State ID: Date of	of Incident Specimen Collection (/	mm-dd-yyyy):	Surveillanc	e Officer Initials _				
Form Approved OMB No. 092-0978	CANDIDEMIA 2023	CASE REPORT FOR	RM					
Patient name:(Last, First,		Medical Record No	o.:					
	MI)							
Address:(Number, Street, Apt. No.)		Hospital:						
(8)		Acc No. (incident isolate): Acc No. (subseq isolate):						
(City, State) Address type:	(Zip Code)	Acc No. (Subseq is						
1 Residential 2 Post office 3	☐Long-term care facility 4 ☐Correct	tions 5 Military 6	☐Homeless 7 ☐Other 8	B ∏Insufficient 9 [Missing			
Phone no.: ()								
Check if not a case:								
Reason not a case: Out of catch	ment area Duplicate entry Not	candidemia Unable t	to verify address \text{Other}	(specify):				
SURVEILLANCE OFFICER INFO	· ,		,	(1)				
1. Date reported to EIP site:	3. Was case first 5. Previ	ious candidemia epis	ode?	6. CRF status:	7. SO's			
	identified through audit? $_1 \square_{Yes}$	0 □No 9 □Unknown		1 ☐Complete	initials:			
	1 ☐Yes 0 ☐No	es, enter state		2 Pending				
2. Date review completed:	4. Isolate available? IDs:			3 □Chart				
	1 □Yes 0 □No			unavailable				
DEMOGRAPHICS								
8. State ID:	10. State:	11. Cor	unty:					
9. Patient ID:								
12. Lab ID where positive culture	was identified:							
13. Date of birth (mm-dd-yyyy):	14. Age:		15. Sex:					
	1	2 □mos 3 □vrs	☐Male ☐Female ☐	Check if transgende	er			
	17. Height:	<u>- Пиоз 5 Пуіз</u>	18. BMI: (record only					
lbs oz. OR	ft	in. OR	available)	ii iic. aiiu/oi wc. i	is flut			
				Unknown				
kg Unknown	cm 🔲 U	Inknown						
19. Race (check all that apply): ☐ American Indian/Alaska Native	Notice Housing /Desision	Talanday	20. Ethnic origin:					
Asian	□ Native Hawaiian/Pacific □ White	Islanuer	1 ☐ Hispanic/Latino2 ☐ Not Hispanic/Latino					
☐Black/African American	Unknown		9 □Unknown					
LABORATORY DATA	OHKHOWH		9 DIKHOWII					
21. Date of Incident Specimen Co	allection (DISC) (mm-dd-ywy):							
22. Location of Specimen Collecti								
- ☐Hospital Inpatient	☐ Outpatient	П	LTCF					
Facility ID:	Facility ID:	ш.	Facility ID:					
	☐ Emergency Room	□ I	LTACH					
☐ Surgery/OR	Clinic/Doctor's office	_	Facility ID:					
Radiology	☐ Dialysis center		Autopsy					
Other inpatient	☐ Surgery ☐ Observational/clinical decisi		Other (specify): Unknown					
	Other outpatient		CHAHOWH					

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

			Candida Candida Candida Candida Candida Candida	albicans (CA) glabrata (CG) parapsilosis (CP) tropicalis (CT) dubliniensis (CD) lusitaniae (CL)] Candida] Candida] Candida	kruse guillie , other , germ specie	i (CK) ermond (CO) s tube r	lii (CGM) specify: negative,	
	1	T	o testing done/no test reports available):							
Date of culture	Species	Drug Amphotericin	R	MIC	□s	□SDD	nterp □I	retation	on □NI	□ND
	1 □CA									□ND
	2 □CG	Anidulafungin (Er			s s	□SDD		□R □R	□NI □NI	□ND
	3 □CP 4 □CT	Fluconazole (Diflu	-		s s			□R		□ND
	5 □CD 6 □CL	Flucytosine (5F	-		s s					□ND
	7 □CK 8 □CGM	Itraconazole (Spor								□ND
	9 □CO 10 □CGN	Micafungin (Mycar				□SDD		 □R	□NI	□ND
	11 □CS	Posaconazole (No	-		s s	□SDD		 	□NI	□ND
	12 ☐Pending	Voriconazole (Vfe			s s	□SDD		□R	□NI	□ND
		Amphotericin				□SDD		□R	□NI	□ND
	1 □CA	Anidulafungin (Er			 □s	 □SDD		□R	 □NI	□ND
	2 □CG 3 □CP	Caspofungin (Cano			□s	□SDD		□R	□NI	□ND
	4 □CT	Fluconazole (Diflu			□s	□SDD		□R	□NI	□ND
	6 □CL	Flucytosine (5F	-		□s	□SDD	□I	□R	□NI	□ND
	7 □CK 8 □CGM	Itraconazole (Spor	anox)		□s	□SDD				□ND
	9	Micafungin (Mycar			□s	□SDD				□ND
	11 □CS 12 □Pending	Posaconazole (No	exafil)		□s	□SDD	□I	□R	□NI	□ND
		Voriconazole (Vfe	end)		□s	□SDD		□R	□NI	□ND

