

# Cross walk - 2024 form changes

## ABCs

### 1) ABCs Case Report Form - Attachment #3

	2023 Form	2024 Form (Changes in yellow highlight)
a)	<p><b>6. COUNTY:</b> <i>(Patient Residence)</i></p> <p>_____</p>	<p>Appended to County (Patient Residence):</p> <p><b>6. COUNTY:</b> <i>(Patient Residence)</i></p> <p>_____</p> <p>6a. Planning Region</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>6a. PLANNING REGION:</b> <i>(Patient Residence)</i></p> <p>_____</p> </div>

### 2) ABCs Invasive Pneumococcal Disease (IPD) Report Form - Attachment #4

	2023 Form	2024 Form (Changes in yellow highlight)																																																																																											
a)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>VACCINES</th> <th>Dose #</th> <th>Dates of immunizations</th> <th>Manufacturer</th> <th>Vaccine name</th> <th>Lot#</th> </tr> </thead> <tbody> <tr> <td rowspan="6">Pneumococcal conjugate vaccine</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Dose #1 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Dose #2 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Dose #3 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> <tr> <td rowspan="6">Pneumococcal polysaccharide vaccine</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Dose #4 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Dose #5 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Dose #6 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> <tr> <td rowspan="2"></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Dose #1 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> <tr> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="5">Dose #2 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/></td> </tr> </tbody> </table>	VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot#	Pneumococcal conjugate vaccine	1					Dose #1 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>					2					Dose #2 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>					3					Dose #3 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>					Pneumococcal polysaccharide vaccine	4					Dose #4 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>					5					Dose #5 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>					6					Dose #6 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>						1					Dose #1 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>						2						Dose #2 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>					<p>Updated overall design of the form to show available all data value sets.</p>
VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot#																																																																																								
Pneumococcal conjugate vaccine	1																																																																																												
	Dose #1 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												
	2																																																																																												
	Dose #2 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												
	3																																																																																												
	Dose #3 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												
Pneumococcal polysaccharide vaccine	4																																																																																												
	Dose #4 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												
	5																																																																																												
	Dose #5 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												
	6																																																																																												
	Dose #6 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												
	1																																																																																												
	Dose #1 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												
	2																																																																																												
	Dose #2 source:   Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other <input type="checkbox"/>																																																																																												

--	--

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 <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Wyeth/Pfizer <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Prevnar™ (PCV7) <input type="checkbox"/> Prevnar 13™ (PCV13) <input type="checkbox"/> Vaxneuvance™ (PCV15) <input type="checkbox"/> Prevnar 20™ (PCV20) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other
	2	___/___/___ Month Day Year <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Wyeth/Pfizer <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Prevnar™ (PCV7) <input type="checkbox"/> Prevnar 13™ (PCV13) <input type="checkbox"/> Vaxneuvance™ (PCV15) <input type="checkbox"/> Prevnar 20™ (PCV20) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other
	3	___/___/___ Month Day Year <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Wyeth/Pfizer <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Prevnar™ (PCV7) <input type="checkbox"/> Prevnar 13™ (PCV13) <input type="checkbox"/> Vaxneuvance™ (PCV15) <input type="checkbox"/> Prevnar 20™ (PCV20) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other
	4	___/___/___ Month Day Year <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Wyeth/Pfizer <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Prevnar™ (PCV7) <input type="checkbox"/> Prevnar 13™ (PCV13) <input type="checkbox"/> Vaxneuvance™ (PCV15) <input type="checkbox"/> Prevnar 20™ (PCV20) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other
	5	___/___/___ Month Day Year <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Wyeth/Pfizer <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Prevnar™ (PCV7) <input type="checkbox"/> Prevnar 13™ (PCV13) <input type="checkbox"/> Vaxneuvance™ (PCV15) <input type="checkbox"/> Prevnar 20™ (PCV20) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other
	6	___/___/___ Month Day Year <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Wyeth/Pfizer <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Prevnar™ (PCV7) <input type="checkbox"/> Prevnar 13™ (PCV13) <input type="checkbox"/> Vaxneuvance™ (PCV15) <input type="checkbox"/> Prevnar 20™ (PCV20) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other
Pneumococcal polysaccharide vaccine	1	___/___/___ Month Day Year <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Pneumovax™ 23 (PPSV23) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other
	2	___/___/___ Month Day Year <input type="checkbox"/> Unknown date	<input type="checkbox"/> Merck <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Pneumovax™ 23 (PPSV23) <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Medical Chart <input type="checkbox"/> Registry <input type="checkbox"/> Primary Care Prov <input type="checkbox"/> Other

b)

VACCINES	Dose #	Dates of immunizations
Pneumococcal conjugate vaccine	1	___/___/___ Month Day Year
	Dose #1 source:   Medical Chart	
	2	___/___/___ Month Day Year
	Dose #2 source:   Medical Chart	
	3	___/___/___ Month Day Year
	Dose #3 source:   Medical Chart	
4	___/___/___ Month Day Year	
Dose #4 source:   Medical Chart		
5	___/___/___ Month Day Year	
Dose #5 source:   Medical Chart		
6	___/___/___ Month Day Year	
Dose #6 source:   Medical Chart		
Pneumococcal polysaccharide vaccine	1	___/___/___ Month Day Year
	Dose #1 source:   Medical Chart	
2	___/___/___ Month Day Year	
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	___/___/___ Month Day Year
	2	___/___/___ Month Day Year
	3	___/___/___ Month Day Year
	4	___/___/___ Month Day Year
	5	___/___/___ Month Day Year
Haemophilus influenzae type B (Hib)	1	___/___/___ Month Day Year
	2	___/___/___ Month Day Year
	3	___/___/___ Month Day Year
	4	___/___/___ Month Day Year

