

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

Form Approved  
OMB No. 0920-0978  
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: \_\_\_\_\_

<b>4. STATE:</b> _____	<b>5. COUNTY:</b> _____	<b>9. Diagnostic assay for <i>C. diff</i></b> <b>9a. EIA</b> Positive Negative Not tested Unknown <b>9b. GDH</b> Positive Negative Not tested Unknown <b>9c. Cytotoxin</b> Positive Negative Not tested Unknown <b>9d. NAAT (<i>C. diff</i> only)</b> Positive Negative Not tested Unknown <b>9e. NAAT (GI panel)</b> Positive Negative Not tested Unknown <b>9e.1 If positive, was result suppressed?</b> Yes No Unknown <b>9f. Other (specify):</b> Positive Negative Not tested Unknown
<b>6. PLANNING REGION:</b> _____		
<b>7. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED:</b> _____		
<b>8. FACILITY ID WHERE PATIENT TREATED:</b> _____		

<b>10. DATE OF BIRTH:</b> _____ Unknown	<b>12. PATIENT SEX:</b> Male Female Missing value	<b>13. RACE AND/OR ETHNICITY: (Select all that apply)</b> 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
<b>11. AGE: (years)</b> _____		

**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 3<sup>rd</sup> calendar day before the DISC?**

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

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

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

<b>18c. Was the patient admitted from a LTCF or a LTACH?</b>				
Yes, LTCF (LTCFO - go to 18e) / Facility ID: _____		Yes, LTACH (HO - go to 18e) / Facility ID: _____		No
<b>18d. Did patient have a previous hospitalization or overnight stay in a LTCF or LTACH in the 12 weeks before the DISC?</b>				
Yes (COHCFA – go to 18e)		No (CA – go to 18e)		
<b>18e. Was this case sampled for full CRF?</b>				
Yes (Complete CRF)		No (STOP data abstraction here)		
<b>19. Patient Outcome:</b>				
Survived		Died	Hospitalized > 1 year	Unknown
<b>19a. If survived, date of discharge:</b> _____		Unknown	Left against medical advice (AMA)	<b>19c. Date of Death:</b> _____
<b>19b. If survived, discharged to:</b>				
Private residence		Homeless	Other	
LTCF	Facility ID: _____	Correctional or detention facility	Unknown	
LTACH	Facility ID: _____	Drug/alcohol rehabilitation		
<b>20a. Chronic dialysis in the 12 weeks before the DISC</b>				
		Yes	No	Unknown
<b>20a.1 Type:</b>				
		Hemodialysis	Peritoneal	Unknown
<b>20b. Surgery in the 12 weeks before the DISC</b>				
		Yes	No	Unknown
<b>20c. ER visit in the 12 weeks before the DISC</b>				
		Yes	No	Unknown
<b>20d. Observation/CDU stay in the 12 weeks before the DISC</b>				
		Yes	No	Unknown
<b>21. UNDERLYING CONDITIONS: (Check all that apply)</b>				
		None	Unknown	
<b>Chronic lung disease</b>		<b>Liver disease</b>		<b>Plegias/Paralysis</b>
Cystic fibrosis		Chronic liver disease		Hemiplegia
Chronic pulmonary disease		Ascites		Paraplegia
<b>Chronic metabolic disease</b>		Cirrhosis		Quadriplegia
Diabetes mellitus		Hepatic encephalopathy		<b>Renal disease</b>
With chronic complications		Variceal bleeding		Chronic kidney disease
<b>Cardiovascular disease</b>		Hepatitis C		Lowest serum creatinine: _____ mg/DL
CVA/Stroke/TIA		Treated, in SVR		Unknown or not done
Congenital heart disease		Current, chronic		<b>Skin condition</b>
Congestive heart failure		<b>Malignancy</b>		Blistering condition
Myocardial infarction		Malignancy, hematologic		Burn
Peripheral vascular disease (PVD)		Malignancy, solid organ (non-metastatic)		Decubitus/pressure ulcer
<b>Gastrointestinal disease</b>		Malignancy, solid organ (metastatic)		Eczema
Diverticular disease		<b>Neurologic condition</b>		Psoriasis
Inflammatory bowel disease		Cerebral palsy		Surgical wound
Peptic ulcer disease		Chronic cognitive deficit		Other chronic ulcer or chronic wound
Short gut syndrome		Dementia		<b>Other</b>
<b>Immunocompromised condition</b>		Epilepsy/seizure/seizure disorder		Connective tissue disease
HIV		Multiple sclerosis		Obesity or morbid obesity
AIDS/CD4 count < 200		Neuropathy		Pregnancy
Primary immunodeficiency		Paresis		
Transplant, hematopoietic stem cell		Parkinson's disease		
Transplant, solid organ (specify): _____		Spinal cord injury		
<b>22a. Weight</b>				
_____ lbs _____ oz		<b>22b. Height</b>		<b>22c. BMI</b>
OR _____ kg	Unknown	_____ ft _____ in	OR _____ cm	Unknown
<b>23. Substance Use</b>				
<b>23a. Smoking:</b>		None documented		<b>23b. Alcohol abuse:</b>
Tobacco		Unknown		Yes
		E-Nicotine Delivery System		None documented
				Unknown
<b>23c. Other substances:</b>				
Yes		None documented		Unknown
If Yes, check all that apply		Marijuana		Injection drug use
Opium use disorder				
<b>24. Was CDI a primary or contributing reason for patient's admission?</b>		<b>25. Was ICD-9 008.45 or ICD-10 A04.7 listed on the discharge form?</b>		<b>26. Was the patient in an ICU on the day of or in the 6 days after the DISC?</b>
Yes		Yes		Yes
No		No		No
Not admitted		Not admitted		Unknown
Unknown		Unknown		
		<b>25a. If YES, what was the POA code assigned to it?</b>		<b>26a. If YES, date of ICU admission:</b> _____
		Y, Yes		Unknown
		W, Clinically Undetermined		
		N, No		
		Missing		
		U, Unknown		
		Not Applicable		

