

**Appendix G - Enhanced Surveillance Form for Carbapenemase-Producing Organisms (CPO) OR  
*Candida auris* (*C. auris*) Identified in the Community**

1	<p><b>Organism</b> <input type="checkbox"/> CPO OR <input type="checkbox"/> <i>C. auris</i></p> <p>If a patient is colonized and/or infected with both CPO and <i>C. auris</i>, please fill out two separate forms for each organism</p>
2	<p><b>Unique Identifier</b> – assigned by BCCDC Public Health Laboratory (PHL) _____</p>
3	<p><b>Status</b> <input type="checkbox"/> Infection <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown</p>
4	<p><b>Date of visit</b> (dd/mmm/yyyy) _____</p>
5	<p><b>At what care setting was the patient identified with the organism identified in Question 1?</b></p> <p><input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Emergency room <input type="checkbox"/> Community health center/clinic  <input type="checkbox"/> Long-term care facility <input type="checkbox"/> GP's office <input type="checkbox"/> Other, <i>please specify</i> _____</p>
6	<p><b>Did the patient travel outside of Canada within the past 12 months?</b></p> <p><input type="checkbox"/> Yes, <i>please specify the name of the country</i> _____ <input type="checkbox"/> Country not provided  <input type="checkbox"/> No. <i>Please skip Question 7.</i>  <input type="checkbox"/> Unknown. <i>Please skip to question 7.</i></p>
7	<p><b>If answered Yes to Question 6, did the patient have a health-care encounter outside of Canada within the past 12 months?</b></p> <p><input type="checkbox"/> Yes, an overnight stay in a hospital or undergone medical/surgical procedure outside of Canada  <input type="checkbox"/> Yes, other health-care encounter, e.g., visited GP, walking clinic, dentist, ER, etc.  <input type="checkbox"/> No health-care encounter <input type="checkbox"/> Unknown</p>
8	<p><b>Did the patient have an overnight stay in a Canadian facility or undergo medical/surgical procedure in Canada (including BC) within the past 12 months?</b></p> <p><input type="checkbox"/> Yes. <i>Please specify the name of the province (s)</i> _____  <input type="checkbox"/> No. <i>Please skip to question 10.</i>  <input type="checkbox"/> Unknown. <i>Please skip to question 10.</i></p>
9	<p><b>If answered Yes to Question 8 and one of the provinces identified was BC, what types of health-care encounters has the patient had in BC in the past 12 months (excluding current admission)? (Check all that apply)</b></p> <p><input type="checkbox"/> An acute care unit/facility admission <input type="checkbox"/> No health-care encounter  <input type="checkbox"/> A long-term care facility admission <input type="checkbox"/> Unknown  <input type="checkbox"/> A medical/surgical procedure in an outpatient setting</p>
10	<p><b>Did the patient have contact [minimum 12 hours] with a known case or environmental sources for the organism identified in question 1 within the past 12 months? (Check all that apply)</b></p> <p><input type="checkbox"/> Yes, within an acute care facility  <input type="checkbox"/> Yes, within a long-term care facility  <input type="checkbox"/> Yes, private household  <input type="checkbox"/> Yes, other <i>please specify</i> _____  <input type="checkbox"/> No. <i>Please skip Question 10.</i>  <input type="checkbox"/> Unknown. <i>Please skip Question 10</i></p>
11	<p><b>If answered Yes to Question 9, what was the nature of the contact? (Check all that apply)</b></p> <p><input type="checkbox"/> Roommate <input type="checkbox"/> Person in the same unit/facility or house <input type="checkbox"/> Health-care provider <input type="checkbox"/> Friend/Relative</p>