Version: Short Form 2023 Last Updated: 07/2917/20221

State ID:	Date of Incider	t Speci	imen Co	ollection	n (<i>mm-</i>	dd-yyy)	⁄):	· -	Surv	eillance O	Officer I	nitials	
25. Did the patient have a DISC? 1 Yes 0 No 9 Unkn 25a. If yes, test type:	own		diagnos	stic test	(CIDT)	for <i>Ca</i>	ndida, ((e.g., T2)	, on the da	y of or in	the 6 o	lays be	efore the
25b. Result:													
26. Any subsequent positiv	ve <i>Candida</i> bloo	d cultu	res in tl	he 29 d	ays afte	r, not i	ncludin	g the DIS	6 C? 1 □ Y	es 0 🗆 N	lo 9 🗆	Unknov	vn
26a. If yes, provide dates of a	ıll subsequent posi	tive <i>Car</i>	<i>ndida</i> blo	od cultu	res and	select th	e specie	es:					
Date Drawn (mm-dd-yyyy)	Species	identif	fied*										
	□CA	□cg	□СР	□ст	□CD	□CL	□ск	□cgm	□co:	[□CGN	□cs	Pending
	□CA	□cg	□СР	□ст	□CD	□CL	□ск	□cgm	□co:	[□CGN	□cs	Pending
	□CA	□cg	□СР	□ст	□CD	□cl	□ск	□cgm	□co:	[□cgn	□cs	Pending
		□cg	□СР	□ст	□CD	□cl	□ск	□cgm	□co:	[□CGN	□cs	Pending
*Attach additional MIC page same <i>Candida</i> species (if no					t from o	riginal),	if anotl	her <i>C. glai</i>	<i>brata</i> (even	if origina	l was <i>C.</i>	glabra	<i>ta</i>), or if
27. Documented negative negative culture were positive 27a. If yes, date of negative by	itive in the 29 da	ays afte	er the D	ISC)?	1 ∐Yes				(in which	no blood	culture	es aftei	r this
28. On the day of or in the colonized with a multi-dru 1 Yes 0 No 9 U 28a. If yes, specify organisms	g resistant orga nknown <i>(Enter up to 3 pa</i>	nism (I	MDRO)	(e.g., o	n conta	ct prec 	autions)? MDRO	s include (CRE, CRPA	A, CRAB		
29. Additional non- <i>Candid</i> 1 □Yes 0 □No 9 □U	_	ated fr	om blo	od cultu	ires on	the day	of or i	n the 6 da	ays before	the DISC	:		
29a. If yes, additional organis	ms (<i>Enter up to 3</i>	pathoge	ens):									_	
30. Did the patient have a	ny of the follow	ing typ	es of i	nfectio	n relate	d to the	eir <i>Cand</i>	ida infec	tion? (checi	k all that a	pply):		
☐ None ☐ Unknown ☐ Abdominal infection ☐ Hepatobiliary or pancreat ☐ Abscess (specify): ☐ Peritonitis/ ☐ peritoneal fluid Splenic	☐ Urinary infection ☐ Esophag ☐ Oral/thr ☐ Osteom ☐ Skin /w infection	gitis ush yelitis ound		CNS i abscess Eyes Ence	infection	(mening mitis	itis, brai	n	□Endocai □Septid □Other (:	emboli (s			
Version: Short Form 202	22			act Lind	ated: 07	/20/20	22					Page	2 - 10

