Cladophialophora bantiana case report form

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Form completion data
Thank you for filling out this online case report form for a confirmed case of *Cladophialophora bantiana*. We greatly appreciate the time you are taking to share this information with us. Please note this form should be filled out by clinical providers or public health professionals. This form does not serve as a clinical consultation request. If you need help with a clinical inquiry in a time-sensitive manner, please email the CDC at fungalconsult@cdc.gov. Consent to participate We are collecting this data to inform public health response efforts and deepen our understanding of *Cladophialophora bantiana* infections. Information submitted through this form may be disseminated in aggregate to public health officials and researchers and in academic publications. Individual entries will be stored securely and will only be accessible by researchers and relevant public health authorities, if needed. We do not collect patient identifiers and will not make public any individual-level or identifiable data collected. I acknowledge the above and wish to complete the case form [ ] Yes (go to question 1) [ ] No (thank you message, exit survey) SUBMITTER CONTACT Submitter information (Please note, this information will not be included in final dataset but may be used prior to analysis to query missing data or in manuscript preparation). Submitters will be included in by-line or group authorship on future publications. Submitter first & late name: _____ Email: _____ Phone: _____

A. Patient demographics	
Date of Incident Specimen Collection (DISC)	__ __ /__ __ / __ __ __ __ M M D D Y Y Y Y
Report Date to Public Health Authorities	__ __ /__ __ / __ __ __ __ M M D D Y Y Y Y
Age at DISC: (use months or days if patient was aged <1 year)	_____ □ Years □ Months □ Days □ Unknown
Sex	□ Male □ Female
What is the patient's ethnicity?	□ Hispanic or Latino □ Not Hispanic or Latino
What is the patient's race? (select all that apply)	□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Pacific Islander □ White
Patient's country of residence (e.g., USA)	_____ □ Unknown
Patient's state, jurisdiction, or territory of residence	_____ □ Unknown
Patient's county of residence	_____ □ Unknown
Healthcare facility zip code where diagnosed with *C. bantiana* infection	_____ □ Unknown
Healthcare facility type where diagnosed with *C. bantiana* infection	□ Acute care hospital (ACH) □ Long-term acute care hospital (LTACH) □ Skilled nursing facility *with* ventilated residents (vSNF) □ Skilled nursing facility *without* ventilated residents (SNF) □ Outpatient □ Unknown □ Other _____

B. Patient underlying risk factors & medical conditions present during the 2 years before DISC (unless other timeframe specified)	
Cancer □ Yes □ No □ Unknown □ Active □ Remission □ Hematologic malignancy (e.g., leukemia, lymphoma, myeloma) specify type: _____ □ Solid organ malignancy specify type:_____ □ Chemotherapy If yes, specify: _____	Chronic pulmonary diagnosis □ Yes □ No □ Unknown □ Chronic obstructive pulmonary disease (COPD) or emphysema □ Bronchiectasis □ Cystic fibrosis □ Allergic bronchopulmonary aspergillosis (ABPA) □ Pulmonary fibrosis □ Asthma □ Interstitial Lung Disease □ Other chronic pulmonary diagnosis (specify):_____
HIV infection □ Yes □ No □ Unknown If yes, choose one of the below *Ever* had CD4 < 200 cells/mm^3 within past 6 months □ Yes □ No □ Unknown	

Positive respiratory viral test in **120 days before or after DISC** □ Yes □ No □ Unknown If yes, (select all that apply): □ SARS-CoV-2 (PCR or antigen test) □ antigen □ PCR □ unknown test type □ Influenza □ Other respiratory virus (specify) _____	Transplant □ Yes □ No □ Unknown □ Solid organ transplant: □ Lung □ Heart □ Kidney □ Pancreas □ Liver □ Skin graft □ Other:_____ □ Hematopoietic stem cell transplant (HSCT)
Other selected conditions: □ Yes □ No □ Unknown □ Cardiovascular disease (specify): _____ □ Connective tissue disease □ Diabetes mellitus □ End stage renal disease/dialysis □ Autoimmune disease(s) (specify): _____ □ inherited immunodeficiency(-ies (specify): _____ □ Medications/therapies that weaken the immune system □ TNF-alpha inhibitors (e.g., infliximab, adalimumab, etanercept) □ Other (specify): _____ □ Cirrhosis □ Liver disease without cirrhosis □ Systemic lupus erythematosus □ Active tuberculosis □ Pregnant □ Pregnant on DISC Gestational age (weeks):_____ Unknown □ Post-partum (gave birth within 6 weeks before DISC) □ Peptic ulcer disease □ Hemiplegia □ Sarcoidosis □ Substance use (including alcohol) □ Nocardia pneumonia □ Chronic sinusitis	Other potentially relevant clinical information? □ Yes (specify below) □ No □ Unknown _____ _____ _____ _____ _____

