

<b>CANDIDEMIA 2014 CASE REPORT FORM</b>	
a) Patient name: _____ <div style="text-align: center; font-size: small;">(Last, First, MI)</div>	c) Medical Record No.: _____
b) Address: _____ <div style="text-align: center; font-size: small;">(Number, Street, Apt. No.)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center; font-size: small;">(City, State)</div> <div style="width: 45%; text-align: center; font-size: small;">(Zip Code)</div> </div>	d) Hospital: _____  f) Acc No. (incident isolate): _____ g) Acc No. (subseq isolate): _____
<p style="text-align: center; font-style: italic;">.....cut/tear here and retain portion above at EIP site.....</p>	
<div style="border: 1px solid black; padding: 5px;"> <b>Check if not a case:</b>   <input type="checkbox"/> Out of catchment area   <input type="checkbox"/> Duplicate entry   <input type="checkbox"/> Not candidemia   <input type="checkbox"/> Unable to verify address   <input type="checkbox"/> Other reason _____ </div>	

1) State ID:  2) County: \_\_\_\_\_ 3) Hospital/Lab ID where positive culture identified:

4) Age: \_\_\_\_\_ 1☐days 2☐mos 3☐yrs (check one) 5) Date of birth: // (mm/dd/yyyy)

6) Sex: 1☐Male 2☐Female 7) Date first positive blood culture for *Candida* was drawn: // (mm/dd/yyyy)

8) Source of first positive culture: 1☐Blood, from central venous catheter 5 ☐Blood, from arterial line 2☐Blood, from peripheral stick  
3☐Blood, not specified 4☐Other (specify: ) \_\_\_\_\_

9) *Candida* species (check all that apply):

1 <input type="checkbox"/> <i>Candida albicans</i> (CA)	4 <input type="checkbox"/> <i>Candida lusitanae</i> (CL)
8 <input type="checkbox"/> <i>Candida</i> , germ-tube negative/non- <i>albicans</i> (CGN)	7 <input type="checkbox"/> <i>Candida</i> , other _____ (CO)
2 <input type="checkbox"/> <i>Candida glabrata</i> (CG)	5 <input type="checkbox"/> <i>Candida parapsilosis</i> (CP)
3 <input type="checkbox"/> <i>Candida krusei</i> (CK)	9 <input type="checkbox"/> <i>Candida</i> species (CS)
6 <input type="checkbox"/> <i>Candida tropicalis</i> (CT)	10 <input type="checkbox"/> Pending

Date of culture	Species	Drug	MIC	Interpretation					
		Amphotericin B	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Anidulafungin (Eraxis)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Caspofungin (Cancidas)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Fluconazole (Diflucan)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Flucytosine (5FC)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Itraconazole (Sporanox)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Micafungin (Mycamine)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Posaconazole (Noxafil)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Voriconazole (Vfend)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Amphotericin B	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Anidulafungin (Eraxis)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Caspofungin (Cancidas)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Fluconazole (Diflucan)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Flucytosine (5FC)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Itraconazole (Sporanox)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Micafungin (Mycamine)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Posaconazole (Noxafil)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk
		Voriconazole (Vfend)	<input type="checkbox"/> Unk	<input type="checkbox"/> S	<input type="checkbox"/> SDD	<input type="checkbox"/> I	<input type="checkbox"/> R	<input type="checkbox"/> NS	<input type="checkbox"/> ND/Unk

If yes, specify additional organisms: \_\_\_\_\_

<b>f) Date reported to EIP site:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>g) Date review completed:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>h) Was case first identified through audit?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk <b>i) Isolate available?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>j) Previous candidemia episode?</b> 1 <input type="checkbox"/> Yes <b>If yes, enter 1<sup>st</sup> state ID:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	<b>k) CRF status:</b> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Pending chart review 3 <input type="checkbox"/> Edited & corrected 4 <input type="checkbox"/> Chart unavailable	<b>l) SO's initials:</b>  _____
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State ID: 

Surveillance Officer Initials: \_\_\_\_\_

**DEMOGRAPHICS****11. Race:**

- 1 ☐ White  
1 ☐ Black or African American  
1 ☐ Asian  
1 ☐ Pacific Islander  
1 ☐ American Indian/Alaska Native  
1 ☐ Unknown

