Carbapenem Resistant Enterbacteriaceae

Agency:

Investigator: Phone number:

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

CASE

Last name: First and middle name: Maiden name: Suffix: Address line: Zip: City: State: County: Phone: ( )- - Type: Long-term care resident: ☐ Yes ☐ No ☐ Unknown Facility name:

Date of Birth: / / Estimated? ☐ Age:
Gender: ☐ Female ☐ Male ☐ Other
Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /
Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed
Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Parent/Guardian name:
Parent/Guardian phone: ( )- - Type:

EVENT

Diagnosis date: / / Onset date: / /
Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Outbreak related: ☐ Yes ☐ No ☐ Unknown
Outbreak name:
Exposure setting:
Epi-linked: ☐ Yes ☐ No ☐ Unknown
Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown
State: Country:

Healthcare provider information

Last name:
First name:
Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA
Facility name:
Address line 1:
Address line 2:
Zip code: City:
State: County:
Phone : ( )- - Type:

LABORATORY FINDINGS

Laboratory: Accession #: Collection date: / /
Date received: / / Specimen source: Test type:
Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative
Organism: Type (e.g. serotype):

Laboratory: Accession #: Collection date: / /
Date received: / / Specimen source: Test type:
Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative
Organism: Type (e.g. serotype):

Laboratory: Accession #: Collection date: / /
Date received: / / Specimen source: Test type:
Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative
Organism: Type (e.g. serotype):

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: _____ Job title: _____

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____

Date worked from: / / Address: _____

Date worked to: / / Zip code: _____

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: _____ State: _____ County: _____

Date removed: / / Phone: ( )- - Type: _____

Handle food: ☐ Yes ☐ No ☐ Unknown

Attend or provide child care: ☐ Yes ☐ No ☐ Unknown

Attend school: ☐ Yes ☐ No ☐ Unknown

Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown

Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown

Health care worker type:

Occupation type: _____ Job title: _____

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____

Date worked from: / / Address: _____

Date worked to: / / Zip code: _____

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: _____ State: _____ County: _____

Date removed: / / Phone: ( )- - Type: _____

Handle food: ☐ Yes ☐ No ☐ Unknown

Attend or provide child care: ☐ Yes ☐ No ☐ Unknown

Attend school: ☐ Yes ☐ No ☐ Unknown

Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown

Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown

Health care worker type:

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: _____ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): _____

Admission date: / / Discharge date: / / Days hospitalized: _____

Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type:

CLINICAL INFO & DIAGNOSIS

Active infection: ☐ Yes ☐ No ☐ Unknown Onset date: / /

Resistance/Intermediate to:

- Doripenem ☐ Yes ☐ No ☐ Unk
- Ertapenem ☐ Yes ☐ No ☐ Unk
- Imipenem ☐ Yes ☐ No ☐ Unk
- Meropenem ☐ Yes ☐ No ☐ Unk
- Resistant to 3rd generation Cephalosprins ☐ Yes ☐ No ☐ Unk

Testing for carbapenemases:

- Hodge Test ☐ Positive ☐ Negative ☐ Not tested ☐ Unk
- KPC pcr ☐ Positive ☐ Negative ☐ Not tested ☐ Unk
- NDM pcr ☐ Positive ☐ Negative ☐ Not tested ☐ Unk
- VIM pcr ☐ Positive ☐ Negative ☐ Not tested ☐ Unk
- IMP pcr ☐ Positive ☐ Negative ☐ Not tested ☐ Unk
- OXA48-like pcr ☐ Positive ☐ Negative ☐ Not tested ☐ Unk

Infections associated with culture (please check):

- ☐ None
- ☐ Unk
- ☐ Abscess, not skin
- ☐ AV fistula/graft
- ☐ Bacteremia
- ☐ Catheter site
- ☐ Cellulitis/skin
- ☐ Decubitus
- ☐ Meningitis
- ☐ Sepsis
- ☐ Skin abscess
- ☐ Surgical incision infection
- ☐ Traumatic wound
- ☐ Urinary tract infection
- ☐ Ulcer/wound, not decubitus
- ☐ Other:_____

Underlying conditions (please check):

- ☐ None
- ☐ Unk
- ☐ Chronic skin breakdown
- ☐ CVA/stroke
- ☐ Decubitis/pressure ulcer
- ☐ Diabete
- ☐ Cardiovascular
- ☐ Transplant recipient
- ☐ Urinary tract abnormality
- ☐ Other:_____

TREATMENT

Antibiotics prescribed? ☐ Yes ☐ No ☐ Unknown

Antibiotic: _____	Antibiotic: _____	Antibiotic: _____
Date started: / /	Date started: / /	Date started: / /
Dose: _____	Dose: _____	Dose: _____
☐ mg ☐ ml ☐ IU	☐ mg ☐ ml ☐ IU	☐ mg ☐ ml ☐ IU
Unit:	Unit:	Unit:
# of days: _____	# of days: _____	# of days: _____
# of times a day: _____	# of times a day: _____	# of times a day: _____
Route: _____	Route: _____	Route: _____

EXPOSURE/RISK FACTORS

Culture collected > calendar day 3 after hospital admission? ☐ Yes ☐ No ☐ Unknown

Hospitalized with 6 months of initial culture? ☐ Yes ☐ No ☐ Unknown

- If yes, enter mo/yr_____or unknown
- Facility name(s)/location_____
- If yes, hospitalization included ICU stay? ☐ Yes ☐ No ☐ Unknown

Residence in LTCF within 6 months of initial culture? ☐ Yes ☐ No ☐ Unknown

- If yes, enter mo/yr_____or unknown
- Facility name(s)/location_____

Surgery within 6 months of initial culture? ☐ Yes ☐ No ☐ Unknown

- If yes, enter mo/yr_____or unknown
- Facility name(s)/location_____

Dialysis with 6 months of initial culture? ☐ Yes ☐ No ☐ Unknown

- If yes, enter mo/yr_____or unknown
- Facility name(s)/location_____

Patient traveled internationally in 6 months prior to initial culture? ☐ Yes ☐ No ☐ Unknown

- Country(s)_____
- Was patient hospitalized while visiting country(s) listed above? ☐ Yes ☐ No ☐ Unknown

Any indwelling device in place at any time in the 2 calendar days prior to initial culture (please check):

- ☐ Central venous catheter

- ☐ Dialysis catheter
- ☐ Urinary catheter
- ☐ ET/NT tube
- ☐ Gastrostomy tube
- ☐ Tracheostomy
- ☐ Nephrostomy tube
- ☐ Surgical drain
- ☐ Other:_____

Disposition (please check):

- ☐ Non-healthcare setting
- ☐ LTCF
- ☐ LTACH
- ☐ Another acute care hospital
- ☐ Unknown
- ☐ Other:_____