

## Cross walk - 2023 form changes

### FoodNet

1. FoodNet Active Surveillance Data Elements List - Attachment #3  
Refer to Attachment #3 - Changes are highlighted in Yellow
2. FoodNet Hemolytic Uremic Syndrome Data Elements List - Attachment #4  
Refer to Attachment #4 - Changes are highlighted in Yellow
3. Diagnostic Laboratory Practices and Volume Elements List - Attachment #5  
Refer to Attachment #5 - Changes are highlighted in Yellow

### FluSurv-Net

- 1) FluSurv-NET Influenza Surveillance Project Case Report Form- Attachment #6

<u>Question on 2021-22 Form</u>	<u>Question on 2022-23 Form</u>
<b>C9. Race:</b> <ul style="list-style-type: none"> <li>▪ White</li> <li>▪ Black or African American</li> <li>▪ Asian/Pacific Islander</li> <li>▪ American Indian or Alaska Native</li> <li>▪ Multiracial</li> <li>▪ Not specified</li> </ul>	<b>C8. Race (select all that apply):</b> <ul style="list-style-type: none"> <li>▪ White</li> <li>▪ Black or African American</li> <li>▪ Asian</li> <li>▪ Native Hawaiian or Other Pacific Islander</li> <li>▪ American Indian or Alaska Native</li> <li>▪ Multiracial, not otherwise specified</li> <li>▪ Not specified</li> </ul>
<b>C2. Admission Type</b> <ul style="list-style-type: none"> <li>- Hospitalization</li> <li>- Observation only</li> </ul>	Deleted question C2 regarding Admission Type
<b>Hlj. Pregnant</b> <ul style="list-style-type: none"> <li>- Yes</li> <li>- No/Unknown</li> </ul>	<b>C12. Pregnant (15-49 years of age only):</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No/Unknown</li> <li>• Not applicable (Male)</li> </ul>
This question was not present	<b>H 10. Mental Health Conditions [] Yes [] No/Unknown</b> <ul style="list-style-type: none"> <li>- Anxiety disorder</li> <li>- Bipolar disorder</li> <li>- Depression</li> <li>- Schizophrenia spectrum disorder</li> </ul>
<b>I1. Were any culture tests performed within 7 days of admission? (for patients that died in the hospital, include culture tests performed either 1) within 7 days of admission, 2) within 3 days prior to death, or 3) within 24 hours after death?</b> <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul>	<b>I1 Were any culture tests performed within 3 days prior to or 3 days following admission</b> <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> <li>- Unknown</li> </ul>

Question on 2021-22 Form	Question on 2022-23 Form
- Unknown	
<b>J1. Was the patient tested for any viral pathogen within 14 days prior to or within 7 days of admission?</b> - Yes - No - Unknown	<b>J1. Was the patient tested for any viral pathogen within 14 days prior to or within &lt;= 3 days after admission?</b> - Yes - No Unknown
<b>I2. If yes, was there a positive culture for aspergillus, mucormycosis, or a bacterial pathogen?</b> - Yes - No - Unknown	<b>I2c. Result of culture</b> - Positive - Negative - Unknown
<b>I2a. If yes, specify pathogen</b> - Aspergillus (fungus) - Mucormycosis (fungus) - Bacteria, specify	<b>I2d. If positive, what pathogen was identified?</b> - Bacteria, specify - Aspergillus (fungus) - Mucormycosis (fungus)
<b>K2C. Treatment End Date</b> - Date or Unknown	<b>This question was deleted</b>
<b>M1. Did the patient have any of the following new diagnoses at discharge (select all that apply)</b>	<b>M1. Did the patient have any of the following new diagnoses at discharge (select all that apply)</b>  - All diagnoses that were previously collected are also collected this season - Mucormycosis was added as a new diagnosis

## 2) FluSurv-NET/RSV Laboratory Survey- Attachment #7

Question on 2021-22 form	Question on 2022-23 form
<b>4a. Select the kit names for the rapid influenza diagnostic tests performed or planned to be used at the laboratory (check all that apply)</b>	<b>4a. Select the kit names for the rapid influenza diagnostic tests performed or planned to be used at the laboratory (check all that apply)</b>
<input type="checkbox"/> Acucy Influenza A&B Test (Sekisui Diagnostics, LLC) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B, (Becton Dickinson & Co.) <input type="checkbox"/> Binax NOW® Influenza A&B Card 2 (Abbott) <input type="checkbox"/> BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Polymedco Poly sta Flu A&B Test or LifeSign LLC Status Flu A&B (Princeton BioMedtech Corp.)	<input type="checkbox"/> Acucy Influenza A&B Test (Sekisui Diagnostics, LLC) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-wai (Becton Dickinson & Co.) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (Moderate (Becton Dickinson & Co.) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu (Becton Dickinson & Co.) <input type="checkbox"/> Binax NOW® Influenza A&B Card 2 (Abbott)

- CareStart Flu A&B Plus, (Access Bio, Inc.)
- OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC)
- QuickVue® Influenza A+B Test (Quidel Corp.)
- Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
- XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific)
- Other, specify: \_\_\_\_\_

- BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Poly  
Poly stat Flu A&B Test or LifeSign LLC Status Flu A&B (Princeton  
BioMedtech Corp.)
- OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC)
- QuickVue® Influenza A+B Test (Quidel Corp.)
- SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche)
- Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
- Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)
- XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific)
- Other, specify: \_\_\_\_\_

**5A. Select Kit names for all molecular assays performed or planned to be used at the laboratory (check all that apply)**

- ID NOW™ Influenza A & B 2 (CLIA waived), (Abbott)
- Accula Flu A/Flu B (Mesa Biotech, Inc.)†
- ARIES® Flu A/B & RSV Assay, (Luminex)
- BioCode Respiratory Pathogen Panel, (Applied BioCode Inc)\*
- BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LLC)\*†
- BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ)\*†
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit)
- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division) †
- Cepheid Xpert Flu Assay, (Cepheid)
- Cepheid Xpert Flu/RSV XC Assay, (Cepheid)
- Cepheid Xpert Express Flu Assay, (Cepheid)
- Cepheid Xpert Express Flu/RSV Assay, (Cepheid)
- Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV, (Cepheid)†
- Cepheid Xpert XpressSARS-CoV-2/Flu/RSV (CLIA-waived), (Cepheid)
- Cobas Liat Influenza A/B, (Roche Diagnostics)†
- Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test, (Roche Diagnostics)†
- ePlex Respiratory Pathogen Panel (GenMark Diagnostics)\*\*†
- ePlex Respiratory Pathogen Panel 2, (Genmark Diagnostics)\*\*†
- eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)\*
- FilmArray® Pneumonia Panel plus, (BioFire Diagnostics)

**5A. Select Kit names for all molecular assays performed or planned to be used at the laboratory (check all that apply)**

- ID Now™ Influenza A&B (CLIA Waived), (Abbott)†
- Accula Flu A/Flu B (Mesa Biotech, Inc.)†
- Alinity M Resp-4 Plex Assay (Abbott)†
- Aptima SARS-CoV-2/Flu/A/B†
- ARIES® Flu A/B & RSV Assay, (Luminex)
- BioCode Respiratory Pathogen Panel, (Applied BioCode Inc)\*
- BioFire Pneumonia Panel (Biomerieux)
- BioFire Pneumonia plus Panel (Biomerieux)
- BioFire Respiratory Panel 2.1 (RP2.1) (Biomerieux)\*†
- BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)\*†
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)
- CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Probe Set, (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)
- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)†
- Cobas Liat Influenza A/B, (Roche Diagnostics)†
- Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test, (Roche Diagnostics)†
- ePlex Respiratory Pathogen Panel (GenMark Diagnostics)\*\*†
- ePlex Respiratory Pathogen Panel 2, (Genmark Diagnostics)\*\*†
- eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)\*

- FilmArray® Pneumonia Panel, (BioFire Diagnostics)
- FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)\*
- FilmArray® Respiratory Panel 2 (BioFire Diagnostics, LLC)\*
- FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)\*
- FluChip-8G Influenza A+B Assay, (InDevR)\*
- Idylla Respiratory IFV-RSV Panel, (Biocartis)\*
- IMDx Flu A/B and RSV for Abbott m2000, (IMDx)
- Lyra Influenza A+B Assay, (Quidel)
- Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)\*
- Panther Fusion® Flu A/B RSV, (Assay Hologic)
- Prodesse PROFLU™, (GenProbe/Hologic)
- Prodesse ProFAST™, (GenProbe/Hologic)\*
- QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)\*†
- Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)‡
- Silaris Influenza A & Btg, (Sekisui Diagnostic)†
- Sofia 2 Flu + SARS Antigen FIA, (Quidel) †‡
- Solana Influenza A+B Assay, (Quidel)
- Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M)
- Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M)
- Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M)
- Simplexa™ Flu A/B & RSV Gen II (Diasorin)\*
- Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc)
- Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex)
- Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex), (Luminex)\*
- x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc)\*
- In-house developed PCR assay
- Other, specify: \_\_\_\_\_

†= Rapid Molecular \* = can detect subtype ‡=Multiplex for influenza/SARS-CoV-2

- FluChip-8G Influenza A+B Assay, (InDevR)\*
- Idylla Respiratory IFV-RSV Panel, (Biocartis)\*
- IMDx Flu A/B and RSV for Abbott m2000, (IMDx)
- Lyra Influenza A+B Assay, (Quidel)
- Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)\*
- Panther Fusion® Flu A/B RSV, (Assay Hologic)
- Prodesse PROFLU™, (GenProbe/Hologic)
- Prodesse ProFAST™, (GenProbe/Hologic)\*
- QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)\*†
- Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)‡
- Silaris Influenza A & Btg, (Sekisui Diagnostic)†
- Sofia 2 Flu + SARS Antigen FIA, (Quidel) †‡
- Solana Influenza A+B Assay, (Quidel)
- Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M)
- Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M)
- Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M)
- Simplexa™ Flu A/B & RSV Gen II (Diasorin)\*
- Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex), (Luminex)\*
- Xpert Xpress COV-2/Flu/RSV plus†‡
- Xpert Xpress Flu Assay, (Cepheid)†
- Xpert Xpress Flu/RSV Assay, (Cepheid) †
- Xpert Xpress SARS-CoV-2/Flu/RSV, (Cepheid)†‡
- x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc)\*
- In-house developed PCR assay
- Other, specify: \_\_\_\_\_

†= Rapid Molecular \* = can detect subtype ‡=Multiplex for influenza/SARS-CoV-2

**5B If more than one kit is selected above, please select the one kit name that is (or will be) used most frequently for molecular assay at the laboratory during the current influenza season:**

- ID NOW™ Influenza A & B 2 (CLIA waived), (Abbott)
- Accula Flu A/Flu B (Mesa Biotech, Inc.)†
- ARIES® Flu A/B & RSV Assay, (Luminex)
- BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ)\*†
- BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LLC)\*†
- BioCode Respiratory Pathogen Panel, (Applied BioCode Inc)\*
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit)
- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division) †
- Cepheid Xpert Flu Assay, (Cepheid)
- Cepheid Xpert Flu/RSV XC Assay, (Cepheid)
- Cepheid Xpert Express Flu Assay, (Cepheid)
- Cepheid Xpert Express Flu/RSV Assay, (Cepheid)
- Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV, (Cepheid)†
- Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV (CLIA-waived), (Cepheid)
- Cobas Liat Influenza A/B, (Roche Diagnostics)†
- Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test, (Roche Diagnostics)†
- ePlex Respiratory Pathogen Panel (GenMark Diagnostics)\*††
- ePlex Respiratory Pathogen Panel 2, (Genmark Diagnostics)\*††
- eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)\*
- FilmArray® Pneumonia Panel plus, (BioFire Diagnostics)

**5B If more than one kit is selected above, please select the one kit name that is (or will be) used most frequently for molecular assay at the laboratory during the current influenza season:**

- ID Now™ Influenza A&B (CLIA Waived), (Abbott)†
- Accula Flu A/Flu B (Mesa Biotech, Inc.)†
- Alinity M Resp-4 Plex Assay (Abbott)‡
- Aptima SARS-CoV-2/Flu A/B†
- ARIES® Flu A/B & RSV Assay, (Luminex)
- BioCode Respiratory Pathogen Panel, (Applied BioCode Inc)\*
- BioFire Pneumonia Panel (Biomerieux)
- BioFire Pneumonia plus Panel (Biomerieux)
- BioFire Respiratory Panel 2.1 (RP2.1) (Biomerieux)\*†
- BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)\*†
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)
- CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Probe Set, (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)
- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)†
- Cobas Liat Influenza A/B, (Roche Diagnostics)†
- Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)†
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test, (Roche Diagnostics)†
- ePlex Respiratory Pathogen Panel (GenMark Diagnostics)\*††
- ePlex Respiratory Pathogen Panel 2, (Genmark Diagnostics)\*††
- eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)

<ul style="list-style-type: none"> <li><input type="checkbox"/> FilmArray® Pneumonia Panel, (BioFire Diagnostics)</li> <li><input type="checkbox"/> FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)*</li> <li><input type="checkbox"/> FilmArray® Respiratory Panel 2 (BioFire Diagnostics, LLC)*</li> <li><input type="checkbox"/> FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)*</li> <li><input type="checkbox"/> FluChip-8G Influenza A+B Assay, (InDevR)*</li> <li><input type="checkbox"/> Idylla Respiratory IFV-RSV Panel, (Biocartis)*</li> <li><input type="checkbox"/> IMDx Flu A/B and RSV for Abbott m2000, (IMDx)</li> <li><input type="checkbox"/> Lyra Influenza A+B Assay, (Quidel)</li> <li><input type="checkbox"/> Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)†</li> <li><input type="checkbox"/> Panther Fusion® Flu A/B RSV, (Assay Hologic)</li> <li><input type="checkbox"/> Prodesse PROFLU™, (GenProbe/Hologic)</li> <li><input type="checkbox"/> Prodesse ProFAST™, (GenProbe/Hologic)*</li> <li><input type="checkbox"/> QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)**</li> <li><input type="checkbox"/> Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)‡</li> <li><input type="checkbox"/> Silaris Infuenza A &amp; Btg, (Sekisui Diagnostic)†</li> <li><input type="checkbox"/> Sofia 2 Flu + SARS Antigen FIA, (Quidel) ††</li> <li><input type="checkbox"/> Solana Influenza A+B Assay, (Quidel)</li> <li><input type="checkbox"/> Simplexa™ Flu A/B &amp; RSV, (Focus Diagnostics, 3M)</li> <li><input type="checkbox"/> Simplexa™ Flu A/B &amp; RSV Direct, (Focus Diagnostics, 3M)</li> <li><input type="checkbox"/> Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M)*</li> <li><input type="checkbox"/> Simplexa™ Flu A/B &amp; RSV Gen II (Diasorin)</li> <li><input type="checkbox"/> Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc)</li> <li><input type="checkbox"/> Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex)</li> <li><input type="checkbox"/> Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex), (Luminex)*</li> <li><input type="checkbox"/> x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc)*</li> <li><input type="checkbox"/> In-house developed PCR assay</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> <p>†= Rapid Molecular * = can detect subtype ‡=Multiplex for influenza/SARS-CoV-2</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> FluChip-8G Influenza A+B Assay, (InDevR)*</li> <li><input type="checkbox"/> Idylla Respiratory IFV-RSV Panel, (Biocartis)*</li> <li><input type="checkbox"/> IMDx Flu A/B and RSV for Abbott m2000, (IMDx)</li> <li><input type="checkbox"/> Lyra Influenza A+B Assay, (Quidel)</li> <li><input type="checkbox"/> Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diag</li> <li><input type="checkbox"/> Panther Fusion® Flu A/B RSV, (Assay Hologic)</li> <li><input type="checkbox"/> Prodesse PROFLU™, (GenProbe/Hologic)</li> <li><input type="checkbox"/> Prodesse ProFAST™, (GenProbe/Hologic)*</li> <li><input type="checkbox"/> QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)**</li> <li><input type="checkbox"/> Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagn</li> <li><input type="checkbox"/> Silaris Infuenza A &amp; Btg, (Sekisui Diagnostic)†</li> <li><input type="checkbox"/> Sofia 2 Flu + SARS Antigen FIA, (Quidel) ††</li> <li><input type="checkbox"/> Solana Influenza A+B Assay, (Quidel)</li> <li><input type="checkbox"/> Simplexa™ Flu A/B &amp; RSV, (Focus Diagnostics, 3M)</li> <li><input type="checkbox"/> Simplexa™ Flu A/B &amp; RSV Direct, (Focus Diagnostics, 3M)</li> <li><input type="checkbox"/> Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M)</li> <li><input type="checkbox"/> Simplexa™ Flu A/B &amp; RSV Gen II (Diasorin)*</li> <li><input type="checkbox"/> Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex), (</li> <li><input type="checkbox"/> Xpert Xpress COV-2/Flu/RSV plus††</li> <li><input type="checkbox"/> Xpert Xpress Flu Assay, (Cepheid)†</li> <li><input type="checkbox"/> Xpert Xpress Flu/RSV Assay, (Cepheid) †</li> <li><input type="checkbox"/> Xpert Xpress SARS-CoV-2/Flu/RSV, (Cepheid)††</li> <li><input type="checkbox"/> x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc)*</li> <li><input type="checkbox"/> In-house developed PCR assay</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> <p>†= Rapid Molecular * = can detect subtype ‡=Multiplex for influenza/S</p>
<p><b>6A. Which influenza test method does the laboratory perform most frequently for pediatric patients (0-17 years)?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rapid influenza antigen diagnostic test (rapid test, RIDT)</li> <li><input type="checkbox"/> Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex or dualplex†</li> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP)</li> <li><input type="checkbox"/> Not applicable (no pediatric testing)</li> </ul>	<p><b>6A. Which influenza test method does the laboratory perform most frequently for pediatric patients (0-17 years)?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rapid influenza antigen diagnostic test (rapid test, RIDT)</li> <li><input type="checkbox"/> Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> <li><input type="checkbox"/> Rapid Molecular assay (e.g. RT-PCR, NAAT) - dualplex/multiplex</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex/multiplex/respiratory viral panel (RVP)</li> <li><input type="checkbox"/> Not applicable (no pediatric testing)</li> </ul>
<p><b>6B. Which influenza test method does the laboratory perform most frequently for adult patients (aged &gt;= 18 years)?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rapid influenza antigen diagnostic test (rapid test, RIDT)</li> <li><input type="checkbox"/> Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex or duplex†</li> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP)</li> <li><input type="checkbox"/> Not applicable (no adult testing)</li> </ul>	<p><b>6B. Which influenza test method does the laboratory perform most frequently for adult patients (aged &gt;= 18 years)?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rapid influenza antigen diagnostic test (rapid test, RIDT)</li> <li><input type="checkbox"/> Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> <li><input type="checkbox"/> Rapid Molecular assay (e.g. RT-PCR, NAAT) - dualplex/multiplex</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> <li><input type="checkbox"/> Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex/multiplex/respiratory viral panel (RVP)</li> <li><input type="checkbox"/> Not applicable (no pediatric testing)</li> </ul>
<p><b>7. Based on tests that were performed during the 2021-2022 influenza season, approximately what percent of the time are each of these test types used to test for flu overall</b></p>	<p><b>7. Based on tests that were performed during the 2021-2022 influenza season, approximately what percent of the time are each of these test types used to test for flu overall</b></p>

