Annual Survey of Laboratory Testing Practices for *C. difficile* Infection

CDC's Emerging Infections Program - Clostridioides difficile Infection Surveillance

To be completed by surveillance officer
LABID#:
Completed By:
Date survey was completed:/
Was this a new laboratory in 2022?
○ No
Year added to surveillance:
Is this lab in another EIP site?
○ Yes
What state?
LabID in other EIP site:
○ No
Did this lab participate in surveillance in 2022?
○ Yes
○ No
How often did you receive line lists from this lab in 2022?
 Whenever there is a positive case
○ Daily
○ Weekly
○ Monthly
○ Annually
○ Never
○ Other

Section 1: Laboratory Information

Public reporting burden of this collection of information is estimated to average 19 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

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Specify:
How did you receive line lists from this lab in 2022?
Electronic laboratory reporting (e.g. HL7 messaging)
○ Fax
○ Email
 Secure file transfer
Other
Specify:
Did you receive specimens from this lab in 2022?
○ Yes
○ No
Was this lab audited in 2022?
Yes, in person
Yes, not in person
No, not in catchment
No, not audited
Specify reason:
Is this a private, commercial lab (e.g. Quest or LabCorp)?
Yes
○ No
Types of facilities in your catchment area served by this lab in 2022 (select all that apply):
Hospitals
○ LTACHs
LTCFs
Outpatient facilities

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Section 2: Survey

To be completed by lab personnel

Instructions: This survey is intended to capture testing practices at your laboratory between January 1, 2022 and December 31, 2022.

Position of the staff who responded to the survey:			
	\bigcirc	Laboratory Supervisor	
	\bigcirc	Microbiology Supervisor	
	\bigcirc	Other	
		Specify:	
Offs	site	Testing	
1.	Did	your laboratory ever send specimens off-site for Clostridioides difficile testing in 2022? (Choose one)	
	\bigcirc	Always (no onsite testing performed)	
		LabID of Offsite Lab:	
	\bigcirc	Regularly, as part of standard testing algorithm	
		LabID of Offsite Lab:	
		Which tests are done offsite, and at which point in the testing algorithm?	
Not regularly, but when a test ordered by a physician cannot be performed onsit		Not regularly, but when a test ordered by a physician cannot be performed onsite	
		Specify tests performed offsite:	
	\bigcirc	Never (All testing performed onsite)	
	\bigcirc	Unknown	
	\bigcirc	Other	
		Specify:	

Testing Routine for CDI

2a. Which testing method(s) for *Clostridioides difficile* (*C. difficile*) 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)

	Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2022?	this test (e.g. at provider request, for outpatients, for inpatients with a length of stay > 3 days, for every specimen received)	Did you use this testing method in this way for all of 2022?	What date did you change?	What test did you use in this situation before this date?
GDH and EIA for toxin	☐ Routinely		□Yes		
simultaneously,	☐ Sometimes		□No		
followed by NAAT for	☐ Never				
discordant results					
NAAT, followed by EIA	☐ Routinely		☐ Yes		
for toxin and GDH	☐ Sometimes		□ No		
simultaneously if	□ Never				
NAAT followed by 514	□ Davitinali.		□ V		
NAAT, followed by EIA for toxin if NAAT	☐ Routinely ☐ Sometimes		☐ Yes ☐ No		
positive	☐ Never		□ NO		
·					
GDH, followed by	☐ Routinely ☐ Sometimes		☐ Yes		
NAAT if GDH positive	☐ Never		□ No		
GDH and EIA for toxin	☐ Routinely		☐ Yes		
simultaneously,	☐ Sometimes		□No		
followed by cell	☐ Never				
cytotoxicity					
neutralization assay					
(cytotoxin)					

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	Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2022?	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)	Did you use this testing method in this way for all of 2022?	What date did you change?	What test did you use in this situation before this date?
GDH and EIA for toxin simultaneously	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
EIA for toxin	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
Cell cytotoxicity neutralization assay (cytotoxin)	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
C. difficile-specific NAAT (e.g., PCR, LAMP)	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
Multiplex GI panel NAAT	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
Toxigenic culture (C. difficile culture followed by detection of toxins)	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		
Other (specify):	☐ Routinely ☐ Sometimes ☐ Never		☐ Yes ☐ No		

Testing Kits for CDI

3a.	WI	hich EIA test kit was used by your laboratory in 2022? (Check all that apply; see appendix for additional
(еха	imples)
		Premier (Meridian) Toxins A & B
		Premier (Meridian) Toxin A
		Remel ProSpecT Toxins A & B
		TechLab Toxins A & B
		Inverness Medical/Wampole Toxins A & B QuikCheck
		Inverness Medical/Wampole QuikCheck Complete (Toxins A & B and Antigen)
		Antigen Testing
		Specify antigen testing kit name/manufacturer:
		Other
		Specify other kit name/manufacturer:
		N/A (Do not use EIA testing)
3b. '	Wh	nich Nucleic Acid Amplification test was used by your laboratory in 2022? (Check all that apply)
		BD-GeneOhm C. difficile
		BD MAX C. difficile
		Cepheid Xpert C. difficile
		Meridian Illumigene
		Prodesse (Gen-Probe) Progastro CD
		Luminex xTAG GPP
		Biofire Filmarray GI Panel
		Quidel AmpliVue <i>C. difficile</i> Assay
		Great Basin Portrait Toxigenic C. difficile Assay
		Nanosphere Verigene SP
		Other
		Specify other test:
		N/A (Do not use nucleic acid amplification)

