

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

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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)
Hospital Staff (i.e., Infection Preventionist)	Healthcare Facility Assessment (HFA)	100	1	45/60	75
	Patient Information Form (PIF)	100	63	17/60	1,785
Total (Hours)					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)				
<input type="checkbox"/> Residential	<input type="checkbox"/> Other			
<input type="checkbox"/> Post office box	<input type="checkbox"/> Insufficient			
<input type="checkbox"/> Long-term care facility	<input type="checkbox"/> Missing			
<input type="checkbox"/> Corrections				
<input type="checkbox"/> Military				
<input type="checkbox"/> Homeless				

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- 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):
<input type="checkbox"/> Positive test; Enter positive test collection date closest to admission date (mm/dd/yyyy): ____ / ____ / ____
<input type="checkbox"/> Unknown
<input type="checkbox"/> Negative test; Enter negative test collection date closest to admission date (mm/dd/yyyy): ____ / ____ / ____
<input type="checkbox"/> Unknown
<input type="checkbox"/> No test performed
<input type="checkbox"/> 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):
<input type="checkbox"/> Positive test; Enter positive test collection date closest to survey date (mm/dd/yyyy): ____ / ____ / ____
<input type="checkbox"/> Unknown
<input type="checkbox"/> Negative test; Enter negative test collection date closest to survey date (mm/dd/yyyy): ____ / ____ / ____
<input type="checkbox"/> Unknown
<input type="checkbox"/> No test performed
<input type="checkbox"/> Unknown
Has the patient received any COVID-19 vaccine prior to survey date?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Unknown
If yes, enter the number of COVID-19 vaccine doses the patient has received: _____ <input type="checkbox"/> Unknown

- 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, using the most current data available to you:

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Hospital characteristic	Number	What year are data from?
No. of <u>acute care</u> licensed beds <i>Do not include nursing home or skilled nursing facility beds.</i>	_____ or <input type="checkbox"/> Unknown	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> Other: _____
No. of <u>acute care</u> staffed beds <i>Do not include nursing home or skilled nursing facility beds.</i>	_____ or <input type="checkbox"/> Unknown	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> Other: _____
No. of full time equivalent (FTE) infection preventionists <i>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."</i>	(enter number as a decimal) _____ or <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> Other: _____
No. of FTE physician hospital epidemiologists <i>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."</i>	(enter number as a decimal) _____ or <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> Other: _____
Number of FTE interns/residents <i>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."</i>	(enter number as a decimal) _____ or <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> Other: _____
<i>If your hospital has interns or residents:</i> Provide the official intern/resident to bed ratio (IRB) <i>If you do not know your hospital's official IRB, check "Unknown".</i>	<input type="checkbox"/> <0.25 <input type="checkbox"/> ≥0.25 <input type="checkbox"/> Unknown	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> Other: _____

5. Does your facility **or health system** have an infection control team or program with at least one staff member responsible for developing and implementing infection control policies and practices 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.

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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 **staff**
- ☐ Nursing unit managers or supervisors
- ☐ Physician staff
- ☐ Nursing staff
- ☐ Other (specify): _____

4) "GI panel" was added as an example for "nucleic acid amplification test (NAAT) in question 17.

17. What is the primary testing method for *Clostridioides difficile* (*C. difficile*) used most often by your hospital's laboratory or the outside laboratory where your 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 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 EIA for toxin, followed by NAAT for discrepant results
- ☐ Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- ☐ Other (specify): _____

I. Identifiers (NOT transmitted to CDC)

Patient name: _____

Date of birth
(mm/dd/yyyy): ____ / ____ / ____**Form**

Hospital name: _____

Current question

Hospital unit name: _____

Room number: _____

Medical record no.: _____

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e Change Request to OMB Control Number 0920-0852

Requested change**I. Identifiers** (NOT transmitted to CDC)

Patient name: _____

Date of birth
(mm/dd/yyyy): ____ / ____ / ____

Patient address: _____

City: _____

State: _____

ZIP: _____

Address type: (check one)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Other |
| <input type="checkbox"/> Post office box | <input type="checkbox"/> Insufficient |
| <input type="checkbox"/> Long-term care facility | <input type="checkbox"/> Missing |
| <input type="checkbox"/> Corrections | |
| <input type="checkbox"/> Military | |
| <input type="checkbox"/> Homeless | |

Hospital name: _____

Hospital unit name: _____

Room number: _____

Medical record no.: _____

V. COVID-19 status**SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission through the survey date (check all that apply):**

- ☐ Positive test; Enter positive test collection date closest to survey date (mm/dd/yyyy): ____ / ____ / ____
- ☐ Negative test; Enter negative test collection date closest to survey date (mm/dd/yyyy): ____ / ____ / ____
- ☐ No test performed
- ☐ Unknown

