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

Form Approved
OMB No. 092-0978

CANDIDEMIA 2023 CASE REPORT FORM

Patient name: _____ (Last, First, MI)

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

_____ (City, State) _____ (Zip Code)

Medical Record No.: _____

Hospital: _____

Acc No. (incident isolate): _____

Acc No. (subseq isolate): _____

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

Phone no.: ( ) _____ - _____

Check if not a case: ☐

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

SURVEILLANCE OFFICER INFORMATION

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

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

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

4. Isolate available?
1 ☐Yes 0 ☐No

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

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

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

7. SO's initials:
_____

DEMOGRAPHICS

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

9. Patient ID: _____

12. Lab ID where positive culture was identified: _____

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

14. Age:
_____ 1 ☐days 2 ☐mos 3 ☐yrs

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

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

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

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

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

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

LABORATORY DATA

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

22. Location of Specimen Collection:

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

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

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

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

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

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

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

25. Did the patient have a culture-independent diagnostic test (CIDT) for *Candida*, (e.g., T2), on the day of or in the 6 days before the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown

25a. If yes, test type: ________________________

25b. Result: ________________________________

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

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

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

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

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

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

28. On the day of or in the 6 days before the DISC, was the patient known to be colonized with or being managed as if they were colonized with a multi-drug resistant organism (MDRO) (e.g., on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.
1 ☐Yes 0 ☐No 9 ☐Unknown

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

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

1 ☐Yes 0 ☐No 9 ☐Unknown

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

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

☐None ☐Unknown

☐Abdominal infection
- ☐Hepatobiliary or pancreatic
- ☐Abscess (specify):
- ☐__________ Peritonitis/
- ☐peritoneal fluid Splenic

☐ Urinary tract infection
☐ Esophagitis
☐ Oral/thrush
☐ Osteomyelitis
☐ Skin /wound infection

☐Pulmonary infection
- ☐ Abscess

☐ CNS infection(meningitis, brain abscess)

☐ Eyes
- ☐ Endophthalmitis
- ☐ Chorioretinitis

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

☐Other (specify): ___________

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

MEDICAL ENCOUNTERS

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

31a. If yes,
Date of first admission: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown
Hospital ID: _____ ☐Unknown

31b. Was the patient transferred during this hospitalization?
1 ☐ Yes 0 ☐ No 9 ☐ Unknown

If yes, enter up to two transfers:
Date of transfer: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ Unknown
Hospital ID: _____ ☐Unknown
Date of second transfer: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ Unknown
Hospital ID: _____ ☐Unknown

31c. Where was the patient located prior to admission or, if not currently hospitalized, where was the patient located on the 3rd calendar day before the DISC? (*Check one*)

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

32. Was the patient in an ICU in the 14 days before, not including the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown

33. Was the patient in an ICU on the day of incident specimen collection or in the 13 days after the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown

34. Did the patient receive dialysis or renal replacement therapy (RRT) in the 30 days before the DISC, not including the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown

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

Date of discharge:
___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown

Date of death:
___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown

☐ Left against medical advice (AMA)

35a. Discharged to:
0 ☐Not applicable (i.e. patient died, or not hospitalized)
1 ☐Private residence
2 ☐LTCF Facility ID: _____
3 ☐LTACH Facility ID: _____
5 ☐Other (specify): _____
6 ☐Homeless
7 ☐Incarcerated
9 ☐ Unknown

36. Did the patient have any of the following classes or specific ICD-10 codes, including any sub-codes for this hospitalization?
(*Check all that apply):* ☐ None ☐ Unknown ☐ Not applicable (i.e., patient not hospitalized)

☐ B37 (candidiasis)
Specify sub-code: _____
Specify sub-code: _____
☐ P37.5 (neonatal candidiasis)
☐ B48 (other mycoses, not classified elsewhere)
☐ B49 (unspecified mycoses)
☐ T80.211 (BSI due to central venous catheter)
☐ A41.9 (sepsis, unspecified organism)
☐ R65.2 (severe sepsis)
☐ Other *Candida*-related code
Specify code: _____

37. Previous Hospitalization in the 90 days before, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown

37a. If yes, date of discharge: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐Unknown

Facility ID: _____

38. Overnight stay in LTACH in the 90 days before, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown

Facility ID: _____

39. Overnight stay in LTCF in the 90 days before, not including the DISC: 1 ☐Yes 0 ☐No 9 ☐Unknown

Facility ID: _____

UNDERLYING CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

SOCIAL HISTORY

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

☐None
☐Unknown
☐Tobacco
☐E-nicotine delivery system
☐Marijuana

42. Alcohol Abuse:

1 ☐Yes
0 ☐No
9 ☐Unknown

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

	Documented Use Disorder (DUD/Abuse):	Mode of Delivery *(Check all that apply):*		
☐Marijuana (other than smoking)	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown
☐Opioid, DEA schedule I (e.g., Heroin)	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown
☐Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown
☐Opioid, NOS	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown
☐Cocaine	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown
☐Methamphetamine	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown
☐Other (specify): _____	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown
☐Unknown substance	☐DUD or abuse	☐IDU	☐Non-IDU	☐Unknown

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

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

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

OTHER CONDITIONS

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

46. Chronic Dialysis: ☐ Not on chronic dialysis ☐ Unknown
Type: ☐ Hemodialysis ☐ Peritoneal

46a. If Hemodialysis, type of vascular access:
☐ AV fistula/graft ☐ Hemodialysis central line ☐ Unknown

47. Surgeries in the 90 days before, not including the DISC:
☐Abdominal surgery (specify): _____
If yes: 1 ☐Open abdomen 0 ☐Laparoscopic 9 ☐Unknown
☐Non-abdominal surgery (specify): _____
☐No surgery

48. Pancreatitis in the 90 days before, not including the DISC:
1 ☐Yes
0 ☐No
9 ☐Unknown

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?
1 ☐Yes 0 ☐No 9 ☐Unknown

50. Chronic Urinary Tract Problems/Abnormalities:
1 ☐Yes 0 ☐No 9 ☐Unknown

501a. If yes, did the patient have any urinary tract procedures in the 90 days before, not including the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown

51. Was the patient neutropenic in the 2 calendar days before, not including the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown (no WBC days -2 or 0, or no differential)

52. Did the patient have a CVC in the 2 calendar days before, not including the DISC?
1☐ Yes 2☐ No 3☐ Had CVC but can't find dates 9☐ Unknown
If yes, check here if central line in place for > 2 calendar days: ☐

52a. If yes, CVC type: (*Check all that apply*)
☐Non-tunneled CVCs ☐Implantable ports ☐Other (specify): _____
☐Tunneled CVCs ☐Peripherally inserted central catheter (PICC) ☐Unknown

52b. Were all CVCs removed or changed in the 2 days before or in the 6 days after the DISC?
1 ☐Yes 3 ☐CVC removed, but can't find dates 9 ☐Unknown
2 ☐No 5 ☐Died or discharged before indwelling catheter replaced

53. Did the patient have a midline catheter in the 2 calendar days before, not including the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown

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

☐Urinary Catheter/Device
☐Indwelling urethral
☐Suprapubic

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

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

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?
1 ☐Yes 0 ☐No 9 ☐Unknown

55a. If yes, date of specimen collection for initial positive SARS-CoV-2 test:
Date: _____ 9 ☐ Date Unknown

55b. If yes, EIP COVID-NET Case ID: _____ 9 ☐ Unknown ☐ Out of EIP COVID-NET catchment area

56. Did the patient receive systemic antibacterial medication in the 14 days before, not including the DISC?
1☐ Yes 0☐ No 9☐ Unknown

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

1 ☐Yes 0 ☐No 9 ☐Unknown

57a. If yes, what was the reason steroids were administered? *(check all that apply)*

- ☐ Steroid(s) given as an outpatient medication
- ☐ Steroid(s) given, prior to *Candida* DISC, during hospitalization associated with candidemia episode
- ☐ Steroid(s) given as part of treatment/management for COVID-19
- ☐ None of the above

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

1 ☐Yes 0 ☐No 9 ☐Unknown

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

1 ☐Yes *(if Yes, fill out question 66)* 0 ☐No 9 ☐ Unknown

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

1 ☐Yes *(if Yes, fill out question 66)* 0 ☐No 9 ☐Unknown

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

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

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

OTHER

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

1 ☐Yes 0 ☐No 9 ☐Unknown

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

1 ☐Yes 0 ☐No 9 ☐Unknown

64. Did the patient have an echocardiogram (ECHO), including transthoracic (TTE) or transesophogeal (TEE), on the day of or 13 days after the DISC?

1 ☐Yes 0 ☐No 9 ☐Unknown

65. Did the patient have a dilated fundoscopic eye exam on the day of or 13 days after the DISC?

1 ☐Yes 0 ☐No 9 ☐ Unknown

ANTIFUNGAL MEDICATION TABLES

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

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

66. ANTIFUNGAL MEDICATION

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

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

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

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

AFST results for additional *Candida* isolates

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

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

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

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