<u>Cross walk - 2024 form changes</u>

ABCs

1) <u>ABCs Case Report Form</u> - Attachment #3

	2023 Form	2024 Form (Changes in yellow highlight)
a)	N/A	Added new question: 6a. Planning Region **6a. PLANNING REGION:** *(Patient Residence)* ________________

2) <u>ABCs Invasive Pneumococcal Disease (IPD) Report Form -</u> Attachment #4

	2023 Form	2024 Form (Changes in yellow highlight)
a)		Updated overall design of the form to show available all data value sets.

VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot #
Pneumococcal conjugate vaccine	1				
	Dose #1 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐
	2				
	Dose #2 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐
	3				
	Dose #3 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐
	4				
	Dose #4 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐
	5				
	Dose #5 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐
	6				
	Dose #6 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐
Pneumococcal polysaccharide vaccine	1				
	Dose #1 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐
	2				
	Dose #2 source:	Medical Chart ☐	Registry ☐	Primary Care Provider ☐	Other ☐

Pneumococcal Vaccines for All Ages (Additional products will be listed in the database as FDA authorization received)

Vaccines	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot #	Dose Source
Pneumococcal conjugate vaccine	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other ________ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________
	2	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other ________ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________
	3	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other ________ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________
	4	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other ________ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________
	5	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other ________ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________
	6	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Wyeth/Pfizer ☐ Other ________ ☐ Unknown	☐ Prevnar™ (PCV7) ☐ Prevnar 13™ (PCV13) ☐ Vaxneuvance™ (PCV15) ☐ Prevnar 20™ (PCV20) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________
Pneumococcal polysaccharide vaccine	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Other ________ ☐ Unknown	☐ Pneumovax™ 23 (PPSV23/PPV23) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________
	2	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date	☐ Merck ☐ Other ________ ☐ Unknown	☐ Pneumovax™ 23 (PPSV23/PPV23) ☐ Other ________ ☐ Unknown		☐ Medical Chart ☐ Registry ☐ Primary Care Prov ☐ Other ________

	2023 Form	2024 Form (Changes in yellow highlight)
b)		i) Added question on most recent influenza vaccine date.

ii) Added question on most recent COVID-19 vaccine date.

Vaccines	Dose #	Dates of immunizations
Influenza vaccine	Most recent	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date

Vaccines	Dose #	Dates of immunizations
COVID-19 vaccine	Most recent	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown d

iii) Added question on RSV vaccine date

Complete for **adults aged ≥65 years** only:

Vaccines	Dose #	Dates of immunizations
RSV vaccine RSVpreF (ABRYSVO™ or AREXVY)	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date

iv) Added question on RSV monoclonal antibody dates (complete for children <5 years only)

Complete for **children ≥2 months to <5 years** only:

Vaccines and related agents	Dose #	Dates of immunizations
RSV monoclonal antibody nirsevimab (Beyfortus™)	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	2	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date

c)

VACCINES	Dose #	Dates of immunizations
Pneumococcal conjugate vaccine	1	
	Dose #1 source:	Medical Chart
	2	
	Dose #2 source:	Medical Chart
	3	
	Dose #3 source:	Medical Chart
	4	
	Dose #4 source:	Medical Chart
	5	
	Dose #5 source:	Medical Chart
	6	
	Dose #6 source:	Medical Chart
Pneumococcal polysaccharide vaccine	1	
	Dose #1 source:	Medical Chart
	2	
	Dose #2 source:	Medical Chart

Only complete vaccination information on DTP or DTap and Hib vaccination for children aged ≥2 months to <5 years

Diphtheria/Tetanus/ Pertussis (DTP or DTaP)	1	
	2	
	3	
	4	
	5	
Haemophilus influenzae type B (Hib)	1	
	2	
	3	
	4	

Addition of unknown checkboxes for all vaccination date variables.

Vaccines	Dose #	Dates of immunizations
Pneumococcal conjugate vaccine	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	2	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	3	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	4	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	5	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	6	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
Pneumococcal polysaccharide vaccine	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	2	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date

Complete for **children ≥2 months to <5 years** only:

Vaccines and related agents	Dose #	Dates of immunizations
Diphtheria/Tetanus/ Pertussis (DTP or DTaP)*	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	2	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	3	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	4	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	5	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
Haemophilus influenzae type B (Hib)*	1	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	2	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	3	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date
	4	__ __/__ __/__ __ __ __ Month Day Year ☐ Unknown date

d)	**Health Care Provider Information** Was health care provider information available from the following sources? **Medical Chart:** □ Yes □ No □ Did Not Check **Vaccine Registry:** □Yes □ No □ Did Not Check **Parent/Guardian:** □Yes □ No □ Did Not Check □Refused If yes to any sources, How many providers were contacted? ___	Removed questions.

FoodNET

1. **FoodNet Active Surveillance Data 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 2022-23 Form	Questions on 2023-24 Form
Patient Data – This information is not sent to CDC • N/A	Patient Data – This information is not sent to CDC • Pharmacy of Record • Pharmacy Phone • Pharmacy Fax • Pharmacy Address
Case Classification □ Prospective □ Surveillance Discharge Audit	**Case Classification** □ Surveillance Discharge Audit
C15. Where did the patient reside at the time of hospitalization (Indicate type of residence) • Private residence • Private residence with services • Homeless/Shelter • Nursing home/Skilled nursing facility • Alcohol/Drug Abuse Treatment • Hospitalized at birth • Rehabilitation facility • Corrections facility	**C15. Where did the patient reside at the time of hospitalization (Indicate type of residence)** • Private residence • Private residence with services • Homeless/Shelter/Temporary housing • Nursing home/Skilled nursing facility • Substance abuse treatment center • Hospitalized at birth • Rehabilitation facility • Corrections facility

Question on 2022-23 Form	Questions on 2023-24 Form
• Hospice • Assisted living/Residential care • LTACH • Group/Retirement home • Psychiatric facility • Other long term care facility • Other, specify:________ • Unknown	• Hospice • Assisted living/Residential care • LTACH • Group/Retirement home • Psychiatric facility • Other long term care facility • Other, specify:________ • Unknown
N/A	**E5. Supplemental Oxygen?** • Yes • No • Unknown
F2. If patient discharged alive, please indicate to where: • Private residence • Private residence with services • Homeless/Shelter • Nursing home/Skilled nursing facility • Alcohol/Drug Abuse Treatment • Hospitalized at birth • Rehabilitation facility • Corrections facility • Hospice • Assisted living/Residential care • LTACH • Group/Retirement home • Psychiatric facility • Other long term care facility • Against medical advice (AMA) • Discharged to another hospital • Other, specify:________ • Unknown	**F2. If patient discharged alive, please indicate to where:** • Private residence • Private residence with services • Homeless/Shelter/Temporary housing • Nursing home/Skilled nursing facility • Substance abuse treatment center • Hospitalized at birth • Rehabilitation facility • Corrections facility • Hospice • Assisted living/Residential care • LTACH • Group/Retirement home • Psychiatric facility • Other long term care facility • Against medical advice (AMA) • Discharged to another hospital • Other, specify:________ • Unknown
G1. Reason for admission: • "Influenza/COVID/RSV-related illness" • OB/Labor and delivery admission • Inpatient surgery procedures • Psychiatric admission needing acute medical care • Trauma • Unknown • Other, specify: __________	**G1. Reason for admission:** • "Influenza/COVID/RSV-related illness" • OB/Labor and delivery admission • Inpatient surgery procedures • Psychiatric admission needing acute medical care • Trauma • Newborn/Hospitalized at birth • Unknown • Other, specify: __________
G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply) **Non respiratory symptoms**	**G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)** **Non respiratory symptoms**

<table>
<tr><th><u>Question on 2022-23 Form</u></th><th><u>Questions on 2023-24 Form</u></th></tr>
<tr><td>Abdominal pain
Altered mental status/confusion
Anosmia/decreased smell
Chest pain
Conjunctivitis
Diarrhea
Dysgeusia/decreased taste
Fatigue
Fever/chills
Headache
Muscle aches/myalgias
Nausea/vomiting
Rash
Seizures</td><td>Abdominal pain
Altered mental status/confusion
Anosmia/decreased smell
Chest pain/tightness
Conjunctivitis
Diarrhea
Dysgeusia/decreased taste
Fatigue
Fever/chills
Headache
Muscle aches/myalgias
Nausea/vomiting
Rash
Seizures</td></tr>
<tr><td>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)

Respiratory symptoms
Congested/runny nose
Cough
Hemoptysis/bloody sputum
Shortness of breath/respiratory distress
Sore throat
URI/ILI
Wheezing</td><td>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)

Respiratory symptoms
Congested/runny nose
Chest congestion
Cough
Hemoptysis/bloody sputum
Shortness of breath/respiratory distress
Sore throat
URI/ILI
Wheezing</td></tr>
<tr><td>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)

For cases <2 years
Apnea
Cyanosis
Decreased vocalization/stridor
Dehydration
Hypothermia
Inability to eat/poor feeding
Lethargy</td><td>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)

For cases <12 years
Apnea
Cyanosis
Stridor/decreased vocalization
Dehydration/decreased urine output
Hypothermia
Inability to eat/poor feeding
Irritability/fussiness/excess crying
Lethargy/decreased activity
Nasal flaring/grunting/retractions
Tachypnea/increased work of breathing</td></tr>
<tr><td>N/A</td><td>G8. Environmental tobacco smoke exposure (for pediatric patients <12 years):
Yes
No</td></tr>
</table>

