Candida auris cases

Case-patient ID

_____

(Case-patient ID generated by you. Must be unique per case. This means that because of REDCap constraints, if a person has a screening case and then subsequently has a clinical case, each case must have a unique ID. It's not required to use your 2-letter jurisdiction with a hyphen as a prefix (e.g. GA-123456C).)

Form Approved
OMB No. 0920-XXXX
Exp. Date: XX/XX/XXXX

Reporting State

- ◯ AK
- ◯ AL
- ◯ AR
- ◯ AZ
- ◯ CA
- ◯ CO
- ◯ CT
- ◯ District of Columbia
- ◯ DE
- ◯ FL
- ◯ GA
- ◯ HI
- ◯ IA
- ◯ ID
- ◯ IL
- ◯ IN
- ◯ KS
- ◯ KY
- ◯ LA
- ◯ MA
- ◯ MD
- ◯ ME
- ◯ MI
- ◯ MN
- ◯ MO
- ◯ MS
- ◯ MT
- ◯ NC
- ◯ ND
- ◯ NE
- ◯ NH
- ◯ NJ
- ◯ NM
- ◯ NV
- ◯ NY
- ◯ OH
- ◯ OK
- ◯ OR
- ◯ PA
- ◯ Philadelphia
- ◯ RI
- ◯ SC
- ◯ SD
- ◯ TN
- ◯ TX
- ◯ UT
- ◯ VA
- ◯ VT
- ◯ WA
- ◯ WI
- ◯ WV
- ◯ WY

(Jurisdiction reporting this case)

Date first reported

_____

(Date this record was first submitted to REDCap)

Date last updated

_____

(Date this record was last updated)

Case details

Submit one record per case.

A person may have up to 2 cases per lifetime if they have a screening case and then subsequently have a clinical case. If this occurs, two records should be submitted into REDCap: one for the screening case and one for the subsequent clinical case.

If the patient has a positive screening specimen and clinical specimen collected on the same date, only count as a clinical case, but list all positive specimens in the specimen source site field.

Current case definition: https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2022/22-ID-05_C_auris.pdf.

Case type	◯ Clinical ◯ Screening
Case status	◯ Confirmed ◯ Probable ◯ Suspect ◯ Not a case ("Probable" and "suspect" are for historical purposes only. There are only "confirmed" cases as of 1/1/2023. If record should not be used, please indicate "not a case.")
Screening to Clinical Case	☐ Yes (Indicate if this patient had a screening case and subsequently had a clinical case on both the screening case and clinical case records.)
Starting case-patient ID	_____ (If this is a clinical case record for a person who previously had a screening case, indicate the screening case ID here. If unknown, leave this field blank but select a reason below to explain why it's unknown.)
If starting case-patient ID unknown, specify reason	◯ Patient's screening case was in another U.S. jurisdiction ◯ Patient's screening case was in another country ◯ Unknown for another reason (If starting case-patient ID is unknown for the clinical case of a patient with a prior screening case, indicate why ID is unknown.)
Other case-patient ID	_____ (If patient has other case-patient IDs that you use (e.g. XDRO registry, NNDSS, etc.), please indicate that here.)

	_____ (If patient has a second case-patient ID that you use (e.g. XDRO registry, NNDSS, etc.), please indicate that here. Otherwise, leave blank.)

Specimen details

This is based on the date of specimen collection for the first positive specimen(s) for this case. Most records will only have one positive specimen. However, a case may be associated with multiple specimens if multiple positive specimens were collected on that same date. See variable notes below with instructions on how to complete these fields when that occurs.