**12. Date of last recorded patient encounter:**

//  
(mm/dd/yyyy) OR ☐ Unk

**13A. Outcome at last patient encounter:**

- 1 ☐ Alive  
2 ☐ Dead      **13a1. If died, date of death:** // (mm/dd/yyyy) OR ☐ Unk  
9 ☐ Unknown

**13B. Outcome at 30 days:**

- 1 ☐ Alive  
2 ☐ Dead      **13b1. If died, date of death:** // (mm/dd/yyyy) OR ☐ Unk  
9 ☐ Unknown

**MEDICAL ENCOUNTERS****14. Did the patient require hospitalization in the 90 days before the first positive blood culture for *Candida* was drawn?**

- 1 ☐ Yes  
2 ☐ No  
9 ☐ Unknown

**15. Was the patient a resident of a nursing home or other chronic care facility at the time of the first positive culture?**

- 1 ☐ Yes  
2 ☐ No  
9 ☐ Unknown

**16. Was patient transferred from another hospital to the first treatment hospital?**

- 1 ☐ Yes (If yes, transferred hospital ID: )  
2 ☐ No  
9 ☐ Unknown

**17. Was patient hospitalized?**

- 1 ☐ Yes - If yes, 17A: treatment hospital ID:       **17B: Date of admit:** // or 9 ☐ Unk  
2 ☐ No      **17C: Date of discharge:** // or 9 ☐ Unk  
9 ☐ Unknown (mm/dd/yyyy)

**18. Was the patient ever in an ICU during this hospital admission related to treatment of this episode of candidemia?**

- 1 ☐ Yes  
2 ☐ No  
3 ☐ Not applicable  
9 ☐ Unknown

**19. Outcome at hospital discharge:**

- 1 ☐ Alive  
2 ☐ Dead (If died, please fill in date of death in question #13)  
3 ☐ Not applicable  
9 ☐ Unknown

**20. If the patient was alive, where was the patient discharged to?**

- 1 ☐ Home  
2 ☐ Hospice care at home or in facility  
3 ☐ Skilled nursing facility/nursing home  
4 ☐ Rehabilitation facility

0 ☐ Not applicable (for example, patient died, or not hospitalized)

- 5 ☐ Long term acute care hospital  
6 ☐ Another acute care hospital  
7 ☐ Other \_\_\_\_\_ (specify)  
9 ☐ Unknown

-----**IMPORTANT – PLEASE COMPLETE THE BACK OF THIS FORM**-----

State ID: 

Surveillance Officer Initials: \_\_\_\_\_

**PREVIOUS CONDITIONS****21A. Underlying Conditions in the 90 days before first positive blood culture (check all that apply):** 1 ☐ Yes 2 ☐ No 9 ☐ UnknownCancer-related diagnoses:

- 1 ☐ Leukemia/Lymphoma/Multiple myeloma  
1 ☐ Solid organ malignancy  
1 ☐ Other cancer (specify): \_\_\_\_\_  
\_\_\_\_\_

Surgeries:

- 1 ☐ Abdominal surgery  
1 ☐ Non-abdominal surgery  
Inflammatory Bowel Disease 1 ☐  
Connective Tissue Disease 1 ☐

Liver diagnoses:

- 1 ☐ Alcohol-related liver disease  
1 ☐ Cirrhosis  
1 ☐ Hepatitis B  
1 ☐ Hepatitis C  
1 ☐ Non-alcoholic fatty liver disease  
1 ☐ Other liver disease (specify): \_\_\_\_\_  
\_\_\_\_\_

Diabetes 1 ☐Pancreatitis 1 ☐Renal diagnoses:

- 1 ☐ CVWH/CVVD  
1 ☐ Hemodialysis – type vascular access:  
1 ☐ AV fistula/graft  
2 ☐ Hemodialysis CVC  
9 ☐ Unknown  
1 ☐ Peritoneal dialysis