Question on 2022-23 Form	Questions on 2023-24 Form
	• **Unknown**
I1a. If yes, what is the specimen source? • Blood • Bronchoalveolar lavage (BAL) • Pleural fluid • Cerebrospinal fluid (CSF) • Sputum • Endotrache aspirate • Other, specify: ____________	**I1a. If yes, what is the specimen source?** • Blood • Bone/joint aspirate • Bronchoalveolar lavage (BAL), bronchial aspirate/wash • Cerebrospinal fluid (CSF) • Endotracheal/tracheal aspirate • Peritoneal or abdominal fluid/ascites • Pleural fluid • Sputum • Wound- Group A Streptococcus (only) • Other, specify: ____________
J1. Was patient tested for any of the following viral respiratory pathogens within 14 days prior to admission or ≤3 days after admission? • RSV • Adenovirus • Parainfluenza 1 • Parainfluenza 2 • Parainfluenza 3 • Parainfluenza 4 • Human metapneumovirus • Rhinovirus/Enterovirus • Coronavirus SARS-CoV-2 • Coronavirus, other	**J1. Was patient tested for any of the following viral respiratory pathogens within 14 days prior to admission or ≤3 days after admission?** • RSV • Adenovirus • Parainfluenza 1 • Parainfluenza 2 • Parainfluenza 3 • Parainfluenza 4 • Human metapneumovirus • Rhinovirus/Enterovirus • Coronavirus 229E • Coronavirus HKU1 • Coronavirus NL63 • Coronavirus OC43 • Coronavirus SARS-CoV-2 • Coronavirus (not further specified)
L. Chest Imaging – Based on radiology report only **2b. For the first abnormal chest x-ray, please check all that apply** • Report not available • Air space density • Air space opacity • Bronchopneumonia/pneumonia • Cannot rule out pneumonia • Consolidation • Cavitation • ARDS (acute respiratory distress syndrome) • Lung Infiltrate • Interstitial infiltrate • Lobar infiltrate • Pleural Effusion	**L. Chest X-ray – Based on radiology report only** **2b. For the first abnormal chest x-ray, please check all that apply** • Report not available • Air space density • Air space opacity • Bronchopneumonia/pneumonia • Cannot rule out pneumonia • Consolidation • Cavitation • ARDS (acute respiratory distress syndrome) • Infiltrate (lung, interstitial, other) • Lobar infiltrate • Pleural Effusion • Empyema • Other

Question on 2022-23 Form	Questions on 2023-24 Form
• Empyema • Other	
M1. Did the patient have any of the following new diagnoses at discharge? (Select all that apply) • Acute encephalopathy/encephalitis • Acute liver failure • Acute myocardial infarction • Acute myocarditis • Acute renal failure/acute kidney injury • Acute respiratory distress syndrome (ARDS) • Acute respiratory failure • Asthma exacerbation • Bacteremia • Bronchiolitis • Bronchitis • Chronic lung disease of prematurity/BPD • Congestive heart failure • COPD exacerbation • Deep vein thrombosis (DVT) • Diabetic ketoacidosis • Disseminated intravascular coagulation (DIC) • Guillain-Barre syndrome • Hemophagocytic syndrome • Invasive pulmonary aspergillosis • Kawasaki disease • Mucormycosis • Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A) • Other thrombosis/embolism/coagulopathy • Pneumonia • Pulmonary embolism (PE) • Reye's syndrome • Rhabdomyolysis • Sepsis • Seizures • Stroke (CVA) • Toxic shock syndrome (TSS) •	**M1. Did the patient have any of the following new diagnoses at discharge? (Select all that apply)** • Acute complication of sickle cell • Acute encephalopathy/encephalitis • Acute liver failure • Acute myocardial infarction • Acute myocarditis • Acute renal failure/acute kidney injury • Acute respiratory distress syndrome (ARDS) • Acute respiratory failure • Asthma exacerbation • Atrial fibrillation (Afib) new-onset or paroxysmal/chronic • Bacteremia • Bronchiolitis • Bronchitis • Cardiac arrest • Chronic lung disease of prematurity/BPD • Congestive heart failure exacerbation • COPD exacerbation • Deep vein thrombosis (DVT) • Diabetic ketoacidosis • Disseminated intravascular coagulation (DIC) • Guillain-Barre syndrome • Hemophagocytic syndrome • Invasive pulmonary aspergillosis • Kawasaki disease • Mucormycosis • Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A) • Other thrombosis/embolism/coagulopathy • Pneumonia • Pulmonary embolism (PE) • Reye's syndrome • Rhabdomyolysis • Sepsis • Seizures • Stroke (CVA) • Supraventricular tachycardia (SVT) • Toxic shock syndrome (TSS) • Ventricular fibrillation (Vfib) • Ventricular tachycardia (V-tach)

Question on 2022-23 Form	Questions on 2023-24 Form
N/A	**O5. Pregnancy complications during current pregnancy? (Select all that apply)** • None • Gestational diabetes • Pre-eclampsia • Pregnancy-induced hypertension (PIH) • Intrauterine growth restriction (IUGR) • Unknown
O6a. If patient was pregnant on admission but no longer pregnant at discharge, indicate pregnancy outcome at discharge.	**O6a. If patient was pregnant on admission but no longer pregnant at discharge, indicate pregnancy outcome at discharge. (If multiple fetuses, indicate outcome at discharge for each fetus in the database separately.)**

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

Question on 2022-23 form	Question on 2023-24 form
N/A	**Title of person responding to questions for laboratory**
N/A	**3. Does the laboratory currently (or plan to in the next year) send out specimens to be tested with the Karius Test?** • Yes • No • Unknown
4A. Select the kit name(s) (manufacturer) for the rapid influenza antigen diagnostic test 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 (Moderately Complex), (Becton Dickinson & Co.) ☐ BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B (Becton Dickinson & Co.) ☐ Binax NOW® Influenza A&B Card 2 (Abbott) ☐ BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Polymedco Poly stat Flu A&B Test or LifeSign LLC Status Flu A&B (Princeton BioMedtech Corp.)	**5A. Select the kit name(s) (manufacturer) for the rapid influenza antigen diagnostic test 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 (Moderately Complex), (Becton Dickinson & Co.) ☐ BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B (Becton Dickinson & Co.) ☐ Binax NOW® Influenza A&B Card 2 (Abbott) ☐ BioSign® Flu A+B or LifeSign LLC Status Flu A & B (Princeton BioMeditech Corp.)

☐ 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.)
☐ SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche)
☐ Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
☐ Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)
☐ XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific)
☐ Other, specify: ______________________________

5a. Select the kit name(s) (manufacturer) for all molecular assays performed or planned to be used at the laboratory: (Check all that apply)

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

☐ 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.)
☐ SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche)
☐ Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
☐ Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)
☐ XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific)
☐ Other, specify: ______________________________

6a. Select the kit name(s) (manufacturer) for all molecular assays performed or planned to be used at the laboratory: (Check all that apply)

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

☐ FluChip-8G Influenza A+B Assay, (InDevR)*
☐ ID Now™ Influenza A&B (CLIA Waived), (Abbott)†
☐ Lyra Influenza A+B Assay, (Quidel)
☐ NeuMoDX influenza A/b, RSV, and SARS-Cov-2 Vantage Assay (Qiagen)‡
☐ Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)*
☐ Nx-TAG® Respiratory Pathogen Panel + SARS-CoV-2 (Luminex Molecular Diagnostics Inc)*‡
☐ Panther Fusion® Flu A/B RSV, (Assay Hologic)
☐ Panther Fusion SARS-CoV-2/Flu A/B/RSV (Hologic)‡
☐ QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)*‡
☐ Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)‡
☐ RealStar Influenza Screen & Type RT-PCR
☐ 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)‡
☐ Sofia 2 Flu + SARS Antigen FIA, (Quidel) †‡
☐ Solana Influenza A+B Assay, (Quidel)
☐ Solana Respiratory Viral Panel, (Quidel)
☐ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*), (Luminex)*
☐ Xpert Xpress COV-2/Flu/RSV plus†‡
☐ Xpert Xpress Flu/RSV Assay, (Cepheid) †
☐ In-house developed PCR assay
☐ Other, specify: ______________________________

☐ 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 Pathogen Nucleic Acid Test (RP *Flex*), (Luminex)* ☐ Xpert Xpress COV-2/Flu/RSV plus†‡ ☐ Xpert Xpress Flu Assay, (Cepheid)† ☐ Xpert Xpress Flu/RSV Assay, (Cepheid) † ☐ Xpert Xpress SARS-CoV-2/Flu/RSV, (Cepheid)†‡ ☐ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc)* ☐ In-house developed PCR assay ☐ Other, specify: ______	
5b. If more than one kit is selected above, please select the one kit name that is (or will be) used most frequently for molecular assay at the laboratory during the current influenza season: ☐ ID Now™ Influenza A&B (CLIA Waived), (Abbott)† ☐ Accula Flu A/Flu B (Mesa Biotech, Inc.)† ☐ Alinity M Resp-4 Plex Assay (Abbott)‡ ☐ Aptima SARS-CoV-2/Flu/A/B‡ ☐ ARIES® Flu A/B & RSV Assay, (Luminex) ☐ BioCode Respiratory Pathogen Panel, (Applied BioCode Inc)* ☐ BioFire Pneumonia Panel (Biomerieux) ☐ BioFire Pneumonia plus Panel (Biomerieux) ☐ BioFire Respiratory Panel 2.1 (RP2.1) (Biomerieux)*‡ ☐ BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)*‡ ☐ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division) ☐ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division) ☐ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ☐ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division) ☐ CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)‡ ☐ Cobas Liat Influenza A/B, (Roche Diagnostics)† ☐ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)† ☐ Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)‡ ☐ Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test, (Roche Diagnostics) ☐ ePlex Respiratory Pathogen Panel (GenMark Diagnostics)*†‡ ☐ ePlex Respiratory Pathogen Panel 2, (Genmark Diagnostics)*‡ ☐ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)*	**6b. 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:** ☐ Accula Flu A/Flu B (Mesa Biotech, Inc.)† ☐ Alinity M Resp-4 Plex Assay (Abbott)‡ ☐ Aptima SARS-CoV-2/Flu/A/B (Hologic)‡ ☐ ARIES® Flu A/B & RSV Assay, (Luminex) ☐ ARIES® Flu A/B & RSV+SARS-CoV-2 Assay‡ ☐ BioCode® CoV-2 Flu Plus Assay (Applied BioCode Inc)‡ ☐ BioCode Respiratory Pathogen Panel, (Applied BioCode Inc)* ☐ BioFire Pneumonia Panel (Biomerieux) ☐ BioFire Pneumonia plus Panel (Biomerieux) ☐ BioFire Respiratory Panel 2.1 (RP2.1) (Biomerieux)*‡ ☐ BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)*‡ ☐ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division) ☐ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division) ☐ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ☐ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division) ☐ CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)‡ ☐ Cobas Liat Influenza A/B, (Roche Diagnostics)† ☐ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)† ☐ Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)‡ ☐ Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test, (Roche Diagnostics) ☐ ePlex Respiratory Pathogen Panel (GenMark Diagnostics)*†‡ ☐ ePlex Respiratory Pathogen Panel 2, (Genmark Diagnostics)*‡

- ☐ 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 Pathogen Nucleic Acid Test (RP *Flex*), (Luminex)*
- ☐ Xpert Xpress COV-2/Flu/RSV plus†‡
- ☐ Xpert Xpress Flu Assay, (Cepheid)†
- ☐ Xpert Xpress Flu/RSV Assay, (Cepheid) †
- ☐ Xpert Xpress SARS-CoV-2/Flu/RSV, (Cepheid)†‡
- ☐ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc)*
- ☐ In-house developed PCR assay
- ☐ Other, specify: ____________

- ☐ FluChip-8G Influenza A+B Assay, (InDevR)*
- ☐ ID Now™ Influenza A&B (CLIA Waived), (Abbott)†
- ☐ Lyra Influenza A+B Assay, (Quidel)
- ☐ NeuMoDX influenza A/b, RSV, and SARS-Cov-2 Vantage Assay (Qiagen)‡
- ☐ Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)*
- ☐ Nx-TAG® Respiratory Pathogen Panel + SARS-CoV-2 (Luminex Molecular Diagnostics Inc)*‡
- ☐ Panther Fusion® Flu A/B RSV, (Assay Hologic)
- ☐ Panther Fusion SARS-CoV-2/Flu A/B/RSV (Hologic)‡
- ☐ QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)*‡
- ☐ Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)‡
- ☐ RealStar Influenza Screen & Type RT-PCR
- ☐ 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)‡
- ☐ Sofia 2 Flu + SARS Antigen FIA, (Quidel) †‡
- ☐ Solana Influenza A+B Assay, (Quidel)
- ☐ Solana Respiratory Viral Panel, (Quidel)
- ☐ Verigene® Respiratory Pathogen Nucleic Acid Test (RP *Flex*), (Luminex)*
- ☐ Xpert Xpress COV-2/Flu/RSV plus†‡
- ☐ Xpert Xpress Flu/RSV Assay, (Cepheid) †
- ☐ In-house developed PCR assay
- ☐ Other, specify: ____________

3) COVID19 Vaccination Status on FluSurv-NET Cases – Attachment #8

Questions on 2022-23 form

Case ID: C 2 2 2 3 **Vaccine History Status:** ____________

R. Vaccination History

1. Vaccine Registry

1a. Source Information: ☐ Source reviewed ☐ Source available but not reviewed (specify): ________ ☐ Source not available for review

1b. COVID-19 Vaccination Documentation:
☐ Person in registry with documented vaccine ☐ Person in registry with no documented vaccine
☐ Person not found in registry ☐ Person not found in COVID specific dataset ☐ Data obtained from VA medical chart

1c. How many doses were received? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ ≥6 ☐ Unknown

NOTE: Additional vaccines and spaces for vaccine doses available in the database as FDA Emergency Use Authorization is received

Dose Date	Product Manufacturer	Product Name
1d. Dose 1 Date ___/___/___ Month Day Year ☐ Unk. ☐ Unk. ☐ Unk.	☐ Pfizer, Inc. and BioNTech ☐ Moderna TX, Inc. ☐ Janssen Pharmaceuticals (J&J) ☐ AstraZeneca ☐ Novavax ☐ Unknown ☐ Other, specify: ________	☐ Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) ☐ Moderna (Spikevax/mRNA-1273) ☐ Janssen Pharmaceuticals (JNJ-78436735) ☐ AstraZeneca (AZD1222) ☐ Covovax (NVX-CoV2373) ☐ Unknown ☐ Other, specify: ________
1e. Dose 2 Date ___/___/___ Month Day Year ☐ Unk. ☐ Unk. ☐ Unk.	☐ Pfizer, Inc. and BioNTech ☐ Moderna TX, Inc. ☐ Janssen Pharmaceuticals (J&J) ☐ AstraZeneca ☐ Novavax ☐ Unknown ☐ Other, specify: ________	☐ Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) ☐ Moderna (Spikevax/mRNA-1273) ☐ Janssen Pharmaceuticals (JNJ-78436735) ☐ AstraZeneca (AZD1222) ☐ Covovax (NVX-CoV2373) ☐ Unknown ☐ Other, specify: ________
1f. Dose 3 Date ___/___/___ Month Day Year ☐ Unk. ☐ Unk. ☐ Unk.	☐ Pfizer, Inc. and BioNTech ☐ Moderna TX, Inc. ☐ Janssen Pharmaceuticals (J&J) ☐ AstraZeneca ☐ Novavax ☐ Unknown ☐ Other, specify: ________	☐ Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) ☐ Moderna (Spikevax/mRNA-1273) ☐ Janssen Pharmaceuticals (JNJ-78436735) ☐ AstraZeneca (AZD1222) ☐ Covovax (NVX-CoV2373) ☐ Unknown ☐ Other, specify: ________
1g. Dose 4 Date ___/___/___ Month Day Year ☐ Unk. ☐ Unk. ☐ Unk.	☐ Pfizer, Inc. and BioNTech ☐ Moderna TX, Inc. ☐ Janssen Pharmaceuticals (J&J) ☐ AstraZeneca ☐ Novavax ☐ Unknown ☐ Other, specify: ________	☐ Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) ☐ Moderna (Spikevax/mRNA-1273) ☐ Janssen Pharmaceuticals (JNJ-78436735) ☐ AstraZeneca (AZD1222) ☐ Covovax (NVX-CoV2373) ☐ Unknown ☐ Other, specify: ________
1h. Dose 5 Date ___/___/___ Month Day Year ☐ Unk. ☐ Unk. ☐ Unk.	☐ Pfizer, Inc. and BioNTech ☐ Moderna TX, Inc. ☐ Janssen Pharmaceuticals (J&J) ☐ AstraZeneca ☐ Novavax ☐ Unknown ☐ Other, specify: ________	☐ Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) ☐ Moderna (Spikevax/mRNA-1273) ☐ Janssen Pharmaceuticals (JNJ-78436735) ☐ AstraZeneca (AZD1222) ☐ Covovax (NVX-CoV2373) ☐ Unknown ☐ Other, specify: ________
1i. Dose 6 Date ___/___/___ Month Day Year ☐ Unk. ☐ Unk. ☐ Unk.	☐ Pfizer, Inc. and BioNTech ☐ Moderna TX, Inc. ☐ Janssen Pharmaceuticals (J&J) ☐ AstraZeneca ☐ Novavax ☐ Unknown ☐ Other, specify: ________	☐ Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) ☐ Moderna (Spikevax/mRNA-1273) ☐ Janssen Pharmaceuticals (JNJ-78436735) ☐ AstraZeneca (AZD1222) ☐ Covovax (NVX-CoV2373) ☐ Unknown ☐ Other, specify: ________

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Questions on 2023-24 form

R. COVID-19 and RSV Vaccine History *(Additional products will be listed in the database as FDA authorization/emergency use authorization received)*

1. Vaccine registry
☐ Registry reviewed
☐ Registry available but not reviewed (specify): ________
☐ Registry not available for review

1a. Registry vaccination documentation
☐ Case-patient in registry with documented vaccine(s)
☐ Case-patient in registry with no documented vaccine
☐ Case-patient not found in registry
☐ Case-patient not found in specific dataset

2. Medical chart
☐ Medical chart reviewed
☐ Medical chart available but not reviewed (specify): ________
☐ Medical chart not available for review

2a. Medical chart vaccination documentation:
☐ Documented vaccine, ≥ 1 date specified
☐ Documented vaccine, no date specified
☐ Chart indicates person is unvaccinated
☐ No vaccination documentation

3. Were attempts made to use other sources for vaccination verification? *(select all that apply)*
☐ Yes, primary care provider (PCP) or Long Term Care Facility (LTCF)
☐ Yes, pharmacy of record
☐ Yes, case-patient interview
☐ Yes, proxy interview
☐ No

3a. Primary Care Provider (PCP) or Long Term Care Facility (LTCF) contact and documentation"
☐ PCP/LTCF contacted and provided vaccination documentation
☐ PCP/LTCF contacted but did not provide vaccination documentation
☐ Attempted to contact PCP/LTCF but unsuccessful
☐ PCP/LTCF not contacted

3b. Primary Care Provider (PCP) or Long Term Care Facility (LTCF) vaccine documentation
☐ PCP/LTCF indicated vaccine receipt, ≥ 1 date(s) specified
☐ PCP/LTCF indicated vaccine receipt, no date(s) specified
☐ PCP/LTCF indicated person is unvaccinated
☐ Vaccination status not documented

3c. Pharmacy of record vaccination contact and documentation:
☐ Pharmacy contacted and provided vaccination documentation
☐ Pharmacy contacted but did not provide vaccination documentation
☐ Attempted to contact pharmacy but unsuccessful
☐ Pharmacy not contacted

3d. Pharmacy of record vaccine documentation:
☐ Pharmacy indicated vaccine receipt, ≥ 1 date(s) specified
☐ Pharmacy indicated vaccine receipt, no date(s) specified
☐ Vaccination status not documented