Page **3** of **9**

State ID:	Date of Incident Specimen confection		
MEDICAL ENCOUNTERS	S		
	pitalized on the day of or in the 6 days a	fter the DISC? $1 \square Ye$	s 0 No 9 Unknown
31a. If yes, Date of first admission	n: Ur	ıknown	
Hospital ID:	Unknown		
31b. Was the patient transf	erred during this hospitalization?		
If yes, enter up to two trar	nsfers:		
Date of transfer:	Unknown	Date of second transfer:	Unknown
Hospital ID:	_	Hospital ID:	Unknown
31c. Where was the patier before the DISC? (<i>Check o</i>	nt located prior to admission or, if not curren	ntly hospitalized, where was t	the patient located on the 3rd calendar day
1 ☐Private residence	4 □LTACH		6 Incarcerated
2 □Hospital inpatient	Facility ID:		7 Other (specify):
Facility ID:	5 □ Homeless		9 ☐Unknown
3 □LTCF	3 Enomeless		
Facility ID:			
32. Was the patient in a	n ICU in the 14 days before, not includir	ng the DISC?	
1	9 Unknown		
33. Was the patient in a	n ICU on the day of incident specimen c	ollection or in the 13 days	after the DISC?
-		ollection or in the 13 days	after the DISC?
-	n ICU on the day of incident specimen c	ollection or in the 13 days	after the DISC?
-	n ICU on the day of incident specimen c	ollection or in the 13 days	after the DISC?
-	n ICU on the day of incident specimen c	ollection or in the 13 days	after the DISC?
1 □Yes 0 □ No 9	n ICU on the day of incident specimen c		
1 Yes 0 No 9	n ICU on the day of incident specimen c		
1 Yes 0 No 9	n ICU on the day of incident specimen c Unknown ive dialysis or renal replacement therap		
1 Yes 0 No 9 34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1	n ICU on the day of incident specimen c Unknown ive dialysis or renal replacement therap	y (RRT) in the 30 days befo	
1	n ICU on the day of incident specimen c Unknown ive dialysis or renal replacement therap Unknown Survived 9 Unknown	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC?
1 Yes 0 No 9 34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1 Date of discharge:	n ICU on the day of incident specimen color of the day	y (RRT) in the 30 days befo 2 □Died	ore the DISC, not including the DISC?
1 Yes 0 No 9 34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1 Date of discharge: Left against medical a	n ICU on the day of incident specimen color of the day	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC?
1 Yes 0 No 9 34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1 Date of discharge: Left against medical as 35a. Discharged to:	n ICU on the day of incident specimen complete the comple	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC?
1 Yes 0 No 9 34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1 Date of discharge: Left against medical acts 35a. Discharged to: 0 Not applicable (i.e. pati	n ICU on the day of incident specimen complete the comple	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC?
1 Yes 0 No 9 34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1 Date of discharge: Left against medical ac 35a. Discharged to: 0 Not applicable (i.e. pati	n ICU on the day of incident specimen complete the specimen of	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC?
34. Did the patient rece 1 Yes	n ICU on the day of incident specimen complete the specimen of the day of incident specimen of the specimen of	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC?
1 Yes 0 No 9 34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1 Date of discharge: Left against medical ac 35a. Discharged to: 0 Not applicable (i.e. pati	n ICU on the day of incident specimen complete the specimen of the day of incident specimen of the specimen of	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC?
34. Did the patient rece 1 Yes	n ICU on the day of incident specimen complete the specimen of the day of incident specimen of the specimen of	y (RRT) in the 30 days before 2	ore the DISC, not including the DISC?
34. Did the patient rece 1 □Yes 0 □ No 9 35. Patient outcome: 1 Date of discharge: □ Left against medical ar 35a. Discharged to: 0 □ Not applicable (i.e. pati 1 □ Private residence 2 □ LTCF Facility ID: □ 3 □ LTACH Facility ID: □ 36. Did the patient have (Check all that apply):	n ICU on the day of incident specimen complete the comple	y (RRT) in the 30 days before 2	ore the DISC, not including the DISC?
34. Did the patient rece 1 Yes	n ICU on the day of incident specimen complete the comple	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC? Unknown ny sub-codes for this hospitalization?
34. Did the patient rece 1 Yes	n ICU on the day of incident specimen complete the comple	y (RRT) in the 30 days before 2 Died Date of death:	ore the DISC, not including the DISC? Unknown Unknown A41.9 (sepsis, unspecified organism)
34. Did the patient rece 1 Yes 0 No 9 35. Patient outcome: 1 Date of discharge: Left against medical ac 35a. Discharged to: 0 Not applicable (i.e. pati 1 Private residence 2 LTCF Facility ID: 3 LTACH Facility ID: 36. Did the patient have (Check all that apply): B37 (candidiasis) Specify sub-code:	n ICU on the day of incident specimen complete the comple	y (RRT) in the 30 days before 2	by sub-codes for this hospitalization? A41.9 (sepsis, unspecified organism) R65.2 (severe sepsis)