- \_\_\_\_\_ % Other test type
- \_\_\_\_\_ % Rapid influenza antigen diagnostic test (rapid test, RIDT)
- \_\_\_\_\_ % Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex or d
- \_\_\_\_\_ % Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex or d
- \_\_\_\_\_ % Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/re

- \_\_\_\_\_ % Other test type
- \_\_\_\_\_ % Rapid influenza antigen diagnostic test (rapid test,
- \_\_\_\_\_ % Rapid Molecular assay (e.g. RT-PCR, NAAT) - singl
- \_\_\_\_\_ % Rapid Molecular assay (e.g. RT-PCR - dualplex/mu
- \_\_\_\_\_ % Standard Molecular assay (e.g. RT-PCR, NAAT) – si
- \_\_\_\_\_ % Standard Molecular assay (e.g. RT-PCR, NAAT) – d

# HAIC

## 1. HAIC: Invasive Methicillin-resistant Staphylococcus aureus (MRSA) Infection Case Report Form (Attachment #9)

2022 CRF Question	Changes to the 2023 CRF Question
<p>34a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or in the year before the DISC?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>2a. Planning region</p> <p>34a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or in the 90 days before the DISC?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>34a.            IF YES, complete below for MOST RECENT positive test for SARS-CoV-2 on or in the year before the DISC:            Specimen collection date:            __-__-____ <input type="checkbox"/> Unknown            Test type:  <input type="checkbox"/> Antigen  <input type="checkbox"/> Molecular assay  <input type="checkbox"/> Serology  <input type="checkbox"/> Method unknown  <input type="checkbox"/> Other (specify): _____</p>	<p>34a.            Specimen collection dates for positive tests in the 90 days before or day of DISC:            First positive test: __-__-____ <input type="checkbox"/> Unknown            Most recent positive test: __-__-____ <input type="checkbox"/> Unknown</p>
<p>34a. COVIDNET Case ID: _____            NNDSS IDs (please provide at least one of the following when applicable):            CDC 2019 NCOV ID: _____            Local case ID: _____            Local record ID: _____            State case identifier: _____            Legacy case identifier: _____</p>	<p>34a. COVIDNET Case ID: _____</p>

**2. HAIC: Invasive Methicillin-sensitive Staphylococcus aureus (MSSA) Infection Case Report Form  
(Attachment #10)**

2022 CRF Question	Changes to the 2023 CRF Question
<p>34a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or in the year before the DISC?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>2a. Planning Region</p> <p>34a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or in the 90 days before the DISC?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>34a.            IF YES, complete below for MOST RECENT positive test for SARS-CoV-2 on or in the year before the DISC:            Specimen collection date:            __-__-____ <input type="checkbox"/> Unknown            Test type:  <input type="checkbox"/> Antigen  <input type="checkbox"/> Molecular assay  <input type="checkbox"/> Serology  <input type="checkbox"/> Method unknown  <input type="checkbox"/> Other (specify): _____</p>	<p>34a.            Specimen collection dates for positive tests in the 90 days before or day of DISC:            First positive test: __-__-____ <input type="checkbox"/> Unknown            Most recent positive test: __-__-____ <input type="checkbox"/> Unknown</p>
<p>34a. COVIDNET Case ID: _____            NNDSS IDs (please provide at least one of the following when applicable):            CDC 2019 NCOV ID: _____            Local case ID: _____            Local record ID: _____            State case identifier: _____            Legacy case identifier: _____</p>	<p>34a. COVIDNET Case ID: _____</p>



**3. HAIC: Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacterales / Invasive Escherichia coli (IEC) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF) (Attachment #11)**

Question on original 2022 form	Question on 2023 form	Description of change								
24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) in the year before or day of the DISC? <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, antigen, or other viral test, excluding serology) in the 90 days before or day of the DISC? <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	i. Updated the text for the question								
24b. If yes, complete the table below for the most recent positive SARS-CoV-2 test in the year before or day of the DISC:	24b. Specimen collection dates for positive tests in the 90 days before or day of DISC:	i. Updated the text for the question ii. Removed the test type iii. Added specimen collection date for first and most recent positive test								
<table border="1"> <thead> <tr> <th>Specimen collection date</th> <th>Test type</th> </tr> </thead> <tbody> <tr> <td>___/___/___ <input type="checkbox"/> Unknown</td> <td> <input type="checkbox"/> Molecular assay  <input type="checkbox"/> Antigen  <input type="checkbox"/> Serology  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other (specify): _____                 </td> </tr> </tbody> </table>	Specimen collection date	Test type	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____	<table border="1"> <tbody> <tr> <td>First positive test:</td> <td>___/___/___ or <input type="checkbox"/> Date unknown</td> </tr> <tr> <td>Most recent positive test:</td> <td>___/___/___ or <input type="checkbox"/> Date unknown</td> </tr> </tbody> </table>	First positive test:	___/___/___ or <input type="checkbox"/> Date unknown	Most recent positive test:	___/___/___ or <input type="checkbox"/> Date unknown	
Specimen collection date	Test type									
___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____									
First positive test:	___/___/___ or <input type="checkbox"/> Date unknown									
Most recent positive test:	___/___/___ or <input type="checkbox"/> Date unknown									

**4. HAIC: Carbapenem-Resistant Enterobacterales (CRE) and Carbapenem-Resistant Acinetobacter baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF) (Attachment #12)**

Question on original 2022 form	Question on 2023 form	Description of change
2022 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant <i>A. baumannii</i> (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report	2023 Carbapenem Resistant Enterobacterales (CRE)/ Carbapenem Resistant <i>A. baumannii</i> (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report	I. Updated the year to 2023 II. Updated Enterobacteriaceae to Enterobacterales
Q2. County	Q2a. County	I. Updated the question number
	Q2b. Planning region	I. Added question
23b. Risk factors in the 7 days before the DISC: <ul style="list-style-type: none"> <li>• Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC</li> <li>• Nebulizer treatment at any time in the 7</li> </ul>	23b. Risk factors in the 7 days before the DISC: <ul style="list-style-type: none"> <li>• Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the</li> </ul>	I. Added a checkbox for "none"

<p>calendar days before the DISC</p> <ul style="list-style-type: none"> <li>• Mechanical ventilation at any time in the 7 calendar days before the DISC</li> </ul>	<p>7 calendar days before the DISC</p> <ul style="list-style-type: none"> <li>• Nebulizer treatment at any time in the 7 calendar days before the DISC</li> <li>• Mechanical ventilation at any time in the 7 calendar days before the DISC</li> <li>• None</li> </ul>											
<p>24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) in the year before or day of the DISC?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	<p>24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, antigen, or other viral test, excluding serology) in the 90 days before or day of the DISC?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	<p>i. Updated the text for the question</p>										
<p>24b. If yes, complete the table below for the most recent positive SARS-CoV-2 test in the year before or day of the DISC:</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 20%;">Specimen collection date</th> <th style="width: 80%;">Test type</th> </tr> <tr> <td> <p>___/___/___</p> <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Molecular assay  <input type="checkbox"/> Antigen  <input type="checkbox"/> Serology  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other (specify): _____ </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Specimen collection date	Test type	<p>___/___/___</p> <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____			<p>24b. Specimen collection dates for positive tests in the 90 days before or day of DISC:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">First positive test:</td> <td style="width: 50%;">___/___/___ or <input type="checkbox"/> Date unknown</td> </tr> <tr> <td>Most recent positive test:</td> <td>___/___/___ or <input type="checkbox"/> Date unknown</td> </tr> </table>	First positive test:	___/___/___ or <input type="checkbox"/> Date unknown	Most recent positive test:	___/___/___ or <input type="checkbox"/> Date unknown	<p>i. Updated the text for the question</p> <p>ii. Removed the test type</p> <p>iii. Added specimen collection date for first and most recent positive test</p>
Specimen collection date	Test type											
<p>___/___/___</p> <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____											
First positive test:	___/___/___ or <input type="checkbox"/> Date unknown											
Most recent positive test:	___/___/___ or <input type="checkbox"/> Date unknown											

### 5. HAIC: CDI Case Report and Treatment Form (Attachment #13)

2022 CRF	2023 CRF	Changes
6. County	6a. County	changed question number
[question not on CRF]	6b. Planning region	new question
36. Previous unique CDI episode	38. Previous unique CDI episode	changed question number
37. Any recurrent C. diff+ episodes following this incident C. diff+ episode?	39. Any recurrent C. diff+ episodes following this incident C. diff+ episode?	changed question number
37a. If YES, Date of first recurrent specimen	39a. If YES, Date of first recurrent specimen	changed question number
38. CRF status	40. CRF status	changed question number
39. Initials of SO	41. Initials of SO	changed question number
40. Date of abstraction	42. Date of abstraction	changed question number
41. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) in the year before or day of the DISC?	36. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, antigen, or other viral test; excluding serology) in the 90 days before or day of the DISC?	changed question number, changed time period, changed tests under consideration
[question not on CRF]	36a. [Specimen collection dates for positive tests in the 90 days before or day	new question

	of DISC] First positive test: ___ / ___ / ___ ___ or <input type="checkbox"/> Date unknown	
41a.1 [If YES, complete below for most recent positive test for SARS CoV-2 in the year before or date of the DISC] - Specimen collection date	36b. [Specimen collection dates for positive tests in the 90 days before or day of DISC] Most recent positive test: ___ / ___ / ___ ___ or <input type="checkbox"/> Date unknown	Reworded, changed time period
41a.2 [If YES, complete below for most recent positive test for SARS CoV-2 in the year before or date of the DISC] - Test type	[question not on CRF]	Removed question
42a. COVID-NET Case ID	37. COVID-NET Case ID	changed question number
42b. NNDSS IDs	[question not on CRF]	Removed question

