1. PATIENT ID: _____ **2. STATE ID:** _____ **3. Date of incident *C. diff*+ stool collection (DISC):** _____

Form Approved
OMB No. 092-0978
Expiration Date: X/XX/XX

CLOSTRIDIOIDES DIFFICILE INFECTION (CDI) SURVEILLANCE EMERGING INFECTIONS PROGRAM CASE REPORT

Specimen ID: _____ Patient's Name: _____

Address: _____

Address type: _____ Hospital: _____ Chart Number: _____

4. STATE: _____

5. COUNTY: _____

6. PLANNING REGION: _____

7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____

8. FACILITY ID WHERE PATIENT TREATED: _____

9. Diagnostic assay for *C. diff*

9a. EIA	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9b. GDH	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9c. Cytotoxin	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9d. NAAT (*C. diff* only)	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9e. NAAT (GI panel)	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown
9e.1 If positive, was result suppressed?		☐ Yes	☐ No	☐ Unknown
9f. Other (*specify*): _____	☐ Positive	☐ Negative	☐ Not tested	☐ Unknown

10. DATE OF BIRTH: _____

☐ Unknown

11. AGE: (years) _____

12. PATIENT SEX:

☐ Male
☐ Female
☐ Missing value

13. RACE AND/OR ETHNICITY: *(Select all that apply)*

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Unknown

14. Was the patient hospitalized on the day of or in the 6 calendar days after the DISC? ☐ Yes ☐ No ☐ Unknown

14a. If YES, Date of Admission: _____ ☐ Unknown

15. Where was the patient located on the 3rd calendar day before the DISC?

☐ Private Residence
☐ LTCF Facility ID: _____
☐ Hospital Inpatient Facility ID: _____

15a. Was the patient transferred from this hospital?
☐ Yes ☐ No ☐ Unknown

☐ LTACH Facility ID: _____
☐ Homeless
☐ Correctional or detention facility
☐ Drug/alcohol rehabilitation
☐ Other
☐ Unknown

16. Location of incident *C. diff*+ stool collection

☐ **Outpatient**
Facility ID: _____
☐ Emergency room
☐ Clinic/doctor's office
☐ Dialysis center
☐ Surgery
☐ Observation/Clinical decision unit
☐ Other outpatient

☐ **Hospital Inpatient**
Facility ID: _____
☐ ICU
☐ OR
☐ Radiology
☐ Other inpatient

☐ **LTCF**
Facility ID: _____

☐ **LTACH**
Facility ID: _____

☐ **Autopsy**
☐ **Other**
☐ **Unknown**

17a. Previous hospitalization in the 12 weeks before DISC: ☐ Yes ☐ No ☐ Unknown **Facility ID:** _____

17a.1 If yes, date of discharge closest to DISC: _____ ☐ Unknown

17b. Overnight stay in LTACH in the 12 weeks before DISC: ☐ Yes ☐ No ☐ Unknown **Facility ID:** _____

17c. Overnight stay in LTCF in the 12 weeks before DISC ☐ Yes ☐ No ☐ Unknown **Facility ID:** _____

18. Epiclass questions:

18a. Was incident *C. diff*+ stool collected at least 3 calendar days after the date of hospital admission?
☐ Yes **(HO - go to 18e)** ☐ No

18b. Was incident *C. diff*+ stool collected in an outpatient setting for a LTCF resident, or in a LTCF or LTACH?
☐ Yes, LTCF **(LTCFO - go to 18e)** ☐ Yes, LTACH **(HO - go to 18e)** ☐ No

Public reporting burden of this collection of information is estimated to average 38 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

18c. Was the patient admitted from a LTCF or a LTACH?

☐ Yes, LTCF **(LTCFO - go to 18e)** / **Facility ID:** _____ ☐ Yes, LTACH **(HO - go to 18e)** / **Facility ID:** _____ ☐ No

18d. Did patient have a previous hospitalization or overnight stay in a LTCF or LTACH in the 12 weeks before the DISC?

☐ Yes **(COHCFA – go to 18e)** ☐ No **(CA – go to 18e)**

18e. Was this case sampled for full CRF?