3e. Case-patient or proxy vaccination contact and documentation:
☐ Case-patient/proxy contacted and provided vaccination documentation
☐ Case-patient/proxy contacted but did not provide vaccination documentation
☐ Attempted to contact Case-patient/proxy but unsuccessful
☐ Case-patient/proxy not contacted

3f. Case-patient or proxy vaccine documentation:
☐ Case-patient/proxy indicated vaccine receipt, ≥ 1 date(s) specified ☐ Case-patient/proxy indicated they are unvaccinated
☐ Case-patient/proxy indicated vaccine receipt, no date(s) specified ☐ Vaccination status not documented

4. COVID-19 vaccine doses received (*For cases ≥ 6 years old, record all doses of COVID-19 vaccine received on/after August 31, 2022. For cases < 6 years old, record all available doses of COVID-19 vaccine*)

Dose Date	Dose Product	Dose Source
___/___/___ Month Day Year ☐ Unk. ☐ Unk. ☐ Unk.	**For COVID-NET case-patients ≥ 6 years old:** ☐ Pfizer-BioNTech COVID-19 Vaccine, **Bivalent** (COMIRNATY/ bivalent BNT162b2 -or- Original and Omicron BA.4/BA.6) ☐ Moderna COVID-19 Vaccine, **Bivalent** (mRNA-1273.214) ☐ Jansen Pharmaceuticals (JNJ-78436735) ☐ Novavax COVID-19 Vaccine, Adjuvanted (NVX-CoV2373, Covovax) ☐ AstraZeneca (AZD1222) ☐ Unknown ☐ Other, specify: ________ **Additional options for COVID-NET case-patients ≥ 6 months – < 6 years old:** ☐ Moderna COVID-19 Vaccine, **Monovalent** (Spikevax, mRNA-1273) ☐ Pfizer-BioNTech COVID-19 Vaccine, **Monovalent** or (COMIRNATY/ Monovalent BNT162b2)	☐ Registry ☐ Medical Chart ☐ PCP/LTCF ☐ Pharmacy ☐ Case-patient/proxy

HAIC

1. **Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF) Attachment #9**

Question on original 2023 form	**Question on 2024 form**	**Description of change**
2023 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant *A. baumannii* (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report	2024 Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report	I. Updated year to 2024 II. Removed the pathogens from the title since this one form covers all of MuGSI surveillance pathogens
10. Organism: • CRE • CRAB If CRE, select one of the following: • *Escherichia coli* • *Klebsiella aerogenes* • *Klebsiella oxytoca* • *Enterobacter cloacae* • *Klebsiella pneumoniae*	10. Organism: • Carbapenem-Resistant Enterobacterales (CRE) • *Escherichia coli* • *Klebsiella pneumoniae* • *Klebsiella oxytoca* • *Klebsiella aerogenes* • *Enterobacter cloacae* • Extended-spectrum beta-lactamase-producing Enterobacterales (ESBL-E) • *Escherichia coli* • *Klebsiella pneumoniae* • *Klebsiella oxytoca* • Carbapenem-Resistant *A. baumannii* (CRAB) • Invasive *Escherichia coli* (iEC) (not CRE or ESBL-E)	I. Updated all MuGSI pathogens and phenotypes under surveillance
16. Patient Outcome: On the day of or in the 6 calendar days before death, was the pathogen of interest isolated from a site that meets the case definition? • Yes • No • Unknown	16. Patient Outcome [*Removed*]	I. Removed the specified question from "16. Patient Outcome:" on the 2024 form
17a. Types of infection associated with culture(s): (Check all that apply) • None • Colonized • Unknown • Abscess, not skin • AV fistula/graft infection • Bacteremia • Bursitis	17a. Types of infection associated with culture(s): (Check all that apply) • None • Colonized • Unknown • Abscess, not skin • AV fistula/graft infection • Bacteremia • Bursitis	I. Included "Sepsis" as an infection type, including a sub-choice for "Urosepsis"

• Catheter site infection (CVC) • Cellulitis • Chronic Ulcer/wound (not decubitus) • Decubitus/pressure ulcer • Empyema • Endocarditis • Epidural abscess • Meningitis • Osteomyelitis • Peritonitis • Pneumonia (CRAB cases, complete Q23c) • Pyelonephritis • Septic arthritis • Septic emboli • Septic shock • Skin abscess • Surgical incision infection • Surgical site infection (internal) • Traumatic wound • Urinary tract infection • Other (specify):_______________	• Catheter site infection (CVC) • Cellulitis • Chronic Ulcer/wound (not decubitus) • Decubitus/pressure ulcer • Empyema • Endocarditis • Epidural abscess • Meningitis • Osteomyelitis • Peritonitis • Pneumonia (CRAB cases, complete Q23c) • Pyelonephritis • Sepsis • Urosepsis • Septic arthritis • Septic emboli • Septic shock • Skin abscess • Surgical incision infection • Surgical site infection (internal) • Traumatic wound • Urinary tract infection • Other (specify):_______________	
	20. Risk factors: (Check all that apply) Invasive or diagnostic urologic procedure in the year before DISC: • Yes • No • Unknown If yes, check all that apply: • Prostate procedure • Cystoscopy • Other	I. Added a new risk factor 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 calendar days before the DISC • Mechanical ventilation at any time in the 7 calendar days before the DISC • None	23b. Risk factors prior to CRAB 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 calendar days before the DISC • Mechanical ventilation at any time in the 7 calendar days before the DISC • Visited a wound care clinic at any time in the year before the	I. Revised the text for the question. II. Added an additional risk factor in the year before the DISC

	DISC • None	
	24a. Is antimicrobial use (IV or Oral) in the 30 days before the DISC documented? • Yes • No • Unknown	I. Added question **Note**: This question is not new to MuGSI surveillance nor the MuGSI database. It is being included in the consolidated 2024 form from the OMB-approved 2023 ESBL/iEC form
	24b. If yes, check all antimicrobials used in the 30 days before the DISC: (*Check all that apply*) • Amikacin • Amoxicillin • Amoxicillin/clavulanic acid • Ampicillin • Ampicillin/sulbactam • Azithromycin • Aztreonam • Cefadroxil • Cefazolin • Cefdinir • Cefepime • Cefiderocol • Ceixime • Cefotaxime • Cefoxitin • Cefpodoxime • Ceftaroline • Ceftazidime • Ceftazidime/avibactam • Ceftizoxime • Ceftolozane/tazobactam • Ceftriaxone • Cefuroxime • Cephalexin • Ciprofloxacin • Clarithromycin • Clindamycin • Dalbavancin • Daptomycin • Delafloxacin • Doripenem • Doxycycline • Eravacycline • Ertapenem • Fidaxomicin	I. Added question **Note**: This question is not new to MuGSI surveillance nor the MuGSI database. It is being included in the consolidated 2024 form from the OMB-approved 2023 ESBL/iEC form

	• Fosfomycin
	• Gentamicin
	• Imipenem/cilastatin
	• Levofloxacin
	• Linezolid
	• Meropenem
	• Meropenem/vaborbactam
	• Metronidazole
	• Moxifloxacin
	• Nitrofurantoin
	• Omadacycline
	• Oritavancin
	• Penicillin
	• Piperacillin/tazobactam
	• Polymyxin B
	• Polymyxin E (colistin)
	• Rifaximin
	• Tedizolid
	• Telavancin
	• Tigecycline
	• Tobramycin
	• Trimethoprim
	• Trimethoprim/sulfamethoxazole
	• Vancomycin
	    • IV
	    • PO
	• Other (specify):___________
	• Other (specify):___________
	
	Reminder: Any prior antimicrobial use that is not noted above should be documented in the other (specify) field.	

24c. COVID-Net Case ID:_________	25c. COVID-Net Case ID in the year before or day of DISC:_________ • None or N/A	I. Updated the question number II. Added the specified timeframe III. Included a checkbox for "None or N/A"

2) **Multi-site Gram-Negative Surveillance Initiative (MuGSI) Community-Associated Carbapenemase-Producing Carbapenem-Resistant Enterobacterales (CA CP-CRE) Health interview - Attachment #10**

Original Instruction	Proposed Change to Instruction
[If answer to Q22 = 1, i.e., interviewee lives alone, skip to Section G]	[If answer to Q22 = 1, i.e., interviewee lives alone, skip to Section 9]

3) **Multi-site Gram-Negative Surveillance Initiative (MuGSI) Supplemental Surveillance Officer Survey - Attachment #11**

<table>
<tr><th>2023 Survey Question</th><th>2024 Survey Question</th></tr>
<tr><td>Description:

Please answer the following questions for the year 2023. The purpose of the survey is to verify and document current surveillance procedures, including isolate collection and testing methods at clinical laboratories. Please enter your responses into the corresponding RedCap database. If you have any questions, please contact Julian Grass (hij3@cdc.gov) and Joshua Brandenburg (ode4@cdc.gov).</td><td>Description:

Please answer the following questions for the year 2024, unless otherwise specified. The purpose of the survey is to verify and document current surveillance procedures, including isolate collection and testing methods at clinical laboratories. Please enter your responses into the corresponding REDCap database. If you have questions, please contact Julian Grass (hij3@cdc.gov) and Joshua Brandenburg (ode4@cdc.gov).</td></tr>
<tr><td>Surveillance area characteristics:
1. What counties are under surveillance for MuGSI activities at your site?

a. Carbapenem-resistant Enterobacterales (CRE) surveillance area, please specify:

b. Carbapenem-resistant Acinetobacter baumannii (CRAB) surveillance area, please specify:

c. Extended-spectrum β-lactamases-producing Enterobacterales (ESBL-E) surveillance area, please specify:</td><td>Surveillance area characteristics:
1. What counties are under surveillance for MuGSI activities at your site?

a. Carbapenem-resistant Enterobacterales (CRE) surveillance area, please specify:

b. Carbapenem-resistant Acinetobacter baumannii (CRAB) surveillance area, please specify:

c. Extended-spectrum β-lactamases-producing Enterobacterales (ESBL-E) surveillance area, please specify:

d. Invasive Escherichia coli (iEC) surveillance area, please specify:</td></tr>
<tr><td>Surveillance area characteristics:
2. Is CRE state reportable at your site? ___ yes___ no

a. If yes:

i. Please describe your state reportable definition of CRE:_______________

ii. What is the catchment area where CRE is reportable at your site?