## 6. HAIC: CDI Annual Surveillance Officers Survey (Attachment #14)

<b>Existing question</b>	<b>Modified question</b>
2. In 2021, did any laboratories drop out of participation?	2. In 2022, did any laboratories drop out of participation? (changed year to 2022 to reflect change in survey year)
3. In 2021, did you identify any additional laboratories inside or outside of your catchment area which identify <i>C.diff</i> assays from persons who are residents of your catchment area?	3. In 2022, did you identify any additional laboratories inside or outside of your catchment area which identify <i>C.diff</i> assays from persons who are residents of your catchment area? (changed year to 2022 to reflect change in survey year)
10. Did your site complete a physician/outpatient provider survey in 2021?	10. Did your site complete a physician/outpatient provider survey in 2022? (changed year to 2022 to reflect change in survey year)
13. For each facility that treated a case in 2021, please provide the following	13. For each facility that treated a case in 2022, please provide the following (changed year to 2022 to reflect change in survey year)

## 7. HAIC: Annual Survey of Laboratory Testing Practices for C. difficile Infections (Attachment #15)

2022	2023	Changes
Was this a new laboratory in 2021?	Was this a new laboratory in 2022?	Changed year to 2022 to reflect change in survey year
Did this lab participate in surveillance in 2021?	Did this lab participate in surveillance in 2022?	Changed year to 2022 to reflect change in survey year
How often did you receive line lists from this lab in 2021?	How often did you receive line lists from this lab in 2022?	Changed year to 2022 to reflect change in survey year
How did you receive line lists from this lab in 2021?	How did you receive line lists from this lab in 2022?	Changed year to 2022 to reflect change in survey year
Did you receive specimens from this lab in 2021?	Did you receive specimens from this lab in 2022?	Changed year to 2022 to reflect change in survey year
Was this lab audited in 2021?	Was this lab audited in 2022?	Changed year to 2022 to reflect change in survey year
Types of facilities in your catchment area served by this lab in 2021	Types of facilities in your catchment area served by this lab in 2022	Changed year to 2022 to reflect change in survey year
1. Did your laboratory ever send specimens off-site for Clostridioides difficile testing in 2021?	1. Did your laboratory ever send specimens off-site for Clostridioides difficile testing in 2022?	Changed year to 2022 to reflect change in survey year
2. What type and order of testing was routinely used by your laboratory in standard testing for C. difficile on December 31, 2021? 1st line of testing: _____ 2nd line of testing: _____ 3rd line of testing: _____	[question not on survey]	Removed question
2a. Which specimens were used during your 2nd line of testing?	[question not on survey]	Removed question
2b. Which specimens were used during your 3rd line of testing?	[question not on survey]	Removed question
2c. Did your laboratory perform any onsite testing for C. difficile outside of your normal testing algorithm in 2021?	[question not on survey]	Removed question
[question not on survey]	[Question 2a is a table with this heading] Which testing method(s) for Clostridioides	Added table of questions

	difficile ( <i>C. difficile</i> ) did your laboratory perform in 2022? (Choose all that apply. Include testing methods used for only part of the year or for only a specific subset of specimens, if applicable)	
[question not on survey]	Did your laboratory use this testing method for <i>Clostridioides difficile</i> ( <i>C. difficile</i> ) in 2022?	Added table of questions
[question not on survey]	[For each testing method selected] Specify when you used this test (e.g. at provider request, for outpatients, for inpatients with a length of stay > 3 days, for every specimen received)	Added table of questions
[question not on survey]	[For each testing method selected] Did you use this testing method in this way for all of 2022?	Added table of questions
[question not on survey]	[For each testing method selected] What date did you change?	Added table of questions
[question not on survey]	[For each testing method selected] What test did you use in this situation before this date?	Added table of questions
3a. Which EIA test kit was used by your laboratory in 2021?	3a. Which EIA test kit was used by your laboratory in 2022?	Changed year to 2022 to reflect change in survey year
3b. Which Nucleic Acid Amplification test was used by your laboratory in 2021?	3b. Which Nucleic Acid Amplification test was used by your laboratory in 2022?	Changed year to 2022 to reflect change in survey year
4a. If your laboratory used a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG GPP) to test for several GI pathogens in 2021, did your laboratory suppress the <i>C. difficile</i> result so that clinicians could not see it?	4a. If your laboratory used a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG GPP) to test for several GI pathogens in 2022, did your laboratory suppress the <i>C. difficile</i> result so that clinicians could not see it?	Changed year to 2022 to reflect change in survey year
4b. If your laboratory used a multiplexed diagnostic in 2022 and the result was suppressed, where does the suppression occur?	4b. If your laboratory used a multiplexed diagnostic in 2022 and the result was suppressed, where does the suppression occur?	Changed year to 2022 to reflect change in survey year
5a. If your laboratory used a nucleic acid amplification test (NAAT) (e.g., Cepheid Xpert <i>C. difficile</i> ) as first line testing followed by a toxin EIA test (whenever NAAT result is positive) in 2022, did your laboratory suppress the positive NAAT result so that clinicians could not see it?	5a. If your laboratory used a nucleic acid amplification test (NAAT) (e.g., Cepheid Xpert <i>C. difficile</i> ) as first line testing followed by a toxin EIA test (whenever NAAT result is positive) in 2022, did your laboratory suppress the positive NAAT result so that clinicians could not see it?	Changed year to 2022 to reflect change in survey year
5b. If your laboratory used NAAT as first line testing followed by confirmatory toxin EIA testing in 2022, and both the NAAT and toxin EIA results were released to the clinician, did your laboratory provide any comments to help the clinician interpret the test results (e.g., NAAT-positive only	5b. If your laboratory used NAAT as first line testing followed by confirmatory toxin EIA testing in 2022, and both the NAAT and toxin EIA results were released to the clinician, did your laboratory provide any comments to help the clinician interpret the test results (e.g., NAAT-positive only	Changed year to 2022 to reflect change in survey year

result might represent colonization, etc.)?	result might represent colonization, etc.)?	
6. What are the LOINC or internal testing codes associated with the tests your lab used in 2022 (e.g. LOINC codes 13957-6, 34713-8, or 54067-4)?	6. What are the LOINC or internal testing codes associated with the tests your lab used in 2022 (e.g. LOINC codes 13957-6, 34713-8, or 54067-4)?	Changed year to 2022 to reflect change in survey year
7a. In 2021, did your laboratory experience any shortages in supplies, reagents, and/or test kits for performing C. difficile testing (e.g., NAAT or EIA reagents, swabs)?	[question not on survey]	Removed question
7b. If your laboratory experienced a supply shortage for C. difficile testing in 2021, how did the shortage affect your laboratory's ability to perform C. difficile testing?	[question not on survey]	Removed question
7c. In 2021, did your laboratory experience a high demand for COVID-19 testing that limited the availability of staff (e.g., reduced staffing or work time) or the use of equipment to perform C. difficile testing?	[question not on survey]	Removed question
8. Did your lab testing algorithm for C. difficile change between January 1, 2021 and December 31, 2021?	[question not on survey]	Removed question
What date did this change occur? ____ / ____ / ____	[question not on survey]	Removed question
8a. What was the previous type and order of testing performed by your lab in 2021 before it changed its testing algorithm? 1st line of testing: _____ 2nd line of testing: _____ 3rd line of testing: _____	[question not on survey]	Removed question
8b. Which specimens were used during your 2nd line of testing?	[question not on survey]	Removed question
8c. Which specimens were used during your 3rd line of testing?	[question not on survey]	Removed question
9. Did your lab have a policy to reject stool specimens for C. difficile testing in 2021? (Read all options. Check all that apply) <input type="checkbox"/> Yes, when stools are formed (formed stools are defined as stools that do NOT take the shape of the container) <input type="checkbox"/> Yes, if there is a stool specimen already positive within 24 hrs of a new stool specimen <input type="checkbox"/> Yes, if there is a stool specimen already positive within 48 hrs of a new stool specimen <input type="checkbox"/> Yes, if there is a stool specimen that tested negative for C. difficile within 48 hours of a new stool specimen <input type="checkbox"/> Yes, will not accept more than one stool specimen in a 24 hr period <input type="checkbox"/> No rejection policy	7. Did your lab have a policy to reject stool specimens for C. difficile testing in 2022? (Read all options. Check all that apply, even if it only applies sometimes) <input type="checkbox"/> Yes, when stools are formed (formed stools are defined as stools that do NOT take the shape of the container) <input type="checkbox"/> Yes, if there was a positive stool specimen recently (e.g. within 24 hours, within 7 days) <input type="checkbox"/> Yes, if there was a negative stool specimen recently (e.g. within 24 hours, within 7 days) <input type="checkbox"/> Yes, will not accept more than one stool specimen in a 24 hr period <input type="checkbox"/> Yes, if patient is on a specific medication (e.g. laxatives) <input type="checkbox"/> No rejection policy	Changed year to 2022 to reflect change in survey year, simplified response options, renumbered question

<input type="checkbox"/> Other rejection policies Specify other rejection policy: <hr/>	<input type="checkbox"/> Other rejection policies Specify other rejection policy: <hr/>	
9a. Did your rejection policy for stool specimens change between January 1, 2021 and December 31, 2021?	7a. Did your rejection policy for stool specimens change between January 1, 2022 and December 31, 2022?	Changed year to 2022 to reflect change in survey year, renumbered question
10. How many stool samples did you test for C. difficile each month in 2021?	8. How many stool samples did you test for C. difficile each month in 2022?	Changed year to 2022 to reflect change in survey year, renumbered question



