

## Appendix G – Enhanced Surveillance Form for Carbapenemase-Producing Organisms (CPO) Identified in the Community

1	<b>Unique Identifier</b> – assigned by BCCDC Public Health Laboratory (PHL) _____
2	<b>Patient's CPO status</b> <input type="checkbox"/> Infection <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown
3	<b>At what care setting was the patient identified with CPO?</b> <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> _____
4	<b>Has the patient travelled outside Canada within the past 12 months?</b> <input type="checkbox"/> Yes, <i>please specify the name of the country</i> _____ <input type="checkbox"/> Country not provided <input type="checkbox"/> No <input type="checkbox"/> Unknown
5	<b>Has the patient had an overnight stay in a hospital or undergone medical/surgical procedure (e.g., endoscopic procedure, inserting catheter, hemodialysis, outpatient surgery) outside of Canada within the past 12 months?</b> <input type="checkbox"/> Yes, <i>please specify the name of the country</i> _____ <input type="checkbox"/> Country not provided <input type="checkbox"/> No <input type="checkbox"/> Unknown
6	<b>Has the patient had an overnight stay or longer in any BC care facilities (e.g., hospital, residential care facility) within the past 12 months?</b> <input type="checkbox"/> Yes, <i>please specify the name of the facility</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
7	<b>Has the patient had contact with a known CPO case within the past 12 months?</b> <input type="checkbox"/> Yes, <i>please specify the nature of contact:</i> <input type="checkbox"/> Household, i.e., a family member with CPO <input type="checkbox"/> Non-household, i.e., a friend/acquaintance with CPO <input type="checkbox"/> Healthcare facility, i.e., stayed in the same care unit or long-term care facility with a patient/resident with CPO <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>If the patient was infected with CPO, please answer the following questions</b>	
8	<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> _____
9	<b>Was the patient admitted to a BC hospital due to current CPO infection?</b> <input type="checkbox"/> Yes, the patient was admitted due to CPO 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 it to PICNet at [picnet@phsa.ca](mailto:picnet@phsa.ca) (cc [Katherine.Sunderland@phsa.ca](mailto:Katherine.Sunderland@phsa.ca))