________ Statewide

________ Defined catchment area, please specify___________

iii. Is isolate submission to the State Health Department Laboratory required?</td><td>Surveillance area characteristics:
2. Is CRE reportable at your state/site? ___ yes ___ no
a. If yes:

iii. Please describe your state reportable definition of CRE:_______________

iv. Where in your state is CRE reportable?

________ Statewide
________ Defined area, such as a county(ies). Please specify

v. Is isolate submission to the State Health Department Laboratory required?

________ yes ________ no</td></tr>
</table>

_______ yes _______ no b. If no: i. What mechanism do you have in place that allows for SOs to have access to CRE case counts and medical records? _______ Agent of the state _______ State Health Department Regulation _______ Other, please explain: ___________________________________ ii. Does your state/site plan to make CRE reportable? ___ yes ___ no	specify ___________ b. If no: vi. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to CRE laboratory reports and medical records? _______ Agent of the state _______ State Health Department Regulation _______ Other, please explain: _____________ vii. Does your state/site plan to make CRE reportable? ___ yes ___ no ___ unknown 1. If yes, when does your state/site plan to make CRE reportable?
Surveillance area characteristics: 3. Is CRAB state reportable at your site? ___ yes___ no a. If yes: i. Please describe your state reportable definition of CRAB:_______________ ii. What is the catchment area where CRAB is reportable at your site? _______ Statewide _______ Defined catchment area, please specify__________ iii. Is isolate submission to the State Health Department Laboratory required? _______ yes _______ no b. If no: i. What mechanism do you have in place that allows for SOs to have access to CRAB case counts and medical records? _______ Agent of the state _______ State Health	**Surveillance area characteristics:** 3. Is CRAB state reportable at your site? ___ yes___ no a. If yes: i. Please describe your state reportable definition of CRAB:_______________ ii. Where in your state is CRAB reportable? _______ Statewide _______ Defined area, such as a county(ies). Please specify iii. Is isolate submission to the State Health Department Laboratory required? _______ yes _______ no specify ___________ b. If no: i. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to CRAB laboratory reports and

Department Regulation _______ Other, please explain: ________________________ ___________ ii. Does your state/site plan to make CRAB reportable? ___ yes ___ no	medical records? _______ Agent of the state _______ State Health Department Regulation _______ Other, please explain: _____________ ii. Does your state/site plan to make CRAB reportable? ___ yes ___ no ___ unknown 1. If yes, when does your state/site plan to make CRAB reportable?
Surveillance area characteristics: 4. Is ESBL-E state reportable at your site? ___ yes___ no a. If yes: i. Please describe your state reportable definition of ESBL-E:______________ ii. What is the catchment area where ESBL-E is reportable at your site? _______ Statewide _______ Defined catchment area, please specify__________ iii. Is isolate submission to the State Health Department Laboratory required? _______ yes _______ no b. If no: i. What mechanism do you have in place that allows for SOs to have access to ESBL-E case counts and medical records? _______ Agent of the state _______ State Health Department Regulation _______ Other, please explain:	**Surveillance area characteristics:** 4. Is ESBL-E reportable at your state/site? ___ yes ___ no a. If yes: i. Please describe your state reportable definition of ESBL-E:______________ ii. Where in your state is ESBL-E reportable? _______ Statewide _______ Defined area, such as a county(ies). Please specify iii. Is isolate submission to the State Health Department Laboratory required? _______ yes _______ no specify ___________ b. If no: i. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to ESBL-E laboratory reports and medical records? _______ Agent of the state _______ State Health Department Regulation _______ Other, please

______________________________ ______________ **ii.** Does your state/site plan to make ESBL-E reportable? ___ yes ___ no	explain: ______________ ii. Does your state/site plan to make ESBL-E reportable? ___ yes ___ no ___ unknown 1. If yes, when does your state/site plan to make ESBL-E reportable?
	Surveillance area characteristics: 5. Is iEC reportable at your state/site? ___ yes ___ no a. If yes: i. Please describe your state reportable definition of iEC:_______________ ii. Where in your state is iEC reportable? _______ Statewide _______ Defined area, such as a county(ies). Please specify iii. Is isolate submission to the State Health Department Laboratory required? _______ yes _______ no specify ____________ b. If no: i. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to iEC laboratory reports and medical records? _______ Agent of the state _______ State Health Department Regulation _______ Other, please explain: ______________ ii. Does your state/site plan to make iEC reportable? ___ yes ___ no ___ unknown

	1. If yes, when does your state/site plan to make iEC reportable?
Laboratory Participation and Isolate Testing 1. Please describe the clinical laboratories in the MuGSI catchment area: a. CRE i. Proportion of clinical laboratories serving that catchment area that participate in MuGSI CRE surveillance: ____________________ ii. Number of clinical laboratories serving the catchment area that participate in MuGSI CRE surveillance with queries installed on their automated testing instrument (ATI) or laboratory information system (LIS): ____________________ iii. Total number of clinical laboratories serving the MuGSI CRE catchment area:_______________ iv. Please describe how MuGSI CRE surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp):________________________ __________________ b. CRAB i. Proportion of clinical laboratories serving that catchment area that participate in MuGSI CRAB surveillance: ____________________ ii. Number of clinical laboratories serving the catchment area that participate in MuGSI CRAB surveillance with queries installed on their ATI or LIS: ____________________ iii. Total number of clinical laboratories serving the MuGSI CRAB catchment area:_______________	**Laboratory Participation and Isolate Testing – Part 1** 1. Please describe the clinical laboratories in the MuGSI catchment area: a. CRE i. Proportion of clinical laboratories serving the MuGSI CRE surveillance area with queries installed on their automated testing instrument (ATI) or laboratory information system (LIS): ____________________ ii. Numerator: Number of clinical laboratories serving the MuGSI CRE surveillance area with queries installed on their ATI or LIS: ____________________ iii. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI CRE surveillance area:_______________ iv. Please describe how MuGSI CRE surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): ____________________________ ____________________________ _______________ b. CRAB i. Proportion of clinical laboratories serving the MuGSI CRAB surveillance area with queries installed on their ATI or LIS: ____________________ ii. Numerator: Number of clinical laboratories serving the MuGSI CRAB surveillance area with queries installed on their ATI or

iv. Please describe how MuGSI CRAB surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp):______________________ __________ c. ESBL i. Proportion of clinical laboratories serving that catchment area that participate in MuGSI ESBL surveillance: ___________________ ii. Number of clinical laboratories serving the catchment area that participate in MuGSI ESBL surveillance with queries installed on their ATI or LIS: _________________ iii. Total number of clinical laboratories serving the MuGSI ESBL catchment area:_____________ iv. Please describe how MuGSI ESBL surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp):______________________ __________	LIS: _________________ iii. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI CRAB surveillance area: ____________ iv. Please describe how MuGSI CRAB surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): ________________________ ________________________ _____________ c. ESBL-E i. Proportion of clinical laboratories serving the MuGSI ESBL-E surveillance area with queries installed on their ATI or LIS: ___________________ ii. Numerator: Number of clinical laboratories serving the MuGSI ESBL-E surveillance area with queries installed on their ATI or LIS: _________________ iii. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI ESBL-E surveillance area:____________ iv. Please describe how MuGSI ESBL-E surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): ________________________ ________________________ _____________ d. iEC i. Proportion of clinical laboratories serving the MuGSI iEC surveillance area with queries installed on their ATI or

	LIS: ___________________ ii. Numerator: Number of clinical laboratories serving the MuGSI iEC surveillance area with queries installed on their ATI or LIS: ___________________ iii. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI iEC surveillance area:______________ iv. Please describe how MuGSI iEC surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): __________________________ __________________________ _____________
	Laboratory Participation and Isolate Testing – Part 1 2. Did any laboratories drop out of participation in 2023? _______ yes _______ no a. If yes, how many? _________ b. Why did these laboratories drop out of participation? ____________________________________ ____________________________________ ____________________________________ ____________________________________
	Laboratory Participation and Isolate Testing – Part 1 3. In 2023, did you identify additional laboratories, regardless of location, which identify MuGSI isolates from persons who are residents of the MuGSI surveillance area at your site? _______ yes _______ no

	a. If yes, how many? ________ b. If yes, how many of these laboratories were added? _______ i. If all new laboratories identified were not added, why not? ____ ____ c. If yes, how did you identify these new laboratories? ____ d. Approximately how many cases are identified at the new laboratories each year among residents of the MuGSI surveillance area? ________
Laboratory Participation and Isolate Testing 2. Did your site send MuGSI isolates to CDC for characterization in 2023? ____yes ____no a. If yes, please describe the sampling strategy for MuGSI isolates sent to CDC: i. CRE: ____________________________ ii. CRAB: ___________________________ iii. ESBL________________________________ b. If yes, how many clinical laboratories contribute MuGSI isolates: i. CRE: ____________________________ ii. CRAB: ___________________________ iii. ESBL: ___________________________	**Laboratory Participation and Isolate Testing – Part 1** 4. Did your site send any MuGSI isolates to CDC for characterization in calendar year 2023? _______ yes _______ no a. If yes, please describe how your site determines which MuGSI isolates to send to CDC: i. CRE: ____ ii. CRAB: _______________________________________ iii. ESBL: ____ iv. iEC: ____ b. If yes, how many clinical laboratories

	contributed MuGSI isolates: i. CRE: ______________________________ ___________ ii. CRAB: ______________________________ __________ iii. ESBL: ______________________________ ___________ iv. iEC: ______________________________ ____________
Laboratory Participation and Isolate Testing c. If yes, how many isolates did you expect to be able to collect from the clinical laboratories in 2023? ________ CRE; ________ CRAB; ________ ESBL	**Laboratory Participation and Isolate Testing – Part 1** 5. How many isolates with a specimen collection date in 2023 did you expect to be able to collect from the clinical laboratories? ________ CRE; ________ CRAB; ________ ESBL; _________iEC
Laboratory Participation and Isolate Testing d.If yes, what was the total number of isolates collected from the clinical laboratories in 2023? ________ CRE; ________ CRAB; ________ ESBL	**Laboratory Participation and Isolate Testing – Part 1** c. What was the total number of isolates with a specimen collection date in 2023 that were collected from the clinical laboratories? ________ CRE; ________ CRAB; ________ ESBL; ________iEC
Laboratory Participation and Isolate Testing Type of Laboratory	**Laboratory Participation and Isolate Testing – Part 2** 2. Type of laboratory: ______clinical laboratory ______public health laboratory ______research laboratory ______reference laboratory
Laboratory Participation and Isolate Testing MuGSI pathogens under surveillance	**Laboratory Participation and Isolate Testing – Part 2** 3. MuGSI pathogen(s) under surveillance: ______CRE ______CRAB ______ESBL ______iEC

Laboratory Participation and Isolate Testing	**Laboratory Participation and Isolate Testing – Part 2** 4. Method for sharing laboratory reports with your site: _____electronic messaging, such as HL7 _____e-mail _____fax _____EIP staff manually generate reports on-site _____other, please specify_______________________ _____unknown
Laboratory Participation and Isolate Testing Method for case identification	**Laboratory Participation and Isolate Testing – Part 2** 5. Method for case identification: _____automated testing instrument _____laboratory information system _____medical record _____other, please specify_______________________ _____unknown
Laboratory Participation and Isolate Testing Carbapenem confirmatory testing and method	**Laboratory Participation and Isolate Testing – Part 2** 7.Carbapenem confirmatory testing method a. *Please report the carbapenem confirmatory testing method(s) performed for each MuGSI organism separately*. kirby bauer:_____CRE _____CRAB _____ESBL _____iEC other, please specify: _____CRE _____CRAB _____ESBL _____iEC laboratory not testing _____CRE _____CRAB _____ESBL _____iEC unknown _____CRE _____CRAB _____ESBL _____iEC
Laboratory Participation and Isolate Testing Carbapenemase testing method	**Laboratory Participation and Isolate Testing – Part 2** 8.Carbapenemase testing method a. *Please report the carbapenemase testing*

		method(s) performed for each MuGSI organism separately. **Non-molecular test methods** carbaNP: _____CRE _____CRAB _____ESBL _____iEC carbapenemase inactivation method: _____CRE _____CRAB _____ESBL _____iEC CPO detect: _____CRE _____CRAB _____ESBL _____iEC disk diffusion/ROSCO disk e-test: _____CRE _____CRAB _____ESBL _____iEC modified carbapenemase inactivation method: _____CRE _____CRAB _____ESBL _____iEC modified hodge test: _____CRE _____CRAB _____ESBL _____iEC RAPIDEC: _____CRE _____CRAB _____ESBL _____iEC Other, please specify: _____CRE _____CRAB _____ESBL _____iEC laboratory not testing: _____CRE _____CRAB _____ESBL _____iEC unknown: _____CRE _____CRAB _____ESBL _____iEC **Molecular test methods** automated molecular assay: _____CRE _____CRAB _____ESBL _____iEC carba-R: _____CRE _____CRAB _____ESBL _____iEC check points: _____CRE _____CRAB _____ESBL _____iEC MALDI-TOF MS: _____CRE _____CRAB _____ESBL _____iEC next generation nucleic acid sequencing: _____CRE _____CRAB _____ESBL _____iEC polymerase chain reaction: _____CRE _____CRAB _____ESBL _____iEC streck ARM-D: _____CRE _____CRAB

	_____ESBL _____iEC other, please specify:______________________ _____CRE _____CRAB _____ESBL _____iEC laboratory not testing: _____CRE _____CRAB _____ESBL _____iEC unknown: _____CRE _____CRAB _____ESBL _____iEC
Laboratory Participation and Isolate Testing ESBL production testing and method	**Laboratory Participation and Isolate Testing – Part 2** 9. ESBL production testing method a. *Please report the ESBL production testing method(s) performed for each MuGSI organism separately*. broth microdilution – ESBL well:_____CRE _____CRAB _____ESBL _____iEC broth microdilution – ATI flag: _____CRE _____CRAB _____ESBL _____iEC broth microdilution – manual: _____CRE _____CRAB _____ESBL _____iEC disk diffusion: _____CRE _____CRAB _____ESBL _____iEC e-test: _____CRE _____CRAB _____ESBL _____iEC molecular test, please specify_____CRE _____CRAB _____ESBL _____iEC other non-molecular test, please specify:_____CRE _____CRAB _____ESBL _____iEC laboratory not testing: _____CRE _____CRAB _____ESBL _____iEC unknown: _____CRE _____CRAB _____ESBL _____iEC
Laboratory Participation and Isolate Testing Organism identification method	**Laboratory Participation and Isolate Testing – Part 2** 10. Organism identification method† *a. Please report the organism identification method(s) performed*

	for each MuGSI organism separately. MALDI-TOF: _____CRE _____CRAB _____ESBL _____iEC polymerase chain reaction: _____CRE _____CRAB _____ESBL _____iEC whole genome sequencing: _____CRE _____CRAB _____ESBL _____iEC DNA sequencing, please specify:_____CRE _____CRAB _____ESBL _____iEC rRNA gene sequencing, please specify:_____CRE _____CRAB _____ESBL _____iEC biochemical tests, please specify:_____CRE _____CRAB _____ESBL _____iEC immunological techniques, please specify:_____CRE _____CRAB _____ESBL _____iEC other, please specify:_____CRE _____CRAB _____ESBL _____iEC laboratory not testing:_____CRE _____CRAB _____ESBL _____iEC unknown: _____CRE _____CRAB _____ESBL _____iEC b. Please specify the database or library for the instrument(s) selected above:_____________________________
Laboratory Participation and Isolate Testing Culture-independent diagnostic test	**Laboratory Participation and Isolate Testing – Part 2** 11. Culture-independent diagnostic test: _____yes, please specify the type of test_________________ If yes, is a positive test result always followed up by a culture? _______ yes _______ no _______ unknown

	______no ______unknown
Laboratory Participation and Isolate Testing Isolate submission to state public health laboratory	**Laboratory Participation and Isolate Testing – Part 2** 12. Isolate submission to state public health laboratory ______yes ______no ______unknown
	Laboratory Participation and Isolate Testing – Part 2 13. Most recent year a check-in was completed for the laboratory: ________________________
	Laboratory Participation and Isolate Testing – Part 2 14. Please describe the participating laboratory's policy on maximum duration of referral for antimicrobial susceptibility testing for successive isolates of the same MuGSI organism. Successive isolates are defined as two microorgansims with similar identification that was cultured from the same patient at two different time points. Please indicate if the policy differs depending on whether successive isolates were cultured from the same specimen source or different specimen source.
	Additional information on MuGSI surveillance activities 2. In 2023, did your site update its inventory of facilities within the MuGSI surveillance area? ________ yes ________ no a. If no, why not? ____ ____ b. If yes, how many facilities serve the

	MuGSI surveillance area? __________ c. If yes, how many facilities have you identified the clinical laboratory that serves it?___________
	Additional information on MuGSI surveillance activities 3. Does your site run a data edit program in addition to the CDC edit program that is sent out monthly? This could include the data edits available on the MuGSI Case Management System dashboard. ________ yes ________ no a. If yes, how often: ________ Monthly ________ Quarterly ________ Other time frame, specify: ____ ________ Never b. If yes, what type of edits are you running? Do you think they would be helpful to add to edits generated by CDC? ___________________________
	Additional information on MuGSI surveillance activities 4. Did your site geocode MuGSI cases in 2023? ______ yes _______ no a. If yes, what is the most recent year of surveillance data that was geocoded? _____________________ b. If no, why not? ____
	Additional information on MuGSI surveillance activities 5. Did your site match MuGSI cases to the state vital statistics death registry in 2023? ______

	yes _______ no a. If yes, what is the most recent year of surveillance data that was matched? ______________________ b. If no, why not? ______________________________________
	Additional information on MuGSI surveillance activities 6. Did your site complete CRF re-abstractions in 2023? ______ yes _______ no a. If yes, what was the most recent year of surveillance data with CRFs re-abstracted? ______________________ b. If no, why not? _____________________________________
Additional information on MuGSI surveillance activities 2. What is the IRB determination for MuGSI at your site? Please describe: _________________________________	**Additional information on MuGSI surveillance activities** 7. What is the IRB determination for MuGSI at your site? ____Research ____Non-Research ____Other ____Unknown
	Additional information on MuGSI surveillance activities 8. General comments____________________________________ __________