## 8. HAIC: Candidemia Case Report (Attachment #16)

2022 CRF Question	2023 CRF Question
<b>CANDIDEMIA 2022 CASE REPORT FORM</b> (header)	<b>CANDIDEMIA 2023 CASE REPORT FORM</b> (header) <i>(changed year)</i>
<b>Version: Short Form 2022, Last Updated:</b> 07/17/2021 (footnotes)	<b>Version: Short Form 2023, Last Updated:</b> 07/29/2022 (footnotes) <i>(changed year and date)</i>
<b>23. Incident Specimen Collection Site</b> <i>(check all that apply):</i>  <input type="checkbox"/> Blood, Central line <input type="checkbox"/> Blood, Peripheral stick <input type="checkbox"/> Blood, not specified <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<i>(removed question)</i>
<b>Question 24-25</b>	<i>(changed number by 1)</i>
<b>New Question</b>	<b>25. Did the patient have a culture-independent diagnostic test (CIDT) for <i>Candida</i>, (eg: T2), on the day of or in the 6 days before the DISC?</b>  1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown  25a. If yes, test type: _____ 25b. Result: _____  <i>(new question)</i>
<b>30. Infection with <i>Clostridioides difficile</i> on the day of or in the 89 days before or 29 days after the DISC:</b>  1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown 30a. If yes, date of first <i>C. diff</i> diagnosis: ____ - ____ - ____ <input type="checkbox"/> Unknown	<i>(removed question)</i>
<b>31. Did the patient have any of the following types of infection/colonization related to their <i>Candida</i> infection?</b> (check all that apply):  <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Abdominal <input type="checkbox"/> Hepatobiliary or pancreatic <input type="checkbox"/> GI tract <input type="checkbox"/> Abscess (specify): _____ <input type="checkbox"/> Peritonitis/peritoneal fluid <input type="checkbox"/> Splenic	<b>30. Did the patient have any of the following types of infection related to their <i>Candida</i> infection?</b> (check all that apply):  <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Abdominal infection <input type="checkbox"/> Hepatobiliary or pancreatic <input type="checkbox"/> Abscess (specify): _____ <input type="checkbox"/> Peritonitis/peritoneal fluid <input type="checkbox"/> Splenic <input type="checkbox"/> Urinary tract infection

<input type="checkbox"/> Candiduria <input type="checkbox"/> Esophagitis <input type="checkbox"/> Oral/thrush <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Skin lesions/wounds <input type="checkbox"/> Pulmonary <input type="checkbox"/> Abscess <input type="checkbox"/> Respiratory specimen with Candida <input type="checkbox"/> CNS involvement (meningitis, brain abscess) <input type="checkbox"/> Eyes (endophthalmitis or chorioretinitis) <input type="checkbox"/> Endocarditis <input type="checkbox"/> Septic emboli (specify location): _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Esophagitis <input type="checkbox"/> Oral/thrush <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Skin/wound infection <input type="checkbox"/> Pulmonary infection <input type="checkbox"/> Abscess <input type="checkbox"/> CNS infection (meningitis, brain abscess) <input type="checkbox"/> Eyes <input type="checkbox"/> Endophthalmitis <input type="checkbox"/> Chorioretinitis <input type="checkbox"/> Endocarditis <input type="checkbox"/> Septic emboli (specify location): _____ <input type="checkbox"/> Other (specify): _____ <i>(changed question number, question wording, response options)</i>
<b>Question 32-34</b>	<i>(changed number by 1)</i>
<b>35. Did the patient receive invasive mechanical ventilation in the 30 days before the DISC, not including the DISC?</b> 1 <input type="checkbox"/> Yes    0 <input type="checkbox"/> No    9 <input type="checkbox"/> Unknown	<i>(removed question)</i>
<b>Question 36-37a</b>	<i>(changed number by 2)</i>
<b>38. Did the patient have any of the following classes or specific ICD-10 codes, including any sub-codes for this hospitalization?</b> <i>(Check all that apply):</i> <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> B37 (candidiasis) Specify sub-code: _____ Specify sub-code: _____ <input type="checkbox"/> P37.5 (neonatal candidiasis) <input type="checkbox"/> B48 (other mycoses, not classified elsewhere) <input type="checkbox"/> B49 (unspecified mycoses) <input type="checkbox"/> T80.211 (BSI due to central venous catheter) <input type="checkbox"/> A41.9 (sepsis, unspecified organism) <input type="checkbox"/> R65.2 (severe sepsis)	<b>36. Did the patient have any of the following classes or specific ICD-10 codes, including any sub-codes for this hospitalization?</b> <i>(Check all that apply):</i> <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable (i.e., patient not hospitalized) <input type="checkbox"/> B37 (candidiasis) Specify sub-code: _____ Specify sub-code: _____ <input type="checkbox"/> P37.5 (neonatal candidiasis) <input type="checkbox"/> B48 (other mycoses, not classified elsewhere) <input type="checkbox"/> B49 (unspecified mycoses) <input type="checkbox"/> T80.211 (BSI due to central venous catheter) <input type="checkbox"/> A41.9 (sepsis, unspecified organism)

<input type="checkbox"/> Other <i>Candida</i> -related code Specify code: _____	<input type="checkbox"/> R65.2 (severe sepsis) <input type="checkbox"/> Other <i>Candida</i> -related code Specify code: _____  <i>(changed question number, added check box option for not applicable)</i>
<b>Question 39-44</b>	<i>(changed number by 2)</i>
<b>45. Other Substances</b> <i>(Check all that apply):</i>  <b>Mode of Delivery</b> <i>(Check all that apply):</i> <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown	<b>43. Other Substances</b> <i>(Check all that apply):</i>  <b>Mode of Delivery</b> <i>(Check all that apply):</i> <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown <input type="checkbox"/> IDU <input type="checkbox"/> Non-IDU <input type="checkbox"/> Unknown  <i>(changed question number, removed "Skin popping" as an option)</i>
<b>Question 46-50</b>	<i>(changed number by 2)</i>
<b>New Question</b>	<b>49. Did the patient have any ostomies of the gastrointestinal tract including ileostomy, colostomy, etc. in the 30 calendar days before, not including the DISC?</b>  1 <input type="checkbox"/> Yes    0 <input type="checkbox"/> No    9 <input type="checkbox"/> Unknown
<b>Question 51-53a</b>	<i>(changed number by 2)</i>
53b. Were <u>all</u> CVCs removed or changed on the day of or in the 6 days after the DISC?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  3 <input type="checkbox"/> CVC removed, but can't find dates 5 <input type="checkbox"/> Died or discharged before indwelling catheter replaced 9 <input type="checkbox"/> Unknown	52b. Were <u>all</u> CVCs removed or changed in the 2 days before or in the 6 days after the DISC?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  3 <input type="checkbox"/> CVC removed, but can't find dates 5 <input type="checkbox"/> Died or discharged before indwelling catheter replaced 9 <input type="checkbox"/> Unknown  <i>(changed question number and question wording)</i>

<b>Question 54-55</b>	<i>(changed number by 1)</i>
<p><b>56. Did the patient have a positive SARS-CoV-2 test result (molecular assay, serology, or other confirmatory test) from a specimen collected in the 90 days before the DISC or on the DISC?</b></p> <p>1 Yes 0 No 9 Unknown</p>	<p><b>55. Did the patient have a positive SARS-CoV-2 test result (molecular assay, antigen, or other confirmatory test, excluding serology) from a specimen collected in the 90 days before the DISC or on the DISC?</b></p> <p>1 Yes 0 No 9 Unknown</p> <p><i>(changed question number and question wording)</i></p>
<b>Question 56a-58</b>	<i>(changed number by 1)</i>
<p>58a. If yes, what was the reason steroids were administered? <i>(check all that apply)</i></p> <p><input type="checkbox"/> Steroid(s) given as an outpatient medication</p> <p><input type="checkbox"/> Steroid(s) given during hospitalization associated with candidemia episode prior to <i>Candida</i> DISC</p> <p><input type="checkbox"/> Steroid(s) given as part of treatment/management for COVID-19</p>	<p>57a. If yes, what was the reason steroids were administered? <i>(check all that apply)</i></p> <p><input type="checkbox"/> Steroid(s) given as an outpatient medication</p> <p><input type="checkbox"/> Steroid(s) given, prior to <i>Candida</i> DISC, during hospitalization associated with candidemia episode</p> <p><input type="checkbox"/> Steroid(s) given as part of treatment/management for COVID-19</p> <p><input type="checkbox"/> None of the above</p> <p><i>(changed question number and response wording, added check box for additional response option)</i></p>
<b>Question 59</b>	<i>(changed number by 1)</i>
<p><b>60. Did the patient receive any of the following immunomodulatory drugs in the 30 days before the DISC, not including the DISC?</b> <i>(check all that apply)</i></p> <p><input type="checkbox"/>None    <input type="checkbox"/>Tocilizumab    <input type="checkbox"/>Sarilumab <input type="checkbox"/>Baricitinib    <input type="checkbox"/>Unknown</p> <p>60a. If yes were any of the immunomodulatory drugs given as part of treatment/management for COVID-19?</p> <p>1 <input type="checkbox"/>Yes    0 <input type="checkbox"/>No    9 <input type="checkbox"/>Unknown</p>	<i>(removed questions)</i>
<b>Question 61-65</b>	<i>(changed number by 2)</i>
<b>New Question</b>	<p><b>64. Did the patient have an echocardiogram (ECHO), including transthoracic (TTE) or transesophageal (TEE), on the day of or 13 days after the DISC?</b></p> <p>1 <input type="checkbox"/>Yes    0 <input type="checkbox"/>No    9 <input type="checkbox"/>Unknown</p>
<b>New Question</b>	<p><b>65. Did the patient have a dilated fundoscopic eye exam on the day of or 13</b></p>

**days after the DISC?**

1  Yes    0  No    9  Unknown

9. HAIC: Laboratory Testing Practices for Candidemia Questionnaire (Attachment #17)

2022 Lab Survey Question	2023 Lab Survey Question
<p><b>2022 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE</b> (header)</p>	<p><b>2023 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE</b> (header)</p> <p><i>(changed year)</i></p>
<p><b>1) What kind of laboratory is this facility? (select one)</b></p> <p><input type="checkbox"/> Hospital laboratory</p> <p><input type="checkbox"/> Commercial laboratory (Quest, etc.)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Unknown</p>	<p><b>1) What kind of laboratory is this? (select one)</b></p> <p><input type="checkbox"/> Hospital laboratory</p> <p><input type="checkbox"/> Commercial laboratory (Quest, etc.)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed question wording to remove "facility")</i></p>
<p><b>2) Does this facility ever receive blood cultures from nursing homes or other long term care facilities?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>2) Does this laboratory ever receive blood cultures from nursing homes or other long term care facilities?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed question wording to replace "facility" with "laboratory")</i></p>
<p><b>5) What is the approximate volume of any type of fungal cultures performed <u>annually</u> in your laboratory?</b></p> <p>Specify number: _____ <input type="checkbox"/> Unknown</p>	<p><b>5) What is the approximate volume of fungal cultures ordered and performed <u>annually</u> in your laboratory for <u>any</u> specimen type?</b></p> <p>Specify number: _____ <input type="checkbox"/> Unknown</p> <p><i>(changed question wording)</i></p>
<p><b>6) What is the approximate volume of fungal cultures from blood performed <u>annually</u> in your laboratory?</b></p> <p>Specify number: _____ <input type="checkbox"/> Unknown</p>	<p><b>6) What is the approximate volume of fungal blood cultures ordered and performed <u>annually</u> in your laboratory?</b></p> <p>Specify number: _____ <input type="checkbox"/> Unknown</p> <p><i>(changed question wording)</i></p>
<p><b>7) Does this laboratory offer yeast identification</b></p>	<p><b>7) Does this laboratory offer yeast identification</b></p>

<p><b>either onsite or sent to another laboratory?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (----- <i>If No, SKIP TO QUESTION 15</i> -----)</p> <p><input type="checkbox"/> Unknown (<i>is there another laboratory staff member who can assist with the questionnaire?</i>)</p>	<p><b>(either onsite or sent to another laboratory)?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (----- <i>If No, SKIP TO QUESTION 18</i> -----)</p> <p><input type="checkbox"/> Unknown (<i>is there another laboratory staff member who can assist with the questionnaire?</i>)</p> <p><i>(added parentheses to question wording, updated skip logic in response options)</i></p>
<p><b>10) Does this laboratory routinely use Chromagar for the identification or differentiation of <i>Candida</i> isolates?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>10) Does this laboratory routinely use chromogenic agar for the identification or differentiation of <i>Candida</i> isolates?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed question wording to replace "Chromagar" with "chromogenic agar")</i></p>
<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>a. Blood isolates</b></p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>a. Blood isolates</b></p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed first response option wording)</i></p>
<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>b. Other normally sterile body site isolates</b></p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>b. Other normally sterile body site isolates</b></p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed first response option wording)</i></p>

<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>c. Abdominal isolates</b></p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>c. Abdominal isolates</b></p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed first response option wording)</i></p>
<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>d. Respiratory isolates</b></p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>d. Respiratory isolates</b></p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed first response option wording)</i></p>
<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>e. Urine isolates</b></p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>e. Urine isolates</b></p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, with clinician order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed first response option wording)</i></p>
<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>f. Other (specify) _____</b></p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with clinician order</p>	<p><b>11) Species-level identification is performed for <i>Candida</i> spp. isolated from which of the following?</b></p> <p><b>f. Other (specify) _____</b></p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, with clinician order</p>



<input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Unknown  <i>(changed first response option wording)</i>
<p><b>13) Does this laboratory employ culture-independent diagnostic tests (CIDT) to identify <i>Candida</i> from blood specimens?</b></p> <input type="checkbox"/> Yes (got to q14) <input type="checkbox"/> No (got to q17) <input type="checkbox"/> Unknown	<p><b>13) Does this laboratory employ culture-independent diagnostic tests (CIDTs) to identify <i>Candida</i> from blood specimens?</b></p> <input type="checkbox"/> Yes (go to Q14) <input type="checkbox"/> No (go to Q17) <input type="checkbox"/> Unknown  <i>(changed question wording to update CIDT abbreviation, changed formatting of skip logic in the response wording)</i>
<p><b>14) Does this laboratory employ the T2Candida Panel to identify <i>Candida</i> from blood specimens?</b></p> <input type="checkbox"/> Yes (got to 12a) <input type="checkbox"/> No (go to 13) <input type="checkbox"/> Unknown	<p><b>14) Does this laboratory employ the T2Candida Panel to identify <i>Candida</i> from blood specimens?</b></p> <input type="checkbox"/> Yes (go to Q14a) <input type="checkbox"/> No (go to Q15) <input type="checkbox"/> Unknown  <i>(changed formatting of skip logic in the response wording)</i>
<p><b>14) Does this laboratory employ the T2Candida Panel to identify <i>Candida</i> from blood specimens?</b></p> <p><b>b. If Yes, does this lab culture blood if you get a positive result on T2Candida Panel?</b></p> <input type="checkbox"/> Yes, reflexively <input type="checkbox"/> Yes, with a clinical order <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><b>14) Does this laboratory employ the T2Candida Panel to identify <i>Candida</i> from blood specimens?</b></p> <p><b>b. If Yes and you get a positive result on T2Candida Panel, does this lab culture the blood to obtain an isolate?</b></p> <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, with a clinical order <input type="checkbox"/> No <input type="checkbox"/> Unknown  <i>(changed question wording, changed first response option wording)</i>
<p><b>15) Does this laboratory employ the BioFire (FilmArray) to identify <i>Candida</i> from blood specimens?</b></p>	<p><b>15) Does this laboratory employ the BioFire (FilmArray) to identify <i>Candida</i> from blood specimens?</b></p>

<input type="checkbox"/> Yes (go to 15a) <input type="checkbox"/> No (go to 16) <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (go to Q15a) <input type="checkbox"/> No (go to Q16) <input type="checkbox"/> Unknown  <i>(changed formatting of skip logic in the response wording)</i>
<p><b>15) Does this laboratory employ the BioFire (FilmArray) to identify <i>Candida</i> from blood specimens?</b></p> <p><b>b. If Yes, does this lab reflexively culture blood if you get a positive result on BioFire?</b></p> <input type="checkbox"/> Yes, reflexively <input type="checkbox"/> Yes, with a clinical order <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><b>15) Does this laboratory employ the BioFire (FilmArray) to identify <i>Candida</i> from blood specimens?</b></p> <p><b>b. If Yes and you get a positive result on BioFire, does this lab culture the blood to obtain an isolate?</b></p> <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, with a clinical order <input type="checkbox"/> No <input type="checkbox"/> Unknown  <i>(changed question wording, changed first response option wording)</i>
<p><b>19) Where is antifungal susceptibility testing (AFST) done? (check the most applicable)</b></p> <input type="checkbox"/> On-site, in the laboratory <input type="checkbox"/> Sent to commercial lab <input type="checkbox"/> Sent to affiliated hospital lab <input type="checkbox"/> Sent to other local/regional, non-affiliated reference or public health laboratory <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<p><b>19) Where is antifungal susceptibility testing (AFST) done? (check the most applicable)</b></p> <input type="checkbox"/> On-site, in the laboratory (go to Q20) <input type="checkbox"/> Sent to commercial lab (----- <b><i>If not an on-site laboratory, QUESTIONNAIRE COMPLETE</i></b> -----) <input type="checkbox"/> Sent to affiliated hospital lab <input type="checkbox"/> Sent to other local/regional, non-affiliated reference or public health laboratory <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown  <i>(changed skip logic in the response wording)</i>
<p><b>21) What methods are used for AFST? (check all that apply)</b></p> <input type="checkbox"/> Non-commercial broth microdilution <input type="checkbox"/> YeastOne <input type="checkbox"/> E test <input type="checkbox"/> Vitek	<p><b>21) What methods are used for AFST, excluding Amphotericin B? (check all that apply)</b></p> <input type="checkbox"/> Broth microdilution with laboratory developed plates <input type="checkbox"/> YeastOne ( <a href="#">Thermo Scientific™ Sensititre™</a> ) <input type="checkbox"/> Gradient diffusion (E test)