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

SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day

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		<p>1= admission date) through the survey date (check all that apply):</p> <p><input type="checkbox"/> Positive test; Enter positive test collection date closest to survey date (mm/dd/yyyy): ____ / ____ / ____ <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Negative test; Enter negative test collection date closest to survey date (mm/dd/yyyy): ____ / ____ / ____ <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> No test performed</p> <p><input type="checkbox"/> Unknown</p> <p>Has the patient received any COVID-19 vaccine prior to survey date?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>If yes, enter the number of COVID-19 vaccine doses the patient has received:</p> <p>____ <input type="checkbox"/> Unknown</p>																											
<p><u>HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM</u></p>	<p>Enter date of follow-up data collection: ____ / ____ / ____ <i>(must be at least 6 months after the survey date)</i></p>		<p>Enter date of follow-up data collection: ____ / ____ / ____</p>																										
<p><u>HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th><th style="width: 20%; text-align: center;">Number</th><th style="width: 20%; text-align: center;">What year are data from?</th></tr> <tr> <td style="padding: 5px;">No. of <u>acute care</u> licensed beds</td><td style="text-align: center; padding: 5px;">____</td><td style="text-align: center; padding: 5px;"><input type="checkbox"/> 2018</td></tr> <tr> <td style="padding: 5px;"><i>Do not include nursing home or skilled nursing facility beds.</i></td><td style="text-align: center; padding: 5px;">or <input type="checkbox"/> Unknown</td><td style="text-align: center; padding: 5px;"><input type="checkbox"/> 2019</td></tr> <tr> <td></td><td></td><td style="text-align: center; padding: 5px;"><input type="checkbox"/> Other: ____</td></tr> </table>			Number	What year are data from?	No. of <u>acute care</u> licensed beds	____	<input type="checkbox"/> 2018	<i>Do not include nursing home or skilled nursing facility beds.</i>	or <input type="checkbox"/> Unknown	<input type="checkbox"/> 2019			<input type="checkbox"/> Other: ____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">Hospital characteristic</th><th style="width: 20%; text-align: center;">Number</th><th style="width: 40%; text-align: center;">What year are data from?</th></tr> <tr> <td style="padding: 5px;">No. of <u>acute care</u> licensed beds</td><td style="text-align: center; padding: 5px;">____ or</td><td style="text-align: center; padding: 5px;"><input type="checkbox"/> 2022</td></tr> <tr> <td style="padding: 5px;"><i>Do not include nursing home or skilled nursing facility beds.</i></td><td style="text-align: center; padding: 5px;"><input type="checkbox"/> Unknown</td><td style="text-align: center; padding: 5px;"><input type="checkbox"/> 2023</td></tr> <tr> <td></td><td></td><td style="text-align: center; padding: 5px;"><input type="checkbox"/> Other: ____</td></tr> </table>			Hospital characteristic	Number	What year are data from?	No. of <u>acute care</u> licensed beds	____ or	<input type="checkbox"/> 2022	<i>Do not include nursing home or skilled nursing facility beds.</i>	<input type="checkbox"/> Unknown	<input type="checkbox"/> 2023			<input type="checkbox"/> Other: ____
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<p>No. of <u>acute care</u> staffed beds</p> <p><i>Do not include nursing home or skilled nursing facility beds.</i></p>	<p>_____ or _____</p> <p><input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> 2018 <input type="checkbox"/> 2019</p> <p><input type="checkbox"/> Other: _____</p>	<p>Hospital characteristic</p> <p>No. of <u>acute care</u> staffed beds</p> <p><i>Do not include nursing home or skilled nursing facility beds.</i></p>	<p>Number</p> <p>_____ or _____</p> <p><input type="checkbox"/> Unknown</p>	<p>What year are data from?</p> <p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023</p> <p><input type="checkbox"/> Other: _____</p>
<p>No. of full time equivalent (FTE) infection preventionists</p> <p><i>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."</i></p>	<p>(enter number as a decimal)</p> <p>_____ or _____</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> 2018 <input type="checkbox"/> 2019</p> <p><input type="checkbox"/> Other: _____</p>	<p>No. of full time equivalent (FTE) infection preventionists</p> <p><i>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."</i></p>	<p>(enter number as a decimal)</p> <p>_____ or _____</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023</p> <p><input type="checkbox"/> Other: _____</p>
<p>No. of FTE physician hospital epidemiologists</p> <p><i>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."</i></p>	<p>(enter number as a decimal)</p> <p>_____ or _____</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> 2018 <input type="checkbox"/> 2019</p> <p><input type="checkbox"/> Other: _____</p>	<p>No. of FTE physician hospital epidemiologists</p> <p><i>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."</i></p>	<p>(enter number as a decimal)</p> <p>_____ or _____</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023</p> <p><input type="checkbox"/> Other: _____</p>

