any part- or full-time infection preventionists, check "Unknown." No. of FTE physician hospital	(enter number as a decimal) or None Unknown	□2018 □2019 □Other: 	No. of full time equivalent (FTE) infection preventionists Enter the number of FTEs to the nearest hundredth of an FTE. For example, if you have three staff members who each spend 35% of their time on infection prevention, you would enter 1.05 FTE. If you do not have any staff who serve part- or full-time as an infection preventionist, check "None." If you do not know if your hospital has any part- or full-time infection preventionists, check "Unknown." No. of FTE physician hospital	Unknown (enter number as a decimal) ——— or □ None □ Unknown	□2022 □2023 □Other:
epidemiologists Enter the no. of FTEs to the nearest hundredth of an FTE. For example, if you have two physician who spends 45% of their time as hospital epidemiologists, you would enter 0.9 FTE. If you do not have any physicians who serve part- or full-time as a hospital epidemiologists, check "None." If you do not know if your hospital has any part- or full-time hospital epidemiologists, check "Unknown."	(enter number as a decimal) or None Unknown	□2018 □2019 □Other: 	epidemiologists Enter the no. of FTEs to the nearest hundredth of an FTE. For example, if you have two physician who spends 45% of their time as hospital epidemiologists, you would enter 0.9 FTE. If you do not have any physicians who serve part- or full-time as a hospital epidemiologists, check "None." If you do not know if your hospital has any part- or full-time hospital epidemiologists, check "Unknown."	(enter number as a decimal) Or None Unknown	□2022 □2023 □Other:

	Number of FTE interns/residents	(enter number as		Hospital characteristic	Number	What year are data from?
	Enter the number of FTE interns or residents that work in your hospital to the nearest hundredth of an FTE (e.g., 50.25 FTE). If your hospital does not have any interns or residents, check "None" and skip to Question #4. If you do not know if your hospital has interns or residents, check "Unknown."	a decimal) or None Unknown	□2018 □2019 □Other:	Number of FTE interns/residents Enter the number of FTE interns or residents that work in your hospital to the nearest hundredth of an FTE (e.g., 50.25 FTE). If your hospital does not have any interns or residents, check "None" and skip to Question #4. If you do not know if your hospital has interns or residents, check "Unknown."	(enter number as a decimal) or □ None □ Unknown	□2022 □2023 □Other:
	If your hospital has interns or residents: Provide the official intern/resident to bed ratio (IRB) If you do not know your	□ <0.25 □ ≥0.25 □ Unknown	□2018 □2019 □Other:	If your hospital has interns or residents: Provide the official intern/resident to bed ratio (IRB) If you do not know your	□ <0.25 □ ≥0.25 □ Unknown	□2022 □2023 □Other:
HAI & ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR E FACILITY ASSESSMENT	5. Does your facility he control team or prostaff member responsed implementing policies and practical activities?	ogram with a onsible for do infection cor ces and relat	t least one eveloping ntrol ed	5. Does your facility or heal control team or program responsible for developing control policies and practured Yes No (if "No	with at least or ng and impleme	ne staff member enting infection ed activities?
HAI & ANTIMICROB IAL USE	11. If there is a committee in your hospital that reviews infection control-related activities, indicate the members represented on the			12. If there is a committee in infection control-related members represented on	activities, indic	ate the