<input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Vitek ( <a href="#">bioMerieux</a> ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown  <i>(changed question wording to specify all antifungals except Amp B, changed response option wording)</i>
<p><b>a. If you use Vitek for AFST, what <i>Candida</i> species do you test with it? (check all that apply)</b></p> <input type="checkbox"/> <i>C. albicans</i> <input type="checkbox"/> <i>C. glabrata</i> <input type="checkbox"/> <i>C. parapsilosis</i> <input type="checkbox"/> Other <i>Candida</i> spp.	<i>(removed question)</i>
<p><b><i>New question</i></b></p>	<p><b>22) What methods are used for AFST of Amphotericin B? (check all that apply)</b></p> <input type="checkbox"/> Broth microdilution with laboratory developed plates <input type="checkbox"/> YeastOne ( <a href="#">Thermo Scientific™ Sensititre™</a> ) <input type="checkbox"/> Gradient diffusion (E test) <input type="checkbox"/> Vitek ( <a href="#">bioMerieux</a> ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown  <i>(new question)</i>
<p><b>22) How does this laboratory meet proficiency testing requirements for antifungal susceptibility testing, if performed?</b></p> <input type="checkbox"/> Commercial provider (specify) _____ <input type="checkbox"/> Internal alternate assessments (specify) _____	<p><b>23) How does this laboratory meet proficiency testing requirements for antifungal susceptibility testing, if performed?</b></p> <input type="checkbox"/> Commercial provider (specify) _____ <input type="checkbox"/> Internal alternate assessments (specify) _____  <i>(changed question number)</i>
<p><b>23) How are results of AFST reported? (select one)</b></p> <input type="checkbox"/> Categorical interpretation only (susceptible, resistant, etc.) <input type="checkbox"/> MIC only <input type="checkbox"/> Both--categorical interpretation PLUS MIC <input type="checkbox"/> Unknown	<p><b>24) How are results of AFST reported when breakpoints are available? (select one)</b></p> <input type="checkbox"/> Categorical interpretation only (susceptible, resistant, etc.) <input type="checkbox"/> MIC only <input type="checkbox"/> Both--categorical interpretation PLUS MIC <input type="checkbox"/> Unknown

	(changed question wording to specify when breakpoints are available, changed question number)
<p>a. If categorical interpretation only, how do you determine the categorical interpretation? (check all that apply)</p> <p><input type="checkbox"/> CLSI M27 S4</p> <p><input type="checkbox"/> CLSI M27 S3</p> <p><input type="checkbox"/> From manufacturer of MIC test</p> <p><input type="checkbox"/> Apply epidemiologic breakpoints</p> <p><input type="checkbox"/> Other _____</p>	(removed question)
<p><b>New question</b></p>	<p>25) How are results of AFST reported when breakpoints aren't available? (select one)</p> <p><input type="checkbox"/> MIC only</p> <p><input type="checkbox"/> Both--categorical interpretation PLUS MIC</p> <p><input type="checkbox"/> Unknown</p> <p>(new question)</p>
<p>24) For what type of <i>Candida</i> isolates is antifungal susceptibility testing (AFST) performed <u>automatically/reflexively</u>? (check all that apply)</p> <p><input type="checkbox"/> Blood isolates</p> <p><input type="checkbox"/> Other normally sterile body site isolates</p> <p><input type="checkbox"/> Other (specify) _____ <input type="checkbox"/></p> <p>No AFST performed automatically (requires order from a clinician)</p> <p><input type="checkbox"/> Unknown</p>	<p>26) For what type of <i>Candida</i> isolates is antifungal susceptibility testing (AFST) performed <u>automatically</u>? (check all that apply)</p> <p><input type="checkbox"/> Blood isolates</p> <p><input type="checkbox"/> Other normally sterile body site isolates</p> <p><input type="checkbox"/> Other (specify) _____ <input type="checkbox"/></p> <p>No AFST performed automatically (requires order from a clinician)</p> <p><input type="checkbox"/> Unknown</p> <p>(changed question wording to remove reflexively, changed question number)</p>
<p>25) How is AFST performed for the following <i>Candida</i> spp.?</p> <p>a. <i>C. albicans</i></p> <p><input type="checkbox"/> Performed automatically/reflexively (Go to 21ai)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 21ai)</p> <p><input type="checkbox"/> Not performed</p>	<p>27) When is AFST performed for the following <i>Candida</i> spp.?</p> <p>a. <i>C. albicans</i></p> <p><input type="checkbox"/> Performed automatically (Go to 27ai)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 27ai)</p> <p><input type="checkbox"/> Not performed</p>

	<i>(changed question and response wording, updated skip logic, changed question number)</i>
<p><b>i. Drugs for which AFST is performed automatically/reflexively on <i>C. abicans</i> (check all that apply):</b></p> <p><input type="checkbox"/> Micafungin</p> <p><input type="checkbox"/> Anidulafungin</p> <p><input type="checkbox"/> Caspofungin</p> <p><input type="checkbox"/> Fluconazole</p> <p><input type="checkbox"/> Voriconazole</p> <p><input type="checkbox"/> Amphotericin B</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>	<p><b>i. Drugs for which AFST is performed on <i>C. ablicans</i> (check all that apply):</b></p> <p><input type="checkbox"/> Micafungin</p> <p><input type="checkbox"/> Anidulafungin</p> <p><input type="checkbox"/> Caspofungin</p> <p><input type="checkbox"/> Fluconazole</p> <p><input type="checkbox"/> Voriconazole</p> <p><input type="checkbox"/> Amphotericin B</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p><i>(fixed species misspelling)</i></p>
<p><b>25) How is AFST performed for the following <i>Candida</i> spp.?</b></p> <p><b>b. <i>C. glabrata</i></b></p> <p><input type="checkbox"/> Performed automatically/reflexively (Go to 21bi)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 21bi)</p> <p><input type="checkbox"/> Not performed</p>	<p><b>27) When is AFST performed for the following <i>Candida</i> spp.?</b></p> <p><b>b. <i>C. glabrata</i></b></p> <p><input type="checkbox"/> Performed automatically (Go to 27bi)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 27bi)</p> <p><input type="checkbox"/> Not performed</p> <p><i>(changed response wording to remove reflexively, updated skip logic)</i></p>
<p><b>25) How is AFST performed for the following <i>Candida</i> spp.?</b></p> <p><b>c. <i>C. parapsilosis</i></b></p> <p><input type="checkbox"/> Performed automatically/reflexively (Go to 21ci)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 21ci)</p> <p><input type="checkbox"/> Not performed</p>	<p><b>27) When is AFST performed for the following <i>Candida</i> spp.?</b></p> <p><b>c. <i>C. parapsilosis</i></b></p> <p><input type="checkbox"/> Performed automatically (Go to 27ci)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 27ci)</p> <p><input type="checkbox"/> Not performed</p> <p><i>(changed response wording to remove reflexively, updated skip logic)</i></p>
<p><b>25) How is AFST performed for the following <i>Candida</i> spp.?</b></p> <p><b>d. <u>Other <i>Candida</i> spp.</u></b></p> <p><input type="checkbox"/> Performed automatically/reflexively (Go to</p>	<p><b>27) When is AFST performed for the following <i>Candida</i> spp.?</b></p> <p><b>d. <u>Other <i>Candida</i> spp.</u></b></p> <p><input type="checkbox"/> Performed automatically (Go to 27di)</p>

<p>21di)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 21di)</p> <p><input type="checkbox"/> Not performed</p>	<p><input type="checkbox"/> Performed with a clinician's order (Go to 27di)</p> <p><input type="checkbox"/> Not performed</p> <p><i>(changed response wording to remove reflexively, updated skip logic)</i></p>
<p><b>New question</b></p>	<p><b>28) Is this laboratory tracking susceptibility trends for <i>Candida</i> spp. isolates tested in your lab?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(new question)</i></p>

**10. Invasive Staphylococcus aureus Supplemental Surveillance Officer (Attachment #18)**

2021 Survey Question	Changes to the 2021 Survey Question
<p>COVID-19 Impact section</p> <p>1. Did COVID-19 response activities delay 2021 iSA surveillance work (e.g., unable to meet iSA deadlines during 2021)? ___ yes ___no</p>	<p>COVID-19 Impact section</p> <p>1. Did COVID-19 response activities affect or delay 2022 iSA surveillance work (e.g., unable to meet iSA deadlines during 2022)? ___ yes ___no</p>
<p>CDC Responsibilities section</p> <p>1. CDC staff are responsive to questions/concerns/emails (e.g., Davina Campbell, Runa Gokhale, Kelly Jackson, Isaac See, and Shirley Zhang). _____ Strongly agree _____ Agree _____ Neutral _____ Disagree _____ Strongly disagree</p>	<p>CDC Responsibilities section</p> <p>1. CDC staff are responsive to questions/concerns/emails (e.g., Holly Biggs, Davina Campbell, Kelly Jackson, Isaac See, and Shirley Zhang). _____ Strongly agree _____ Agree _____ Neutral _____ Disagree _____ Strongly disagree</p>

**11. HAIC: Invasive Staphylococcus aureus Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT) (Attachment #19)**

2022 Survey Question	2023 Survey Question
<p>2b. If yes when did the change occur? MRSA (i.e., not for MSSA) (Month/year of change) _____/_____ <i>Staphylococcus aureus</i> (i.e., both MRSA and MSSA) (Month/year of change) _____/_____</p>	<p>2a. If yes when did the change occur? MRSA (i.e., not for MSSA) (Month/year of change) _____/_____ <i>Staphylococcus aureus</i> (i.e., both MRSA and MSSA) (Month/year of change) _____/_____</p> <p>[Updated question number]</p>
<p>1. Do you routinely set up culture for sterile sites (blood, CSF, bone, etc.) on site (in-house) at your laboratory? <input type="checkbox"/> Yes - GO TO Q2   <input type="checkbox"/> No - GO TO Q3</p>	<p>3. Do you routinely set up culture for sterile sites (blood, CSF, bone, etc.) on site (in-house) at your laboratory? <input type="checkbox"/> Yes - GO TO Q4   <input type="checkbox"/> No - GO TO Q3a</p> <p>[Updated question number]</p>
<p>1a. [If no] To which laboratory do you send sterile specimens for culture/identification?</p>	<p>3a. [If no] To which laboratory do you send sterile specimens for culture/identification?</p> <p>[Updated question number]</p>
	<p><b>Question 4 asks about methods for identifying <i>S. aureus</i> or MRSA from a positive sterile site (blood, CSF, bone, etc.) culture.</b></p> <p>[Added section header]</p>
<p>3c. [If using any of the above tests on sterile site specimens] Do you still obtain an isolate for <i>S. aureus</i> or MRSA?   <input type="checkbox"/> Yes   <input type="checkbox"/> No - GO to Q4</p>	<p>4. If a sterile site culture is positive, is sub-culturing to obtain an isolate always performed? <input type="checkbox"/> Yes - GO TO Q4b   <input type="checkbox"/> No</p>