**Addition of unknown checkboxes for all vaccination date variables.**

Vaccines	Dose #	Dates of immunizations
Pneumococcal conjugate vaccine	1	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	2	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	3	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	4	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	5	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	6	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
Pneumococcal polysaccharide vaccine	1	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	2	___/___/___ Month Day Year <input type="checkbox"/> 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 <input type="checkbox"/> Unknown date
	2	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	3	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	4	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	5	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
Haemophilus influenzae type B (Hib)*	1	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	2	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	3	___/___/___ Month Day Year <input type="checkbox"/> Unknown date
	4	___/___/___ Month Day Year <input type="checkbox"/> Unknown date

c)	<table border="1"><thead><tr><th data-bbox="300 94 738 136">Health Care Provider Information</th></tr></thead><tbody><tr><td data-bbox="300 136 738 178">Was health care provider information available from the following sources?</td></tr><tr><td data-bbox="300 178 738 220"><b>Medical Chart:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check</td></tr><tr><td data-bbox="300 220 738 262"><b>Vaccine Registry:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check</td></tr><tr><td data-bbox="300 262 738 304"><b>Parent/Guardian:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check <input type="checkbox"/> Refused</td></tr><tr><td data-bbox="300 304 738 367">If yes to any sources, How many providers were contacted? ____</td></tr></tbody></table>	Health Care Provider Information	Was health care provider information available from the following sources?	<b>Medical Chart:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check	<b>Vaccine Registry:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check	<b>Parent/Guardian:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check <input type="checkbox"/> Refused	If yes to any sources, How many providers were contacted? ____	Removed questions.
Health Care Provider Information								
Was health care provider information available from the following sources?								
<b>Medical Chart:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check								
<b>Vaccine Registry:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check								
<b>Parent/Guardian:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Check <input type="checkbox"/> Refused								
If yes to any sources, How many providers were contacted? ____								

# FoodNET

## 1. FoodNet Active Surveillance Data Elements List – Attachment #5

Variable #2 AgClinicTestType – Added Meridian Curian Campy to Value Set. See highlighted in Yellow.

2	AgClinicTestType	Character	100	For possible <i>E.coli</i> cases: Name of antigen-based test used at clinical laboratory	Abbott Shiga Toxin Quik Chek; Denka Seiken VTEC Screen Merck Duopath STEC Rapid Test; Meridian Premier EHEC; Meridian ImmunoCard STAT! E. coli O157 Plus; Meridian ImmunoCard STAT! EHEC; Remel ProSpecT STEC; Techlab Shiga Toxin Quik Chek
				For possible <i>Campylobacter</i> cases: Name of antigen-based test used at clinical laboratory	Abbott Campylobacter Quik Chek Meridian ImmunoCard STAT! CAMPY; Meridian Premier CAMPY; Remel ProSpecT Campylobacter; Remel Xpect Campylobacter; Techlab Campylobacter Quik Chek
				For other pathogens: Name of antigen-based test used at clinical laboratory	Other; Unknown
2	AgClinicTestType	Character	100	For possible <i>E.coli</i> cases: Name of antigen-based test used at clinical laboratory	Abbott Shiga Toxin Quik Chek; Denka Seiken VTEC Screen Merck Duopath STEC Rapid Test; Meridian Premier EHEC; Meridian ImmunoCard STAT! E. coli O157 Plus; Meridian ImmunoCard STAT! EHEC; Remel ProSpecT STEC; Techlab Shiga Toxin Quik Chek
				For possible <i>Campylobacter</i> cases: Name of antigen-based test used at clinical laboratory	Abbott Campylobacter Quik Chek Meridian Curian Campy Meridian ImmunoCard STAT! CAMPY; Meridian Premier CAMPY; Remel ProSpecT Campylobacter; Remel Xpect Campylobacter; Techlab Campylobacter Quik Chek
				For other pathogens: Name of antigen-based test used at clinical laboratory	Other; Unknown

Variable #6 AgSphlTestType – Added Meridian Curian Campy to Value Set. See highlighted in Yellow.

6	AgSphlTestType	Character	100	For possible <i>E.coli</i> cases: Name of antigen-based test used at state public health laboratory	Abbott Shiga Toxin Quik Chek; Denka Seiken VTEC Screen Merck Duopath STEC Rapid Test; Meridian ImmunoCard STAT! EHEC; Meridian Premier EHEC; Remel ProSpecT STEC; Techlab Shiga Toxin Quik Chek
				For possible <i>Campylobacter</i> cases: Name of antigen-based test used at state public health laboratory	Abbott Campylobacter Quik Chek Meridian Curian Campy Meridian ImmunoCard STAT! CAMPY; Meridian Premier CAMPY; Remel ProSpecT Campylobacter; Remel Xpect Campylobacter; Techlab Campylobacter Quik Chek
				For other pathogens: Name of antigen-based test used at state public health laboratory	Other; Unknown
6	AgSphlTestType	Character	100	For possible <i>E.coli</i> cases: Name of antigen-based test used at state public health laboratory	Abbott Shiga Toxin Quik Chek; Denka Seiken VTEC Screen Merck Duopath STEC Rapid Test; Meridian ImmunoCard STAT! EHEC; Meridian Premier EHEC; Remel ProSpecT STEC; Techlab Shiga Toxin Quik Chek
				For possible <i>Campylobacter</i> cases: Name of antigen-based test used at state public health laboratory	Abbott Campylobacter Quik Chek Meridian Curian Campy Meridian ImmunoCard STAT! CAMPY; Meridian Premier CAMPY; Remel ProSpecT Campylobacter; Remel Xpect Campylobacter; Techlab Campylobacter Quik Chek
				For other pathogens: Name of antigen-based test used at state public health laboratory	Other; Unknown

The following 3 data elements questions the word “isolate” was inserted for better clarification highlighted in Yellow below:

**a. StecHAg - Variable #121**

a. If *E. coli*, what was the H-antigen number for the isolate?

**b. StecOAg - Variable #122**

a. If *E. coli*, what was the O-antigen number for the isolate?

**c. StecStx - Variable #123**

a. Was *E. coli* isolate Shiga toxin-producing?

# FluSurv-Net

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

Question on 2022-23 Form	Questions on 2023-24 Form
<p><b>Case Classification</b></p> <p><input type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Surveillance Discharge Audit</p>	<p><b>Case Classification</b></p> <p><input type="checkbox"/> Surveillance Discharge Audit</p>
<p><b>C15. Where did the patient reside at the time of hospitalization (Indicate type of residence)</b></p> <ul style="list-style-type: none"> <li>• Private residence</li> <li>• Private residence with services</li> <li>• Homeless/Shelter</li> <li>• Nursing home/Skilled nursing facility</li> <li>• Alcohol/Drug Abuse Treatment</li> <li>• Hospitalized at birth</li> <li>• Rehabilitation facility</li> <li>• Corrections facility</li> <li>• Hospice</li> <li>• Assisted living/Residential care</li> <li>• LTACH</li> <li>• Group/Retirement home</li> <li>• Psychiatric facility</li> <li>• Other long term care facility</li> <li>• Other, specify: _____</li> <li>• Unknown</li> </ul>	<p><b>C15. Where did the patient reside at the time of hospitalization (Indicate type of residence)</b></p> <ul style="list-style-type: none"> <li>• Private residence</li> <li>• Private residence with services</li> <li>• Homeless/Shelter/Temporary housing</li> <li>• Nursing home/Skilled nursing facility</li> <li>• Substance abuse treatment center</li> <li>• Hospitalized at birth</li> <li>• Rehabilitation facility</li> <li>• Corrections facility</li> <li>• Hospice</li> <li>• Assisted living/Residential care</li> <li>• LTACH</li> <li>• Group/Retirement home</li> <li>• Psychiatric facility</li> <li>• Other long term care facility</li> <li>• Other, specify: _____</li> <li>• Unknown</li> </ul>
<p><b>F2. If patient discharged alive, please indicate to where:</b></p> <ul style="list-style-type: none"> <li>• Private residence</li> <li>• Private residence with services</li> <li>• Homeless/Shelter</li> <li>• Nursing home/Skilled nursing facility</li> <li>• Alcohol/Drug Abuse Treatment</li> <li>• Hospitalized at birth</li> <li>• Rehabilitation facility</li> <li>• Corrections facility</li> <li>• Hospice</li> <li>• Assisted living/Residential care</li> <li>• LTACH</li> <li>• Group/Retirement home</li> <li>• Psychiatric facility</li> <li>• Other long term care facility</li> <li>• Against medical advice (AMA)</li> <li>• Discharged to another hospital</li> <li>• Other, specify: _____</li> <li>• Unknown</li> </ul>	<p><b>F2. If patient discharged alive, please indicate to where:</b></p> <ul style="list-style-type: none"> <li>• Private residence</li> <li>• Private residence with services</li> <li>• Homeless/Shelter/Temporary housing</li> <li>• Nursing home/Skilled nursing facility</li> <li>• Substance abuse treatment center</li> <li>• Hospitalized at birth</li> <li>• Rehabilitation facility</li> <li>• Corrections facility</li> <li>• Hospice</li> <li>• Assisted living/Residential care</li> <li>• LTACH</li> <li>• Group/Retirement home</li> <li>• Psychiatric facility</li> <li>• Other long term care facility</li> <li>• Against medical advice (AMA)</li> <li>• Discharged to another hospital</li> <li>• Other, specify: _____</li> <li>• Unknown</li> </ul>
<p><b>G1. Reason for admission:</b></p>	<p><b>G1. Reason for admission:</b></p>

Question on 2022-23 Form	Questions on 2023-24 Form
<ul style="list-style-type: none"> <li>• “Influenza/COVID/RSV-related illness”</li> <li>• OB/Labor and delivery admission</li> <li>• Inpatient surgery procedures</li> <li>• Psychiatric admission needing acute medical care</li> <li>• Trauma</li> <li>• Unknown</li> <li>• Other, specify: _____</li> </ul>	<ul style="list-style-type: none"> <li>• “Influenza/COVID/RSV-related illness”</li> <li>• OB/Labor and delivery admission</li> <li>• Inpatient surgery procedures</li> <li>• Psychiatric admission needing acute medical care</li> <li>• Trauma</li> <li>• Newborn/Hospitalized at birth</li> <li>• Unknown</li> <li>• Other, specify: _____</li> </ul>
<p><b>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)</b></p> <p><b>Non respiratory symptoms</b></p> <ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Altered mental status/confusion</li> <li>• Anosmia/decreased smell</li> <li>• Chest pain</li> <li>• Conjunctivitis</li> <li>• Diarrhea</li> <li>• Dysgeusia/decreased taste</li> <li>• Fatigue</li> <li>• Fever/chills</li> <li>• Headache</li> <li>• Muscle aches/myalgias</li> <li>• Nausea/vomiting</li> <li>• Rash</li> <li>• Seizures</li> </ul>	<p><b>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)</b></p> <p><b>Non respiratory symptoms</b></p> <ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Altered mental status/confusion</li> <li>• Anosmia/decreased smell</li> <li>• Chest pain/tightness</li> <li>• Conjunctivitis</li> <li>• Diarrhea</li> <li>• Dysgeusia/decreased taste</li> <li>• Fatigue</li> <li>• Fever/chills</li> <li>• Headache</li> <li>• Muscle aches/myalgias</li> <li>• Nausea/vomiting</li> <li>• Rash</li> <li>• Seizures</li> </ul>
<p><b>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)</b></p> <p><b>Respiratory symptoms</b></p> <ul style="list-style-type: none"> <li>• Congested/runny nose</li> <li>• Cough</li> <li>• Hemoptysis/bloody sputum</li> <li>• Shortness of breath/respiratory distress</li> <li>• Sore throat</li> <li>• URI/ILI</li> <li>• Wheezing</li> </ul>	<p><b>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)</b></p> <p><b>Respiratory symptoms</b></p> <ul style="list-style-type: none"> <li>• Congested/runny nose</li> <li>• Chest congestion</li> <li>• Cough</li> <li>• Hemoptysis/bloody sputum</li> <li>• Shortness of breath/respiratory distress</li> <li>• Sore throat</li> <li>• URI/ILI</li> <li>• Wheezing</li> </ul>
<p><b>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)</b></p> <p><b>For cases &lt;2 years</b></p>	<p><b>G2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply)</b></p> <p><b>For cases &lt;12 years</b></p>

Question on 2022-23 Form	Questions on 2023-24 Form
<ul style="list-style-type: none"> <li>• Apnea</li> <li>• Cyanosis</li> <li>• Decreased vocalization/stridor</li> <li>• Dehydration</li> <li>• Hypothermia</li> <li>• Inability to eat/poor feeding</li> <li>• Lethargy</li> </ul>	<ul style="list-style-type: none"> <li>• Apnea</li> <li>• Cyanosis</li> <li>• Stridor/decreased vocalization</li> <li>• Dehydration/decreased urine output</li> <li>• Hypothermia</li> <li>• Inability to eat/poor feeding</li> <li>• Irritability/fussiness/excess crying</li> <li>• Lethargy/decreased activity</li> <li>• Nasal flaring/grunting/retractions</li> <li>• Tachypnea/increased work of breathing</li> </ul>
<p><b>I1a. If yes, what is the specimen source?</b></p> <ul style="list-style-type: none"> <li>• Blood</li> <li>• Bronchoalveolar lavage (BAL)</li> <li>• Pleural fluid</li> <li>• Cerebrospinal fluid (CSF)</li> <li>• Sputum</li> <li>• Endotrache aspirate</li> <li>• Other, specify: _____</li> </ul>	<p><b>I1a. If yes, what is the specimen source?</b></p> <ul style="list-style-type: none"> <li>• Blood</li> <li>• Bone/joint aspirate</li> <li>• Bronchoalveolar lavage (BAL), bronchial aspirate/wash</li> <li>• Cerebrospinal fluid (CSF)</li> <li>• Endotracheal/tracheal aspirate</li> <li>• Peritoneal or abdominal fluid/ascites</li> <li>• Pleural fluid</li> <li>• Sputum</li> <li>• Wound- Group A Streptococcus (only)</li> <li>• Other, specify: _____</li> </ul>
<p><b>J1. Was patient tested for any of the following viral respiratory pathogens within 14 days prior to admission or ≤3 days after admission?</b></p> <ul style="list-style-type: none"> <li>• RSV</li> <li>• Adenovirus</li> <li>• Parainfluenza 1</li> <li>• Parainfluenza 2</li> <li>• Parainfluenza 3</li> <li>• Parainfluenza 4</li> <li>• Human metapneumovirus</li> <li>• Rhinovirus/Enterovirus</li> <li>• Coronavirus SARS-CoV-2</li> <li>• Coronavirus, other</li> </ul>	<p><b>J1. Was patient tested for any of the following viral respiratory pathogens within 14 days prior to admission or ≤3 days after admission?</b></p> <ul style="list-style-type: none"> <li>• RSV</li> <li>• Adenovirus</li> <li>• Parainfluenza 1</li> <li>• Parainfluenza 2</li> <li>• Parainfluenza 3</li> <li>• Parainfluenza 4</li> <li>• Human metapneumovirus</li> <li>• Rhinovirus/Enterovirus</li> <li>• Coronavirus 229E</li> <li>• Coronavirus HKU1</li> <li>• Coronavirus NL63</li> <li>• Coronavirus OC43</li> <li>• Coronavirus SARS-CoV-2</li> <li>• Coronavirus (not further specified)</li> </ul>
<p><b>L. Chest Imaging - Based on radiology report only</b></p> <p><b>2b. For the first abnormal chest x-ray, please check all that apply</b></p> <ul style="list-style-type: none"> <li>• Report not available</li> <li>• Air space density</li> <li>• Air space opacity</li> </ul>	<p><b>L. Chest X-ray - Based on radiology report only</b></p> <p><b>2b. For the first abnormal chest x-ray, please check all that apply</b></p> <ul style="list-style-type: none"> <li>• Report not available</li> <li>• Air space density</li> <li>• Air space opacity</li> <li>• Bronchopneumonia/pneumonia</li> </ul>

Question on 2022-23 Form	Questions on 2023-24 Form
<ul style="list-style-type: none"> <li>• Bronchopneumonia/pneumonia</li> <li>• Cannot rule out pneumonia</li> <li>• Consolidation</li> <li>• Cavitation</li> <li>• ARDS (acute respiratory distress syndrome)</li> <li>• Lung Infiltrate</li> <li>• Interstitial infiltrate</li> <li>• Lobar infiltrate</li> <li>• Pleural Effusion</li> <li>• Empyema</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot rule out pneumonia</li> <li>• Consolidation</li> <li>• Cavitation</li> <li>• ARDS (acute respiratory distress syndrome)</li> <li>• Infiltrate (lung, interstitial, other)</li> <li>• Lobar infiltrate</li> <li>• Pleural Effusion</li> <li>• Empyema</li> <li>• Other</li> </ul>
<p><b>M1. Did the patient have any of the following new diagnoses at discharge? (Select all that apply)</b></p> <ul style="list-style-type: none"> <li>• Acute encephalopathy/encephalitis</li> <li>• Acute liver failure</li> <li>• Acute myocardial infarction</li> <li>• Acute myocarditis</li> <li>• Acute renal failure/acute kidney injury</li> <li>• Acute respiratory distress syndrome (ARDS)</li> <li>• Acute respiratory failure</li> <li>• Asthma exacerbation</li> <li>• Bacteremia</li> <li>• Bronchiolitis</li> <li>• Bronchitis</li> <li>• Chronic lung disease of prematurity/BPD</li> <li>• Congestive heart failure</li> <li>• COPD exacerbation</li> <li>• Deep vein thrombosis (DVT)</li> <li>• Diabetic ketoacidosis</li> <li>• Disseminated intravascular coagulation (DIC)</li> <li>• Guillain-Barre syndrome</li> <li>• Hemophagocytic syndrome</li> <li>• Invasive pulmonary aspergillosis</li> <li>• Kawasaki disease</li> <li>• Mucormycosis</li> <li>• Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A)</li> <li>• Other thrombosis/embolism/coagulopathy</li> <li>• Pneumonia</li> <li>• Pulmonary embolism (PE)</li> <li>• Reye's syndrome</li> <li>• Rhabdomyolysis</li> <li>• Sepsis</li> </ul>	<p><b>M1. Did the patient have any of the following new diagnoses at discharge? (Select all that apply)</b></p> <ul style="list-style-type: none"> <li>• Acute complication of sickle cell</li> <li>• Acute encephalopathy/encephalitis</li> <li>• Acute liver failure</li> <li>• Acute myocardial infarction</li> <li>• Acute myocarditis</li> <li>• Acute renal failure/acute kidney injury</li> <li>• Acute respiratory distress syndrome (ARDS)</li> <li>• Acute respiratory failure</li> <li>• Asthma exacerbation</li> <li>• Atrial fibrillation (Afib) new-onset or paroxysmal/chronic</li> <li>• Bacteremia</li> <li>• Bronchiolitis</li> <li>• Bronchitis</li> <li>• Cardiac arrest</li> <li>• Chronic lung disease of prematurity/BPD</li> <li>• Congestive heart failure exacerbation</li> <li>• COPD exacerbation</li> <li>• Deep vein thrombosis (DVT)</li> <li>• Diabetic ketoacidosis</li> <li>• Disseminated intravascular coagulation (DIC)</li> <li>• Guillain-Barre syndrome</li> <li>• Hemophagocytic syndrome</li> <li>• Invasive pulmonary aspergillosis</li> <li>• Kawasaki disease</li> <li>• Mucormycosis</li> <li>• Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A)</li> <li>• Other thrombosis/embolism/coagulopathy</li> <li>• Pneumonia</li> </ul>

Question on 2022-23 Form	Questions on 2023-24 Form
<ul style="list-style-type: none"> <li>• Seizures</li> <li>• Stroke (CVA)</li> <li>• Toxic shock syndrome (TSS)</li> </ul>	<ul style="list-style-type: none"> <li>• Pulmonary embolism (PE)</li> <li>• Reye's syndrome</li> <li>• Rhabdomyolysis</li> <li>• Sepsis</li> <li>• Seizures</li> <li>• Stroke (CVA)</li> <li>• <b>Supraventricular tachycardia (SVT)</b></li> <li>• Toxic shock syndrome (TSS)</li> <li>• <b>Ventricular fibrillation (Vfib)</b></li> <li>• <b>Ventricular tachycardia (V-tach)</b></li> </ul>
<p>O6a. If patient was pregnant on admission but no longer pregnant at discharge, indicate pregnancy outcome at discharge.</p>	<p>O6a. If patient was pregnant on admission but no longer pregnant at discharge, indicate pregnancy outcome at discharge. <b>(If multiple fetuses, indicate outcome at discharge for each fetus in the database separately.)</b></p>