	committee (check all that apply):	apply):
	☐ Facility executive leaders (e.g., CEO, COO) or	☐ Facility executive leaders (e.g., CEO, COO) or board
	board members	members
	☐ Nursing leaders or administrators	☐ Nursing leaders or administrators
	☐ Medical/physician leaders or administrators	☐ Medical/physician leaders or administrators
<u>PREVALENCE</u>	☐ Quality department	☐ Quality department staff
<u>SURVEY</u>	☐ Pharmacy department	☐ Pharmacy department staff
<u>HEALTHCAR</u>	☐ Environmental services	☐ Environmental services staff
E FACILITY	☐ Nursing unit managers or supervisors	☐ Nursing unit managers or supervisors
ASSESSMENT	☐ Physician staff	☐ Physician staff
	☐ Nursing staff	☐ Nursing staff
	☐ Other (specify):	☐ Other (specify):
	18. What is the primary testing method for	19. What is the primary testing method for <i>Clostridioides</i>
	Clostridioides difficile (C. difficile) used most	difficile (C. difficile) used most often by your hospital's
	often by your hospital's laboratory or the	laboratory or the outside laboratory where your
	outside laboratory where your hospital's	hospital's testing is performed (Choose one)?
	outside laboratory where your hospital's testing is performed (Choose one)?	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin
HAI &	testing is performed (Choose one)? ☐ Enzyme immunoassay (EIA) for toxin	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay
HAI & ANTIMICROB	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GI
	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR,	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel)
ANTIMICROB	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP	hospital's testing is performed (Choose one)? ☐ Enzyme immunoassay (EIA) for toxin ☐ Cell cytotoxicity neutralization assay ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) ☐ NAAT plus EIA, if NAAT positive (2-step algorithm)
ANTIMICROB IAL USE	testing is performed (Choose one)? ☐ Enzyme immunoassay (EIA) for toxin ☐ Cell cytotoxicity neutralization assay ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP ☐ NAAT plus EIA, if NAAT positive (2-step algorithm)	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin
ANTIMICROB IAL USE PREVALENCE SURVEY	testing is performed (Choose one)? ☐ Enzyme immunoassay (EIA) for toxin ☐ Cell cytotoxicity neutralization assay ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP ☐ NAAT plus EIA, if NAAT positive (2-step algorithm) ☐ Glutamate dehydrogenase (GDH) antigen plus EIA	hospital's testing is performed (Choose one)? ☐ Enzyme immunoassay (EIA) for toxin ☐ Cell cytotoxicity neutralization assay ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) ☐ NAAT plus EIA, if NAAT positive (2-step algorithm)
ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR	testing is performed (Choose one)? ☐ Enzyme immunoassay (EIA) for toxin ☐ Cell cytotoxicity neutralization assay ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP ☐ NAAT plus EIA, if NAAT positive (2-step algorithm)	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant
ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR E FACILITY	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results
ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by detection of
ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR E FACILITY	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by detection of toxins)
ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR E FACILITY	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by detection of toxins)	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by detection of
ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR E FACILITY	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by detection of toxins)
ANTIMICROB IAL USE PREVALENCE SURVEY HEALTHCAR E FACILITY	testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by detection of toxins)	hospital's testing is performed (Choose one)? □ Enzyme immunoassay (EIA) for toxin □ Cell cytotoxicity neutralization assay □ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GIpanel) □ NAAT plus EIA, if NAAT positive (2-step algorithm) □ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) □ GDH plus NAAT (2-step algorithm) □ GDH plus EIA for toxin, followed by NAAT for discrepant results □ Toxigenic culture (C. difficile culture followed by detection of toxins)

Supplemental section

Justifications for changes to forms that do not pose burden to the public:

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT (Attachment H AQUA General Patient Assessment Form)

1) We propose to add "COVID-19 specific treatment" to question 2 asking what the patient received in the 30 days prior to admission to the survey hospital. This addition will allow us to better describe patients who meet inclusion criteria for antimicrobial quality assessment.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3a: VANCOMYCIN (Attachment I a AQUA Vancomycin Form)

1) We propose to add "SARS-CoV-2" to the list of pathogens that were tested for in question 6 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under "Other" field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3b: FLUOROQUINOLONE (Attachment I b AQUA Fluoroquinolone Form)

1) We propose to add "SARS-CoV-2" to the list of pathogens that were tested for in question 5 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under "Other" field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3c: CAP (Attachment I c AQUA CAP Form)

- 1) We propose to add "Unknown" as an answer choice in question 1 of the form to allow data collectors to report in a situation when ICD-10 codes on admission are not known for the patient.
- 2) We also propose to add "SARS-CoV-2" to the list of pathogens that were tested for in question 13 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under "Other" field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3d: UTI (Attachment I d AQUA UTI Form)

- 1) We propose to add "Unknown" as an answer choice in question 1 of the form to allow data collectors to report in a situation when ICD-10 codes on admission are not known for the patient.
- 2) We also propose to add "SARS-CoV-2" to the list of pathogens that were tested for in question 12 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under "Other" field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM (Attachment E HAI Form)

- 1) We propose to add "ECLS" and "Hemodialysis catheter" under BSI section.
- 2) We propose to separate USI from UTI and make it a standalone HAI type.
- 3) We also propose to delete *Candida albicans* and *Candida parapsolosis* and update the list of antimicrobial drugs tested for *Acinetobacter*, *Candida albicans*, *Escherichia coli*, *Enterobacter cloacae*, *Klebsiella pneumoniae*, *Enterococcus faecalis*, and *Enterococcus faecium* to be consistent with NHSN case report forms.

Description of Changes to forms that do not pose burden to the public:

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY ANTIMICROBIAL QUALITY

ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT

(Attachment H AQUA General Patient Assessment Form)

1) "COVID-19 specific treatment" was added as an answer choice in question 2

2. In the 30 days prior to admission to the survey hospital, did the patient receive (check all that apply):
IV antimicrobials Cancer chemotherapy Wound care Chronic hemodialysis Surgery
None Unknown COVID-19 specific treatment

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY
ASSESSMENT (AQUA) FORM; 3a: VANCOMYCIN (Attachment I a AQUA Vancomycin
Form)

1) "SARS-CoV-2" was added to the list of pathogens that were tested for in question 6 of the form.