<p>[question split into two- one for identifying <i>S. aureus</i> via positive sterile site culture and one for identifying <i>S. aureus</i> directly from a sterile site specimen]</p>	<p>5d. Do you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?  <input type="checkbox"/> Yes - END SURVEY    <input type="checkbox"/> No - END SURVEY  [Question split into two]</p>
	<p>4a. [If no] explain/specify reason:  _____</p> <p>[New question]</p>
<p>2. Is <i>S. aureus</i> or MRSA routinely identified via culture-based methods on site (in-house) at your laboratory?  <input type="checkbox"/> Yes - GO TO Q3    <input type="checkbox"/> No</p> <p>[Updated question to document type of culture-based methods used rather than yes/no]</p>	<p>4b. If a sterile site culture is positive, how do you identify it as <i>S. aureus</i>? This includes identifying both on-site (in-house) or at another lab. (Check all that apply)  <input type="checkbox"/> MALDI-TOF - GO TO 4f  <input type="checkbox"/> Biochemical tests (e.g., catalase, coagulase) - GO TO 4f  <input type="checkbox"/> Molecular test - GO TO 4c  <input type="checkbox"/> Other, specify: _____ - GO TO 4f  <input type="checkbox"/> Do not identify as <i>S. aureus</i>- GO TO Q5</p>
<p>2a. [If no] To which laboratory do you send cultures for <i>S. aureus</i> identification?  _____</p>	<p>4c. [If molecular test(s) used] Where is molecular testing from a positive sterile site culture completed?  <input type="checkbox"/> On-site    <input type="checkbox"/> Send out, please specify lab  _____ - GO TO Q4e</p> <p>[Updated wording]</p>
<p>3b. Which CIDTs do you use (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.</p> <p><input type="checkbox"/> FilmArray® Blood Culture Identification Panel..Date started _____</p> <p><input type="checkbox"/> Verigene® Gram-Positive Blood Culture Test...Date started _____</p> <p><input type="checkbox"/> Verigene® Staphylococcus Blood Culture Test...Date started _____</p> <p><input type="checkbox"/> Cepheid Xpert® MRSA/SA BC...Date started _____</p> <p><input type="checkbox"/> BD Geneohm® StaphSR...Date started _____</p> <p><input type="checkbox"/> AdvanDx Staphylococcus QuickFISH blood culture kit...Date started _____</p> <p><input type="checkbox"/> AdvanDx <i>S. aureus</i>/CNS PNA FISH...Date started _____</p> <p><input type="checkbox"/> Alere BinaxNOW® <i>Staphylococcus aureus</i> test...Date started _____</p> <p><input type="checkbox"/> Great Basin Staph ID/R blood culture panel...Date started _____</p> <p><input type="checkbox"/> T2Bacteria® Panel...Date started _____</p> <p><input type="checkbox"/> Accelerate PhenoTest™ BC kit...Date started _____</p> <p><input type="checkbox"/> iCubate iC-GPC Assay™...Date started _____</p>	<p>4d. Which molecular tests do you use (cultures from sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.</p> <p><input type="checkbox"/> FilmArray® Blood Culture Identification Panel..Date started _____</p> <p><input type="checkbox"/> Verigene® Gram-Positive Blood Culture Test...Date started _____</p> <p><input type="checkbox"/> Verigene® Staphylococcus Blood Culture Test...Date started _____</p> <p><input type="checkbox"/> Cepheid Xpert® MRSA/SA BC...Date started _____</p> <p><input type="checkbox"/> BD Geneohm® StaphSR...Date started _____</p> <p><input type="checkbox"/> AdvanDx Staphylococcus QuickFISH blood culture kit...Date started _____</p> <p><input type="checkbox"/> AdvanDx <i>S. aureus</i>/CNS PNA FISH...Date started _____</p> <p><input type="checkbox"/> Alere BinaxNOW® <i>Staphylococcus aureus</i> test...Date started _____</p> <p><input type="checkbox"/> Great Basin Staph ID/R blood culture panel...Date started _____</p> <p><input type="checkbox"/> Accelerate PhenoTest™ BC kit...Date started _____</p> <p><input type="checkbox"/> iCubate iC-GPC Assay™...Date started _____</p> <p><input type="checkbox"/> mecA XpressFISH® ...Date started _____</p> <p><input type="checkbox"/> Micacom hemoFISH Masterpanel ... Date started _____</p>



<p>_____</p> <p><input type="checkbox"/> mecA XpressFISH® ...Date started _____</p> <p><input type="checkbox"/> Micacom hemoFISH Masterpanel ... Date started _____</p> <p>_____</p> <p><input type="checkbox"/> ePlex BCID-GP Panel ... Date started _____</p> <p>_____</p> <p><input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)... Date started _____</p> <p><input type="checkbox"/> Other commercial test, Specify _____...Date started _____</p> <p>[broke into two questions to separate tests that start with a positive culture from those that start with a sterile site specimen. One new response option in 4d]</p>	<p>_____</p> <p><input type="checkbox"/> ePlex BCID-GP Panel ... Date started _____</p> <p><input type="checkbox"/> BioFire Blood Culture Identification 2 (BCID2) Panel... Date started _____</p> <p><input type="checkbox"/> Other, Lab Developed molecular Test (detects MRSA or SA)... Date started _____</p> <p><input type="checkbox"/> Other commercial molecular test, Specify _____...Date started _____</p> <p>5b. Which tests do you use to detect <i>S. aureus</i> directly from a sterile site source without culture? (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.</p> <p><input type="checkbox"/> T2Bacteria® Panel...Date started _____</p> <p><input type="checkbox"/> Karius Test™...Date started _____</p> <p><input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)... Date started _____</p> <p><input type="checkbox"/> Other commercial test, Specify _____...Date started _____</p>
	<p>4e. Are positive molecular tests from sterile site cultures appearing in the <i>S. aureus</i> surveillance laboratory line lists?    <input type="checkbox"/> Yes - GO TO Q5</p> <p><input type="checkbox"/> No - GO TO Q5        <input type="checkbox"/> Unknown - GO TO Q5</p> <p>[New question]</p>
<p>3d. [If no] Do you plan to start offering any CIDTs for <i>S. aureus</i> or MRSA within the next year?</p> <p><input type="checkbox"/> Yes                    <input type="checkbox"/> No - END SURVEY</p> <p>[Broke into two questions to separate tests that start with a positive culture from those that start with a sterile site specimen]</p>	<p>4f. [If not using molecular tests from sterile site cultures on-site] Do you plan to start offering any molecular tests for detection of <i>S. aureus</i> or MRSA from a positive sterile source culture within the next year?    <input type="checkbox"/> Yes                    <input type="checkbox"/> No - GO TO Q3</p> <p>5e. [If no] Do you plan to start offering any tests for detection of <i>S. aureus</i> or MRSA directly from a sterile source within the next year?</p> <p><input type="checkbox"/> Yes                    <input type="checkbox"/> No - END SURVEY</p>
<p>3e. When do you plan to start offering CIDTs?</p> <p>Month/Year: ____/____</p> <p>[Broke into two questions to separate tests that start with a positive culture from those that start with a sterile site specimen]</p>	<p>4g. When do you plan to start offering molecular tests?</p> <p>Month/Year: ____/____</p> <p>5f. When do you plan to start offering these tests?</p> <p>Month/Year: ____/____</p>
<p>3f. Where do you plan to have CIDT tested?</p> <p><input type="checkbox"/> On-site            <input type="checkbox"/> Send out, please specify lab _____ - END SURVEY</p> <p>[Broke into two questions to separate tests that start with a positive culture from those that start with a sterile site specimen]</p>	<p>4h. Where do you plan to have molecular tests performed?</p> <p><input type="checkbox"/> On-site            <input type="checkbox"/> Send out, please specify lab _____ - GO TO Q3</p> <p>5g. Where do you plan to have these tests performed?</p>

	<input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____ - END SURVEY
	<b>Question 5 asks about testing performed directly on sterile site specimens (a positive blood culture is not required to perform these tests).</b> [Added section header]
3. Do you routinely run any culture independent diagnostic tests (CIDT) on site or at another lab for detection of <i>S. aureus</i> or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture?  <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO Q3d	5. Do you routinely run any tests on site (in-house) or at another lab that detect of <i>S. aureus</i> directly from a sterile source (e.g., blood, CSF) without a culture?  <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO Q5e  [Updated question number. Edited question so it only refers to tests performed directly from a sterile source]
3a. [If yes] Where is CIDT testing completed? <input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____ - GO TO Q3c	5a. [If yes] Where is this testing completed? <input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____ - GO TO Q5e  [Updated question number. Edited question so it only refers to tests performed directly from a sterile source]
	5c. Are all positive tests directly from sterile sources appearing in the <i>S. aureus</i> surveillance laboratory line lists?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown [New question]
4. How does your lab use the CIDT for detection of <i>S. aureus</i> or MRSA? (select one)  <input type="checkbox"/> Test concurrently with culture <input type="checkbox"/> Reflex to culture after positive by CIDT panel <input type="checkbox"/> Only run CIDT panel, no additional testing is done <input type="checkbox"/> Other, specify _____ [Deleted question]	