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

Question on 2022-23 form	Question on 2023-24 form
<p>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)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acucy Influenza A&amp;B Test (Sekisui Diagnostics, LLC)</li> <li><input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson &amp; Co.)</li> <li><input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson &amp; Co.)</li> <li><input type="checkbox"/> BD Veritor™ System for Rapid Detection of SARS-CoV-2 &amp; Flu A+B (Becton Dickinson &amp; Co.)</li> <li><input type="checkbox"/> Binax NOW® Influenza A&amp;B Card 2 (Abbott)</li> <li><input type="checkbox"/> BioSign® Flu A+B or OraSure QuickFlu Rapid A+B Test or Polymedco Poly stat Flu A&amp;B Test or LifeSign LLC Status Flu A&amp;B (Princeton BioMedtech Corp.)</li> <li><input type="checkbox"/> CareStart Flu A&amp;B Plus, (Access Bio, Inc.)</li> <li><input type="checkbox"/> OSOM Ultra Plus Flu A&amp;B Test (Sekisui Diagnostics, LLC)</li> <li><input type="checkbox"/> QuickVue® Influenza A+B Test (Quidel Corp.)</li> <li><input type="checkbox"/> SARS-CoV-2 &amp; Flu A/B Rapid Antigen Test (Roche)</li> <li><input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)</li> <li><input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)</li> <li><input type="checkbox"/> XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific)</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul>	<p>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)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acucy Influenza A&amp;B Test (Sekisui Diagnostics, LLC)</li> <li><input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson &amp; Co.)</li> <li><input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson &amp; Co.)</li> <li><input type="checkbox"/> BD Veritor™ System for Rapid Detection of SARS-CoV-2 &amp; Flu A+B (Becton Dickinson &amp; Co.)</li> <li><input type="checkbox"/> Binax NOW® Influenza A&amp;B Card 2 (Abbott)</li> <li><input type="checkbox"/> <b>BioSign® Flu A+B or LifeSign LLC Status Flu A &amp; B (Princeton BioMedtech Corp.)</b></li> <li><input type="checkbox"/> CareStart Flu A&amp;B Plus, (Access Bio, Inc.)</li> <li><input type="checkbox"/> OSOM Ultra Plus Flu A&amp;B Test (Sekisui Diagnostics, LLC)</li> <li><input type="checkbox"/> QuickVue® Influenza A+B Test (Quidel Corp.)</li> <li><input type="checkbox"/> SARS-CoV-2 &amp; Flu A/B Rapid Antigen Test (Roche)</li> <li><input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)</li> <li><input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)</li> <li><input type="checkbox"/> XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific)</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul>
<p>5a. Select the kit name(s) (manufacturer) for all molecular assays performed or planned to be used at the laboratory: (Check all that apply)</p>	<p>6a. Select the kit name(s) (manufacturer) for all molecular assays performed or planned to be used at the laboratory: (Check all that apply)</p>

- 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)\*
- 
- FluChip-8G Influenza A+B Assay, (InDevR)†
  - Idylla Respiratory IFV-RSV Panel, (Biocartis)†
  - IMDx Flu A/B and RSV for Abbott m2000, (IMDx)
  - Lyra Influenza A+B Assay, (Quidel)
  - Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)
  - Panther Fusion® Flu A/B RSV, (Assay Hologic)
  - Prodesse PROFLU™, (GenProbe/Hologic)
  - Prodesse ProFAST™, (GenProbe/Hologic)†
  - QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)\*\*†
  - Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)†
  - Silaris Influenza A & Btg, (Sekisui Diagnostics)†
  - 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:**

- 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: \_\_\_\_\_

**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:**

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

- 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: \_\_\_\_\_

# HAIC

## 1. Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF) Attachment #8

Question on original 2023 form	Question on 2024 form	Description of change
2023 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant <i>A. baumannii</i> (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report	2024 Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report	<u>Language Modification</u> I. Updated year to 2024 II. Removed the pathogens from the updated form title since one form is used for all of MuGSI surveillance pathogens
10. Organism: • CRE • CRAB  If CRE, select one of the following:  • <i>Escherichia coli</i> • <i>Klebsiella aerogenes</i> • <i>Klebsiella oxytoca</i> • <i>Enterobacter cloacae</i> • <i>Klebsiella pneumoniae</i>	10. Organism:  • Carbapenem-Resistant Enterobacterales (CRE) <ul style="list-style-type: none"> <li>• <i>Escherichia coli</i></li> <li>• <i>Klebsiella pneumoniae</i></li> <li>• <i>Klebsiella oxytoca</i></li> <li>• <i>Klebsiella aerogenes</i></li> <li>• <i>Enterobacter cloacae</i></li> </ul> • Extended-spectrum beta-lactamase-producing Enterobacterales (ESBL-E) <ul style="list-style-type: none"> <li>• <i>Escherichia coli</i></li> <li>• <i>Klebsiella pneumoniae</i></li> <li>• <i>Klebsiella oxytoca</i></li> </ul> • Carbapenem-Resistant <i>A. baumannii</i> (CRAB)  • Invasive <i>Escherichia coli</i> (iEC) (not CRE or ESBL-E)	<u>Language Modification</u>  I. This is updated language to clearly delineate MuGSI pathogens and phenotypes under surveillance with the use of a one form.  II. Includes the organisms/phenotypes for ESBL and iEC (from approved 2023 ESBL/iEC MuGSI CRF)
11. Incident Specimen Collection Site  • Blood • Bone • Bronchoalveolar lavage (CRAB only, complete Q23c) • CSF • Internal body site (specify): _____ • Muscle • Peritoneal fluid	11. Specimen Collection Site(s)  • Blood • Bone • Bronchoalveolar lavage (CRAB only, complete Q23c) • CSF • Internal body site (specify): _____ • Muscle • Peritoneal fluid	<u>Language Modification</u>  I. Update to respondent instructions (i.e., when “Urine” is recorded, provide responses to Q22a-22c)

<ul style="list-style-type: none"> <li>• Pericardial fluid</li> <li>• Joint/synovial fluid</li> <li>• Sputum (CRAB only, complete Q23c)</li> <li>• Urine</li> <li>• Wound (CRAB only) (specify): _____</li> <li>• Other LRT site (CRAB only, complete Q23c) (specify): _____</li> <li>• Other normally sterile site (specify): _____</li> </ul>	<ul style="list-style-type: none"> <li>• Pericardial fluid</li> <li>• Joint/synovial fluid</li> <li>• Sputum (CRAB only, complete Q23c)</li> <li>• Urine (complete 22a-22c)</li> <li>• Wound (CRAB only) (specify): _____</li> <li>• Other LRT site (CRAB only, complete Q23c) (specify): _____</li> <li>• Other normally sterile site (specify): _____</li> </ul>	
<p>16. Patient Outcome:</p> <p>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?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	<p>16. Patient Outcome</p> <p>[Removed]</p>	<p><u>Administrative Change</u></p> <p>I. Removed the specified question from “16. Patient Outcome:” on the 2024 form. A response for this question can be calculated by CDC.</p>
<p>17a. Types of infection associated with culture(s): (Check all that apply) • None • Colonized • Unknown</p> <ul style="list-style-type: none"> <li>• Abscess, not skin</li> <li>• AV fistula/graft infection</li> <li>• Bacteremia</li> <li>• Bursitis</li> <li>• Catheter site infection (CVC)</li> <li>• Cellulitis</li> <li>• Chronic Ulcer/wound (not decubitus)</li> <li>• Decubitus/pressure ulcer</li> <li>• Empyema</li> <li>• Endocarditis</li> <li>• Epidural abscess</li> <li>• Meningitis</li> <li>• Osteomyelitis</li> <li>• Peritonitis</li> <li>• Pneumonia (CRAB cases, complete Q23c)</li> <li>• Pyelonephritis</li> <li>• Septic arthritis</li> <li>• Septic emboli</li> <li>• Septic shock</li> <li>• Skin abscess</li> <li>• Surgical incision infection</li> <li>• Surgical site infection (internal)</li> <li>• Traumatic wound</li> <li>• Urinary tract infection</li> <li>• Other (specify): _____</li> </ul>	<p>17a. Types of infection associated with culture(s): (Check all that apply) • None • Colonized • Unknown</p> <ul style="list-style-type: none"> <li>• Abscess, not skin</li> <li>• AV fistula/graft infection</li> <li>• Bacteremia</li> <li>• Bursitis</li> <li>• Catheter site infection (CVC)</li> <li>• Cellulitis</li> <li>• Chronic Ulcer/wound (not decubitus)</li> <li>• Decubitus/pressure ulcer</li> <li>• Empyema</li> <li>• Endocarditis</li> <li>• Epidural abscess</li> <li>• Meningitis</li> <li>• Osteomyelitis</li> <li>• Peritonitis</li> <li>• Pneumonia (CRAB cases, complete Q23c)</li> <li>• Pyelonephritis (complete 22a-22c)</li> <li>• Sepsis <ul style="list-style-type: none"> <li>• Urosepsis</li> </ul> </li> <li>• Septic arthritis</li> <li>• Septic emboli</li> <li>• Septic shock</li> <li>• Skin abscess</li> <li>• Surgical incision infection</li> <li>• Surgical site infection (internal)</li> <li>• Traumatic wound</li> <li>• Urinary tract infection (complete 22a-</li> </ul>	<p><u>Administrative Change &amp; Language Modification</u></p> <p>I. Provided a checkbox for “Sepsis” as an infection type, including a sub-choice for “Urosepsis”</p> <p>II. Respondents previously entered these responses under Bacteremia or as additional notes in the comments section of the form.</p> <p>III. Update respondent instructions (i.e., when “Pyelonephritis” or “Urinary tract infection” are recorded, provide responses to Q22a-22c)</p>

	<p><b>22c)</b></p> <ul style="list-style-type: none"> <li>• Other (specify): _____</li> </ul>	
<p>URINE CULTURES ONLY:</p> <p>[Instruction preceding Q22a-22c]</p>	<p>Complete questions 22a-22c for all MuGSI cases from urine cultures or where UTI or pyelonephritis is marked in question 17a:</p>	<p><u>Administrative Change &amp; Language Modification</u></p> <p>I. This is revised language to clarify form instructions to respondents.</p>
<p>23b. Risk factors in the 7 days before the DISC:</p> <ul style="list-style-type: none"> <li>• Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC</li> <li>• Nebulizer treatment at any time in the 7 calendar days before the DISC</li> <li>• Mechanical ventilation at any time in the 7 calendar days before the DISC</li> <li>• None</li> </ul>	<p>23b. Risk factors <b>prior to CRAB DISC</b>:</p> <ul style="list-style-type: none"> <li>• Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC</li> <li>• Nebulizer treatment at any time in the 7 calendar days before the DISC</li> <li>• Mechanical ventilation at any time in the 7 calendar days before the DISC</li> <li>• None</li> </ul>	<p><u>Language Modification</u></p> <p>I. Revised and clarified the text for of the question.</p>
<p>Question 24 a &amp; b come from the OMB-approved 2023 ESBL/iEC MuGSI CRF.</p>	<p>24a. Is antimicrobial use (IV or Oral) in the 30 days before the DISC documented?</p> <ul style="list-style-type: none"> <li>• Yes • No • Unknown</li> </ul>	<p><u>Administrative Change</u></p> <p>I. This question from the OMB-approved 2023 ESBL/iEC MuGSI is consolidated to the single 2024 MuGSI CRF</p>
<p>Question 24 a &amp; B come from the OMB-approved 2023 ESBL/iEC MuGSI CRF.</p>	<p>24b. If yes, check all antimicrobials used in the 30 days before the DISC: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• Amikacin</li> <li>• Amoxicillin</li> <li>• Amoxicillin/clavulanic acid</li> <li>• Ampicillin</li> <li>• Ampicillin/sulbactam</li> <li>• Azithromycin</li> <li>• Aztreonam</li> <li>• Cefadroxil</li> <li>• Cefazolin</li> <li>• Cefdinir</li> <li>• Cefepime</li> <li>• Cefiderocol</li> <li>• Ceixime</li> </ul>	<p><u>Administrative Change</u></p> <p>I. As noted for 24a, this question from the OMB-approved 2023 ESBL/iEC MuGSI is consolidated to the single 2024 MuGSI CRF</p>

- Cefotaxime
- Cefoxitin
- Cefpodoxime
- Ceftaroline
- Ceftazidime
- Ceftazidime/avibactam
- Ceftizoxime
- Ceftolozane/tazobactam
- Ceftriaxone
- Cefuroxime
- Cephalexin
- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Dalbavancin
- Daptomycin
- Delafloxacin
- Doripenem
- Doxycycline
- Eravacycline
- Ertapenem
- Fidaxomicin
- 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 <b>in the year before or day of DISC:</b> _____  • None or N/A	<u>Language Modification &amp; Administrative Change</u>  I. Updated the question number II. Added language to state the specified timeframe III. Included a checkbox for “None or N/A” to differentiate from missing data
28. Susceptibility Results Please complete the table below based on the information found in the indicate data source	29. Susceptibility Results Please complete the table below based on the information found in the indicate data source  • <b>No susceptibility data from the medical record are available</b>	<u>Administrative Change</u>  I. Updated the question number II. Included a checkbox for “No susceptibility data form the medical record are available” to differentiate from missing data

2) **Multi-site Gram-Negative Surveillance Initiative (MuGSI) Community-Associated Carbapenemase-Producing Carbapenem-Resistant Enterobacterales (CA CP-CRE) Health interview - Attachment #9**

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 <b>9</b> ]

3) **Invasive *Staphylococcus aureus* Infection Case Report - Attachment #10**

2023 CRF Question	Changes to the 2024 CRF Question
	15a. Is the isolate MRSA or MSSA? <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> Unknown [new question]

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]

4) Clostridioides difficile Infection (CDI) Case Report and Treatment Form - Attachment #11

2023 CRF	2024 CRF	Changes
9a. EIA <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested	9a. EIA <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Unknown	Added option for "unknown"
9b. GDH <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested	9b. GDH <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Unknown	Added option for "unknown"
9c. Cytotoxin <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested	9c. Cytotoxin <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Unknown	Added option for "unknown"
9d. NAAT (C. diff only) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested	9d. NAAT (C. diff only) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Unknown	Added option for "unknown"
9e. NAAT (GI panel) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested	9e. NAAT (GI panel) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Unknown	Added option for "unknown"
9f. Other (specify) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested	9f. Other (specify) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Unknown	Added option for "unknown"
21. Underlying conditions <input type="checkbox"/> Transplant, solid organ	21. Underlying conditions <input type="checkbox"/> 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: _____ <input type="checkbox"/> None or N/A	Clarified the time period of the question Added a checkbox for "none or N/A"

5) Clostridioides difficile Infection (CDI) Annual Surveillance Officers Survey - Attachment #12

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 <i>C.diff</i> 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 <i>C.diff</i> 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)

6) Annual Survey of Laboratory Testing Practices for *C. difficile* Infections - Attachment #13

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 <i>Clostridioides difficile</i> testing in 2022?	Did your laboratory ever send specimens off-site for <i>Clostridioides difficile</i> testing in 2023?
2a. Which testing method(s) for <i>Clostridioides difficile</i> ( <i>C. difficile</i> ) did your laboratory perform in 2022?	2a. Which testing method(s) for <i>Clostridioides difficile</i> ( <i>C. difficile</i> ) did your laboratory perform in 2023?
Did your laboratory use this testing method for <i>Clostridioides difficile</i> ( <i>C. difficile</i> ) in 2022?	Did your laboratory use this testing method for <i>Clostridioides difficile</i> ( <i>C. difficile</i> ) 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?

7) HAIC Candidemia Case Report - Attachment #14

2023 CRF Question	2024 CRF Question
<b>CANDIDEMIA 2023 CASE REPORT FORM</b> (header)	<b>CANDIDEMIA 2024 CASE REPORT FORM</b> (header)  <i>(changed year)</i>
<b>Version: Short Form 2023, Last Updated:</b> 07/29/2022 (footnotes)	<b>Version: Short Form 2024, Last Updated:</b> 07/29/2023 (footnotes)  <i>(changed year and date)</i>
<b>23. Candida species from initial positive blood culture</b> <i>(check all that apply):</i>  <input type="checkbox"/> <i>Candida albicans</i> (CA) <input type="checkbox"/> <i>Candida glabrata</i> (CG) <input type="checkbox"/> <i>Candida parapsilosis</i> (CP) <input type="checkbox"/> <i>Candida tropicalis</i> (CT) <input type="checkbox"/> <i>Candida dubliniensis</i> (CD) <input type="checkbox"/> <i>Candida lusitanae</i> (CL) <input type="checkbox"/> <i>Candida krusei</i> (CK) <input type="checkbox"/> <i>Candida guilliermondii</i> (CGM) <input type="checkbox"/> <i>Candida</i> , other (CO) specify: _____ <input type="checkbox"/> <i>Candida</i> , germ tube negative/non albicans (CGN) <input type="checkbox"/> <i>Candida</i> species (CS) <input type="checkbox"/> Pending	<b>23. Candida species from initial positive blood culture</b> <i>(check all that apply):</i>  <input type="checkbox"/> <i>Candida albicans</i> (CA) <input type="checkbox"/> <b><i>Candida auris</i> (CAU)</b> <input type="checkbox"/> <i>Candida glabrata</i> (CG) <input type="checkbox"/> <i>Candida parapsilosis</i> (CP) <input type="checkbox"/> <i>Candida tropicalis</i> (CT) <input type="checkbox"/> <i>Candida dubliniensis</i> (CD) <input type="checkbox"/> <i>Candida lusitanae</i> (CL) <input type="checkbox"/> <i>Candida krusei</i> (CK) <input type="checkbox"/> <i>Candida guilliermondii</i> (CGM) <input type="checkbox"/> <i>Candida</i> , other (CO) specify: _____ <input type="checkbox"/> <i>Candida</i> , germ tube negative/non albicans (CGN) <input type="checkbox"/> <i>Candida</i> species (CS) <input type="checkbox"/> Pending  <i>(added new response option)</i>
<b>24. Antifungal susceptibility testing</b>  <b>Species</b> <input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending	<b>24. Antifungal susceptibility testing</b>  <b>Species</b> <input type="checkbox"/> CA <input type="checkbox"/> <b>CAU</b> <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending  <i>(added new response option)</i>
<b>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?</b>  1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	<b>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?</b>  1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown  <i>(changed question wording)</i>
26a. If yes, provide dates of all subsequent positive <i>Candida</i> blood cultures and select the species:	26a. If yes, provide dates of all subsequent positive <i>Candida</i> blood cultures and select the species:

<p><b>Date Drawn</b> (mm-dd-yyyy)  _____ - _____ - _____</p> <p><b>Species identified*</b> <input type="checkbox"/>CA <input type="checkbox"/>CG <input type="checkbox"/>CP <input type="checkbox"/>CT <input type="checkbox"/>CD <input type="checkbox"/>CL <input type="checkbox"/>CK <input type="checkbox"/>CGM <input type="checkbox"/>CO: _____ <input type="checkbox"/>CGN <input type="checkbox"/>CS <input type="checkbox"/>Pending</p>	<p><b>Date Drawn</b> (mm-dd-yyyy)  _____ - _____ - _____</p> <p><b>Species identified*</b> <input type="checkbox"/>CA <input type="checkbox"/>CAU <input type="checkbox"/>CG <input type="checkbox"/>CP <input type="checkbox"/>CT <input type="checkbox"/>CD <input type="checkbox"/>CL <input type="checkbox"/>CK <input type="checkbox"/>CGM <input type="checkbox"/>CO: _____ <input type="checkbox"/>CGN <input type="checkbox"/>CS <input type="checkbox"/>Pending  <i>(added new response option)</i></p>
<p><b>40. Underlying conditions</b> (Check all that apply):</p> <p><input type="checkbox"/> <b>Chronic Lung Disease</b></p> <p><input type="checkbox"/>Cystic Fibrosis</p> <p><input type="checkbox"/>Chronic Pulmonary disease</p> <p><input type="checkbox"/> <b>Chronic Metabolic Disease</b></p> <p><input type="checkbox"/>Diabetes Mellitus</p> <p><input type="checkbox"/>With Chronic Complications</p> <p><input type="checkbox"/> <b>Cardiovascular Disease</b></p> <p><input type="checkbox"/>CVA/Stroke/TIA</p> <p><input type="checkbox"/>Congenital Heart disease</p> <p><input type="checkbox"/>Congestive Heart Failure</p> <p><input type="checkbox"/>Myocardial infarction</p> <p><input type="checkbox"/>Peripheral Vascular Disease (PVD)</p> <p><input type="checkbox"/> <b>Gastrointestinal Disease</b></p> <p><input type="checkbox"/>Diverticular disease</p> <p><input type="checkbox"/>Inflammatory Bowel Disease</p> <p><input type="checkbox"/>Peptic Ulcer Disease</p> <p><input type="checkbox"/>Short gut syndrome</p> <p><input type="checkbox"/> <b>Immunocompromised Condition</b></p> <p><input type="checkbox"/> HIV infection</p> <p><input type="checkbox"/>AIDS/CD4 count &lt;200</p> <p><input type="checkbox"/>Primary Immunodeficiency</p> <p><input type="checkbox"/>Transplant, Hematopoietic Stem Cell</p> <p><input type="checkbox"/>Transplant, Solid Organ</p>	<p><b>40. Underlying conditions</b> (Check all that apply):</p> <p><input type="checkbox"/> <b>Chronic Lung Disease</b></p> <p><input type="checkbox"/>Cystic Fibrosis</p> <p><input type="checkbox"/>Chronic Pulmonary disease</p> <p><input type="checkbox"/> <b>Chronic Metabolic Disease</b></p> <p><input type="checkbox"/>Diabetes Mellitus</p> <p><input type="checkbox"/>With Chronic Complications</p> <p><input type="checkbox"/> <b>Cardiovascular Disease</b></p> <p><input type="checkbox"/>CVA/Stroke/TIA</p> <p><input type="checkbox"/>Congenital Heart disease</p> <p><input type="checkbox"/>Congestive Heart Failure</p> <p><input type="checkbox"/>Myocardial infarction</p> <p><input type="checkbox"/>Peripheral Vascular Disease (PVD)</p> <p><input type="checkbox"/> <b>Gastrointestinal Disease</b></p> <p><input type="checkbox"/>Diverticular disease</p> <p><input type="checkbox"/>Inflammatory Bowel Disease</p> <p><input type="checkbox"/>Peptic Ulcer Disease</p> <p><input type="checkbox"/>Short gut syndrome</p> <p><input type="checkbox"/> <b>Immunocompromised Condition</b></p> <p><input type="checkbox"/> HIV infection</p> <p><input type="checkbox"/>AIDS/CD4 count &lt;200</p> <p><input type="checkbox"/>Primary Immunodeficiency</p> <p><input type="checkbox"/>Transplant, Hematopoietic Stem Cell</p> <p><input type="checkbox"/>Transplant, Solid Organ (specify): _____  <i>(added new response option)</i></p>
<p><b>52. Did the patient have a CVC in the 2 calendar days before, not including the DISC?</b></p> <p>1 <input type="checkbox"/>Yes    2 <input type="checkbox"/>No    3 <input type="checkbox"/>Had CVC but can't find dates    9 <input type="checkbox"/>Unknown</p>	<p><b>52. Did the patient have a CVC in the 2 calendar days before, not including the DISC?</b></p> <p>1 <input type="checkbox"/>Yes    2 <input type="checkbox"/>No    3 <input type="checkbox"/>Had CVC but can't find dates</p>

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

8) Laboratory Testing Practices for Candidemia Questionnaire - Attachment #15

2023 Lab Survey Question	2024 Lab Survey Question
<p>2023 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE (header)</p>	<p><b>2024</b> LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE (header)</p> <p><i>(changed year)</i></p>
<p>2023 Page # of # (footnotes)</p>	<p><b>2024</b> Page # of # (footnotes)</p> <p><i>(changed year)</i></p>
<p>13) Does this laboratory employ culture-independent diagnostic tests (CIDTs) to identify <i>Candida</i> from blood specimens?</p> <p><input type="checkbox"/> Yes (go to Q14)  <input type="checkbox"/> No (go to Q17)  <input type="checkbox"/> Unknown</p>	<p>13) Does this laboratory employ <b>PCR molecular tests</b> to identify <i>Candida</i> from blood specimens?</p> <p><input type="checkbox"/> Yes (go to Q14)  <input type="checkbox"/> No (go to Q17)  <input type="checkbox"/> Unknown</p> <p><i>(changed question wording)</i></p>

<p><b>16) Does this laboratory employ any other CIDTs to identify <i>Candida</i> from blood specimens?</b></p> <p><input type="checkbox"/> Yes (specify) _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not applicable</p>	<p><b>16) Does this laboratory employ any other <b>PCR molecular tests</b> to identify <i>Candida</i> from blood specimens?</b></p> <p><input type="checkbox"/> Yes (specify) _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not applicable</p> <p><i>(changed question wording)</i></p>
<p><b>17) If No for Question 13, does this laboratory have plans to employ culture independent diagnostics for <i>Candida</i> identification in the near future (e.g., T2Candida Panel, BioFire)?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not applicable</p>	<p><b>17) If No for Question 13, does this laboratory have plans to employ <b>PCR molecular tests</b> for <i>Candida</i> identification in the near future (e.g., T2Candida Panel, BioFire)?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not applicable</p> <p><i>(changed question wording)</i></p>