

State ID:

Surveillance Officer Initials: _____

DEMOGRAPHICS

11. Race: 1 <input type="checkbox"/> White 1 <input type="checkbox"/> Black or African American 1 <input type="checkbox"/> Asian 1 <input type="checkbox"/> Pacific Islander 1 <input type="checkbox"/> American Indian/Alaska Native 1 <input type="checkbox"/> Unknown	12. Date of last recorded patient encounter: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (mm/dd/yyyy) OR <input type="checkbox"/> 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 <i>Candida</i> was drawn? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not applicable 9 <input type="checkbox"/> Unknown	19. Outcome at hospital discharge: 1 <input type="checkbox"/> Alive 2 <input type="checkbox"/> Dead (If died, please fill in date of death in question #13) 3 <input type="checkbox"/> Not applicable 9 <input type="checkbox"/> Unknown
--	---

20. If the patient was alive, where was the patient discharged to? 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Hospice care at home or in facility 3 <input type="checkbox"/> Skilled nursing facility/nursing home 4 <input type="checkbox"/> Rehabilitation facility	0 <input type="checkbox"/> Not applicable (for example, patient died, or not hospitalized) 5 <input type="checkbox"/> Long term acute care hospital 6 <input type="checkbox"/> Another acute care hospital 7 <input type="checkbox"/> Other _____ (specify) 9 <input type="checkbox"/> 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 Unknown

Cancer-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 Unknown

Premature Birth (≤1 year of age) 1 Yes 2 No 9 Unknown

If yes, Gestational age at birth: wks AND Birth weight: gms or 9 Unk

IV drug user:

1 Yes 2 No 3 Drug user - access type unknown 9 Unknown

HIV-related diagnoses (Specify): 1 HIV infection without AIDS 2 AIDS/CD4 count < 200 9 No HIV-related diagnosis

Organ transplant (Specify): 1 Stem cell transplant 1 Solid organ transplant

Infection 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 Unknown

Total 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
 - 2 No
 - 9 Unknown
- If yes, please specify antifungals:

- | | |
|--|--|
| 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
 - 2 No
 - 9 Unknown
- If yes, please specify antifungals:

- | | |
|--|--|
| 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 ≤ 500 OR calculated as: WBC count * (% polys + % bands) ≤ 500
- 2 No Laboratory-calculated ANC: _____ OR _____ * (% _____ + % _____) = _____
- 9 Unknown (no WBC days -2 to 0, or no differential) Date of selected WBC count: _____