befor	6. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before vancomycin IV first date through the vancomycin IV last date: No non-culture tests done: Non-culture test data unknown:									
No.	Collect date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result					
1		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS- CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3					
2	//	Blood Lower resp	PCR DFA	Legionella Cdiff RSV Pneumococcus	Negative Unknown Positive (insert code):					

		ine Stool	Antigen test Other	Adeno Influenza hMPV Paraflu Other		Path1Path2 Path3			
3	/ / resp	oodLower oper resp ineStool her	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other S CoV-2		Negative Unknown Positive (insert code): Path1Path2 Path3			
4	// resp 	oodLower oper resp ineStool her	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other S		Negative Unknown Positive (insert code): Path1Path2 Path3			
5 —	resp Up Ur Ot	her	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other S		Negative Unknown Positive (insert code): Path1Path2 Path3			
More tests	than fit in the	table:			'				
HA	HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY								

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3b: FLUOROQUINOLONE (Attachment I b AQUA Fluoroquinolone Form)

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1) "SARS-CoV-2" was added to the list of pathogens that were tested for in question 5 of the form.

fluoro	5. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date: No non-culture tests done: Non-culture test data unknown:									
No.	Collect date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result					
1	//	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-Cov- 2	Negative Unknown Positive (insert code): Path1Path2 Path3					
2		Blood Lower resp Upper resp Urine Stool	PCR DFA Antigen test	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu	Negative Unknown Positive (insert code): Path1 Path2 Path3					

				Other	Other	Other SARS-Co	V-		
	3	/	/	Blood Lower p Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-Co	Positive (insert code): Path1 Path2		
	4	1	res	Blood Lower p Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-Co	Positive (insert code):		
	5	/	/	BloodLower	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-Co	Positive (insert code): Path1 Path2		
N	lore '	tests th	nan fit in the	table:					
J	HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3c: CAP (Attachment I c AQUA CAP Form) 1) "Unknown" was added as an answer choice in question 1 of the form. 1. Check any of the following ICD-10 codes that were present on admission for this patient: None Unknown J09.X1 J09.X2 J09.X3 J10.00 J10.01 J10.08 J10.1 J10.2 J10.81 J10.82 J10.83 J10.89 J11.00 J11.08 J11.1 J11.2 J11.81 J11.82 J11.83 J11.89 J12.0 J12.1 J12.2 J12.3 J12.81 J12.89 J12.9 J13 J14 J15.0 J15.1 J15.3 J15.4 J15.20 J15.211 J15.212 J15.29 J15.5 J15.6 J15.7 J15.8 J15.9 J16.0 J16.8 J18.0 J18.1 J18.9 A48.1 Other (specify): 2) "SARS-CoV-2" was added to the list of pathogens that were tested for in question 13 of the form.								
		first 5	hospital da n-culture te	ys:	_	yy tests (positive and negati	ve) collected during the		
		No.	Collect Date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result		
		1	//	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3		
		2	//	Blood Lower resp Upper resp Urine Stool	PCR DFA Antigen test	Legionella Cdiff RSV Pneumococcus Adeno	Negative Unknown Positive (insert code): Path1 Path2 Path3		

					_			
		Other	Other	Influenza				
3		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS- CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3			
4		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS- CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3			
5		BloodLower respUpper respUrineStoolOther	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1 Path2 Path3			
More tests than fit in the table: HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY								
ack ai	<i>1</i>) "Unl	known" was added	as an answe	(Attachment I d AQUA U' r choice in question 1 of the sent on admission for this pa	form.			
0 3.85 [0.40 [2.71	N11.0 N N28.86 N N30.41 N	N11.1 N11.8 30.00 N30.01 30.80 N30.81 N41.0 N41.1	N11.9 N30.10 N30.90 N41.2	N12 N15.1 N30.21 N30.91 N34.0 N	N15.9 N16 N28.8 N30.21 N30.30 N30.33 N34.1 N34.2 N39.0 Other (specify):			
 2) "SARS-CoV-2" was added to the list of pathogens that were tested for in question 12 of the form. 12. Complete the table for non-culture tests (positive and negative) collected in the first 5 hospital days: 								
No I	Collect Date (mm/dd/yy)	ts done: No	on-culture te	St data unknown: What pathogen(s) were tested for?	Result			
1	//	Blood Lower resp	PCR DFA Antigen	Legionella Cdiff RSV Pneumococcus Adeno	Negative Unknown Positive (insert code): Path1Path2			

		Urine Stool	test Other	Influenza hMPV haraflu SARS-CoV-2	Path3
2	/	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1 Path2 Path3
3		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
4		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
5	//	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
More	tests than fit i	in the table: 🗌			

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM (Attachment E HAI Form)

1) "ECLS" and "Hemodialysis catheter" were added under BSI section.

