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

Question on 2021-22 Form	Question on 2022-23 Form
C9. Race: ▪ White ▪ Black or African American ▪ Asian/Pacific Islander ▪ American Indian or Alaska Native ▪ Multiracial ▪ Not specified	**C8. Race (select all that apply):** ▪ White ▪ Black or African American ▪ Asian ▪ Native Hawaiian or Other Pacific Islander ▪ American Indian or Alaska Native ▪ Multiracial, not otherwise specified ▪ Not specified
C2. Admission Type - Hospitalization - Observation only	**Deleted question C2 regarding Admission Type**
Hlj. Pregnant - Yes - No/Unknown	**C12. Pregnant (15-49 years of age only):** • Yes • No/Unknown • Not applicable (Male)
This question was not present	**H 10. Mental Health Conditions [] Yes [] No/Unknown** - Anxiety disorder - Bipolar disorder - Depression - Schizophrenia spectrum disorder
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? - Yes - No	**I1 Were any culture tests performed within 3 days prior to or 3 days following admission** - Yes - No - Unknown

Question on 2021-22 Form	Question on 2022-23 Form
- Unknown	
J1. Was the patient tested for any viral pathogen within 14 days prior to or within 7 days of admission? - Yes - No - Unknown	**J1. Was the patient tested for any viral pathogen within 14 days prior to or within <= 3 days after admission?** - Yes - No Unknown
I2. If yes, was there a positive culture for aspergillus, mucormycosis, or a bacterial pathogen? - Yes - No - Unknown	**I2c. Result of culture** - Positive - Negative - Unknown
I2a. If yes, specify pathogen - Aspergillus (fungus) - Mucormycosis (fungus) - Bacteria, specify	**I2d. If positive, what pathogen was identified?** - Bacteria, specify - Aspergillus (fungus) - Mucormycosis (fungus)
K2C. Treatment End Date - Date or Unknown	**This question was deleted**
M1. Did the patient have any of the following new diagnoses at discharge (select all that apply)	**M1. Did the patient have any of the following new diagnoses at discharge (select all that apply)** - 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
4a. Select the kit names for the rapid influenza diagnostic tests performed or planned to be used at the laboratory (check all that apply)	**4a. Select the kit names for the rapid influenza diagnostic tests performed or planned to be used at the laboratory (check all that apply)**
☐ Acucy Influenza A&B Test (Sekisui Diagnostics, LLC) ☐ BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) ☐ BD Veritor™ System for Rapid Detection of Flu A+B, (Becton Dickinson & C ☐ Binax NOW® Influenza A&B Card 2 (Abbott) ☐ 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.)	☐ Acucy Influenza A&B Test (Sekisui Diagnostics, LLC) ☐ BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-wai (Becton Dickinson & Co.) ☐ BD Veritor™ System for Rapid Detection of Flu A+B (Moderate (Becton Dickinson & Co.) ☐ BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu Dickinson & Co.) ☐ 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 (Princet
  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
- [ ] 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 Diagnosti
- [ ] 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 Pan (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)
- [ ] CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Pan (Influenza A Subtyping Kit), (CDC Influenza Division)
- [ ] CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR P Probe Set, (CDC Influenza Division)
- [ ] CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Pan (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
- [ ] 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 *m*2000, (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 Infuenza 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

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 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 Diagnostic
- [ ] 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)

- [ ] FluChip-8G Influenza A+B Assay, (InDevR)*
- [ ] Idylla Respiratory IFV-RSV Panel, (Biocartis)*
- [ ] IMDx Flu A/B and RSV for Abbott *m*2000, (IMDx)
- [ ] Lyra Influenza A+B Assay, (Quidel)
- [ ] Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnc
- [ ] 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 Diagnos
- [ ] Silaris Infuenza 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*), (Lu
- [ ] 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/SAI

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 Par (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)
- [ ] CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Par (Influenza A Subtyping Kit), (CDC Influenza Division)
- [ ] CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR F Probe Set, (CDC Influenza Division)
- [ ] CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Par (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
- [ ] 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 *m*2000, (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 Infuenza 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 *m*2000, (IMDx)
- ☐ Lyra Influenza A+B Assay, (Quidel)
- ☐ Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diag
- ☐ 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 Diagn
- ☐ Silaris Infuenza 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*), (
- ☐ 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/S

6A. Which influenza test method does the laboratory perform most frequently for pediatric patients (0-17 years)?

- ☐ Rapid influenza antigen diagnostic test (rapid test, RIDT)
- ☐ Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex or dualplex†
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza onl
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP)
- ☐ Not applicable (no pediatric testing)

6A. Which influenza test method does the laboratory perform most frequently for pediatric patients (0-17 years)?