☐ Yes **(Complete CRF)** ☐ No **(STOP data abstraction here)**

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19. Patient Outcome: ☐ Survived ☐ Died ☐ Hospitalized > 1 year ☐ Unknown

19a. If survived, date of discharge: _____ ☐ Unknown ☐ Left against medical advice (AMA) **19c. Date of Death:** _____ ☐ Unknown

19b. If survived, discharged to:

☐ Private residence ☐ Homeless ☐ Other

☐ LTCF Facility ID: _____ ☐ Correctional or detention facility ☐ Unknown

☐ LTACH Facility ID: _____ ☐ Drug/alcohol rehabilitation

20a. Chronic dialysis in the 12 weeks before the DISC ☐ Yes ☐ No ☐ Unknown

20a.1 Type: ☐ Hemodialysis ☐ Peritoneal ☐ Unknown

20b. Surgery in the 12 weeks before the DISC ☐ Yes ☐ No ☐ Unknown

20c. ER visit in the 12 weeks before the DISC ☐ Yes ☐ No ☐ Unknown

20d. Observation/CDU stay in the 12 weeks before the DISC ☐ Yes ☐ No ☐ Unknown

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21. UNDERLYING CONDITIONS: *(Check all that apply)* ☐ None ☐ Unknown

Chronic lung disease
- ☐ Cystic fibrosis
- ☐ Chronic pulmonary disease

Chronic metabolic disease
- ☐ Diabetes mellitus
  - ☐ With chronic complications

Cardiovascular disease
- ☐ CVA/Stroke/TIA
- ☐ Congenital heart disease
- ☐ Congestive heart failure
- ☐ Myocardial infarction
- ☐ Peripheral vascular disease (PVD)

Gastrointestinal disease
- ☐ Diverticular disease
- ☐ Inflammatory bowel disease
- ☐ Peptic ulcer disease
- ☐ Short gut syndrome

Immunocompromised condition
- ☐ HIV
  - ☐ AIDS/CD4 count < 200
- ☐ Primary immunodeficiency
- ☐ Transplant, hematopoietic stem cell
- ☐ Transplant, solid organ (*specify*):

_____

Liver disease
- ☐ Chronic liver disease
  - ☐ Ascites
  - ☐ Cirrhosis
  - ☐ Hepatic encephalopathy
  - ☐ Variceal bleeding
- ☐ Hepatitis C
  - ☐ Treated, in SVR
  - ☐ Current, chronic

Malignancy
- ☐ Malignancy, hematologic
- ☐ Malignancy, solid organ (non-metastatic)
- ☐ Malignancy, solid organ (metastatic)

Neurologic condition
- ☐ Cerebral palsy
- ☐ Chronic cognitive deficit
- ☐ Dementia
- ☐ Epilepsy/seizure/seizure disorder
- ☐ Multiple sclerosis
- ☐ Neuropathy
- ☐ Paresis
- ☐ Parkinson's disease
- ☐ Spinal cord injury

Plegias/Paralysis
- ☐ Hemiplegia
- ☐ Paraplegia
- ☐ Quadriplegia

Renal disease
- ☐ Chronic kidney disease
  - Lowest serum creatinine: _____ mg/DL
  - ☐ Unknown or not done

Skin condition
- ☐ Blistering condition
- ☐ Burn
- ☐ Decubitus/pressure ulcer
- ☐ Eczema
- ☐ Psoriasis
- ☐ Surgical wound
- ☐ Other chronic ulcer or chronic wound

Other
- ☐ Connective tissue disease
- ☐ Obesity or morbid obesity
- ☐ Pregnancy

22a. Weight _____ lbs _____ oz OR _____ kg ☐ Unknown

22b. Height _____ ft _____ in OR _____ cm ☐ Unknown

22c. BMI _____ ☐ Unknown

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23. Substance Use

23a. Smoking: ☐ None documented ☐ Unknown ☐ Tobacco ☐ E-Nicotine Delivery System ☐ Marijuana

23b. Alcohol abuse: ☐ Yes ☐ None documented ☐ Unknown

23c. Other substances: *(Check all that apply)* ☐ Opioid use disorder ☐ Injection drug use ☐ None documented ☐ Unknown