Other diagnoses 1 ☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**21B. Other Underlying Conditions (check all that apply):** 1 ☐ Yes 2 ☐ No 9 ☐ UnknownPremature Birth ( $\leq 1$  year of age) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownIf yes, Gestational age at birth:  wks AND Birth weight:  gms or 9 ☐ UnkIV drug user:1 ☐ Yes 2 ☐ No 3 ☐ Drug user - access type unknown 9 ☐ UnknownHIV-related diagnoses (Specify): 1 ☐ HIV infection without AIDS 2 ☐ AIDS/CD4 count < 200 9 ☐ No HIV-related diagnosisOrgan transplant (Specify): 1 ☐ Stem cell transplant 1 ☐ Solid organ transplantInfection with Clostridium difficile within 90 days of initial culture date: 1 ☐ Yes 2 ☐ No 9 ☐ Unknown (mm/dd/yyyy)If yes, date of C. Diff diagnosis: // or 9 ☐ Unk**22. Did the patient receive any of these medications in the 14 days before initial culture date:**Antibacterials, systemic: 1 ☐ Yes 2 ☐ No 9 ☐ UnknownTotal parenteral nutrition (TPN): 1 ☐ Yes 2 ☐ No 9 ☐ Unknown**23. Did the patient receive systemic antifungal medication in the 14 days before the date the first positive culture was drawn?**

- 1 ☐ Yes If yes, please specify antifungals:  
2 ☐ No 9 ☐ Unknown  
9 ☐ Unknown

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Amphotericin B, any formulation | 1 <input type="checkbox"/> Itraconazole (Sporanox) |
| 1 <input type="checkbox"/> Anidulafungin (Eraxis)          | 1 <input type="checkbox"/> Micafungin (Mycamine)   |
| 1 <input type="checkbox"/> Caspofungin (Cancidas)          | 1 <input type="checkbox"/> Posaconazole (Noxafil)  |
| 1 <input type="checkbox"/> Fluconazole (Diflucan)          | 1 <input type="checkbox"/> Voriconazole (Vfend)    |
| 1 <input type="checkbox"/> Flucytosine (5FC)               | 1 <input type="checkbox"/> Other: _____            |

**24. Did the patient have a central venous catheter 2 days before, the day before, or on the day the first positive culture was drawn?**

- 1 ☐ Yes  
2 ☐ No  
3 ☐ Had a CVC but can't find dates 9 ☐ Unknown

**25. Were all CVCs removed or changed within 7 days after the date of candidemia?**

- 1 ☐ Yes  
2 ☐ No (includes cases d/c'd with CVC < 7 d after date of candidemia)  
3 ☐ CVC removed, but can't find dates  
4 ☐ Not applicable (no CVC) 9 ☐ Unknown

**26. Was systemic antifungal therapy given to treat candidemia?**

- 1 ☐ Yes If yes, please specify antifungals:  
2 ☐ No 9 ☐ Unknown  
9 ☐ Unknown

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Amphotericin B, any formulation | 1 <input type="checkbox"/> Itraconazole (Sporanox) |
| 1 <input type="checkbox"/> Anidulafungin (Eraxis)          | 1 <input type="checkbox"/> Micafungin (Mycamine)   |
| 1 <input type="checkbox"/> Caspofungin (Cancidas)          | 1 <input type="checkbox"/> Posaconazole (Noxafil)  |
| 1 <input type="checkbox"/> Fluconazole (Diflucan)          | 1 <input type="checkbox"/> Voriconazole (Vfend)    |
| 1 <input type="checkbox"/> Flucytosine (5FC)               | 1 <input type="checkbox"/> Other: _____            |

**27. Was the patient neutropenic\* 2 days before, the day before, or on the day the first positive culture was drawn?**

- 1 ☐ Yes \*Neutropenia: ANC  $\leq 500$  OR calculated as: WBC count \* (% polys + % bands)  $\leq 500$   
2 ☐ No Laboratory-calculated ANC: \_\_\_\_\_ OR \_\_\_\_\_ \* (% \_\_\_\_\_ + % \_\_\_\_\_) = \_\_\_\_\_  
9 ☐ Unknown (no WBC days -2 to 0, or no differential) Date of selected WBC count: \_\_\_\_\_

-----END OF CHART REVIEW FORM-----