Version: Short Form 20232

Last Updated: 07/29/2022

State ID:	Date of Incident S	pecimen Collection	n (<i>mm-dd-yyyy</i>):		Surveillance Officer Ini	tials
37. Previous Hospitaliz 37a. If yes, date of dischar Facility ID:	rge:		ng the DISC: 1 ☐ Yes ☐ Unknown	0 □No 9	□Unknown	
38. Overnight stay in L	TACH in the <u>90 days</u>	before, not includ	ling the DISC: 1 ☐Yes	0 □No	9 Unknown	
Facility ID:		oforo mot includin	g the DISC: 1 □Yes	0 🗆 No (9 ∏Unknown	
Facility ID:		not includin	g the DISC: 1 Tes	0 ∐No 9	9 MOLIKITOWIT	
UNDERLYING CONDITI	IONS					
40. Underlying condit	ions (Check all that ap	<i>pply</i>): □ No ne	Unknown			
☐ Chronic Lung Disease		Liver Disease		□Plegias	s/Paralysis	
☐Cystic Fibrosis		Chronic Liver Disea	ase	□Hemip	legia	
Chronic Pulmonary disea	ase	Ascites		Parapl	egia	
Chronic Metabolic Dise		Cirrhosis		Quadri		
Diabetes Mellitus		Hepatic Encephal		☐Renal I		
☐With Chronic Complica		☐ Variceal Bleeding			c Kidney Disease	(5)
CArdiovascular Disease		☐Hepatitis B, chror	1IC		t serum creatinine: known or not done	mg/DL
☐CVA/Stroke/TIA☐Congenital Heart diseas		☐Hepatitis C ☐Treated, in SVR		Skin Co		
Congestive Heart Failure		Current, chronic		□Burn	Juliuon	
☐ Myocardial infarction		Hepatitis B, acute		_	itus/Pressure Ulcer	
☐ Peripheral Vascular Dise		Malignancy		Surgic		
☐ Gastrointestinal Disea	ise	Malignancy, Hemat	tologic	Other	chronic ulcer or chronic wo	und
☐ Diverticular disease		☐Malignancy, Solid (Organ (non-metastatic)	Other	(specify):	
☐Inflammatory Bowel Dis		\square Malignancy, Solid (Other		
Peptic Ulcer Disease	_	Neurologic Condit	tion		ctive tissue disease	
Short gut syndrome		Cerebral palsy	- C ''		y or morbid obesity	
☐ Immunocompromised ☐ HIV infection	_	☐Chronic Cognitive [☐Dementia	Deficit	Pregna	ant	
☐ AIDS/CD4 count <200		∃Bemenda ∃Epilepsy/seizure/se	eizure disorder			
☐Primary Immunodeficier		☐Multiple sclerosis	cizare disorder			
☐Transplant, Hematopoie		 Neuropathy				
☐Transplant, Solid Organ		☐Parkinson's disease	2			
		Other (specify):				
SOCIAL HISTORY						
41. Smoking (Check all th	hat apply):		42. Alcohol Abuse:			
□None	□Tobacco		1 □Yes			
	☐E-nicotine de	elivery system	0			
□Unknown	☐ Marijuana	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	9 □Unknown			
43. Other Substances (C			ıknown			, ,
			Disorder (DUD/Abuse):		elivery (Check all that app	
Marijuana (other than sm	-,		DUD or abuse	□IDU		Unknown
Opioid, DEA schedule I (,		DUD or abuse	□IDU		Unknown
Opioid, DEA schedule II-I	IV (e.g., methadone, oxy	·	DUD or abuse	□IDU	_	Unknown
Opioid, NOS		_	DUD or abuse	□IDU		Unknown
Cocaine			DUD or abuse	□IDU		Unknown
			□DUD or abuse □DUD or abuse	□IDU □IDU		☐Unknown ☐Unknown
Unknown substance		_	DUD or abuse	□IDU	_	Unknown
44. During the current h	ospitalization, did th	e patient receive	medication-assisted tre	atment (MA	AT) for opioid use disord	er?
1 □Yes 0 □No	8 □N/A (patient not	hospitalized or did i	not have DUD) 9 □Ui	nknown		