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24. Was CDI a primary or contributing reason for patient's admission?
- ☐ Yes
- ☐ No
- ☐ Not admitted
- ☐ Unknown

25. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form?
- ☐ Yes ☐ Not admitted
- ☐ No ☐ Unknown

25a. If YES, what was the POA code assigned to it?
- ☐ Y, Yes ☐ W, Clinically Undetermined
- ☐ N, No ☐ Missing
- ☐ U, Unknown ☐ Not Applicable

26. Was the patient in an ICU on the day of or in the 6 days after the DISC?
- ☐ Yes ☐ No ☐ Unknown

26a. If YES, date of ICU admission: _____
- ☐ Unknown

27. Symptoms (in the 6 calendar days before, the day of, or 1 calendar day after the DISC)
(Check all that apply)

- ☐ "Asymptomatic" documented in medical record
- ☐ Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day)
- ☐ Diarrhea documented, but unable to determine if it is by definition
- ☐ Nausea
- ☐ Vomiting
- ☐ No diarrhea, nausea, or vomiting documented
- ☐ Information not available

28. Fever (in the 2 calendar days before or calendar day of the DISC)

- ☐ Fever ≥38°C or ≥100.4°F documented

Highest fever documented: _____ °C or _____ °F

- ☐ Self-reported fever
- ☐ No fever documented
- ☐ Information not available

29. Did provider indicate that patient may be colonized by *C. difficile*? ☐ Yes ☐ No ☐ Unknown

30. Toxic megacolon and ileus (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)

30a. Radiographic findings

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ilieus
- ☐ Neither toxic megacolon nor ileus
- ☐ Radiology not performed
- ☐ Information not available

30b. Clinical findings

- ☐ Toxic megacolon
- ☐ Ileus
- ☐ Both toxic megacolon and ilieus
- ☐ Neither toxic megacolon nor ileus
- ☐ Information not available

31. Was pseudomembranous colitis listed in the surgical pathology, endoscopy, or autopsy report in the 6 calendar days before, the day of, or the 6 calendar days after the DISC?

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

32. Colectomy (related to CDI):

- ☐ Yes
- ☐ No
- ☐ Unknown

32a. If YES, Date of Procedure:

_____

☐ Unknown

33. Were other enteric pathogens isolated from stool collected on the DISC?

- ☐ Astrovirus
- ☐ *Campylobacter*
- ☐ Enteroaggregative *E. coli* (EAEC)
- ☐ Enteropathogenic *E. coli* (EPEC)
- ☐ Enterotoxigenic *E. coli* (ETEC)
- ☐ Norovirus
- ☐ Rotavirus
- ☐ *Salmonella*
- ☐ Sapovirus
- ☐ Shiga Toxin-Producing *E.coli*
- ☐ *Shigella*
- ☐ Yersinia enterocolitica
- ☐ Other *(specify)*:

_____

- ☐ None
- ☐ No other pathogens tested
- ☐ Unknown

34. LABORATORY FINDINGS (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)

34a. Albumin ≤ 2.5g/dl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

34b. White blood cell count ≤ 1,000/µl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

34c. White blood cell count ≥ 15,000/µl:

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

34d. Serum creatinine > 1.5 mg/dl

- ☐ Yes
- ☐ No
- ☐ Not Done
- ☐ Information not available

35. Antimotility agents in the 6 calendar days before, day of, or 6 days after DISC: ☐ Yes ☐ No ☐ Unknown

36. MEDICATIONS taken in the 12 weeks before the DISC:

36a. Proton pump inhibitor (e.g. Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole)

- ☐ Yes
- ☐ No
- ☐ Unknown

36b. H2 Blockers (e.g. Famotidine, Ranitidine, Cimetidine)

- ☐ Yes
- ☐ No
- ☐ Unknown

36c. Immunosuppressive therapy *(Check all that apply)*

- ☐ Steroids
- ☐ Chemotherapy
- ☐ Other agents *(specify)*:

_____

- ☐ None
- ☐ Unknown

36d. Antimicrobial therapy *(Check all that apply)* ☐ Yes, name unknown ☐ None ☐ Unknown

- ☐ Amikacin
- ☐ Amoxicillin
- ☐ Amoxicillin/clavulanic acid
- ☐ Ampicillin
- ☐ Ampicillin/sulbactam
- ☐ Azithromycin
- ☐ Aztreonam
- ☐ Cefadroxil
- ☐ Cefazolin
- ☐ Cefdinir
- ☐ Cefepime
- ☐ Cefiderocol
- ☐ Cefixime
- ☐ Cefotaxime
- ☐ Cefoxitin
- ☐ Cefpodoxime
- ☐ Ceftaroline
- ☐ Ceftazidime
- ☐ Ceftazidime/avibactam
- ☐ Ceftolozane/tazobactam
- ☐ Ceftriaxone
- ☐ Cefuroxime
- ☐ Cephalexin
- ☐ Ciprofloxacin
- ☐ Clarithromycin
- ☐ Clindamycin
- ☐ Dalbavancin
- ☐ Daptomycin
- ☐ Delafloxacin
- ☐ Doxycycline
- ☐ Eravacycline
- ☐ Ertapenem
- ☐ 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)
- ☐ Vancomycin (PO for prophylaxis)
- ☐ Other *(specify)*:

_____

36e. Was patient treated for suspected or confirmed CDI in the 12 weeks before the DISC? ☐ Yes ☐ No ☐ Unknown

36e.1 If YES, which medication was taken *(Check all that apply)*: ☐ Metronidazole ☐ Vancomycin ☐ Fidaxomicin ☐ Other, *(specify)*: _____ ☐ Unknown

37. Treatment for incident CDI ☐ No treatment ☐ Unknown treatment

37a.1 Course 1

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO) ☐ Metronidazole (PO) ☐ Rifaximin
☐ Vancomycin (Rectal) ☐ Metronidazole (IV) ☐ Nitazoxanide
☐ Vancomycin (Unknown route) ☐ Metronidazole (Unknown route) ☐ Other *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37a.2 Course 2

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO) ☐ Metronidazole (PO) ☐ Rifaximin
☐ Vancomycin (Rectal) ☐ Metronidazole (IV) ☐ Nitazoxanide
☐ Vancomycin (Unknown route) ☐ Metronidazole (Unknown route) ☐ Other *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37a.3 Course 3

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO) ☐ Metronidazole (PO) ☐ Rifaximin
☐ Vancomycin (Rectal) ☐ Metronidazole (IV) ☐ Nitazoxanide
☐ Vancomycin (Unknown route) ☐ Metronidazole (Unknown route) ☐ Other *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37a.4 Course 4

Start Date: _____ ☐ Unknown **Stop Date:** _____ ☐ Unknown OR **Duration** (days):_____ ☐ Unknown

☐ Vancomycin (PO) ☐ Metronidazole (PO) ☐ Rifaximin
☐ Vancomycin (Rectal) ☐ Metronidazole (IV) ☐ Nitazoxanide
☐ Vancomycin (Unknown route) ☐ Metronidazole (Unknown route) ☐ Other *(specify)*: _____
☐ Vancomycin taper (any route) ☐ Fidaxomicin

37b. ☐ **Probiotics *(specify)*:** _____

37c. Adjunctive therapy

☐ Conventional FMT Date: _____ ☐ Unknown ☐ Bezlotoxumab Date: _____ ☐ Unknown
☐ Rebyota Date: _____ ☐ Unknown ☐ Other (specify): Date: _____ ☐ Unknown
☐ Vowst Date: _____ ☐ Unknown _____

38. Previous unique CDI episode (>8 weeks before the DISC):
☐ Yes
☐ No

38a. If YES, previous STATEID:
_____

39. Any recurrent *C. diff*+ episodes following this incident *C. diff*+ episode?
☐ Yes
☐ No

39a. If YES, Date of first recurrent specimen:
_____

40. CRF status:
☐ Complete
☐ Incomplete
☐ Chart unavailable after 3 requests

41. Initials of S.O.:
_____

42. Date of abstraction:
_____

Comments: