



2026 Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report

NOTE: Enter all dates as mm/dd/yyyy

Form Approved

OMB No. 0920-0978

Expiration Date: 09/30/2027

PATIENT'S NAME: _____			PHONE NO.: _____		
ADDRESS: _____				MRN: _____	
ADDRESS TYPE: _____			HOSPITAL: _____		
----Patient Identifier information is not transmitted to CDC----					
DEMOGRAPHICS					
1. STATE: _____		2a. COUNTY: _____		2b. PLANNING REGION: _____	
				3. STATE ID: _____	
4a. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____				4b. FACILITY ID WHERE PATIENT TREATED: _____	
5. DATE OF BIRTH: _____		7. SEX: Male Female Missing value		8. RACE AND/OR ETHNICITY: (Check all that apply) 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	
6. AGE: _____ Days Mos Yrs					
9a. DATE OF INCIDENT SPECIMEN COLLECTION (DISC): _____		10. ORGANISM: Carbapenem-Resistant <i>Enterobacteriales</i> (CRE) <i>Escherichia coli</i> <i>Klebsiella pneumoniae</i> <i>Klebsiella oxytoca</i> <i>Klebsiella aerogenes</i> <i>Enterobacter cloacae</i> Extended-Spectrum Beta-Lactamase-producing <i>Enterobacteriales</i> (ESBL-E) <i>Escherichia coli</i> <i>Klebsiella pneumoniae</i> <i>Klebsiella oxytoca</i> Carbapenem-Resistant <i>A. baumannii</i> (CRAB) Invasive <i>Escherichia coli</i> (iEC) (not CRE or ESBL-E)			
9b. TIME OF DISC: _____					
11. SPECIMEN COLLECTION SITE(S):					
Blood Bone Bronchoalveolar lavage (CRAB only, complete Q23c) CSF Internal body site (specify): _____		Muscle Peritoneal fluid Pericardial fluid Pleural fluid Joint/synovial fluid Sputum (CRAB only, complete Q23c) Tracheal aspirate (CRAB only, complete Q23c)		Urine (complete 22a–22c) Wound (specify): _____ (CRAB only) Other LRT site (specify): _____ (CRAB only, complete Q23c) Other normally sterile site (specify): _____	
12. LOCATION OF SPECIMEN COLLECTION:				13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC?	
OUTPATIENT Facility ID: _____ Emergency room Clinic/Doctor's office Dialysis center Surgery Observational/ Clinical decision unit Other outpatient		INPATIENT Facility ID: _____ ICU OR Radiology Other inpatient		LTCF Facility ID: _____ LTACH Facility ID: _____ Autopsy Other Unknown	
				Private residence LTCF Facility ID: _____ Hospital inpatient Facility ID: _____ Was the patient transferred from this hospital? Yes No Unknown	
				LTACH Facility ID: _____ Homeless Correctional or detention facility Drug/alcohol rehabilitation Not born yet Other Unknown	
14. WAS THE PATIENT HOSPITALIZED ON THE DAY OF OR IN THE 29 CALENDAR DAYS AFTER THE DISC? Yes No Unknown					
IF YES, DATE OF ADMISSION: _____					
15a. WAS THE PATIENT IN AN ICU IN THE 7 DAYS BEFORE THE DISC? Yes No Unknown					
IF YES, DATE OF ICU ADMISSION: _____ OR Date unknown					
15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC?					
Yes No Unknown					
IF YES, DATE OF ICU ADMISSION: _____ OR Date unknown					
Public reporting burden of this collection of information is estimated to average 29 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0978).					

16. PATIENT OUTCOME: Survived _____ Died _____ Hospitalized >1 year _____ Unknown _____ DATE OF DEATH: _____ OR _____ Date unknown		DATE OF DISCHARGE: _____ OR _____ Date unknown _____ Left against medical advice (AMA) _____		IF SURVIVED, DISCHARGED TO: Private residence _____ LTCF, Facility ID: _____ LTACH, Facility ID: _____ Homeless _____ Correctional or detention facility _____ Drug/alcohol rehabilitation _____ Other _____ Unknown _____	
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17a. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply)		None	Colonized	Unknown
Abscess, not skin AV fistula/graft infection Bacteremia Biliary tract infection Bursitis Catheter site infection (CVC) Cellulitis Chronic ulcer/wound (not decubitus)	Decubitus/pressure ulcer Empyema Endocarditis Epidural abscess Meningitis Osteomyelitis Peritonitis Pneumonia (CRAB cases, complete Q23c)	Pyelonephritis Sepsis Urosepsis Septic shock Septic arthritis Septic emboli Skin abscess Surgical incision infection	Surgical site infection (internal) Traumatic wound Urinary tract infection (complete 22a–22c) Other (specify): _____	

17b. RECURRENT UTI: Yes _____ No _____ Unknown _____	17c. WAS THE PATIENT TREATED FOR THE MUGSI ORGANISM? Yes _____ No _____ Unknown _____
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18. 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 infection AIDS/CD4 count < 200 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ: _____ 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 disease Burn Decubitus/pressure ulcer Eczema Psoriasis Surgical wound Other chronic ulcer or chronic wound OTHER Connective tissue disease Obesity or morbid obesity Pregnant MUGSI CONDITIONS Urinary tract problems/abnormalities Premature birth Spina bifida