Clinical Specimen Source Site (check all that apply)	☐ Blood ☐ Urine ☐ Respiratory ☐ Wound ☐ Other (specify) ☐ Unknown (Indicate the clinical specimen source site (e.g. blood). If multiple positives happened on the same collection day, select all that apply.)
Specify other specimen source	_____ (If "Other" was selected for Clinical Specimen Source Site, indicate the specimen site(s) here.)
Clinical Specimen Source Site Details	_____ (If needed, provide additional details about the specimen source site in this supplemental free text field. This is an optional field. Leave blank if not needed.)
Was there a positive screening swab collected on the same day?	◯ No ◯ Yes (If a screening swab was collected on the same day as the clinical specimen, select "Yes" and indicate the body site(s) of the screening swab (e.g., axilla/groin swab) in the text box below.)
Specify screening swab site	_____ (Indicate the body site(s) of the screening swab here (e.g., axilla/groin swab).)
Specimen Collected Date	_____ (Indicate date specimen was collected. If unknown, put 01/01/1900.)

ARLN Specimen ID

_____

(ARLN specimen ID, if known and applicable. Otherwise, leave blank. If multiple specimens positive from the same collection day, list all ARLN specimen IDs here (e.g. "12345; 23456").)

Patient characteristics

Residence State

◯ AK
◯ AL
◯ AR
◯ American Samoa
◯ AZ
◯ CA
◯ CO
◯ CT
◯ District of Columbia
◯ DE
◯ FL
◯ GA
◯ Guam
◯ HI
◯ IA
◯ ID
◯ IL
◯ IN
◯ KS
◯ KY
◯ LA
◯ MA
◯ MD
◯ ME
◯ MI
◯ MN
◯ MO
◯ MS
◯ MT
◯ NC
◯ ND
◯ NE
◯ NH
◯ NJ
◯ NM
◯ Northern Mariana Islands
◯ NV
◯ NY
◯ OH
◯ OK
◯ OR
◯ PA
◯ PR
◯ RI
◯ SC
◯ SD
◯ TN
◯ TX
◯ UT
◯ VA
◯ Virgin Islands
◯ VT
◯ WA
◯ WI
◯ WV
◯ WY
◯ N/A - Outside of country
◯ Not reported

(Patient state of residence)

Residence Country	_____ (Patient country of residence, if outside the United States)
Age	_____ (Patient age)
Age Unit	◯ Years ◯ Months ◯ Days
Sex	◯ Female ◯ Male
Mortality Date	_____ (Patient mortality date, if known and applicable)
If healthcare exposure in past year outside of your state, indicate which state or country the exposure was in	_____ (Indicate the state or country of their healthcare. Put additional details in case comments.)

Collection site

Location where case specimen was collected. This is usually a healthcare facility. Do not include commercial or public health laboratories. Do not include cases whose specimens were collected outside your jurisdiction.

Collection Site City	_____ (City where specimen was collected)

Collection Site State or Province

◯ AK
◯ AL
◯ AR
◯ American Samoa
◯ AZ
◯ CA
◯ CO
◯ CT
◯ District of Columbia
◯ DE
◯ FL
◯ GA
◯ Guam
◯ HI
◯ IA
◯ ID
◯ IL
◯ IN
◯ KS
◯ KY
◯ LA
◯ MA
◯ MD
◯ ME
◯ MI
◯ MN
◯ MO
◯ MS
◯ MT
◯ NC
◯ ND
◯ NE
◯ NH
◯ NJ
◯ NM
◯ Northern Mariana Islands
◯ NV
◯ NY
◯ OH
◯ OK
◯ OR
◯ PA
◯ PR
◯ RI
◯ SC
◯ SD
◯ TN
◯ TX
◯ UT
◯ VA
◯ Virgin Islands
◯ VT
◯ WA
◯ WI
◯ WV
◯ WY

(Jurisdiction where specimen was collected)

Collection Site Name

_____

(Name of facility or location where specimen was collected)

Collection Site Type	◯ ACH ◯ LTACH ◯ SNF ◯ vSNF ◯ Other (Type of facility or location where specimen was collected)
Specify Other Collection Site Type	_____ (If "other" selected for collection facility type, specify type)
Collection Site ID	_____ (CMS ID of facility where specimen was collected)

Comments

Comments	_____ (If desired, comment about the patient, case, or specimen)