Last Updated: 07/29/2022

Version: Short Form 2023

State ID:	Date of Incident Specimen Collect	ion (<i>mm-dd-yyyy</i>):	Surveillance	e Officer Initials
OTHER CONDITIONS				
45. For cases ≤ 1 year of	f age: Gestational age at birth:	wks 9 □Unknown	AND Birth weight:	gms 9 □Unknown
46. Chronic Dialysis: Type: ☐ Hemodialysis [☐ Not on chronic dialysis ☐ Unknow☐ Peritoneal	—	type of vascular access: Hemodialysis central line	Unknown
47. Surgeries in the 90 d	ays before, not including the DISC:	48. Pancreatitis in	the <u>90 days before</u> , not inc	cluding the DISC:
_ `	fy): nen 0 □Laparoscopic 9 □Unknown specify):	1		
<u>-</u>	any ostomies of the gastrointestina	l tract including ileosto	my, colostomy, etc. in the	30 calendar days before,
not including the DISC? 1 □Yes 0 □No 9	Unknown			
50. Chronic Urinary Tract 1 □Yes 0 □No	Problems/Abnormalities: 9 Unknown	501a. If yes, did the podays before, not include 1 ☐ Yes 0 ☐ No	atient have any urinary tract p ling the DISC? 9 ∐Unknown	rocedures in the 90
1	tropenic in the 2 calendar days before Unknown (no WBC days -2 or 0, or no		SC?	
52. Did the patient have	a CVC in the 2 calendar days before	e, not including the DIS	C?	
1 Yes 2 No 3	B□ Had CVC but can't find dates 9□ L	Inknown		
If yes, check here if cen	tral line in place for $>$ 2 calendar days:]		
52a. If yes, CVC type: (Check	k all that apply)			
□Non-tunneled CVCs	☐Implantable port	S	Other (specify):	
☐Tunneled CVCs	Peripherally inser	ted central catheter (PICC) Unknown	
52b. Were <u>all</u> CVCs removed	d or changed in the 2 days before or in th	e 6 days after the DISC?		
1	3 □CVC removed, but can't find 5 □Died or discharged before in		9 □Unknown I	
I —	a midline catheter in the 2 calendar Unknown	days before, not includ	ling the DISC?	
54. Did the patient have DISC? □None □Unkr	any of the following indwelling devi	ices or other devices pr	esent in the 2 calendar da	ys before, not including the
☐ Urinary Catheter/Device	Respiratory		Gastrointestinal	
☐Indwelling urethral	□ET/NT		_	pecify):
Suprapubic	∐Tracheosto □Invasive n	omy nechanical ventilation	☐ Gastrostomy	
<u>excluding</u> serology) from	a positive SARS-CoV-2 test result (n a specimen collected in the 90 day Unknown			st _z
55a. If yes, date of specimer	n collection for initial positive SARS-CoV-2	test:		
Date: 9 Da	te Unknown			
55b. If yes, EIP COVID-NET	Γ Case ID: 9 🔲 Unkn	own Out of EIP C	OVID-NET catchment area	
	ve systemic antibacterial medication	in the 14 days before,	not including the DISC?	
1 Yes 0 No 9 U	nknown			

Version: Short Form 2023 Last Updated: 07/29/2022

State ID: Date of Incident Specimen Collection (mm-dd-yyyy): Surveillance Officer Initials
57. Did the patient receive any systemic steroids in the 30 days before, not including the DISC?
1 ☐ Yes 0 ☐ No 9 ☐ Unknown
57a. If yes, what was the reason steroids were administered? (check all that apply) Steroid(s) given as an outpatient medication Steroid(s) given, prior to Candida DISC, during hospitalization associated with candidemia episode Steroid(s) given as part of treatment/management for COVID-19 None of the above
58. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?
1 □Yes 0 □No 9 □Unknown
59. Did the patient receive systemic antifungal medication on the day of or in the 13 days before the DISC? 1 Yes (if Yes, fill out question 66) 0 No 9 Unknown
60. Was the patient administered systemic antifungal medication after, not including the DISC?
1 ☐Yes (if Yes, fill out question 66) 0 ☐No 9 ☐Unknown
61. If antifungal medication was not given to treat current candidemia infection, what was the reason?
1 Patient died before culture result available to clinicians 5 Other reason documented in medical records, specify:
2 ☐ Comfort care only measures were instituted 6 ☐ Patient refused treatment against medical advice
3 ☐ Patient discharged before culture result available to clinician 9 ☐ Unknown
4 Medical records indicated culture result not clinically significant or contaminated
IF ANY ANTIFUNGAL MEDICATION WAS GIVEN, COMPLETE NEXT PAGE
OTHER
62. Does the chart indicate that the incident specimen was considered a contaminant or was considered to not be indicative of trainfection?
1 □Yes 0 □No 9 □Unknown
63. Was the patient under the care of an infectious disease physician on the day of the DISC or within the 6 days after the DISC?
1
64. Did the patient have an echocardiogram (ECHO), including transthoracic (TTE) or transesophogeal (TEE), on the day of or 13 or
after the DISC?
1 Yes 0 No 9 Unknown
65. Did the patient have a dilated fundoscopic eye exam on the day of or 13 days after the DISC?
1 Yes 0 No 9 Unknown