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	<p>Number of FTE interns/residents</p> <p><i>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."</i></p> <p>(enter number as a decimal)</p> <p>_____ or _____</p> <p><input type="checkbox"/> None <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> 2018 <input type="checkbox"/> 2019</p> <p><input type="checkbox"/> Other: _____</p>	<p>Hospital characteristic</p> <p>Number of FTE interns/residents</p> <p><i>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."</i></p> <p>(enter number as a decimal)</p> <p>_____ or _____</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	<p>Number</p> <p><input type="checkbox"/> <0.25 <input type="checkbox"/> ≥0.25 <input type="checkbox"/> Unknown</p>	<p>What year are data from?</p> <p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023</p> <p><input type="checkbox"/> Other: _____</p>
<p><u>HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT</u></p>	<p>5. Does your facility have an infection control team or program with at least one staff member responsible for developing and implementing infection control policies and practices and related activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", skip to question #9)</p>	<p>5. Does your facility or health system have an infection control team or program with at least one staff member responsible for developing and implementing infection control policies and practices and related activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", skip to question #9)</p>			
<p><u>HAI & ANTIMICROBIAL USE</u></p>	<p>11. If there is a committee in your hospital that reviews infection control-related activities, indicate the members represented on the</p>	<p>12. If there is a committee in your hospital that reviews infection control-related activities, indicate the members represented on the committee (check all that</p>			

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<u>PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT</u>	<p>committee (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facility executive leaders (e.g., CEO, COO) or board members <input type="checkbox"/> Nursing leaders or administrators <input type="checkbox"/> Medical/physician leaders or administrators <input type="checkbox"/> Quality department <input type="checkbox"/> Pharmacy department <input type="checkbox"/> Environmental services <input type="checkbox"/> Nursing unit managers or supervisors <input type="checkbox"/> Physician staff <input type="checkbox"/> Nursing staff <input type="checkbox"/> Other (specify): _____ 	<p>apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facility executive leaders (e.g., CEO, COO) or board members <input type="checkbox"/> Nursing leaders or administrators <input type="checkbox"/> Medical/physician leaders or administrators <input type="checkbox"/> Quality department staff <input type="checkbox"/> Pharmacy department staff <input type="checkbox"/> Environmental services staff <input type="checkbox"/> Nursing unit managers or supervisors <input type="checkbox"/> Physician staff <input type="checkbox"/> Nursing staff <input type="checkbox"/> Other (specify): _____
<u>HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT</u>	<p>18. What is the primary testing method for <i>Clostridioides difficile</i> (<i>C. difficile</i>) used most often by your hospital's laboratory or the outside laboratory where your hospital's testing is performed (Choose one)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enzyme immunoassay (EIA) for toxin <input type="checkbox"/> Cell cytotoxicity neutralization assay <input type="checkbox"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) <input type="checkbox"/> NAAT plus EIA, if NAAT positive (2-step algorithm) <input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) <input type="checkbox"/> GDH plus NAAT (2-step algorithm) <input type="checkbox"/> GDH plus EIA for toxin, followed by NAAT for discrepant results <input type="checkbox"/> Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins) <input type="checkbox"/> Other (specify): _____ 	<p>19. What is the primary testing method for <i>Clostridioides difficile</i> (<i>C. difficile</i>) used most often by your hospital's laboratory or the outside laboratory where your hospital's testing is performed (Choose one)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enzyme immunoassay (EIA) for toxin <input type="checkbox"/> Cell cytotoxicity neutralization assay <input type="checkbox"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GI panel) <input type="checkbox"/> NAAT plus EIA, if NAAT positive (2-step algorithm) <input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) <input type="checkbox"/> GDH plus NAAT (2-step algorithm) <input type="checkbox"/> GDH plus EIA for toxin, followed by NAAT for discrepant results <input type="checkbox"/> Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins) <input type="checkbox"/> Other (specify): _____

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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.

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	___/___/___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____Path2_____ Path3_____
2	___/___/___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp	<input type="checkbox"/> PCR <input type="checkbox"/> DFA	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code):

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		<input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____ —	Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	Path1 _____ Path2 _____ Path3 _____
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____ —	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____ —	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____ —	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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

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

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	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
2	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

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		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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