C. Patient diagnosis and outcomes	
According to treating clinicians, which clinical syndrome(s) related to *Cladophialophora bantiana* did the patient have?	□ Brain abscess □ Lung infection □ Other disease/syndrome(s) related to *C. bantiana*: _____ □ *C. bantiana* was **not** believed to be causing clinical illness or is not mentioned in medical records □ Unknown
Was the patient hospitalized at an acute care hospital in the 90 days before to 90 days after DISC?	□ Yes □ No □ Unknown *If yes*, dates of admission of hospitalization most proximal to DISC, Admission date: _____-_____-_____ (mm-dd-yyyy) Discharge date: _____-_____-_____ (mm-dd-yyyy) □ Still hospitalized

	If yes, Received ICU-level care in the 14 days *before* DISC?: ◻ Yes ◻ No ◻ Unknown *If yes, how many days in ICU:* _____ Received ICU-level care in the 14 days *after* DISC?: ◻ Yes ◻ No ◻ Unknown *If yes, how many days in ICU:* _____ Discharge ICD-10 diagnosis code(s): _____
What symptom(s) promoted the patient to seek medical care (i.e., chief complaint)?	◻ Fever ◻ Headache ◻ Hydrocephalus ◻ Hemiparesis ◻ Hemiplegia ◻ Ataxia ◻ Aphasia ◻ Seizure ◻ Confusion ◻ Lethargy ◻ Altered mental status ◻ Speaking difficulty ◻ Walking difficulty ◻ Neck stiffness ◻ Diplopia ◻ Blindness ◻ Blurred vision ◻ Nausea ◻ Vomiting ◻ Dizziness ◻ Cough ◻ Chest pain ◻ Skin lesion ◻ Sinusitis ◻ Otitis ◻ Arthritis ◻ Stroke ◻ Other, specify: _____
What was the original working diagnosis before identification of *Cladophialophora bantiana* infection?	◻ Brain abscess ◻ Primary brain tumor ◻ Metastatic cancer in the CNS ◻ Other brain infection ◻ Pneumonia ◻ Lung cancer ◻ Abscess ◻ Skin cancer ◻ Other, specify: _____
How was the patient diagnosed with *Cladophialophora bantiana* infection?	◻ Specimen source _____ ◻ Culture Type of culture identification ◻ Morphological ◻ Molecular ◻ Mass spectrometry ◻ Other, specify: _____ ◻ Molecular identification Type of molecular testing: _____

	□ Histopathology/cytology Results: _____ □ Other, specify: _____
Were corticosteroids given before confirmed diagnosis of *Cladophialophora bantiana* infection?	□ Yes Name of corticosteroid #1: _____ Dose: _____ Frequency: _____ Duration: _____ Route: _____ Name of corticosteroid #2: _____ Dose: _____ Frequency: _____ Duration: _____ Route: _____ □ No □ Unknown
Was surgical debridement or procedure done for *Cladophialophora bantiana* infection?	□ Yes Date: _____ Location: _____ Describe surgical intervention: _____ □ No □ Unknown
Died within 30 days after DISC?	□ Yes, date of death _____ - _____- _____ (mm-dd-yyyy) Cause(s) of death according to death certificate _____ □ No □ Unknown

D. Antifungal treatment: Did the patient receive antifungal drugs during the 90 days before to 90 days after the DISC? □ Yes □ No □ Unknown (If yes, please complete the table below for each drug received).

Select one of the following to complete each row of the table

Amphotericin B lipid complex (ABLC)	Fluconazole (Not mold-active) (FLC)	Itraconazole (ITC)	Fosmanogepix (FOS)
Liposomal Amphotericin B (L-AmB)	Flucytosine (5FC)	Micafungin (MFG)	Olorofim (OLO)
Amphotericin B colloidal dispersion (ABCD)	Ibrexafungerp (IBR)	Posaconazole (PSC)	Other drug (specify):
Anidulafungin (ANF)	Isavuconazole (ISA)	Voriconazole (VRC)	_____
Caspofungin (CAS)		Terbinafine (TER)	Unknown drug (UNK)

Antifungal susceptibility testing results: Are antifungal susceptibility testing results available from an isolate of *Cladophialophora bantiana?* □ Yes □ No □ Unknown

Method:

Drug Abbrev	**b. Start date** (*mm-dd-yyyy*)	**c. End date** (*mm-dd-yyyy*)	**d. Indication**	**e. Therapeutic drug monitoring (TDM)**
	___ ___ - ___ ___ - ___ ___ ___ ___ □ Start date unknown □ Start date was >90 days before DISC	___ ___ - ___ ___ - ___ ___ ___ ___ □ Still on treatment at time CRF completed □ Stop date unknown	□ Prophylaxis □ Treatment for *Cladophialophora bantiana* □ Treatment for non-*Cladophialophora bantiana* infection	□ Yes Date of earliest TDM: TDM level: Date of second TDM: TDM level: □ No
	___ ___ - ___ ___ - ___ ___ ___ ___ □ Start date unknown □ Start date was >90 days before DISC	___ ___ - ___ ___ - ___ ___ ___ ___ □ Still on treatment at time CRF completed □ Stop date unknown	□ Prophylaxis □ Treatment for *Cladophialophora bantiana* □ Treatment for non-*Cladophialophora bantiana* infection	□ Yes Date of earliest TDM: TDM level: Date of second TDM: TDM level: □ No
	___ ___ - ___ ___ - ___ ___ ___ ___ □ Start date unknown □ Start date was >90 days before DISC	___ ___ - ___ ___ - ___ ___ ___ ___ □ Still on treatment at time CRF completed □ Stop date unknown	□ Prophylaxis □ Treatment for *Cladophialophora bantiana* □ Treatment for non-*Cladophialophora bantiana* infection	□ Yes Date of earliest TDM: TDM level: Date of second TDM: TDM level: □ No
	___ ___ - ___ ___ - ___ ___ ___ ___ □ Start date unknown □ Start date was >90 days before DISC	___ ___ - ___ ___ - ___ ___ ___ ___ □ Still on treatment at time CRF completed □ Stop date unknown	□ Prophylaxis □ Treatment for *Cladophialophora bantiana* □ Treatment for non-*Cladophialophora bantiana* infection	□ Yes Date of earliest TDM: TDM level: Date of second TDM: TDM level: □ No
	___ ___ - ___ ___ - ___ ___ ___ ___ □ Start date unknown □ Start date was >90 days before DISC	___ ___ - ___ ___ - ___ ___ ___ ___ □ Still on treatment at time CRF completed □ Stop date unknown	□ Prophylaxis □ Treatment for *Cladophialophora bantiana* □ Treatment for non-*Cladophialophora bantiana* infection	□ Yes Date of earliest TDM: TDM level: Date of second TDM: TDM level: □ No

□ E-test □ Disc diffusion
□ Broth microdilution □ Other, specify: _____

Itraconazole (µg/mL)	Voriconazole (µg/mL)	Posaconazole(µg/mL)	Isavuconazole(µg/mL)	Amphotericin B (µg/mL)	Terbinafine (µg/mL)	Flucytosine (µg/mL)	Fosmanogepix (µg/mL)	Olorofim (µg/mL)

Patient/caregiver interview exposure form	
Throughout this interview, questions refer to the patient, even if someone else if completing the interview on the patient's behalf. *I am interested in past exposures and symptoms you [the patient] noticed before your illness on <DISC> and what happened up to 3 months before the illness, so this would be from <3 months prior to DISC> to <DISC>. It may be helpful to look at your calendar for reference.* *[Interviewer instructions: ask these as open-ended questions and probe with response options if needed]*	
What best describes your employment situation prior to becoming ill?	□ Employed □ A homemaker or stay-at-home parent □ Unable to work due to injury or disability □ Student □ Child □ Retired □ Unemployed □ Refused to answer □ Unknown
What do you do for work?	_____
What was the patient's industry before [DISC]? **E.g., agriculture, forestry, fishing, construction, healthcare, mining, manufacturing, oil/gas, public safety services, wholesale/retail trade	_____ □ Unemployed □ Student □ Retired □ N/A □ Refused to answer □ Unknown
Did you travel or stay anywhere outside of the area where you live and carry out usual daily activities within the 3 months prior to symptom onset?	□ Yes, specify city/state/dates:_____ _____ _____ _____ □ No □ Don't know
Did you have any injuries that broke the skin, such as a cut, puncture, or open wound before your illness?	□ Yes If yes, please describe the site of injury on body (e.g., leg, arm): _____ If yes, please describe geographic location (e.g., city, state): _____ If yes, please describe material involved (e.g., thorns, branches): _____ If yes, please describe any weather events (e.g., hurricane, flood): _____ If yes, please indicate approximate date of traumatic inoculation (mm/dd/yyyy): _____ □ No □ Unknown
Did you participate in any outdoor activities within the six months prior to symptom onset? [probe with examples if	□ Hunting □ Fishing □ Swimming □ Boating

you don't get much of a response or if responses are only about outdoor recreation]	□ Visiting a lake or river □ Camping □ Hiking □ Mountain biking □ Off-road/ATV □ Road construction work □ Building construction □ Operation of earth moving equipment □ Farming □ Clearing/cutting wood □ Gathering natural products (berries, mushrooms, firewood) □ Gardening/landscaping If yes, exposure to: □ Mulch □Topsoil □ Compost □ Leaf blowing □ Collecting/transporting yard waste □ Live/hike near an excavation site □ Exposed to rotten wood/vegetation □ Outdoor sports, specify □ Other outdoor activity, specify

Is there anything else that you can think of that we didn't talk about that may be related to your illness?

_____

Most likely transmission source according to clinician/medical chart:

_____

Additional comments:

_____
_____
_____
_____
_____