- ☐ Rapid influenza antigen diagnostic test (rapid test, RIDT)
- ☐ Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influe
- ☐ Rapid Molecular assay (e.g. RT-PCR, NAAT) - dualplex/multipl
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (infl
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex/mult respiratory viral panel (RVP)
- ☐ Not applicable (no pediatric testing)

6B. Which influenza test method does the laboratory perform most frequently for adult patients (aged >= 18 years)?

- ☐ Rapid influenza antigen diagnostic test (rapid test, RIDT)
- ☐ Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex or duplex†
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – multiplex/respiratory viral panel (RVP)
- ☐ Not applicable (no adult testing)

6B. Which influenza test method does the laboratory perform most frequently for adult patients (aged >= 18 years)?

- ☐ Rapid influenza antigen diagnostic test (rapid test, RIDT)
- ☐ Rapid Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influe
- ☐ Rapid Molecular assay (e.g. RT-PCR, NAAT) - dualplex/multiple
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (infl
- ☐ Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex/mul respiratory viral panel (RVP)
- ☐ Not applicable (no pediatric testing)

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

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

☐ _____ % 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 ☐ _____ % 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
	2a. Planning region
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? □ Yes □ No □ Unknown	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? □ Yes □ No □ Unknown
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: __-__-____ □ Unknown Test type: □ Antigen □ Molecular assay □ Serology □ Method unknown □ Other (specify): _____	34a. Specimen collection dates for positive tests in the 90 days before or day of DISC: First positive test: __-__-____ □ Unknown Most recent positive test: __-__-____ □ Unknown
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: _____	34a. COVIDNET Case ID: _____

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

2022 CRF Question	Changes to the 2023 CRF Question
	2a. Planning Region
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? □ Yes □ No □ Unknown	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? □ Yes □ No □ Unknown
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: __-__-____ □ Unknown Test type: □ Antigen □ Molecular assay □ Serology □ Method unknown □ Other (specify): _____	34a. Specimen collection dates for positive tests in the 90 days before or day of DISC: First positive test: __-__-____ □ Unknown Most recent positive test: __-__-____ □ Unknown
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: _____	34a. COVIDNET Case ID: _____

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)**

<table>
<tr><th>Question on original 2022 form</th><th>Question on 2023 form</th><th>Description of change</th></tr>
<tr><td>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?
• Yes
• No
• Unknown</td><td>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?
• Yes
• No
• Unknown</td><td>i. Updated the text for the question</td></tr>
<tr><td>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:
<table><tr><td>Specimen collection date</td><td>Test type</td></tr><tr><td>__/__/____
□ Unknown</td><td>□ Molecular assay
□ Antigen
□ Serology
□ Unknown
□ Other (specify):_____</td></tr><tr><td></td><td></td></tr></table></td><td>24b. Specimen collection dates for positive tests in the 90 days before or day of DISC:
<table><tr><td></td><td></td></tr><tr><td>First positive test:</td><td>__/__/____ or
□ Date unknown</td></tr><tr><td>Most recent positive test:</td><td>__/__/____ or
□ Date unknown</td></tr></table></td><td>i. Updated the text for the question
ii. Removed the test type
iii. Added specimen collection date for first and most recent positive test</td></tr>
</table>

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 *A. baumannii* (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report	2023 Carbapenem Resistant Enterobacterales (CRE)/ Carbapenem Resistant *A. baumannii* (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: • Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC • Nebulizer treatment at any time in the 7	23b. Risk factors in the 7 days before the DISC: • Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the	I. Added a checkbox for “none”

<table>
<tr>
<td>calendar days before the DISC
• Mechanical ventilation at any time in the 7 calendar days before the DISC</td>
<td>7 calendar days before the DISC
• Nebulizer treatment at any time in the 7 calendar days before the DISC
• Mechanical ventilation at any time in the 7 calendar days before the DISC
• None</td>
<td></td>
</tr>
<tr>
<td>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?
• Yes
• No
• Unknown</td>
<td>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?
• Yes
• No
• Unknown</td>
<td>i. Updated the text for the question</td>
</tr>
<tr>
<td>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:
<table><tr><td>Specimen collection date</td><td>Test type</td></tr><tr><td>__/__/____
□ Unknown</td><td>□ Molecular assay
□ Antigen
□ Serology
□ Unknown
□ Other (specify):_____</td></tr><tr><td></td><td></td></tr></table></td>
<td>24b. Specimen collection dates for positive tests in the 90 days before or day of DISC:
<table><tr><td></td><td></td></tr><tr><td>First positive test:</td><td>__/__/____ or
□ Date unknown</td></tr><tr><td>Most recent positive test:</td><td>__/__/____ or
□ Date unknown</td></tr></table></td>
<td>i. Updated the text for the question
ii. Removed the test type
iii. Added specimen collection date for first and most recent positive test</td>
</tr>
</table>

