

## Appendix E: Form for CPO OR C. auris Infections Identified in Acute Care Facilities<sup>1,2</sup>

Complete this form if:

- the case was initially identified as a CPO or C. auris infection
- the case was initially reported as colonization and subsequently developed into a CPO or C. auris infection within a year of initial identification (based on date of collection).

Please ensure that the surveillance form for CPO or C. auris ([Appendix D](#)) has been completed for this case.

Q1	<p><b>Organism</b></p> <p><input type="checkbox"/> CPO (Carbapenemase-Producing Organism)</p> <p><input type="checkbox"/> C. auris [<i>Candida (Candidozyma) auris</i>]</p> <p><i>If the patient is colonized or infected with both organisms, please complete two separate forms.</i></p>
Q2	<p><b>Unique Identifier</b> Assigned by BCCDC Public Health Laboratory (PHL):</p> <p>CPO format: yyyy####-###-##</p> <p>C. auris format: yyyy####-Caur-##</p> <p>_____</p>
Q3	<p><b>Patient status</b></p> <p><input type="checkbox"/> <b>Inpatient</b> (admitted to an acute care unit/facility)</p> <p><input type="checkbox"/> <b>Outpatient (ED only)*</b> - (sample was collected from emergency department where the patient was not subsequently admitted to an acute care facility)</p> <p><input type="checkbox"/> <b>Outpatient (Other)*</b> - <i>Specify location</i> (sample was collected from outpatient clinics and the patient was not subsequently admitted to an acute care facility)</p> <p>_____</p> <p><input type="checkbox"/> <b>Long-term Care (LTC) Setting*</b> - (the sample was collected from a long-term or residential care facility, identified by any laboratory, including health authority owned and operated LTCs)</p> <p><b>* Note:</b> This is an acute care surveillance form. These categories are included to capture cases reported by acute care partners where the specimen was collected outside of an acute care admission, ensuring they are not misclassified as acute care inpatient cases.</p>
Q4	<p><b>Date of admission or visit related to the positive culture</b></p> <p>(dd/mmm/yyyy): ___ / ___ / _____</p>

Q5	<b>Facility Name:</b> _____
Q6	<b>Date of CPO infection identification</b> (based on specimen collection date) (dd/mmm/yyyy): ___ / ___ / ____
Q7	<b>Site(s) of infection</b> ( <i>Select 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>specify site</i> ): _____
Q8	<b>Was the patient admitted to ICU due to the infection or its related complications within 30 days after infection identification?</b> <input type="checkbox"/> Yes – ICU admission was required because of the infection or its complications <input type="checkbox"/> No – ICU admission was not required because of the infection or its complications <input type="checkbox"/> Patient was already in the ICU for unrelated medical reasons <input type="checkbox"/> Unknown / Unable to determine – Insufficient information to determine ICU admission status
Q9	<b>What was the patient’s outcome within 30 days of infection identification or until loss to follow-up occurred (e.g., discharge, transfer)?</b> <input type="checkbox"/> Patient alive and still in hospital 30 days after identification of the infection <input type="checkbox"/> Patient survived and discharged within 30 days of infection identification <input type="checkbox"/> Patient survived and transferred within 30 days of infection identification <input type="checkbox"/> Patient died (all causes) within 30 days of infection identification

<sup>1</sup>Once completed, please send to PICNet at [picnet@phsa.ca](mailto:picnet@phsa.ca); <sup>2</sup>Some questions and response options adapted in part from the CNISP Surveillance Protocol for Carbapenemase-Producing Organisms (2025). [https://ipac-canada.org/wp-content/uploads/2025/03/CNISP\\_2025\\_CPO\\_protocol\\_EN.pdf](https://ipac-canada.org/wp-content/uploads/2025/03/CNISP_2025_CPO_protocol_EN.pdf)

## Appendix E Definitions and Notes

Q1	Organism	Specify whether this is a CPO or <i>C. auris</i> case
Q2	Unique Identifier	<p>Record the Public Health Laboratory (PHL) identifier exactly as shown on the PHL report.</p> <p><b>CPO format:</b> yyyy####-###-##</p> <ul style="list-style-type: none"> <li>• yyyy = year of the CPO test for the patient</li> <li>• #### = patient serial number for CPO testing that year (starting from 0001 each year)</li> <li>• ### = isolate serial number for the patient</li> <li>• ## = carbapenamase gene serial number for the patient</li> </ul> <p><b>C. auris format:</b> yyyy####-Caur-##</p> <ul style="list-style-type: none"> <li>• yyyy = year of the <i>C. auris</i> test for the patient</li> <li>• #### = patient serial number for <i>C. auris</i> testing that year (starting from 0001 each year)</li> <li>• ## = isolate serial number for the isolate for the patient</li> </ul> <p><b>Note:</b> If the PHL identifier has not been received or is unclear, please contact PHL</p>
Q3	Patient status	<p><b>Inpatient:</b> Check "Inpatient" (hospitalized) if the patient was admitted to an acute care unit/facility.</p> <p><b>Outpatient (ED only)*:</b> Check "Outpatient (ED only)" if the sample was collected from emergency department where the patient was not subsequently admitted to an acute care facility.</p> <p><b>Outpatient (Other)*:</b> Check "Outpatient (Other)" if the sample was collected from outpatient clinics, Hemodialysis, Oncology clinics etc., where the patient was not subsequently admitted to an acute care facility and specify the location.</p> <p><b>Long-term Care (LTC) setting*:</b> Check "Long-term Care setting" if the sample was collected from a long-term or residential care facility, identified by any laboratory, including health authority owned and operated LTCs.</p> <p>* <b>Note:</b> This is an acute care surveillance form. These categories are included to capture cases reported by acute care partners where the specimen was collected outside of an acute care admission, ensuring they are not misclassified as acute care inpatient cases.</p>
Q4	Date of admission or visit related to the positive culture	Record the admission or visit date related to the positive culture for the organism identified in Q1 in the <b>Day-Month-Year format</b> using a three-letter month abbreviation (e.g., <b>17-Jul-2025</b> )

		<b>Note:</b> If the case was initially identified as an infection, this is the same date as identified in Q4 of the Surveillance Form for CPO OR <i>C. auris</i> Cases Identified in Acute Care Facilities.
Q5	Facility Name	Enter the name of the facility where the patient was admitted or visited at the time of infection identification.
Q6	Date of CPO infection identification	Record the date when the CPO infection was identified, based on collection date in the <b>Day-Month-Year format</b> using a three-letter month abbreviation ( <b>e.g., 17-Jul-2025</b> )
Q7	Site(s) of infection	Select all applicable sites of infection or specify if not listed.
Q8	Was the patient admitted to ICU due to the infection or its related complications within 30 days after infection identification?	Indicate whether the patient required ICU admission within 30 days of infection identification due to the infection or its complications. <b>Yes:</b> ICU admission was required because of the infection or its complications. <b>No:</b> ICU admission was <u>not</u> required due to the infection or its complications. <b>Patient was already in ICU for unrelated reasons:</b> The patient was in ICU but not due to the infection or its complications. <b>Unknown / Unable to determine:</b> Insufficient information to determine ICU admission status.
Q9	What was the patient's outcome within 30 days of infection identification?	Indicate the patient's outcome within 30 days after infection identification or at discharge. <b>Note:</b> If outcome is unknown at 30 days, use the status at discharge.