BSI	Check one: □LCBI □MBI-LCBI Central line- associated? □Yes □No Check all that apply: □ECMO/ECLS □VAD □EB □Self-injection in central line □Hemodialysis catheter □Munchausen syndrome (factitious disorder) □Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at ≥1 of the following vascular sites from which the specimen was collected: □Arterial catheter □Arteriovenous fistula □Arteriovenous graft (Right and Left) □Hemodialysis reliable outflow (HERO) catheter □Peripheral IV or Midline catheter □Intra-aortic balloon pump (IABP) device □Non-accessed central line (not accessed nor inserted during the admission) □None	or BH Unk	NA .	// Unk None	1: 2: or None]Un k
UTI	2) USI was separated from UTI and make it Check one: SUTI ABUTI Catheter-associated? Yes No Was fever the only sign/symptom? Yes No Unknown Not applicable	a standalo / or □BH □ Unk	one HA	I type.	1: 2: or None	Unk
USI	Check one: ☐USI	or BH Unk	Yes No Unk	Unk None	1: 2: 	Un k

3) Candida albicans and Candida parapsolosis were deleted and the list of antimicrobial drugs tested for Acinetobacter, Candida glabrata, Escherichia coli, Enterobacter cloacae, Klebsiella pneumoniae, Enterococcus faecalis, and Enterococcus faecium were updated to be consistent with NHSN case report forms.

, or 🗌 HAI #1: Organism HAI #2: ____ , or NA HAI #3: _ , or NA HAI #4: _ or NA NA **Gram-negative** AMPSUL AMPSUL AMPSUL AMPSUL MERO/DORI MERO/DORI MERO/DORI MERO/DORI SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN Acinetobact CEFTAZ **CEFEP** CEFTAZ **CEFEP** CEFTAZ **CEFEP** CEFTAZ **CEFEP** SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN er (any **PIPTAZ** COL/PB COL/PB **PIPTAZ** COL/PB **PIPTAZ** COL/PB **PIPTAZ** species) SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN IMI IMI IMI IMI SIRN SIRN SIRN SIRN

ERTA	PIPTAZ SIRN IMIREL SIRN MERVAB SIRN
)/MOXI
Enterobacte Friction Sirring	PIPTAZ SIRN IMIREL SIRN MERVAB SIRN
Klebsiella (Enterobacter) aerogenes Certerobacter Across of the content of	<mark>S I R N</mark>
Pseudomon as aeruginosa CEFTAZ MERO/DORI S R N S R N COL/PB PiP/PiPTAZ S R N S R N S R N COL/PB PiP/PiPTAZ S R N S R N COL/PB PiP/PiPTAZ S R N S R N COL/PB PiP/PiPTAZ S R N S R N GENT TOBRA GENT TOBRA GENT TOBRA GENT TOBRA S R N S R	SIRN SIRN TOBRA SIRN
Gram-positive	
Staphylococ	H/OX LNZ S
Enterococcu S APTO VANC S ABCALIS S NS S-DD R N S I R N N N N N N N N N N N N N N N N N N	VANC N S I R
s faecium STRN STRN STRN	
Fungal	
ANID MICA ANID MICA S R N S R	MICA SIR VORI SIR

Form **Current question** Requested change

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT

2. In the 30 days pr IV antimicrobials None Unknow 2. In the 30 days pr IV antimicrobials None Unknow	☐Ca wn ior to ☐Ca	ancer che admissic ancer che	motherap on to the motherap	oy	ound care nospital, die ound care	Chronic hemodia	alysis [/e (chec	Surgery
HAI & ANTIMICI ASSESSMENT (A						: ANTIMICROBI	AL QU	ALITY
	and date No r	negative)) collecto the van	ed from 5 comycin	What pathogen(s) were tested	crobiology tests (pore vancomycin IV foreign in the control of the		
	1		Blo od Lower resp Up per resp Uri ne Stool Oth er	PCR DFA Anti gen test Oth er	for? Legion ella Cdiff RSV Pneum ococcus Adeno Influen za Paraflu Other	Negative Unknown Positive (insert code): Path1Path2 Path3		
	2		Blo od Lower resp Up per	PCR DFA Anti gen test Oth	Legion ella Cdiff RSV Pneum ococcus	Negative Unknown Positive (insert code): Path1Path2		

za

hMPV

Adeno

Influen

Path3

per resp

ne 🗌

Stool

Oth er

Paraflu

Other

		3		Blo od Lower resp Up per resp Uri ne Stool Oth er	PCR DFA Anti gen test Oth er	ella [Cdiff RSV Pn ococcu Ade Inf za [hMPV Paraflu	us eno fluen	Negative Unknown Positive (ir code): Path1 Path3				
		4		Blo od Lower resp Up per resp Uri ne Stool Oth er	PCR DFA Anti gen test Oth er_	ella [Cdiff RSV Pn ococcu Ade Inf za [hMPV Paraflu	us eno fluen	Negative Unknown Positive (ir code): Path1 Path3				
		5		Blo od Lower respUp per respUri ne StoolOth er	PCR DFA Anti gen test Oth er_	ococcu Ade Inf za [hMPV Paraflu	neum us eno fluen	Negative Unknown Positive (ir code): Path1 Path3	nsert Path2			
	I .	More	e tests th	an fit in	the table:	:					,	
before v	/ancomycir	ı IV fi	irst date t	hrough	the vanc	omycii	n IV la	st date:	egative) collec	ted from 5 da	ys
	culture tes							athogen(s)	Ι			
No.	(mm/dd/y		Specim		Test		were t	ested for?		F	Result	
1	/////////		Blood Lower resp Upper Urine Stool Other	resp	PCR DFA Antigen te Other	st [Cdiff Pneu Pneu Adeno Influe MPV Othe	RSV mococcus enza Paraflu r	Pos	ative itive (inse Pa		
2	//		Blood Lower resp		PCR	C	_	<mark>-CoV-2</mark> onella RSV		jative	Unknown	

Pneumococcus

Positive (insert code): th1_____Path2____

Path1

DFA

Upper resp

		Urine Stool Other	Antigen test Other	Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Path3
3		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
4	//	Blood Lower resp Upper resp Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
5		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	NegativeUnknown Positive (insert code): Path1Path2 Path3
More te	sts than fit in th	e table:			

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3b: FLUOROQUINOLONE

before f	5. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date: No non-culture tests done: Non-culture test data unknown:									
No.	Collect date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result					
1		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza MMPV Paraflu Other	Negative Unknown Positive (insert code): Path1Path2 Path3					
2	//	Blood Lower resp Upper resp Urine Stool	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu	Negative Unknown Positive (insert code): Path1 Path2 Path3					

		Other		Other	
3		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other Legionella	Negative Unknown Positive (insert code): Path1Path2_ Path3
4		Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other	Negative Unknown Positive (insert code): Path1Path2_ Path3
5	/	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza MPV Paraflu Other	Negative Unknown Positive (insert code): Path1Path2_ Path3
More te	sts than fit in th	ne table:			
before	fluoroquinolone	first_date thro	ough the fluoro	ests (positive and n quinolone last date:	negative) collected from 5 days
No non	-culture tests d	one: N	Non-culture test	data unknown:	
No non	Collect date	one: N	Non-culture test	What pathogen(s)	Result
				What pathogen(s) were tested for? Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other	Result Negative Unknown Positive (insert code): Path1Path2_ Path3
No.	Collect date (mm/dd/yy)	Specimen Blood Lower resp Upper resp Urine Stool	Test PCR DFA Antigen test	What pathogen(s) were tested for? Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu	Negative Unknown Positive (insert code): Path1Path2
No.	Collect date (mm/dd/yy)	Specimen Blood Lower resp Upper resp Urine Stool Other Blood Lower resp Upper resp Upper resp Upper resp Stool	PCR DFA Antigen test Other PCR DFA Antigen test	What pathogen(s) were tested for? Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2 Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other Cdiff Cher	Negative Unknown Positive (insert code): Path1 Path2 Path3 Negative Unknown Positive (insert code): Path1_ Path2

		Non-S	ubstantive Ch	ange Request t	o OMB Control Nu	mber 0920-0852
			Upper resp Urine Stool Other	DFA Antigen test Other	Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Positive (insert code): Path1Path2 Path3
	5		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza MPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
	lore te	sts than fit in th	ne table:			
		ANTIMICROB	A) FORM; 3c: 2. Check	CAP (any of the followere present on the context of the context o	URVEY: ANTIMIC owing ICD-10 codes admission for this J09.X3 J10.3 J10.1 J10.3 J10.83 J10.8 J11.1 J11.8 J12.2 J12.3 J12.9 J13 J15.1 J15.3 J15.211 J15.212 15.6 J15.7 J16.0 J16.8 J18.9 A48.1	00 2 39 2 9
			3. Check	any of the follo	owing ICD-10 codes	that

were <u>present on admission</u> for this patient:

J10.1

___ J11.1

__J11.83

__J12.9

__J15.1

J15.211

J12.2

J09.X3

J10.83

__J10.00

J10.89

J11.2

J11.89

J12.3

J13

J15.3

J15.212

J10.2

__<mark>Unknown</mark>

J10.08

J10.82

J12.89

J15.0

J15.20

__J11.08

J09.X1 J09.X2

_____J11.81 ____J11.82

__J12.1

None

__J11.00

J10.01 J10.81

J12.0

J12.81

J14

J15.4

J15.29 J15.8	J15.5	J15.6	J15.7	
J15.8	J15.9	J16.0	J16.8	
J18.0	J18.1	J18.9	A48.1	
Other (s	specify):			

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3c: CAP

	13. Complete the table for non-culture microbiology tests (positive and negative) collected during the first 5 hospital days:										
	-culture tests do	one:	lon-culture test								
No.	Collect Date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result						
1	/	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other	Negative Unknown Positive (insert code): Path1Path2 Path3						
2	//	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other	Negative Unknown Positive (insert code): Path1Path2 Path3						
3	/	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other	Negative Unknown Positive (insert code): Path1Path2 Path3						
4	/	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other	Negative Unknown Positive (insert code): Path1 Path2 Path3						
5	/	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza MMPV Paraflu Other	Negative Unknown Positive (insert code): Path1Path2 Path3						

More tests than fit in the table:												
first 5 h	13. Complete the table for non-culture microbiology tests (positive and negative) collected during the first 5 hospital days: No non-culture tests done: Non-culture test data unknown:											
No.	Collect Date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result							
1		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2 Path3							
2		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2 Path3							
3		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3							
4		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-COV-2	Negative Unknown Positive (insert code): Path1Path2_ Path3							
5	//	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1 Path2 Path3							

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3d: UTI

1. Check any of the following ICD-10 codes that were present on admission for this patient: None
N10 N11.0 N11.1 N11.8 N11.9 N12 N15.1 N15.9 N16 N28.84 N28.85 N28.86 N30.00 N30.01 N30.10 N30.11 N30.20 N30.21 N30.30 N30.31 N30.40 N30.41 N30.80 N30.81 N30.90 N30.91 N34.0 N34.1 N34.2 N39.0
R82.71 R82.90 N41.0 N41.1 N41.2 B37.49 O23.00 Other (specify):
1. Check any of the following ICD-10 codes that were present on admission for this patient: None Unknown
N10
R82.71 R82.90 N41.0 N41.1 N41.2 B37.49 O23.00 Other (specify):

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3d: UTI

lo.	Collect Date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result
1		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2_ Path3
	/	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
3	//	Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2_ Path3
1		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3
5		Blood Lower resp Upper resp Urine Stool Other	PCR DFA Antigen test Other	Legionella Cdiff RSV Pneumococcus Adeno Influenza hMPV Paraflu Other SARS-CoV-2	Negative Unknown Positive (insert code): Path1Path2 Path3

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM

BSI	Check one: LCBI MBI-LCBI Central line- associated? Yes No Check all that apply: ECMO VAD EB Self-injection in central line Munchausen syndrome (factitious disorder) Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at ≥1 of the following vascular sites from which the specimen was collected: Arteriovenous fistula Arteriovenous graft Atrial lines (Right and Left) Hemodialysis reliable outflow (HERO) catheter Peripheral IV or Midline catheter Intra-aortic balloon pump (IABP) device Non-accessed central line (not accessed nor inserted during the admission) None	or BH Unk	NA	// Unk	1: 2:	Unk
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BSI BSI BSI BSI BSI BSI BSI BSI	etion in central line Hemodialysis eter Munchausen drome (factitious rder) Matching organism is tified in blood and a site-specific cimen, both collected in the IWP and pus is ient at ≥1 of the wing vascular sites a which the specimen collected: Arterial catheter urteriovenous fistula Arteriovenous graft trial lines (Right and	// or □BH □Unk	NA	I	1: 2:	Unk
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HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM

Шиті	Check one: SUTI ABUTI Catheter-associated? Yes No Was fever the only sign/symptom? Yes No Unknown Not applicable	// orBHUnk	Yes No Unk	Unk None	1: 2: or None	Unk
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Шиті	Check one: SUTI ABUTI Catheter-associated? Yes No Was fever the only sign/symptom? Yes No Unknown Not applicable	/ / or _BH _Unk	Yes No Unk	//_ Unk	1: 2: 3: or None]Unk
USI	Check one: USI	or BH Unk	Yes No Unk	Unk None	1: 2: or None	Unk

Organism		, or		_, or	HAI #3:	, or	HAI #4:	_, or
3 ** *	NA		NA		NA		NA	
Acinetobacter (any species)	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S R S R S R S R S R S R S R S R S R S R	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S R S R S R S R S R S R S R S R S R S R	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S R S R S R S R S R S R S R S R S R S R	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	N R N R N R N R N R N R N R N R N R N R
Candida albicans	ANID CASPO FLUCO MICA	S I R N S I R N S S- DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S- DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S- DD R N S I R N	ANID CASPO FLUCO MICA	S R S DD R N S R R S R S DD R N S R R S R S DD R N S R R R R R R R R R R R R R R R R R
Candida glabrata	ANID CASPO FLUCO MICA	S I R N S I R N S S- DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S - DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S- DD R N S I R N	ANID CASPO FLUCO MICA	S R S D D N S R S R S R S D N S R S R S R S R S R S R S R S R S R S
Candida parapsilosis	ANID CASPO FLUCO MICA	S I R N S I R N S S- DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R S-DDR N S I R N	ANID CASPO FLUCO MICA	N N S R
E. coli	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S R S R S R S R
Enterobacter cloacae	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N

Gram-negative								
Organism	HAI #1:NA	_, or	HAI #2:NA	_, or 🗌	HAI #3:NA	_, or 🗌	HAI #4:NA	_, or
Staphylococcus aureus	CEFOX/ METH/OX DAPTO LNZ VANC	S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S NS N S R N S I R N	CEFOXI METH/OX DAPTO LNZ VANC	S NS N S R N S I R N
		S I R N S I R N		S I R N S I R N		S I R N S I R N		S I R N S I R N
Pseudomonas aeruginosa	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA		CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	N N N N N N N N N N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S R S R S R S R S R S R	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	N N N N N N N N N N
Klebsiella pneumoniae	ERTA IMI MERO/DORI	S I N S I N S R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I N S I N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
Klebsiella oxytoca	ERTA IMI MERO/DORI	S I R N S I R N R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I N S I N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
Klebsiella (Enterobacter) aerogenes	ERTA IMI MERO/DORI	S I R N S I R N R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
Enterococcus faecium	DAPTO LNZ VANC	S NS NS IRN SIRN	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S R N	DAPTO LNZ VANC	S NS N S I R N S I R N
Enterococcus faecalis	DAPTO LNZ VANC	S NS N S I N S R N	DAPTO LNZ VANC	S NS N S I R N R N	DAPTO LNZ VANC	S NS N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N

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	AMPSUL MERO/DORI	AMPSUL MERO/DORI	AMPSUL MERO/DORI	AMPSUL MERO/DORI
Acinetobacter (any species)	SIRN SIR	SIRN SIR	SIRN SIR	SIRN SIR
	N	N	N	N
	CEFEP CEFEP	CEFTAZ CEFEP	CEFEP CEFEP	CEFEP CEFEP
	SIRN <mark>SIR</mark>	SIRN <mark>SIR</mark> <mark>N</mark>	SIRN <mark>SIR</mark> <mark>N</mark>	SIRN <mark>SIR</mark>
	COL/PB PIPTAZ	COL/PB PIPTAZ	COL/PB PIPTAZ	COL/PB PIPTAZ
	SIRN <mark>SIR</mark>	SIRN SIR	SIRN SIR	SIRN SIR
	N IMI	N IMI	N IMI	N IMI
	SIRN	SIRN	SIRN	SIRN
	ERTA PIPTAZ	ERTA PIPTAZ	ERTA PIPTAZ	ERTA PIPTAZ
	SIRN <mark>SIR</mark>	SIRN <mark>SIR</mark> <mark>N</mark>	SIRN <mark>SIR</mark> <mark>N</mark>	SIRN <mark>SIR</mark>
	IMI IMIREL	IMI IMIREL	IMI IMIREL	IMI IMIREL
	SIRN SIR	SIRN SIR	SIRN SIR	SIRN SIR
E soli	N MERO/DORI MERVAB	N MERO/DORI MERVAB	N MERO/DORI MERVAB	N MERO/DORI MERVAB
E. coli	S I R N S I R	SIRN SIR	SIRN SIR	S I R N S I R
	N	N	N	N
	CEFEP S I R N	S I R N	S I R N	CEFEP S I R N
	CIPRO/LEVO/MOXI	CIPRO/LEVO/MOXI	CIPRO/LEVO/MOXI	CIPRO/LEVO/MOXI
	SIRN	S I R N	S I R N	SIRN
	ERTA PIPTAZ SIRN SIR	ERTA PIPTAZ S R N S R	ERTA PIPTAZ S R N S R	ERTA PIPTAZ S R N S R
	N STR	N STR	N STR	N STR
	IMI IMIREL	IMI IMIREL	IMI IMIREL	IMI IMIREL
	SIRN <mark>SIR</mark>	SIRN <mark>SIR</mark> <mark>N</mark>	SIRN <mark>SIR</mark> <mark>N</mark>	SIRN <mark>SIR</mark>
Enterobacter	MERO/DORI MERVAB	MERO/DORI MERVAB	MERO/DORI MERVAB	MERO/DORI MERVAB
cloacae	SIRN SIR	SIRN SIR	SIRN SIR	SIRN SIR
	N CEFEP	N CEFEP	N CEFEP	N CEFEP
	S I R N	S I R N	S I R N	S I R N
	CIPRO/LEVO/MOXI	CIPRO/LEVO/MOXI	CIPRO/LEVO/MOXI	CIPRO/LEVO/MOXI
	C I D NI			
	S I R N FRTA PIPTA7	S I R N	S I R N	S I R N
	SIRN ERTA PIPTAZ SIRN SIR		SIRN ERTA PIPTAZ SIRN SIR	
Klebsiella	ERTA PIPTAZ SIRN SIR	SIRN ERTA PIPTAZ SIRN SIR	SIRN ERTA PIPTAZ SIRN SIR	SIRN ERTA PIPTAZ SIRN SIR
(Enterobacter)	ERTA PIPTAZ SIRN SIR N IMI IMIREL	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL
	ERTA PIPTAZ SIRN SIR	SIRN ERTA PIPTAZ SIRN SIR	SIRN ERTA PIPTAZ SIRN SIR	SIRN ERTA PIPTAZ SIRN SIR
(Enterobacter) aerogenes	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL SIRN SIR N MERO/DORI MERVAB	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL SIRN SIR N MERO/DORI MERVAB	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL SIRN SIR N MERO/DORI MERVAB
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL SIRN SIR N MERO/DORI MERVAB SIR	S I R N ERTA PIPTAZ S I R N S I R IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R	SIRN ERTA PIPTAZ SIRN SIR IMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN SIR
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL SIRN SIR N MERO/DORI MERVAB	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL SIRN SIR N MERO/DORI MERVAB	SIRN ERTA PIPTAZ SIRN SIR N IMI IMIREL SIRN SIR N MERO/DORI MERVAB
(Enterobacter) aerogenes	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N	SIRN ERTA PIPTAZ SIRN SIR IMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN CEFEP SIRN	S I R N ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N	SIRN ERTA PIPTAZ SIRN SIR IMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN SIR N CEFEP SIRN
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI	S I R N ERTA PIPTAZ S I R N S I R M IMI IMIREL S I R N S I R M MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI	S I R N ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI	S I R N ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N	SIRN ERTA PIPTAZ SIRN SIR IMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN CEFEP SIRN	S I R N ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N	SIRN ERTA PIPTAZ SIRN SIR IMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN SIR N CEFEP SIRN
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI	SIRN ERTA PIPTAZ SIRN SIR MIMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN CEFEP SIRN CIPRO/LEVO/MOXI SIRN CEFTAZ MERO/DORI
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R	SIRN ERTA PIPTAZ SIRN SIR MIMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN CEFEP SIRN CIPRO/LEVO/MOXI SIRN CEFTAZ MERO/DORI SIRN SIR
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI	SIRN ERTA PIPTAZ SIRN SIR MIMI IMIREL SIRN SIR MERO/DORI MERVAB SIRN CEFEP SIRN CIPRO/LEVO/MOXI SIRN CEFTAZ MERO/DORI
(Enterobacter) aerogenes Klebsiella oxytoca Klebsiella pneumoniae	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ	S I R N ERTA S I R N S I R IMI S I R N S I R M MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/ILEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ
(Enterobacter) aerogenes Klebsiella oxytoca	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R	S I R N ERTA S I R N S I R M IMI S I R N S I R M MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/ILEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R
(Enterobacter) aerogenes Klebsiella oxytoca Klebsiella pneumoniae Pseudomonas	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ	S I R N ERTA S I R N S I R IMI S I R N S I R M MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/ILEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ
(Enterobacter) aerogenes Klebsiella oxytoca Klebsiella pneumoniae Pseudomonas	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N GENT TOBRA S I R N S I R	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N GENT TOBRA S I R N S I R	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N GENT TOBRA S I R N S I R	ERTA PIPTAZ S I R N S I R N IMI IMIREL S I R N S I R N MERO/DORI MERVAB S I R N S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N CEFTAZ MERO/DORI S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB PIP/PIPTAZ S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R N COL/PB S I R N S I R
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	CEFOX/METH/OX LNZ		CEFOX/METH/OX LNZ		CEFOX/METH/OX LNZ		CEFOX/METH/OX LNZ	
Staphylococcus aureus	S I R N R N DAPTO VANC S NS N	S S I	S I R N R N DAPTO VANC S NS N	S S I	S I R N R N DAPTO VANC S NS N	S	S I R N R N DAPTO VANC S NS N	S S
	RN	3 1	RN	5 1	IRN	3	IRN	3
Enterococcus faecalis	RN	VANC S I	DAPTO S NS S-DD R N R N	VANC S I	DAPTO S NS S-DD R N R N	VANC S I	DAPTO VANC S NS S-DD R N R N	SI
Enterococcus faecium	LNZ SIRN		LNZ SIRN		LNZ SIRN		LNZ S I R N	
Fungal								
	SIRN <mark>RN</mark>	MICA S I	ANID SIRN RN	MICA S I	ANID SIRN RN	MICA S I	ANID SIRN RN	MICA S I
Candida glabrata	l .	<mark>VORI</mark> S I	CASPO SIRN RN FLUCO SS-DDRN	<mark>VORI</mark> S I	CASPO SIRN RN FLUCO SS-DDRN	<mark>VORI</mark> S I	CASPO SIRN RN FLUCO SS-DDRN	<mark>VORI</mark> S I