19. SUBSTANCE USE SMOKING: (Check all that apply)				None documented	Tobacco	Marijuana	ALCOHOL ABUSE: Yes _____ None documented _____ Unknown _____
OTHER SUBSTANCES: (Check all that apply)		Opioid use disorder	Injection drug use	None documented	Unknown		

20. RISK FACTORS: (Check all that apply)		None	Unknown
WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE CALENDAR DAYS AFTER HOSPITAL ADMISSION?		Yes	No
PREVIOUS HOSPITALIZATION IN THE YEAR BEFORE DISC		Yes	No
IF YES, DATE OF DISCHARGE CLOSEST TO DISC: _____ OR, DATE UNKNOWN		Facility ID: _____	
OVERNIGHT STAY IN LTCF IN THE YEAR BEFORE DISC:		Yes	No
OVERNIGHT STAY IN LTACH IN THE YEAR BEFORE DISC:		Yes	No
SURGERY IN THE YEAR BEFORE DISC:		Yes	No

INVASIVE OR DIAGNOSTIC UROLOGIC PROCEDURE IN THE YEAR BEFORE DISC:				Yes	No	Unknown
IF YES, CHECK ALL THAT APPLY: Prostate procedure Cystoscopy Other						
CURRENT CHRONIC DIALYSIS:				Yes	No	Unknown
IF YES, TYPE: Hemodialysis Peritoneal Unknown						
IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS: AV fistula/graft Hemodialysis central line Unknown						
CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:				Yes	No	Unknown
Check here if central line in place for > 2 calendar days						
URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:				Yes	No	Unknown
IF YES, CHECK ALL THAT APPLY:						
Indwelling Urethral Catheter Condom Catheter						
Suprapubic Catheter Other (specify): _____						
ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:				Yes	No	Unknown
IF YES, CHECK ALL THAT APPLY:						
ET/NT Tube NG Tube Nephrostomy Tube						
Gastrostomy Tube Tracheostomy Other (specify): _____						
PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC:				Yes	No	Unknown
COUNTRY(IES): _____						
PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES) ABOVE:				Yes	No	Unknown

21a. WEIGHT:	21b. HEIGHT:	21c. BMI:
_____ lbs. _____ oz. OR _____ kg Unknown	_____ ft. _____ in. OR _____ cm Unknown	_____ Unknown

Complete questions 22a-22c for all MuGSI cases from urine cultures or where UTI is marked in question 17a:

22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER?	Yes	No	Unknown
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22b. RECORD THE COLONY COUNT: _____

22c. ASSOCIATED SIGNS AND SYMPTOMS:
 Please indicate if any of the following symptoms were reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC.

None	Fever [temperature ≥ 100.4 °F (38 °C)]	Symptoms for patients ≤ 1 year of age only:	
Unknown	Frequency	Apnea	Lethargy
Costovertebral angle pain or tenderness	Suprapubic tenderness	Bradycardia	Vomiting
Dysuria	Urgency		

Complete questions 23a-23b ONLY for A. BAUMANNII cases:

23a. DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR CRAB IN THE 30 DAYS BEFORE THE DISC?	Yes	No	Unknown	N/A
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23b. RISK FACTORS PRIOR TO CRAB DISC: (Check all that apply)
 Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC
 Nebulizer treatment at any time in the 7 calendar days before the DISC
 Mechanical ventilation at any time in the 7 calendar days before the DISC
 Visited a wound care clinic at any time in the year before the DISC
 None of the above

Complete question 23c ONLY for A. BAUMANNII cases from LRT site cultures or for non-LRT cultures where pneumonia is marked in question 17a.

23c. CHEST RADIOLOGY FINDINGS: (Check all that apply)			
Not done	Ground glass opacities/infiltrates	Consolidation	Nodules
No report available	Bronchopneumonia/pneumonia	Infiltrate	No evidence of pneumonia
Acute respiratory distress syndrome (ARDS)	Cannot rule out pneumonia	Pleural effusion	
Air space density/opacity	Cavitation		

24a. IS ANTIMICROBIAL USE (IV OR ORAL) IN THE 30 DAYS BEFORE THE DISC DOCUMENTED?	Yes	No	Unknown
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24b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: <i>(Check all that apply)</i>				Unknown	
Amikacin	Ceftazidime	Gentamicin	Telavancin		
Amoxicillin	Ceftazidime/avibactam	Imipenem/cilastatin	Tigecycline		
Amoxicillin/clavulanic acid	Ceftolozane/tazobactam	Levofloxacin	Tobramycin		
Ampicillin	Ceftriaxone	Linezolid	Trimethoprim		
Ampicillin/sulbactam	Cefuroxime	Meropenem	Trimethoprim/sulfamethoxazole		
Azithromycin	Cephalexin	Meropenem/vaborbactam	Vancomycin		
Aztreonam	Ciprofloxacin	Metronidazole	IV		
Cefadroxil	Clarithromycin	Moxifloxacin	PO		
Cefazolin	Clindamycin	Nitrofurantoin	Other (specify):		
Cefdinir	Dalbavancin	Omadacycline	_____		
Cefepime	Daptomycin	Oritavancin	Other (specify):		
Cefiderocol	Delafloxacin	Penicillin	_____		
Cefixime	Doxycycline	Piperacillin/tazobactam			
Cefotaxime	Eravacycline	Polymyxin B	REMINDER: Any prior antimicrobial use that is not noted above should be documented in the other (specify) field.		
Cefoxitin	Ertapenem	Polymyxin E (colistin)			
Cefpodoxime	Fidaxomicin	Rifaximin			
Ceftaroline	Fosfomycin	Tedizolid			

25. WAS THE INCIDENT SPECIMEN POLYMICROBIAL?		Yes	No	Unknown
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26a. WAS THE INCIDENT SPECIMEN TESTED FOR CARBAPENEMASE GENES?		Yes	No	Laboratory not testing	Unknown
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26b. IF YES, WHAT TESTING METHOD WAS USED? <i>(Check all that apply)</i>		<u>Molecular Test Methods:</u>			
<u>Non-Molecular Test Methods:</u>					
CarbaNP	Modified Carbapenemase Inactivation Method (mCIM)	Automated Molecular Assay	Carba-R	PCR	
Carbapenemase Inactivation Method (CIM)	Modified Hodge Test (MHT)	CARBA-5	Check Points	Streck ARM-D	
CPO Detect	RAPIDEC	MALDI-TOF MS	Next Generation Nucleic Acid Sequencing	Other (specify):	_____
Disk Diffusion/ROSCO Disk	Other (specify):			Unknown	
E-test	_____				
	Unknown				

26c. IF TESTED, WHAT WAS THE TESTING RESULT?						
<u>Non-Molecular Test Results:</u>		<u>Molecular Test Results:</u>				
Positive	NDM	Pos	Neg	Ind	Unk	
Indeterminate	KPC	Pos	Neg	Ind	Unk	
Negative	OXA (specify):	Pos	Neg	Ind	Unk	
Unknown	_____					
	VIM	Pos	Neg	Ind	Unk	
	IMP	Pos	Neg	Ind	Unk	
	Other carbapenemase gene (specify):	Pos	Neg	Ind	Unk	

27a. WAS THE INCIDENT SPECIMEN TESTED FOR ESBL PRODUCTION OR OTHER BETA-LACTAMASE GENES?	
Yes	Laboratory not testing
No	Unknown

27b. IF TESTED, WHAT TESTING METHOD WAS USED? <i>(Check all that apply):</i>		27c. IF TESTED, WHAT WAS THE RESULT?			
Broth Microdilution (ATI detection)					
ESBL well		Pos	Neg	Ind	Unk
Expert rule (ATI flag)		Pos	Neg	Ind	Unk
Unknown		Pos	Neg	Ind	Unk
Broth Microdilution (Manual)		Pos	Neg	Ind	Unk
Disk Diffusion		Pos	Neg	Ind	Unk
E-test		Pos	Neg	Ind	Unk
Molecular test (specify): _____		Pos	Neg	Ind	Unk
Gene variant (specify): _____					
Other non-molecular test (specify): _____		Pos	Neg	Ind	Unk

28. SUSCEPTIBILITY RESULTS:

Please complete the table below based on the information found in the indicated data source.

No susceptibility data from the medical record are available

Antibiotic	Data source:	Data source:	Data source:	Data source:	Data source:	Data source:
	MIC or zone diameter	Interpretation	MIC or zone diameter	Interpretation	MIC or zone diameter	Interpretation
Amikacin						
Amoxicillin/Clavulanate						
Ampicillin						
Ampicillin/Sulbactam						
Aztreonam						
Cefazolin						
Cefepime						
Cefiderocol						
Cefotaxime						
Cefoxitin						
Ceftazidime						
Ceftazidime/Avibactam						
Ceftolozane/Tazobactam						
Ceftriaxone						
Cephalothin						
Ciprofloxacin						
Colistin						
Doripenem						
Doxycycline						
Eravacycline						
Ertapenem						
Fosfomycin						
Gentamicin						
Imipenem						
Imipenem-relebactam						
Levofloxacin						
Meropenem						
Meropenem-vaborbactam						
Minocycline						
Moxifloxacin						
Nitrofurantoin						
Omadacycline						
Piperacillin/Tazobactam						
Plazomicin						
Polymyxin B						
Rifampin						
Sulbactam/Durlobactam						
Tetracycline						
Tigecycline						
Tobramycin						
Trimethoprim-sulfamethoxazole						

29a. WAS THE CASE FIRST IDENTIFIED THROUGH AN AUDIT?Yes
No**29b. CRF STATUS:**Complete
Pending
Chart unavailable after 3 requests
Complete – pending data**29c. SO INITIALS:**

29d. DATE OF ABSTRACTION:

29e. COMMENTS: