

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: _____	9. Diagnostic assay for <i>C. diff</i> <table border="0"><tr><td>9a. EIA</td><td>Positive</td><td>Negative</td><td>Not tested</td><td>Unknown</td></tr><tr><td>9b. GDH</td><td>Positive</td><td>Negative</td><td>Not tested</td><td>Unknown</td></tr><tr><td>9c. Cytotoxin</td><td>Positive</td><td>Negative</td><td>Not tested</td><td>Unknown</td></tr><tr><td>9d. NAAT (<i>C. diff</i> only)</td><td>Positive</td><td>Negative</td><td>Not tested</td><td>Unknown</td></tr><tr><td>9e. NAAT (GI panel)</td><td>Positive</td><td>Negative</td><td>Not tested</td><td>Unknown</td></tr><tr><td>9e.1 If positive, was result suppressed?</td><td></td><td>Yes</td><td>No</td><td>Unknown</td></tr><tr><td>9f. Other (specify):</td><td>Positive</td><td>Negative</td><td>Not tested</td><td>Unknown</td></tr></table>	9a. EIA	Positive	Negative	Not tested	Unknown	9b. GDH	Positive	Negative	Not tested	Unknown	9c. Cytotoxin	Positive	Negative	Not tested	Unknown	9d. NAAT (<i>C. diff</i> 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
9a. EIA	Positive	Negative	Not tested	Unknown																																	
9b. GDH	Positive	Negative	Not tested	Unknown																																	
9c. Cytotoxin	Positive	Negative	Not tested	Unknown																																	
9d. NAAT (<i>C. diff</i> 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																																	
7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____																																					
8. FACILITY ID WHERE PATIENT TREATED: _____																																					

10. DATE OF BIRTH: _____ Unknown	12. PATIENT SEX: Male Female Missing value	13. RACE AND/OR ETHNICITY: (Select all that apply) <table border="0"><tr><td>American Indian or Alaska Native</td><td>Middle Eastern or North African</td></tr><tr><td>Asian</td><td>Native Hawaiian or Pacific Islander</td></tr><tr><td>Black or African American</td><td>White</td></tr><tr><td>Hispanic or Latino</td><td>Unknown</td></tr></table>	American Indian or Alaska Native	Middle Eastern or North African	Asian	Native Hawaiian or Pacific Islander	Black or African American	White	Hispanic or Latino	Unknown
American Indian or Alaska Native	Middle Eastern or North African									
Asian	Native Hawaiian or Pacific Islander									
Black or African American	White									
Hispanic or Latino	Unknown									
11. AGE: (years) _____										

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	LTACH Facility ID: _____
LTCF Facility ID: _____	Homeless
Hospital Inpatient Facility ID: _____	Correctional or detention facility
15a. Was the patient transferred from this hospital?	Drug/alcohol rehabilitation
Yes No Unknown	Other
	Unknown

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

Outpatient	Hospital Inpatient	LTCF	Autopsy
Facility ID: _____	Facility ID: _____	Facility ID: _____	Other
Emergency room	ICU	LTACH	Unknown
Clinic/doctor's office	OR	Facility ID: _____	
Dialysis center	Radiology		
Surgery	Other inpatient		
Observation/Clinical decision unit			
Other outpatient			

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)								
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								
21. UNDERLYING CONDITIONS: (Check all that apply) None Unknown <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> 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 (<i>specify</i>): _____ </td> <td style="vertical-align: top; width: 33%;"> 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 </td> <td style="vertical-align: top; width: 33%;"> 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 </td> </tr> </table>						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 (<i>specify</i>): _____	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
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 (<i>specify</i>): _____	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						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 22a. Weight _____ lbs _____ oz OR _____ kg Unknown </td> <td style="width: 33%; vertical-align: top;"> 22b. Height _____ ft _____ in OR _____ cm Unknown </td> <td style="width: 33%; vertical-align: top;"> 22c. BMI _____ Unknown </td> </tr> </table>						22a. Weight _____ lbs _____ oz OR _____ kg Unknown	22b. Height _____ ft _____ in OR _____ cm Unknown	22c. BMI _____ Unknown
22a. Weight _____ lbs _____ oz OR _____ kg Unknown	22b. Height _____ ft _____ in OR _____ cm Unknown	22c. BMI _____ Unknown						
23. Substance Use <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 23a. Smoking: None documented Unknown Tobacco E-Nicotine Delivery System Marijuana </td> <td style="width: 33%; vertical-align: top;"> 23b. Alcohol abuse: Yes None documented Unknown </td> </tr> </table> 23c. Other substances: (Check all that apply) Opioid use disorder Injection drug use None documented Unknown						23a. Smoking: None documented Unknown Tobacco E-Nicotine Delivery System Marijuana	23b. Alcohol abuse: Yes None documented Unknown	
23a. Smoking: None documented Unknown Tobacco E-Nicotine Delivery System Marijuana	23b. Alcohol abuse: Yes None documented Unknown							
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) <i>(Check all that apply)</i> "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 <i>C. difficile</i>? 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 ileus Neither toxic megacolon nor ileus Radiology not performed Information not available 30b. Clinical findings Toxic megacolon Ileus Both toxic megacolon and ileus 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 Not Done No Information not available		32. Colectomy (related to CDI): Yes No Unknown					
33. Were other enteric pathogens isolated from stool collected on the DISC? Astrovirus <i>Campylobacter</i> Enteroaggregative <i>E. coli</i> (EAEC) Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (ETEC) Norovirus Rotavirus <i>Salmonella</i> Sapovirus Shiga Toxin-Producing <i>E. coli</i> <i>Shigella</i> Yersinia enterocolitica Other (<i>specify</i>): _____ 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 34c. White blood cell count ≥ 15,000/μl: Yes No Not Done Information not available 34b. White blood cell count ≤ 1,000/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 <i>(Check all that apply)</i> Steroids Chemotherapy Other agents (<i>specify</i>): _____ None Unknown							
36d. Antimicrobial therapy <i>(Check all that apply)</i> Yes, name unknown None Unknown <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%; vertical-align: top;"> Amikacin Amoxicillin Amoxicillin/clavulanic acid Ampicillin Ampicillin/sulbactam Azithromycin Aztreonam Cefadroxil Cefazolin Cefdinir Cefepime Cefiderocol Cefixime Cefotaxime Cefoxitin </td> <td style="width: 25%; vertical-align: top;"> Cefpodoxime Ceftaroline Ceftazidime Ceftazidime/avibactam Ceftolozane/tazobactam Ceftriaxone Cefuroxime Cephalexin Ciprofloxacin Clarithromycin Clindamycin Dalbavancin Daptomycin Delafloxacin Doxycycline </td> <td style="width: 25%; vertical-align: top;"> Eravacycline Ertapenem Fosfomycin Gentamicin Imipenem/cilastatin Levofloxacin Linezolid Meropenem Meropenem/vaborbactam Metronidazole Moxifloxacin Nitrofurantoin Omadacycline Oritavancin Penicillin </td> <td style="width: 25%; vertical-align: top;"> Piperacillin/tazobactam Polymyxin B Polymyxin E (colistin) Rifaximin Tedizolid Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole Vancomycin (IV) Vancomycin (PO for prophylaxis) Other (<i>specify</i>): _____ </td> </tr> </table>				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 (<i>specify</i>): _____
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 (<i>specify</i>): _____				

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 <i>(Check all that apply):</i>			Metronidazole Vancomycin Fidaxomicin	Other, <i>(specify):</i> _____ 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 <i>(specify):</i> _____	
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 <i>(specify):</i> _____	
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 <i>(specify):</i> _____	
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 <i>(specify):</i> _____	
Vancomycin taper (any route)		Fidaxomicin			
37b. Probiotics <i>(specify):</i> _____					
37c. Adjunctive therapy					
Conventional FMT	Date: _____	Unknown	Bezlotoxumab	Date: _____	Unknown
Rebyota	Date: _____	Unknown	Other <i>(specify):</i>	Date: _____	Unknown
Vowst	Date: _____	Unknown	_____		
38. Previous unique CDI episode (>8 weeks before the DISC):	39. Any recurrent <i>C. diff</i>+ episodes following this incident <i>C. diff</i>+ episode?		40. CRF status:	41. Initials of S.O.:	42. Date of abstraction:
Yes	Yes		Complete	_____	_____
No	No		Incomplete		
			Chart unavailable after 3 requests		
38a. If YES, previous STATEID:	39a. If YES, Date of first recurrent specimen:				
_____	_____				
Comments:					