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 □ 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 □ 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)**

Existing question	**Modified question**
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 *C.diff* 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 *C.diff* 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 (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)	
[question not on survey]	Did your laboratory use this testing method for Clostridioides difficile (C. difficile) 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 C. difficile 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 C. difficile 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 C. difficile) 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 C. difficile) 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) □ Yes, when stools are formed (formed stools are defined as stools that do NOT take the shape of the container) □ Yes, if there is a stool specimen already positive within 24 hrs of a new stool specimen □ Yes, if there is a stool specimen already positive within 48 hrs of a new stool specimen □ Yes, if there is a stool specimen that tested negative for C. difficile within 48 hours of a new stool specimen □ Yes, will not accept more than one stool specimen in a 24 hr period □ 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) □ 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	Changed year to 2022 to reflect change in survey year, simplified response options, renumbered question

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

☐ Candiduria ☐ Esophagitis ☐ Oral/thrush ☐ Osteomyelitis ☐ Skin lesions/wounds ☐ Pulmonary ☐ Abscess ☐ Respiratory specimen with Candida ☐ CNS involvement (meningitis, brain abscess) ☐ Eyes (endophthalmitis or chorioretinitis) ☐ Endocarditis ☐ Septic emboli (specify location): _____ ☐ Other (specify): _____	☐ 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): _____ *(changed question number, question wording, response options)*
Question 32-34	*(changed number by 1)*
35. Did the patient receive invasive mechanical ventilation in the 30 days before the DISC, not including the DISC? 1 ☐ Yes 0 ☐ No 9 ☐ Unknown	*(removed question)*
Question 36-37a	*(changed number by 2)*
38. 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 ☐ 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)	**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)

☐ Other *Candida*-related code Specify code: _____	☐ R65.2 (severe sepsis) ☐ Other *Candida*-related code Specify code: _____ *(changed question number, added check box option for not applicable)*
Question 39-44	*(changed number by 2)*
45. Other Substances *(Check all that apply):* **Mode of Delivery** *(Check all that apply):* ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown	**43. Other Substances** *(Check all that apply):* **Mode of Delivery** *(Check all that apply):* ☐ IDU ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Non-IDU ☐ Unknown ☐ IDU ☐ Non-IDU ☐ Unknown *(changed question number, removed "Skin popping" as an option)*
Question 46-50	*(changed number by 2)*
New Question	**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
Question 51-53a	*(changed number by 2)*
53b. Were all CVCs removed or changed on the day of or in the 6 days after the DISC? 1 ☐ Yes 2 ☐ No 3 ☐ CVC removed, but can't find dates 5 ☐ Died or discharged before indwelling catheter replaced 9 ☐ Unknown	52b. Were all CVCs removed or changed in the 2 days before or in the 6 days after the DISC? 1 ☐ Yes 2 ☐ No 3 ☐ CVC removed, but can't find dates 5 ☐ Died or discharged before indwelling catheter replaced 9 ☐ Unknown *(changed question number and question wording)*

Question 54-55	*(changed number by 1)*
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? 1 Yes 0 No 9 Unknown	**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 *(changed question number and question wording)*
Question 56a-58	*(changed number by 1)*
58a. If yes, what was the reason steroids were administered? *(check all that apply)* ☐ Steroid(s) given as an outpatient medication ☐ Steroid(s) given during hospitalization associated with candidemia episode prior to *Candida* DISC ☐ Steroid(s) given as part of treatment/management for COVID-19	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 *(changed question number and response wording, added check box for additional response option)*
Question 59	*(changed number by 1)*
60. Did the patient receive any of the following immunomodulatory drugs in the 30 days before the DISC, not including the DISC? *(check all that apply)* ☐None ☐Tocilizumab ☐Sarilumab ☐Baricitinib ☐Unknown 60a. If yes were any of the immunomodulatory drugs given as part of treatment/management for COVID-19? 1 ☐Yes 0 ☐No 9 ☐Unknown	*(removed questions)*
Question 61-65	*(changed number by 2)*
New Question	**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
New Question	**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

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

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

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

11) Species-level identification is performed for *Candida* spp. isolated from which of the following? **c. Abdominal isolates** ☐ Yes, reflexively ☐ Yes, with clinician order ☐ No ☐ Unknown	**11) Species-level identification is performed for *Candida* spp. isolated from which of the following?** **c. Abdominal isolates** ☐ Yes, always ☐ Yes, with clinician order ☐ No ☐ Unknown *(changed first response option wording)*
11) Species-level identification is performed for *Candida* spp. isolated from which of the following? **d. Respiratory isolates** ☐ Yes, reflexively ☐ Yes, with clinician order ☐ No ☐ Unknown	**11) Species-level identification is performed for *Candida* spp. isolated from which of the following?** **d. Respiratory isolates** ☐ Yes, always ☐ Yes, with clinician order ☐ No ☐ Unknown *(changed first response option wording)*
11) Species-level identification is performed for *Candida* spp. isolated from which of the following? **e. Urine isolates** ☐ Yes, reflexively ☐ Yes, with clinician order ☐ No ☐ Unknown	**11) Species-level identification is performed for *Candida* spp. isolated from which of the following?** **e. Urine isolates** ☐ Yes, always ☐ Yes, with clinician order ☐ No ☐ Unknown *(changed first response option wording)*
11) Species-level identification is performed for *Candida* spp. isolated from which of the following? **f. Other (specify) _____** ☐ Yes, reflexively ☐ Yes, with clinician order	**11) Species-level identification is performed for *Candida* spp. isolated from which of the following?** **f. Other (specify) _____** ☐ Yes, always ☐ Yes, with clinician order

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

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

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

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

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

21di) ☐ Performed with a clinician's order *(Go to 21di)* ☐ Not performed	☐ Performed with a clinician's order *(Go to 27di)* ☐ Not performed *(changed response wording to remove reflexively, updated skip logic)*
New question	**28) Is this laboratory tracking susceptibility trends for *Candida* spp. isolates tested in your lab?** ☐ Yes ☐ No ☐ Unknown *(new question)*

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

2021 Survey Question	Changes to the 2021 Survey Question
COVID-19 Impact section 1. Did COVID-19 response activities delay 2021 iSA surveillance work (e.g., unable to meet iSA deadlines during 2021)? ___ yes ___no	COVID-19 Impact section 1. Did COVID-19 response activities affect or delay 2022 iSA surveillance work (e.g., unable to meet iSA deadlines during 2022)? ___ yes ___no
CDC Responsibilities section 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	CDC Responsibilities section 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

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

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

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

_____ ☐ mecA XpressFISH® …Date started _____ ☐ Micacom hemoFISH Masterpanel … Date started _____ ☐ ePlex BCID-GP Panel … Date started _____ ☐ Other, Lab Developed Test (detects MRSA or SA)… Date started _____ ☐ Other commercial test, Specify_____…Date started_____ [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]	_____ ☐ ePlex BCID-GP Panel … Date started _____ ☐ BioFire Blood Culture Identification 2 (BCID2) Panel… Date started _____ ☐ Other, Lab Developed molecular Test (detects MRSA or SA)… Date started _____ ☐ Other commercial molecular test, Specify_____…Date started_____ 5b. Which tests do you use to detect *S. aureus* 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. ☐ T2Bacteria® Panel…Date started_____ ☐ Karius Test™…Date started_____ ☐ Other, Lab Developed Test (detects MRSA or SA)… Date started _____ ☐ Other commercial test, Specify_____…Date started_____
	4e. Are positive molecular tests from sterile site cultures appearing in the *S. aureus* surveillance laboratory line lists? ☐ Yes – GO TO Q5 ☐ No – GO TO Q5 ☐ Unknown – GO TO Q5 [New question]
3d. [If no] Do you plan to start offering any CIDTs for *S. aureus* or MRSA within the next year? ☐ Yes ☐ No – END SURVEY [Broke into two questions to separate tests that start with a positive culture from those that start with a sterile site specimen]	4f. [If not using molecular tests from sterile site cultures on-site] Do you plan to start offering any molecular tests for detection of *S. aureus* or MRSA from a positive sterile source culture within the next year? ☐ Yes ☐ No – GO TO Q3 5e. [If no] Do you plan to start offering any tests for detection of *S. aureus* or MRSA directly from a sterile source within the next year? ☐ Yes ☐ No – END SURVEY
3e. When do you plan to start offering CIDTs? Month/Year: ____/____ [Broke into two questions to separate tests that start with a positive culture from those that start with a sterile site specimen]	4g. When do you plan to start offering molecular tests? Month/Year: ____/____ 5f. When do you plan to start offering these tests? Month/Year: ____/____
3f. Where do you plan to have CIDT tested? ☐ On-site ☐ Send out, please specify lab _____ - END SURVEY [Broke into two questions to separate tests that start with a positive culture from those that start with a sterile site specimen]	4h. Where do you plan to have molecular tests performed? ☐ On-site ☐ Send out, please specify lab _____ - GO TO Q3 5g. Where do you plan to have these tests performed?

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