<input type="checkbox"/> J09.X1	<input type="checkbox"/> J09.X2	<input type="checkbox"/> J09.X3	<input type="checkbox"/> J10.00	<input type="checkbox"/> J10.01	<input type="checkbox"/> J10.08	<input type="checkbox"/> J10.1	<input type="checkbox"/> J10.2	<input type="checkbox"/> J10.81	<input type="checkbox"/> J10.82
<input type="checkbox"/> J10.83	<input type="checkbox"/> J10.89	<input type="checkbox"/> J11.00	<input type="checkbox"/> J11.08	<input type="checkbox"/> J11.1	<input type="checkbox"/> J11.2	<input type="checkbox"/> J11.81	<input type="checkbox"/> J11.82	<input type="checkbox"/> J11.83	<input type="checkbox"/> J11.89
<input type="checkbox"/> J12.0	<input type="checkbox"/> J12.1	<input type="checkbox"/> J12.2	<input type="checkbox"/> J12.3	<input type="checkbox"/> J12.81	<input type="checkbox"/> J12.89	<input type="checkbox"/> J12.9	<input type="checkbox"/> J13	<input type="checkbox"/> J14	<input type="checkbox"/> J15.0
<input type="checkbox"/> J15.1	<input type="checkbox"/> J15.3	<input type="checkbox"/> J15.4	<input type="checkbox"/> J15.20	<input type="checkbox"/> J15.211	<input type="checkbox"/> J15.212	<input type="checkbox"/> J15.29	<input type="checkbox"/> J15.5	<input type="checkbox"/> J15.6	<input type="checkbox"/> J15.7
<input type="checkbox"/> J15.8	<input type="checkbox"/> J15.9	<input type="checkbox"/> J16.0	<input type="checkbox"/> J16.8	<input type="checkbox"/> J18.0	<input type="checkbox"/> J18.1	<input type="checkbox"/> J18.9	<input type="checkbox"/> A48.1	<input type="checkbox"/> Other (specify): _____	

2) "SARS-CoV-2" was added to the list of pathogens that were tested for in question 13 of the form.

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	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
2	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

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		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	
3	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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

<input type="checkbox"/> N10	<input type="checkbox"/> N11.0	<input type="checkbox"/> N11.1	<input type="checkbox"/> N11.8	<input type="checkbox"/> N11.9	<input type="checkbox"/> N12	<input type="checkbox"/> N15.1	<input type="checkbox"/> N15.9	<input type="checkbox"/> N16	<input type="checkbox"/> N28.84
<input type="checkbox"/> N28.85	<input type="checkbox"/> N28.86	<input type="checkbox"/> N30.00	<input type="checkbox"/> N30.01	<input type="checkbox"/> N30.10	<input type="checkbox"/> N30.11	<input type="checkbox"/> N30.20	<input type="checkbox"/> N30.21	<input type="checkbox"/> N30.30	<input type="checkbox"/> N30.31
<input type="checkbox"/> N30.40	<input type="checkbox"/> N30.41	<input type="checkbox"/> N30.80	<input type="checkbox"/> N30.81	<input type="checkbox"/> N30.90	<input type="checkbox"/> N30.91	<input type="checkbox"/> N34.0	<input type="checkbox"/> N34.1	<input type="checkbox"/> N34.2	<input type="checkbox"/> N39.0
<input type="checkbox"/> R82.71	<input type="checkbox"/> R82.90	<input type="checkbox"/> N41.0	<input type="checkbox"/> N41.1	<input type="checkbox"/> N41.2	<input type="checkbox"/> B37.49	<input type="checkbox"/> O23.00	<input type="checkbox"/> 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 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	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> <input type="checkbox"/> Adeno	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____

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		<input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	test <input type="checkbox"/> Other____ —	<input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS- CoV-2	Path3 _____
2	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other____ —	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS- CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
3	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other____ —	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS- CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other____ —	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS- CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other____ —	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS- CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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

- 1) “ECLS” and “Hemodialysis catheter” were added under BSI section.

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<input type="checkbox"/>	BSI	<p>Check one: <input type="checkbox"/> LCBI <input type="checkbox"/> MBI-LCBI associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check all that apply:</p> <p><input type="checkbox"/> ECMO/ECLS <input type="checkbox"/> VAD <input type="checkbox"/> EB <input type="checkbox"/> Self-injection in central line</p> <p><input type="checkbox"/> Hemodialysis catheter</p> <p><input type="checkbox"/> Munchausen syndrome (factitious disorder)</p> <p><input type="checkbox"/> 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:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Arterial catheter fistula <input type="checkbox"/> Arteriovenous graft (Right and Left) <input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter or Midline catheter <input type="checkbox"/> Intra-aortic balloon pump (IABP) device central line (not accessed nor inserted during the admission) <input type="checkbox"/> None </div> <div> <input type="checkbox"/> Arteriovenous Unk <input type="checkbox"/> Atrial lines <input type="checkbox"/> Peripheral IV <input type="checkbox"/> Non-accessed central line <input type="checkbox"/> BH <input type="checkbox"/> Unk </div> </div>	NA	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Unk None </div> <div> 1: _____ 2: _____ 3: _____ or _____ None </div> </div>	Unk
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2) USI was separated from UTI and make it a standalone HAI type.

<input type="checkbox"/> UTI	Check one: <input type="checkbox"/> SUTI <input type="checkbox"/> ABUTI Catheter-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No Was fever the only sign/symptom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or <input type="checkbox"/> BH <input type="checkbox"/> Unk Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	1: _____ 2: _____ 3: _____ or _____ None
<input type="checkbox"/> USI	Check one: <input type="checkbox"/> USI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	1: _____ 2: _____ 3: _____ or _____ None

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.

Organism		HAI #1: _____, or <input type="checkbox"/> NA	HAI #2: _____, or <input type="checkbox"/> NA	HAI #3: _____, or <input type="checkbox"/> NA	HAI #4: _____, or <input type="checkbox"/> NA
Gram-negative					
<input type="checkbox"/> <i>Acinetobacter</i> (any species)	AMPSUL		AMPSUL		AMPSUL
	MERO/DORI		MERO/DORI		MERO/DORI
	S I R N	S I R N	S I R N	S I R N	S I R N
	CEFTAZ	CEFE P	CEFTAZ	CEFE P	CEFTAZ
	S I R N	S I R N	S I R N	S I R N	S I R N
	COL/PB	PIPTAZ	COL/PB	PIPTAZ	COL/PB
S I R N	S I R N	S I R N	S I R N	S I R N	
IMI		IMI		IMI	
S I R N		S I R N		S I R N	

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<input type="checkbox"/> <i>E. coli</i>	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N
<input type="checkbox"/> <i>Enterobacter cloacae</i>	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N
<input type="checkbox"/> <i>Klebsiella (Enterobacter) aerogenes</i> <input type="checkbox"/> <i>Klebsiella oxytoca</i> <input type="checkbox"/> <i>Klebsiella pneumoniae</i>	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N	ERTA S I R N IMI S I R N MERO/DORI S I R N CEFEP S I R N CIPRO/LEVO/MOXI S I R N	PIPTAZ S I R N IMIREL S I R N MERVAB S I R N
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	CEFTAZ MERO/DORI S I R N COL/PB PIP/PIPTAZ S I R N GENT S I R N N IMI S I R N	S I R S I R N S I R S I R TOBRA S I R	CEFTAZ MERO/DORI S I R N COL/PB PIP/PIPTAZ S I R N GENT S I R N N IMI S I R N	S I R S I R N S I R S I R TOBRA S I R	CEFTAZ MERO/DORI S I R N COL/PB PIP/PIPTAZ S I R N GENT S I R N N IMI S I R N	S I R S I R N S I R S I R TOBRA S I R
Gram-positive						
<input type="checkbox"/> <i>Staphylococcus aureus</i>	CEFOX/METH/OX S I R N N DAPTO VANC S NS N R N	LN Z S R S R VANC S I R	CEFOX/METH/OX S I R N N DAPTO VANC S NS N R N	LN Z S R S R VANC S I R	CEFOX/METH/OX S I R N N DAPTO VANC S NS N R N	LN Z S S VANC S I
<input type="checkbox"/> <i>Enterococcus faecalis</i>	DAPTO S NS S-DD R N N LN Z S I R N	VANC S I R S I R	DAPTO S NS S-DD R N N LN Z S I R N	VANC S I R S I R	DAPTO S NS S-DD R N N LN Z S I R N	VANC S I R S I R
<input type="checkbox"/> <i>Enterococcus faecium</i>	DAPTO S NS S-DD R N N LN Z S I R N	VANC S I R S I R	DAPTO S NS S-DD R N N LN Z S I R N	VANC S I R S I R	DAPTO S NS S-DD R N N LN Z S I R N	VANC S I R S I R
Fungal						
<input type="checkbox"/> <i>Candida glabrata</i>	ANID S I R N N CASPO S I R N N FLUCO S S-DD R N	MICA S I R VORI S I R	ANID S I R N N CASPO S I R N N FLUCO S S-DD R N	MICA S I R VORI S I R	ANID S I R N N CASPO S I R N N FLUCO S S-DD R N	MICA S I R VORI S I R

Form
Current question
Requested change

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

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

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

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: ☐

N o.	Collect date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result
1	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Other	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
2	____/____/____	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

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		<input type="checkbox"/> Other		Paraflu <input type="checkbox"/> Other	
3	___/___/___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Anti gen test <input type="checkbox"/> Other	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____Path2_____ Path3_____
4	___/___/___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Anti gen test <input type="checkbox"/> Other	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____Path2_____ Path3_____
5	___/___/___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Anti gen test <input type="checkbox"/> Other	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____Path2_____ Path3_____

More tests than fit in the table: ☐

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	___/___/___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____Path2_____ Path3_____
2	___/___/___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp	<input type="checkbox"/> PCR <input type="checkbox"/> DFA	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____Path2_____

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		<input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	Path3 _____
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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

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	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
2	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

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		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
2	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp	<input type="checkbox"/> PCR	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown

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		<input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ <input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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

2. Check any of the following ICD-10 codes that were present on admission for this patient: ☐ None

<input type="checkbox"/> J09.X1	<input type="checkbox"/> J09.X2	<input type="checkbox"/> J09.X3	<input type="checkbox"/> J10.00	<input type="checkbox"/>
<input type="checkbox"/> J10.01	<input type="checkbox"/> J10.08	<input type="checkbox"/> J10.1	<input type="checkbox"/> J10.2	<input type="checkbox"/>
<input type="checkbox"/> J10.81	<input type="checkbox"/> J10.82	<input type="checkbox"/> J10.83	<input type="checkbox"/> J10.89	<input type="checkbox"/>
<input type="checkbox"/> J11.00	<input type="checkbox"/> J11.08	<input type="checkbox"/> J11.1	<input type="checkbox"/> J11.2	<input type="checkbox"/>
<input type="checkbox"/> J11.81	<input type="checkbox"/> J11.82	<input type="checkbox"/> J11.83	<input type="checkbox"/> J11.89	<input type="checkbox"/>
<input type="checkbox"/> J12.0	<input type="checkbox"/> J12.1	<input type="checkbox"/> J12.2	<input type="checkbox"/> J12.3	<input type="checkbox"/>
<input type="checkbox"/> J12.81	<input type="checkbox"/> J12.89	<input type="checkbox"/> J12.9	<input type="checkbox"/> J13	<input type="checkbox"/>
<input type="checkbox"/> J14	<input type="checkbox"/> J15.0	<input type="checkbox"/> J15.1	<input type="checkbox"/> J15.3	<input type="checkbox"/>
<input type="checkbox"/> J15.4	<input type="checkbox"/> J15.20	<input type="checkbox"/> J15.211	<input type="checkbox"/> J15.212	<input type="checkbox"/>
<input type="checkbox"/> J15.29	<input type="checkbox"/> J15.5	<input type="checkbox"/> J15.6	<input type="checkbox"/> J15.7	<input type="checkbox"/>
<input type="checkbox"/> J15.8	<input type="checkbox"/> J15.9	<input type="checkbox"/> J16.0	<input type="checkbox"/> J16.8	<input type="checkbox"/>
<input type="checkbox"/> J18.0	<input type="checkbox"/> J18.1	<input type="checkbox"/> J18.9	<input type="checkbox"/> A48.1	<input type="checkbox"/>

Other (specify): _____

3. Check any of the following ICD-10 codes that were present on admission for this patient: ☐

None ☐ Unknown

<input type="checkbox"/> J09.X1	<input type="checkbox"/> J09.X2	<input type="checkbox"/> J09.X3	<input type="checkbox"/> J10.00	<input type="checkbox"/>
<input type="checkbox"/> J10.01	<input type="checkbox"/> J10.08	<input type="checkbox"/> J10.1	<input type="checkbox"/> J10.2	<input type="checkbox"/>
<input type="checkbox"/> J10.81	<input type="checkbox"/> J10.82	<input type="checkbox"/> J10.83	<input type="checkbox"/> J10.89	<input type="checkbox"/>
<input type="checkbox"/> J11.00	<input type="checkbox"/> J11.08	<input type="checkbox"/> J11.1	<input type="checkbox"/> J11.2	<input type="checkbox"/>
<input type="checkbox"/> J11.81	<input type="checkbox"/> J11.82	<input type="checkbox"/> J11.83	<input type="checkbox"/> J11.89	<input type="checkbox"/>
<input type="checkbox"/> J12.0	<input type="checkbox"/> J12.1	<input type="checkbox"/> J12.2	<input type="checkbox"/> J12.3	<input type="checkbox"/>
<input type="checkbox"/> J12.81	<input type="checkbox"/> J12.89	<input type="checkbox"/> J12.9	<input type="checkbox"/> J13	<input type="checkbox"/>
<input type="checkbox"/> J14	<input type="checkbox"/> J15.0	<input type="checkbox"/> J15.1	<input type="checkbox"/> J15.3	<input type="checkbox"/>
<input type="checkbox"/> J15.4	<input type="checkbox"/> J15.20	<input type="checkbox"/> J15.211	<input type="checkbox"/> J15.212	<input type="checkbox"/>

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J15.29	<input type="checkbox"/> J15.5	<input type="checkbox"/> J15.6	<input type="checkbox"/> J15.7	<input type="checkbox"/>
J15.8	<input type="checkbox"/> J15.9	<input type="checkbox"/> J16.0	<input type="checkbox"/> J16.8	<input type="checkbox"/>
J18.0	<input type="checkbox"/> J18.1	<input type="checkbox"/> J18.9	<input type="checkbox"/> A48.1	<input type="checkbox"/>
Other (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:

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	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
2	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐**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	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
2	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1 _____ Path2 _____ Path3 _____

More tests than fit in the table: ☐

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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 ☐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):

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

12. Complete the table for non-culture tests (positive and negative) collected in 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	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____ Path2_____ Path3_____
2	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____ Path2_____ Path3_____
3	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____ Path2_____ Path3_____
4	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____ Path2_____ Path3_____
5	___ / ___ / ___	<input type="checkbox"/> Blood <input type="checkbox"/> Lower resp <input type="checkbox"/> Upper resp <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Other _____	<input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Antigen test <input type="checkbox"/> Other _____	<input type="checkbox"/> Legionella <input type="checkbox"/> Cdiff <input type="checkbox"/> RSV <input type="checkbox"/> Pneumococcus <input type="checkbox"/> Adeno <input type="checkbox"/> Influenza <input type="checkbox"/> hMPV <input type="checkbox"/> Paraflu <input type="checkbox"/> Other _____ SARS-CoV-2	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (insert code): Path1_____ Path2_____ Path3_____

More tests than fit in the table: ☐

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM

<input type="checkbox"/> BSI	<p>Check one: <input type="checkbox"/> LCBI <input type="checkbox"/> MBI-LCBI</p> <p>Central line-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check all that apply:</p> <p><input type="checkbox"/> ECMO <input type="checkbox"/> VAD <input type="checkbox"/> EB <input type="checkbox"/> Self-injection in central line</p> <p><input type="checkbox"/> Munchausen syndrome (factitious disorder)</p> <p><input type="checkbox"/> 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:</p> <p><input type="checkbox"/> Arterial catheter</p> <p><input type="checkbox"/> Arteriovenous fistula</p> <p><input type="checkbox"/> Arteriovenous graft</p> <p><input type="checkbox"/> Atrial lines (Right and Left)</p> <p><input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/> Peripheral IV or Midline catheter</p> <p><input type="checkbox"/> Intra-aortic balloon pump (IABP) device</p> <p><input type="checkbox"/> Non-accessed central line (not accessed nor inserted during the admission)</p> <p><input type="checkbox"/> None</p>	<p>____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	NA	<p>____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____ <input type="checkbox"/> Unk</p>
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<input type="checkbox"/> BSI	<p>Check one: <input type="checkbox"/> LCBI <input type="checkbox"/> MBI-LCBI</p> <p>Central line-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check all that apply:</p> <p><input type="checkbox"/> ECMO/ECLS <input type="checkbox"/> VAD <input type="checkbox"/> EB <input type="checkbox"/> Self-injection in central line</p> <p><input type="checkbox"/> Hemodialysis catheter</p> <p><input type="checkbox"/> Munchausen syndrome (factitious disorder)</p> <p><input type="checkbox"/> 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:</p> <p><input type="checkbox"/> Arterial catheter</p> <p><input type="checkbox"/> Arteriovenous fistula</p> <p><input type="checkbox"/> Arteriovenous graft</p> <p><input type="checkbox"/> Atrial lines (Right and Left)</p> <p><input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/> Peripheral IV or Midline catheter</p> <p><input type="checkbox"/> Intra-aortic balloon pump (IABP) device</p> <p><input type="checkbox"/> Non-accessed central line (not accessed nor inserted during the admission)</p> <p><input type="checkbox"/> None</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	NA	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>
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HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM

<input type="checkbox"/> UTI	<p>Check one: <input type="checkbox"/> SUTI <input type="checkbox"/> ABUTI</p> <p>Catheter-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was fever the only sign/symptom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>
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<input type="checkbox"/> UTI	Check one: <input type="checkbox"/> SUTI <input type="checkbox"/> ABUTI Catheter-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No Was fever the only sign/symptom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: ____ 2: ____ 3: ____ or <input type="checkbox"/> Unk None	
<input type="checkbox"/> USI	Check one: <input type="checkbox"/> USI	____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: ____ 2: ____ 3: ____ or <input type="checkbox"/> Unk None	

Organism	HAI #1: ____, or <input type="checkbox"/> NA	HAI #2: ____, or <input type="checkbox"/> NA	HAI #3: ____, or <input type="checkbox"/> NA	HAI #4: ____, or <input type="checkbox"/> NA
<input type="checkbox"/> <i>Acinetobacter (any species)</i>	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG
<input type="checkbox"/> <i>Candida albicans</i>	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA
<input type="checkbox"/> <i>Candida glabrata</i>	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA
<input type="checkbox"/> <i>Candida parapsilosis</i>	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA	ANID CASPO FLUCO MICA
<input type="checkbox"/> <i>E. coli</i>	ERTA IMI MERO/DORI	ERTA IMI MERO/DORI	ERTA IMI MERO/DORI	ERTA IMI MERO/DORI
<input type="checkbox"/> <i>Enterobacter cloacae</i>	ERTA IMI MERO/DORI	ERTA IMI MERO/DORI	ERTA IMI MERO/DORI	ERTA IMI MERO/DORI

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<input type="checkbox"/> <i>Enterococcus faecalis</i>	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 I R N	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 I R N
<input type="checkbox"/> <i>Enterococcus faecium</i>	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 I R N	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 I R N
<input type="checkbox"/> <i>Klebsiella (Enterobacter) aerogenes</i>	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
<input type="checkbox"/> <i>Klebsiella oxytoca</i>	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
<input type="checkbox"/> <i>Klebsiella pneumoniae</i>	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
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N
<input type="checkbox"/> <i>Staphylococcus aureus</i>	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N

Organism	HAI #1: _____, or <input type="checkbox"/> NA	HAI #2: _____, or <input type="checkbox"/> NA	HAI #3: _____, or <input type="checkbox"/> NA	HAI #4: _____, or <input type="checkbox"/> NA
Gram-negative				

Non-Substantive Change Request to OMB Control Number 0920-0852

<input type="checkbox"/> <i>Acinetobacter (any species)</i>	AMPSUL MERO/DORI S I R N S I R N CEFTAZ CEFEP S I R N S I R N COL/PB PIPTAZ S I R N S I R N IMI S I R N	AMPSUL MERO/DORI S I R N S I R N CEFTAZ CEFEP S I R N S I R N COL/PB PIPTAZ S I R N S I R N IMI S I R N	AMPSUL MERO/DORI S I R N S I R N CEFTAZ CEFEP S I R N S I R N COL/PB PIPTAZ S I R N S I R N IMI S I R N	AMPSUL MERO/DORI S I R N S I R N CEFTAZ CEFEP S I R N S I R N COL/PB PIPTAZ S I R N S I R N IMI S I R N
<input type="checkbox"/> <i>E. coli</i>	ERTA S I R N PIPTAZ 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 S I R N PIPTAZ 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 S I R N PIPTAZ 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 S I R N PIPTAZ 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
<input type="checkbox"/> <i>Enterobacter cloacae</i>	ERTA S I R N PIPTAZ 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 S I R N PIPTAZ 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 S I R N PIPTAZ 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 S I R N PIPTAZ 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
<input type="checkbox"/> <i>Klebsiella (Enterobacter) aerogenes</i> <input type="checkbox"/> <i>Klebsiella oxytoca</i> <input type="checkbox"/> <i>Klebsiella pneumoniae</i>	ERTA S I R N PIPTAZ 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 S I R N PIPTAZ 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 S I R N PIPTAZ 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 S I R N PIPTAZ 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
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	CEFTAZ MERO/DORI 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 N IMI 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 GENT TOBRA S I R N S I R N IMI 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 GENT TOBRA S I R N S I R N IMI 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 GENT TOBRA S I R N S I R N IMI S I R N
Gram-positive				

Non-Substantive Change Request to OMB Control Number 0920-0852

<input type="checkbox"/> <i>Staphylococcus aureus</i>	CEFOX/METH/OX LNZ S I R N S R N DAPTO VANC S NS N S I R N	CEFOX/METH/OX LNZ S I R N S R N DAPTO VANC S NS N S I R N	CEFOX/METH/OX LNZ S I R N S R N DAPTO VANC S NS N S I R N	CEFOX/METH/OX LNZ S I R N S R N DAPTO VANC S NS N S I R N
<input type="checkbox"/> <i>Enterococcus faecalis</i>	DAPTO VANC SNS S-DD R N S I R N	DAPTO VANC SNS S-DD R N S I R N	DAPTO VANC SNS S-DD R N S I R N	DAPTO VANC SNS S-DD R N S I R N
<input type="checkbox"/> <i>Enterococcus faecium</i>	LNZ S I R N	LNZ S I R N	LNZ S I R N	LNZ S I R N
Fungal				
<input type="checkbox"/> <i>Candida glabrata</i>	ANID MICA S I R N S I R N CASPO VORI S I R N S I R N FLUCO S S-DD R N	ANID MICA S I R N S I R N CASPO VORI S I R N S I R N FLUCO S S-DD R N	ANID MICA S I R N S I R N CASPO VORI S I R N S I R N FLUCO S S-DD R N	ANID MICA S I R N S I R N CASPO VORI S I R N S I R N FLUCO S S-DD R N