	<input type="checkbox"/> Environmental sources (e.g., contaminated sink or other surface, medical equipment, etc.) <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> Unknown
<b>If the patient was infected, please answer the following questions</b>	
12	<b>Site(s) of infection</b> ( <i>Check all that apply</i> ) <input type="checkbox"/> Bloodstream <input type="checkbox"/> Urinary tract <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Wound <input type="checkbox"/> Surgical site <input type="checkbox"/> Other, <i>please specify</i> _____
13	<b>Was the patient admitted to a BC hospital due to the current infection identified in question 1?</b> <input type="checkbox"/> Yes, the patient was admitted due to infection. <i>Specify the name of the facility</i> _____ <input type="checkbox"/> No, the patient was admitted due to other medical conditions. <input type="checkbox"/> No, the patient was not admitted <input type="checkbox"/> Unknown

Once completed, please send by email to [picnet@phsa.ca](mailto:picnet@phsa.ca)

## Description and notes for Appendix G

1	Organism	Specify whether this is a CPO or <i>C. auris</i> case
2	Unique Identifier	The unique ID for the CPO or <i>C. auris</i> case assigned by PHL is provided in the letter from medical health officer. If the ID number has not been included or there are any questions about ID, please contact the PHL.
3	Status	Specify the patient's status in terms of infection, colonization or unknown according to the following definitions:  <b>Infection</b> is defined as a patient with evidence of clinical signs and symptoms resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) in addition to a positive culture of CPO/ <i>C. auris</i> . Clinical evidence may be derived from direct observation of the infection site (e.g., a wound), or review of information in the patient chart or other clinical records, or a physician or surgeon diagnosis of infection. Please refer to the 2023 "CDC/NHSN Surveillance Definitions for Specific Type of Infections" for definitions and criteria of all specific types of infections ( <a href="http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef_current.pdf">http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef_current.pdf</a> ).  <b>Colonization</b> is the presence of CPO on skin, on mucous membranes, in open wounds, or in excretions or secretions but are not causing adverse clinical signs or symptoms.  <b>Unknown</b> if there is no or insufficient information to define whether the patient's CPO status represents an infection or colonization.
4	Date of visit (dd/mmm/yyyy).	Record the Day (e.g., 17), Month (e.g., Jul) and Year (e.g. 2014) in this order (e.g., 17-Jul-2014). Write out the month (e.g. Jan, Mar, Aug, etc.).
5	At what care setting was the patient identified with the organism identified in Question 1?	Check one that applies
6	Did the patient travel outside of Canada within the past 12 months?	If the patient has stayed outside Canada for overnight or longer within the past 12 months, select <b>Yes</b> and specify which country the patient travelled to.
7	If answered Yes to Question 6, did the patient have a health-care encounter outside of Canada within the past 12 months?	Select <b>one</b> that applies based on the information available
8	Did the patient have an overnight stay in a Canadian facility or undergo medical/surgical procedure in Canada (including BC) within the past 12 months?	Select <b>Yes</b> if the patient an overnight stay in a Canadian facility or underwent a medical/surgical procedure in Canada (including BC) within the past 12 months. Specify which province the patient had the health encounter. If the patient had a health encounter in multiple provinces, write the provinces name in the blank.
9	If answered Yes to Question 8, what types of health-care encounters has the patient had in BC in the past 12 months (excluding current admission)? (Check all that apply)	Check <b>all</b> that apply based on the patient's health-care encounter history

10	Did the patient have contact [minimum 12 hours] with a known case or environmental sources for the organism identified in question 1 within the past 12 months? (Check all that apply)	Check <b>all</b> that apply based on the patient's contact with a known CPO or <i>C. auris</i> case
11	If answered Yes to Question 10, what was the nature of the contact?	Check <b>all</b> that apply based on the nature of the contact
12	Site(s) of infection	Check the site(s) of infection – check all that apply or specify the site(s) of infection(s).
13	Was the patient admitted to a BC hospital due to current infection?	Select <b>Yes</b> the patient admitted to a hospital due to current infection. Select <b>No</b> if the patient admitted to a hospital due to other medical conditions, or the patient was not admitted.