Version: Short Form 2023 Last Updated: 07/29/2022

elcet, AmBio dulafungin (pofungin (C	any IV formulation (Amphotec, Amphoc some, etc.)=AMBIV Eraxis)=ANF ancidas)=CAS	Fl Is It	uconazole (Diflucan)=FLC ucytosine (5FC)=5FC avuconazole (cresemba)=ISU raconazole (Sporanox)=ITC icafungin (Mycamine)=MFG	Po UN	her=OTH saconazole (Noxafil)=PSC IKNOWN DRUG=UNK riconazole (Vfend)=VRC	
a. Drug Abbrev	b. First date given (mm-dd-yyyy)	c. Date start unknown	d. Last date given (mm-dd-yyyy)	e. Date stop unknown	f. Indication	g. Reason for stopping (if applicable)*
	-		·		Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	

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

Version: Short Form 2023

		AFST results for a	dditional	Candida isolatos				
ntifungal susceptibility testing (check here \Box if no testing done/no test reports available):								
Date of culture	Species	Drug	MIC	Interpretation				
1	 L □CA	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NI ☐ND				
	2 □cG	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
3	3 □CP 4 □CT	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
5		Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
6	_	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
8	7 □CK B □CGM	Itraconazole (Sporanox)		□s □SDD □I □R □NI □ND				
-)	Micafungin (Mycamine)		□S □SDD □I □R □NI □ND				
	LO □CGN L1 □CS	Posaconazole (Noxafil)		□s □SDD □I □R □NI □ND				
	 L2 □Pending	Voriconazole (Vfend)		□S □SDD □I □R □NI □ND				
1	L □CA	Amphotericin B		□S □SDD □I □R □NI □ND				
	2 □cg	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
3	=	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
5		Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
6	_	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
8	7 □CK 3 □CGM	Itraconazole (Sporanox)		□S □SDD □I □R □NI □ND				
9	э □со	Micafungin (Mycamine)		□S □SDD □I □R □NI □ND				
	LO □CGN L1 □CS	Posaconazole (Noxafil)		□S □SDD □I □R □NI □ND				
	12 ☐Pending	Voriconazole (Vfend)		□S □SDD □I □R □NI □ND				
itifungal susceptib	ility testing (che	eck here 🗌 if no testing do	ne/no test re	ports available):				
Date of culture	Species	Drug	MIC	Interpretation				
	1	Amphotericin B		□S □SDD □I □R □NI □ND				
	2 □cg 3 □cp	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
	4 □CT	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
	5 □CD	Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
	6 □CL 7 □CK	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
	8 □CGM	Itraconazole (Sporanox)		□S □SDD □I □R □NI □ND				
	9 □co 10 □cgn	Micafungin (Mycamine)		□S □SDD □I □R □NI □ND				
	11 □CS	Posaconazole (Noxafil)		□S □SDD □I □R □NI □ND				
1	12 □Pending	Voriconazole (Vfend)		□S □SDD □I □R □NI □ND				
	1 □CA	Amphotericin B		□S □SDD □I □R □NI □ND				
2	2 □CG	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
	3 □CP 4 □CT	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
	5 □CD	Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
	6 □CL	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
	7 □CK 8 □CGM	Itraconazole (Sporanox)		□S □SDD □I □R □NI □ND				
Ġ	9	Micafungin (Mycamine)		□S □SDD □I □R □NI □ND				
	10 □CGN 11 □CS	Posaconazole (Noxafil)		□S □SDD □I □R □NI □ND				
I ₁	11110							

Last Updated: 07/29/2022