<b>27. Symptoms</b> (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, $\geq 3/\text{day}$ for $\geq 1$ day) Diarrhea documented, but unable to determine if it is by definition		Nausea Vomiting No diarrhea, nausea, or vomiting documented Information not available		<b>28. Fever</b> (in the 2 calendar days before or calendar day of the DISC) Fever $\geq 38^\circ\text{C}$ or $\geq 100.4^\circ\text{F}$ documented <b>Highest fever documented:</b> _____ $^\circ\text{C}$ or _____ $^\circ\text{F}$ Self-reported fever No fever documented Information not available	
<b>29. Did provider indicate that patient may be colonized by <i>C. difficile</i>?</b>		Yes	No	Unknown	
<b>30. Toxic megacolon and ileus</b> (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)					
<b>30a. Radiographic findings</b> Toxic megacolon Ileus Both toxic megacolon and ileus			<b>30b. Clinical findings</b> Toxic megacolon Ileus Both toxic megacolon and ileus		
Neither toxic megacolon nor ileus Radiology not performed Information not available		Neither toxic megacolon nor ileus Information not available			
<b>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?</b> Yes No			<b>32. Colectomy</b> (related to CDI): Yes No Unknown		<b>32a. If YES, Date of Procedure:</b> _____ Unknown
<b>33. Were other enteric pathogens isolated from stool collected on the DISC?</b> Astrovirus Campylobacter Enteroaggregative <i>E. coli</i> (EAEC) Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (ETEC) Norovirus Rotavirus Salmonella Sapovirus Shiga Toxin-Producing <i>E. coli</i> Shigella Yersinia enterocolitica Other ( <i>specify</i> ): _____		<b>34. LABORATORY FINDINGS</b> (in the 6 calendar days before, the day of, or the 6 calendar days after the DISC)			
None No other pathogens tested Unknown		<b>34a. Albumin <math>\leq 2.5\text{g/dl}</math>:</b> Yes No Not Done Information not available		<b>34c. White blood cell count <math>\geq 15,000/\mu\text{l}</math>:</b> Yes No Not Done Information not available	
		<b>34b. White blood cell count <math>\leq 1,000/\mu\text{l}</math>:</b> Yes No Not Done Information not available		<b>34d. Serum creatinine <math>&gt; 1.5\text{ mg/dl}</math>:</b> Yes No Not Done Information not available	
<b>35. Antimotility agents in the 6 calendar days before, day of, or 6 days after DISC:</b>			Yes	No	Unknown
<b>36. MEDICATIONS taken in the 12 weeks before the DISC:</b>					
<b>36a. Proton pump inhibitor</b> (e.g. Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole) Yes No Unknown		<b>36b. H2 Blockers</b> (e.g. Famotidine, Ranitidine, Cimetidine) Yes No Unknown		<b>36c. Immunosuppressive therapy</b> ( <i>Check all that apply</i> ) Steroids Chemotherapy Other agents ( <i>specify</i> ): _____	
<b>36d. Antimicrobial therapy</b> ( <i>Check all that apply</i> )		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 ( <i>specify</i> ): _____	

<b>36e. Was patient treated for suspected or confirmed CDI in the 12 weeks before the DISC?</b>		Yes	No	Unknown
<b>36e.1 If YES, which medication was taken</b> <i>(Check all that apply):</i>		Metronidazole Vancomycin Fidaxomicin	Other, <i>(specify):</i> _____ Unknown	
<b>37. Treatment for incident CDI</b>	No treatment	Unknown treatment		
<b>37a.1 Course 1</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
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		
<b>37a.2 Course 2</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
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		
<b>37a.3 Course 3</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
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		
<b>37a.4 Course 4</b>				
<b>Start Date:</b> _____	Unknown	<b>Stop Date:</b> _____	Unknown	<b>OR Duration (days):</b> _____
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		
<b>37b. Probiotics <i>(specify):</i></b> _____				
<b>37c. Adjunctive therapy</b>				
Conventional FMT	Date: _____	Unknown	Bezlotoxumab	Date: _____
Rebyota	Date: _____	Unknown	Other <i>(specify):</i>	Date: _____
Vowst	Date: _____	Unknown	_____	
<b>38. Previous unique CDI episode</b> (>8 weeks before the DISC):	<b>39. Any recurrent C. diff+ episodes following this incident C. diff+ episode?</b>	<b>40. CRF status:</b>	<b>41. Initials of S.O.:</b>	<b>42. Date of abstraction:</b>
Yes	Yes	Complete	_____	_____
No	No	Incomplete		
		Chart unavailable after 3 requests		
<b>38a. If YES, previous STATEID:</b> _____	<b>39a. If YES, Date of first recurrent specimen:</b> _____			
<b>Comments:</b>				