

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

CDC estimates the average public reporting burden for this collection of information as **5** minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

☐ AK
☐ AL
☐ AR
☐ AZ
☐ CA
☐ CO
☐ CT
☐ District of Columbia
☐ DE
☐ FL
☐ GA
☐ HI
☐ IA
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☐ NJ
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☐ NV
☐ NY
☐ OH
☐ OK
☐ OR
☐ PA
☐ Philadelphia
☐ RI
☐ SC
☐ SD
☐ TN
☐ TX
☐ UT
☐ VA
☐ VT
☐ WA
☐ WI
☐ WV
☐ WY
 (Jurisdiction reporting this case)

(Date this record was first submitted to REDCap)

(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)