4) Invasive *Staphylococcus aureus* Infection Case Report - Attachment #12

2023 CRF Question	**Changes to the 2023 CRF Question**
	15a. Is the isolate MRSA or MSSA? ◻ MRSA ◻ MSSA ◻ Unknown [new question]
22. SUSCEPTIBILITY RESUTLS (S=Sensitive (1), I=Intermediate (2), R=Resistant (3), U=Unknown/Not Reported (9) Cefazolin ◻S ◻I ◻R ◻U Cefoxitin ◻S ◻R ◻U Clindamycin ◻S ◻I ◻R ◻U Nafcillin ◻S ◻I ◻R ◻U Oxacillin ◻S ◻R ◻U Trimethoprim-Sulfamethoxazole ◻S ◻I ◻R ◻U Vancomycin ◻S ◻I ◻R ◻U	22. SUSCEPTIBILITY RESULTS (S=Sensitive (1), I=Intermediate (2), R=Resistant (3), NS=Non-susceptible (4), SDD=Susceptible dose-dependent (5), U=Unknown/Not Reported (9) Cefazolin ◻S ◻I ◻R ◻U Cefoxitin ◻S ◻R ◻U Ceftaroline ◻S ◻SDD ◻R ◻U Clindamycin ◻S ◻I ◻R ◻U Daptomycin ◻S ◻I ◻R ◻U Doxycycline ◻S ◻I ◻R ◻U Linezolid ◻S ◻R ◻U Nafcillin ◻S ◻I ◻R ◻U Oxacillin ◻S ◻R ◻U Tetracycline ◻S ◻I ◻R ◻U TMP-SMX ◻S ◻I ◻R ◻U Vancomycin ◻S ◻I ◻R ◻U [added antimicrobial agents]
	28a. Does the patient have: / If yes, is it associated with the MRSA/MSSA infection? Indwelling cardiac device (e.g., prosthetic heart value, pacemaker, AICD, LVAD) ◻Yes ◻No ◻Unknown / ◻Yes ◻No ◻Unknown Orthopedic device (e.g., prosthetic joint or ◻Yes ◻No ◻Unknown / ◻Yes ◻No ◻Unknown

	orthopedic hardware? Non-dialysis vascular graft ◻Yes ◻No ◻Unknown ◻Yes ◻No ◻Unknown [New question]
	28b. Does the patient have another type of indwelling prosthetic device associated with the infection? ◻ Yes, specify:______________ ◻ No ◻ Unknown
34a. COVID-NET CASE ID: _________________	34a. COVID-NET CASE ID in the year before or day of the DISC: _________________ ◻ None or N/A [updated language, added checkbox]

5) **Invasive *Staphylococcus aureus* Supplemental Surveillance Officer Survey - Attachment #13**

2022 Survey Question	**Changes to the 2022 Survey Question**
Surveillance area characteristics 5a. If yes: i. Please mark which NHSN data your site can access _______ Hospital MRSA LabID event _______ Hospital central line-associated bloodstream infection (CLABSI) data _______ Dialysis event	Surveillance area characteristics If yes: i. Please mark which NHSN data your site can access _______ Hospital MRSA LabID event _______ Hospital central line-associated bloodstream infection (CLABSI) data _______ Hospital Antimicrobial Use and Resistance (AUR) Option _______ Dialysis event [Added a checkbox]
Surveillance area characteristics 5b. If no: i. Please mark which NHSN data can be accessed _______ Hospital MRSA LabID event _______ Hospital CLABSI data _______ Dialysis event	Surveillance area characteristics 5b. If no: i. Please mark which NHSN data can be accessed _______ Hospital MRSA LabID event _______ Hospital CLABSI data _______ Hospital AUR Option _______ Dialysis event [Added a checkbox]
Lab participation and case finding 1. Please list the total number of each type of lab serving your MRSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab participating (i.e., submit test results when available) in surveillance (both inside and outside the catchment area):	Lab participation and case finding 1. Please list the total number of each type of lab serving (i.e., routinely processes "sterile site" specimens from residents of the surveillance area) your MRSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab participating (i.e., submit test results when available) in surveillance (both inside and outside the catchment area): [Updated question wording]
Lab participation and case finding 2. ***If different catchment that MRSA,*** please list the total number of each type of lab serving your MSSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab participating (i.e., submit test results when available) in surveillance (both inside and outside the catchment area):	Lab participation and case finding 2. ***If different catchment that MRSA,*** please list the total number of each type of lab serving (i.e., routinely processes "sterile site" specimens from residents of the surveillance area) your MSSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab participating (i.e., submit test results when available) in surveillance (both inside and outside the catchment area): [Updated question wording]
Lab participation and case finding 4. Indicate the percentage contribution of each case finding method to your site's total SA case counts (100%) in 2022.	Lab participation and case finding 4. Indicate the percentage contribution of each case finding method to your site's total SA case counts (100%) in 2023.

Case Finding Method used?	% MSSA Case Count Contribution	% MRSA Case Count Contribution	Method
◻ Y ◻ N			NETSS/NEDSS or other passive state reporting system
◻ Y ◻ N			Retrospective review of received line lists from *hospital* labs
◻ Y ◻ N			Routinely received line lists from *Commercial/outpatient* labs
◻ Y ◻ N			Routinely received line lists from *dialysis referral* labs
◻ Y ◻ N			Regular lab visits; *frequency:* ________
◻ Y ◻ N			ICPs submitting case report form
◻ Y ◻ N			Isolates being received at state lab
◻ Y ◻ N			NHSN
◻ Y ◻ N			Other, please specify: __________

Case Finding Method used?	% MSSA Case Count Contribution	% MRSA Case Count Contribution	Method
◻ Y ◻ N			NETSS/NEDSS or other passive state reporting system
◻ Y ◻ N			Routinely received line lists from *hospital* labs
◻ Y ◻ N			Routinely received line lists from *Commercial/outpatient* labs
◻ Y ◻ N			Routinely received line lists from *dialysis referral* labs
◻ Y ◻ N			Regular lab visits; *frequency:* ________
◻ Y ◻ N			ICPs submitting case report form
◻ Y ◻ N			Isolates being received at state lab
◻ Y ◻ N			NHSN
◻ Y ◻ N			Other, please specify: __________

[updated wording to second method listed]

Lab participation and case finding

5. For labs reporting invasive SA, how many of the participating labs are providing case reports through direct electronic messaging, such as HL7 messaging? _________

   a. If less <100%, how else are you receiving reports? ________________________________

Lab participation and case finding

5. For labs reporting invasive SA, how many of the participating labs are providing case reports through direct electronic messaging, such as HL7 messaging? _________

   a. If less <100%, how else are you receiving reports (check all that apply)?
   ◻ Secure email
   ◻ Fax
   ◻ Manual surveillance on-site
   ◻ Mailed hard copies
   ◻ State electronic reporting system
   ◻ Other, specify: ________________________________

[Added checkboxes in place of free text]

Lab participation and case finding

6. Did any labs drop out of participation in 2023?
   ________ yes
   ________ no

   d. If yes, how many? ________

Lab participation and case finding

6. Did any labs drop out of participation in 2023?
   ________ yes
   ________ no

   a. If yes, how many? ________

<table>
<tr>
<td>e. Why did these labs drop out of participation?___________</td>
<td>b. Why did these labs drop out of participation?___________
c. Approximately how many cases did this/these lab(s) identify each year among residents of your catchment area?
[Added 6c]</td>
</tr>
<tr>
<td>Ascertainment of surveillance area and case audits
2. Indicate the percentage contribution of each finding method to your site's <u>audit counts</u> (100%)
<table>
<tr><td>Audit Method used?</td><td>% MSSA Audit Count Contribution</td><td>% MRSA Audit Count Contribution</td><td>Method</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>NETSS/NEDSS or other passive state reporting system</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Retrospective review of received line lists from <u>hospital</u> labs</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Routinely received line lists from <u>Commercial/outpatient</u> labs</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Routinely received line lists from <u>dialysis referral</u> labs</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Regular lab visits; frequency: ________</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>ICPs submitting case report form</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Isolates being received at state lab</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>NHSN</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Other, please specify: __________</td></tr>
</table>
</td>
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<tr><td>☐ Y ☐ N</td><td></td><td></td><td>NETSS/NEDSS or other passive state reporting system</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Routinely received line lists from <u>hospital</u> labs</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Routinely received line lists from <u>Commercial/outpatient</u> labs</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Routinely received line lists from <u>dialysis referral</u> labs</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Regular lab visits; frequency: ________</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>ICPs submitting case report form</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Isolates being received at state lab</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>NHSN</td></tr>
<tr><td>☐ Y ☐ N</td><td></td><td></td><td>Other, please specify: __________</td></tr>
</table>
[updated wording to second method listed]</td>
</tr>
<tr>
<td>Ascertainment of surveillance area and case audits
7. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MRSA disease?
_______ yes
_______ no
a. If yes, please describe the check(s) that you use_____________
a. If yes, how often are the check(s) used?
a.If yes, do you plan to use these for MSSA once more surveillance data are available?
___yes ___ no</td>
<td>Ascertainment of surveillance area and case audits
7. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MRSA disease?
_______ yes
_______ no
a. If yes, please describe the check(s) that you use ____________
b. If yes, how often are the check(s) used?
[deleted 7ba]</td>
</tr>
<tr>
<td></td>
<td>Ascertainment of surveillance area and case audits
8. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MSSA disease?</td>
</tr>
</table>

	_______ yes _______ no a. If yes, please describe the check(s) that you use b. If yes, how often are the check(s) used? [Added]
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 a. If no, how were you able to meet iSA deadlines? b. If yes, how did COVID-19 response activities delay your iSA work? [deleted]	

6) **Invasive Staphylococcus aureus Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT) - Attachment #14**

2023 Survey Question	2024 Survey Question
	Date Last Survey Completed: ______________ [Added question to header section]
2. During the past year, has your lab changed testing methods used to detect any of the following pathogens: Yes No NA/ no surveillance MRSA only All *Staphylococcus aureus*	2. During the past year (i.e., in the past 12 months or since the completion of the last lab survey), has your lab changed testing methods used to detect any of the following pathogens: Yes No NA/ no surveillance MRSA only All *Staphylococcus aureus* [Added clarifying language]
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 _____	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 _______ ◻ Other FDA-approved test, specify___ Date started __ Method: ◻ PCR ◻ Next generation sequencing (NGS) ◻ Other, specify ___________ ◻ Karius Test™… Date started______ ◻ Other, Lab developed test (detects MRSA or SA)… Date started _____ Method: ◻ PCR ◻ Next generation sequencing (NGS) ◻ Other, specify ___________ [changed wording and option order for other commercial test option; added a sub question 'Method' for two of the options]
5g. Where do you plan to have these tests	5g. Where do you plan to have these tests

performed? ◻ On-site ◻ Send out, please specify lab _______	performed? ◻ On-site ◻ Send out, please specify lab _______ - GO TO Q5i [Added skip pattern]
	5h. Which tests do you plan to 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 the apply. ◻ T2Bacteria® Panel…Date started ______ ◻ Other FDA-approved test, specify___ Date started __ ◻ Karius Test™… Date started______ ◻ Other, Lab developed test (detects MRSA or SA)… Date started _____ [new question]
	5i. Will all positive tests directly from sterile sources (without positive culture) appear in the *S. aureus* surveillance laboratory line lists? ◻ Yes ◻ No ◻ Unknown [new question]
	5j. Will you still obtain an isolate for *S. aureus* or MRSA if these tests are used? ◻ Yes-END SURVEY ◻ No-END SURVEY ◻ Unknown – END SURVEY [new question]

7) Clostridiodies difficile Infection (CDI) Case Report and Treatment Form - Attachment #15

2023 CRF	2024 CRF	Changes
9a. EIA ☐ Positive ☐ Negative ☐ Not tested	9a. EIA ☐ Positive ☐ Negative ☐ Not tested ☐ Unknown	Added option for “unknown”
9b. GDH ☐ Positive ☐ Negative ☐ Not tested	9b. GDH ☐ Positive ☐ Negative ☐ Not tested ☐ Unknown	Added option for “unknown”
9c. Cytotoxin ☐ Positive ☐ Negative ☐ Not tested	9c. Cytotoxin ☐ Positive ☐ Negative ☐ Not tested ☐ Unknown	Added option for “unknown”
9d. NAAT (C. diff only) ☐ Positive ☐ Negative ☐ Not tested	9d. NAAT (C. diff only) ☐ Positive ☐ Negative ☐ Not tested ☐ Unknown	Added option for “unknown”
9e. NAAT (GI panel) ☐ Positive ☐ Negative ☐ Not tested	9e. NAAT (GI panel) ☐ Positive ☐ Negative ☐ Not tested ☐ Unknown	Added option for “unknown”
9f. Other (specify) ☐ Positive ☐ Negative ☐ Not tested	9f. Other (specify) ☐ Positive ☐ Negative ☐ Not tested ☐ Unknown	Added option for “unknown”
21. Underlying conditions ☐ Transplant, solid organ	21. Underlying conditions ☐ Transplant, solid organ: ________________________	Added a field to specify organ transplanted
34f.1 If YES, which medication was taken	34f.1 If YES, which treatment was taken?	Changed “medication” to “treatment”
37. COVID-NET Case IDs: _________	37. COVID-NET Case IDs in the year before or day of DISC: __________ ☐ None or N/A	Clarified the time period of the question Added a checkbox for “none or N/A”

8) Clostridiodies difficile Infection (CDI) Annual Surveillance Officers Survey - Attachment #16

Existing question	**Modified question**
2. In 2022, did any laboratories drop out of participation?	2. In 2023, did any laboratories drop out of participation? (changed year to 2023 to reflect change in survey year)
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?	3. In 2023, 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 2023 to reflect change in survey year)
10. Did your site complete a physician/outpatient provider survey in 2022?	10. Did your site complete a physician/outpatient provider survey in 2023? (changed year to 2023 to reflect change in survey year)
13. For each facility that treated a case in 2022, please provide the following	13. For each facility that treated a case in 2023, please provide the following (changed year to 2023 to reflect change in survey year)

9) **Annual Survey of Laboratory Testing Practices for *C. difficile* Infections - Attachment #17**

Existing question	Modified question
Was this a new laboratory in 2022?	Was this a new laboratory in 2023?
How often did you receive line lists from this lab in 2022?	How often did you receive line lists from this lab in 2023?
How did you receive line lists from this lab in 2022?	How did you receive line lists from this lab in 2023?
Did you receive specimens from this lab in 2022?	Did you receive specimens from this lab in 2023?
Was this lab audited in 2022?	Was this lab audited in 2023?
Types of facilities in your catchment area served by this lab in 2022	Types of facilities in your catchment area served by this lab in 2023
Did your laboratory ever send specimens off-site for Clostridioides difficile testing in 2022?	Did your laboratory ever send specimens off-site for Clostridioides difficile testing in 2023?
2a. Which testing method(s) for Clostridioides difficile (C. difficile) did your laboratory perform in 2022?	2a. Which testing method(s) for Clostridioides difficile (C. difficile) did your laboratory perform in 2023?
Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2022?	Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2023?
Did you use this testing method in this way for all of 2022?	Did you use this testing method in this way for all of 2023?
3a. Which EIA test kit was used by your laboratory in 2022?	3a. Which EIA test kit was used by your laboratory in 2023?
3b. Which Nucleic Acid Amplification test was used by your laboratory in 2022?	3b. Which Nucleic Acid Amplification test was used by your laboratory in 2023?
4a. If your laboratory used a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG GPP) to test for several GI	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?	pathogens in 2023, did your laboratory suppress the C. difficile result so that clinicians could not see it?
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 2023 and the result was suppressed, where does the suppression occur?
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 2023, did your laboratory suppress the positive NAAT result so that clinicians could not see it?
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 result might represent colonization, etc.)?	5b. If your laboratory used NAAT as first line testing followed by confirmatory toxin EIA testing in 2023, 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 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 2023 (e.g. LOINC codes 13957-6, 34713-8, or 54067-4)?
7. Did your lab have a policy to reject stool specimens for C. difficile testing in 2022?	7. Did your lab have a policy to reject stool specimens for C. difficile testing in 2023?
7a. Did your rejection policy for stool specimens change between January 1, 2022 and December 31, 2022?	7a. Did your rejection policy for stool specimens change between January 1, 2023 and December 31, 2023?
8. How many stool samples did you test for C. difficile each month in 2022?	8. How many stool samples did you test for C. difficile each month in 2023?

10) **HAIC Candidemia Case Report - Attachment #18**

2023 CRF Question	2024 CRF Question
CANDIDEMIA 2023 CASE REPORT FORM (header)	**CANDIDEMIA 2024 CASE REPORT FORM** (header) *(changed year)*
Version: Short Form 2023, Last Updated: 07/29/2022 (footnotes)	**Version: Short Form 2024, Last Updated:** 07/29/2023 (footnotes) *(changed year and date)*
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	**23. *Candida* species from initial positive blood culture** *(check all that apply):* ☐*Candida albicans* (CA) ☐*Candida auris* (CAU) ☐*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 *(added new response option)*
24. Antifungal susceptibility testing **Species** ☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO ☐CGN ☐CS ☐Pending	**24. Antifungal susceptibility testing** **Species** ☐CA ☐CAU ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO ☐CGN ☐CS ☐Pending *(added new response option)*
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	**25. Did the patient have a PCR molecular test for *Candida* (e.g., T2) in the 6 days before or two days after the DISC?** 1 ☐Yes 0 ☐No 9 ☐Unknown *(changed question wording)*
26a. If yes, provide dates of all subsequent positive *Candida* blood cultures and select the species:	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	**Date Drawn** (*mm-dd-yyyy*) ___ ___ - ___ ___ - ___ ___ ___ ___ **Species identified*** ☐CA ☐CAU ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:________ ☐CGN ☐CS ☐Pending *(added new response option)*
40. Underlying conditions *(Check all that apply):* ☐**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	**40. Underlying conditions** *(Check all that apply):* ☐**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 (specify): ________ *(added new response option)*
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	**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

If yes, check here if central line in place for > 2 calendar days: ☐	find dates 9 ☐ Unknown If yes, was the central line in place for > 2 calendar days: 1 ☐ Yes 0 ☐ No 9 ☐ Unknown *(changed question wording, added additional response options)*
55b. If yes, EIP COVID-NET Case ID: ___________ 9 ☐ Unknown ☐ Out of EIP COVID-NET catchment area	55b. If yes, EIP COVID-NET Case ID: ___________ ☐ None or N/A *(added new response option)*
AFST results for additional *Candida* isolates **Species** ☐ CA ☐ CG ☐ CP ☐ CT ☐ CD ☐ CL ☐ CK ☐ CGM ☐ CO ☐ CGN ☐ CS ☐ Pending	**AFST results for additional *Candida* isolates** **Species** ☐ CA ☐ CAU ☐ CG ☐ CP ☐ CT ☐ CD ☐ CL ☐ CK ☐ CGM ☐ CO ☐ CGN ☐ CS ☐ Pending *(added new response option)*

11) **Laboratory Testing Practices for Candidemia Questionnaire - Attachment #19**

2023 Lab Survey Question	2024 Lab Survey Question
2023 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE (header)	**2024 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE** (header) *(changed year)*
2023 Page # of # (footnotes)	**2024 Page # of #** (footnotes) *(changed year)*
13) Does this laboratory employ culture-independent diagnostic tests (CIDTs) to identify *Candida* from blood specimens? ☐ Yes (got to Q14) ☐ No (got to Q17) ☐ Unknown	**13) Does this laboratory employ PCR molecular tests to identify *Candida* from blood specimens?** ☐ Yes (go to Q14) ☐ No (go to Q17) ☐ Unknown *(changed question wording)*

16) Does this laboratory employ any other CIDTs to identify *Candida* from blood specimens? ☐ Yes (specify) ______________ ☐ No ☐ Unknown ☐ Not applicable	**16) Does this laboratory employ any other PCR molecular tests to identify *Candida* from blood specimens?** ☐ Yes (specify) ______________ ☐ No ☐ Unknown ☐ Not applicable *(changed question wording)*
17) If No for Question 13, does this laboratory have plans to employ culture independent diagnostics for *Candida* identification in the near future (e.g., T2Candida Panel, BioFire)? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable	**17) If No for Question 13, does this laboratory have plans to employ PCR molecular tests for *Candida* identification in the near future (e.g., T2Candida Panel, BioFire)?** ☐ Yes ☐ No ☐ Unknown ☐ Not applicable *(changed question wording)*