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Multiplex GI panels

4a. If v	your laboratory used a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG
	to test for several GI pathogens in 2022, did your laboratory suppress the <i>C. difficile</i> result so that
	ans could not see it?
	Yes, C. difficile result is always suppressed
	Yes, <i>C. difficile</i> result is suppressed at clinician request
	Yes, <i>C. difficile</i> result is suppressed but laboratory will release the result upon clinician request
	Yes, <i>C. difficile</i> result is suppressed in certain situations
	Specify:
	No, clinicians always see <i>C. difficile</i> result
	N/A (Do not use multiplexed molecular diagnostic)
4b. If	your laboratory used a multiplexed diagnostic in 2022 and the result was suppressed, where does the
suppr	ression occur?
	C. difficile result is suppressed at the multiplexed molecular diagnostic instrument level (the result is not entered into the laboratory information management system (LIMS))
	C. difficile result is suppressed at the laboratory information management system (LIMS) level
	C. difficile result is suppressed somewhere else
	Specify:
	N/A (Do not use multiplexed molecular diagnostic or the result is never suppressed)
5a. If	step Algorithm Testing for CDI f your laboratory used a nucleic acid amplification test (NAAT) (e.g., Cepheid Xpert <i>C. difficile</i>) as <u>first line</u>
	ng followed by a toxin EIA test (whenever NAAT result is positive) in 2022, did your laboratory suppress
•	positive NAAT result so that clinicians could not see it?
	Yes, NAAT result is always suppressed when NAAT result is positive and confirmatory toxin EIA result is
	negative Yes, NAAT result is always suppressed but laboratory will release the positive NAAT result upon clinician
Ш	request
П	Yes, NAAT result is suppressed in certain situations
	Specify:
	No, clinicians always see the positive NAAT result
	N/A (Do not use this type of multistep algorithm testing)
5h If	your laboratory used NAAT as first line testing <i>followed</i> by confirmatory toxin EIA testing in 2022, and
	the NAAT and toxin EIA results were released to the clinician, did your laboratory provide any comments
	p the clinician interpret the test results (e.g., NAAT-positive only result might represent colonization,
etc.)?	
	Yes, laboratory provides comments to accompany the test results
	o If yes, please specify the comments your laboratory uses to accompany the test results:
	No, laboratory does not provide comments to accompany the test results
	The laboratory provides comments to accompany the test results in certain situations

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	 If yes, please specify the situations in which your laboratory provides comments and the
	comments your laboratory uses to accompany the test results:
	N/A (Do not use this type of multistep algorithm testing or NAAT test result is always suppressed)
Testir	ng Codes
	nat are the LOINC or internal testing codes associated with the tests your lab used in 2022 (e.g. LOINC s 13957-6, 34713-8, or 54067-4)?
	Specify:
Labor	ratory Policies
Labor	atory Policies
7. Did	your lab have a policy to reject stool specimens for C. difficile testing in 2022? (Read all options. Check
all tha	t apply, even if it only applies sometimes)
	Yes, when stools are formed (formed stools are defined as stools that do NOT take the shape of the container)
	Yes, if there was a positive stool specimen recently (e.g. within 24 hours, within 7 days)
	Yes, if there was a negative stool specimen recently (e.g. within 24 hours, within 7 days)
	Yes, will not accept more than one stool specimen in a 24 hr period
	Yes, if patient is on a specific medication (e.g. laxatives)
	No rejection policy
	Other rejection policies
	Specify other rejection policy:
7- Di	durant relication realization realization and an extension and between the same and an extension and December 21, 2022
/a. Di	d your rejection policy for stool specimens change between January 1, 2022 and December 31, 2022?
	What date did this change occur?//
	Specify changes:
) No

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8. How many stool samples did you test for *C. difficile* each month in 2022?

Month	Stool samples tested	C. diff+ samples
January	,	
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Appendix: Common C. difficile Test Kit Names and Manufactures

EIA Toxin A & B

Wampole* Toxin A/B Quik Chek

Techlab* C. difficile Toxin A/B II

BioMerieux Vidas C. difficile Toxin A/B

Meridian Immunocard Toxin A/B

Meridian Premier Toxin A/B

Remel Xpect C. difficile Toxin A/B

Remel ProSpecT Toxin A/B

EIA Antigen (GDH)

Wampole* C. difficile Chek-60

Wampole* C. difficile Quik Chek

Meridian Immunocard C. difficile

EIA Toxin A/B and Antigen (Simultaneous Testing)

Wampole* C. difficile Quik Chek Complete

Nucleic Acid Amplification

BD-GeneOhm C. difficile

Cepheid Xpert C. difficile

Great Basin Portrait Toxigenic C. difficile Assay

Luminex xTAG Gastrointestinal Pathogen Panel (xTAG GPP)

Meridian BioScience Illumigene

Nanosphere Verigene SP

Prodesse (Gen-Probe) Progastro CD

Quidel AmpliVue C. difficile Assay

EIA for Toxin B Only

Alere* C. difficile Toxin B

^{*}Techlab, Inverness Medical, Alere, Wampole may be used interchangeably for these test kits