

Appendix H: Enhanced Surveillance Form for CPO Identified in the Community<sup>1</sup>

Q1	<b>Organism</b> <input type="checkbox"/> CPO (Carbapenemase-Producing Organism)
Q2	<b>Unique Identifier</b> Assigned by BCCDC Public Health Laboratory (PHL): _____
Q3	<b>Clinical Status of the current positive case</b> <i>(Use current CDC/NHSN Surveillance Definitions for Specific Type 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>).</i> <input type="checkbox"/> Infection <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown / Unable to determine
Q4	<b>Date of visit related to the positive culture</b> <i>(dd/mmm/yyyy):</i> ___ / ___ / ____
Q5	<b>At which care setting was the patient first identified with CPO?</b> <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Emergency Department (without subsequent admission) <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>specify location</i> ): _____
Q6	<b>Did the patient travel outside of Canada within the past 12 months?</b> <input type="checkbox"/> Yes - ( <i>specify country/ countries</i> ): _____ <input type="checkbox"/> Yes - country unknown (travel confirmed, country not known) <input type="checkbox"/> No - <i>skip to Q8</i> <input type="checkbox"/> Unknown / Unable to determine if travel occurred - <i>skip to Q8</i>
Q7	<b>If "Yes" to Q6, did the patient have a health-care encounter outside of Canada within the past 12 months?</b> <input type="checkbox"/> Yes - overnight stay in a hospital or underwent medical/surgical procedure outside of Canada in the past 12 months <input type="checkbox"/> Yes - other health-care encounter in the past 12 months (e.g., visited GP, walk-in clinic, dentist, ER) <input type="checkbox"/> No health-care encounter outside Canada in the past 12 months <input type="checkbox"/> Unknown / Unable to determine

Q8	<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 - (specify province/s): _____</p> <p><input type="checkbox"/> No - skip to Q10.</p> <p><input type="checkbox"/> Unknown / Unable to determine - skip to Q10.</p>
Q9	<p><b>If “Yes” to Q8 and BC was one of the provinces, what types of health-care encounters did the patient have in BC in the past 12 months (excluding current admission)? (Select all that apply)</b></p> <p><input type="checkbox"/> Admission to an acute care unit/facility in BC in the past 12 months</p> <p><input type="checkbox"/> Admission to a long-term care facility in BC in the past 12 months</p> <p><input type="checkbox"/> A medical/surgical procedure in an outpatient setting in BC in the past 12 months</p> <p><input type="checkbox"/> No health-care encounter in BC in the past 12 months</p> <p><input type="checkbox"/> Unknown / Unable to determine</p>
Q10	<p><b>Did the patient have a minimum of 12 hours of contact with a known case or environmental sources for CPO within the past 12 months? (Check all that apply)</b></p> <p><input type="checkbox"/> Yes - within an acute care facility</p> <p><input type="checkbox"/> Yes - within a long-term care facility</p> <p><input type="checkbox"/> Yes - in a private household</p> <p><input type="checkbox"/> Yes - other (specify): _____</p> <p><input type="checkbox"/> No - skip to Q12</p> <p><input type="checkbox"/> Unknown / Unable to determine - skip to Q12</p>
Q11	<p><b>If answered “Yes” to Q10, what was the nature of the contact? (Select all that apply)</b></p> <p><input type="checkbox"/> Roommate</p> <p><input type="checkbox"/> Person in the same unit/facility or house</p> <p><input type="checkbox"/> Health-care provider</p> <p><input type="checkbox"/> Friend/Relative</p> <p><input type="checkbox"/> Environmental sources (e.g., contaminated sink or other surface, medical equipment, etc.)</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Unknown / Unable to determine</p>

<b>If the patient was confirmed to have an infection (not just colonized), please complete the following questions</b>	
Q12	<p><b>Site(s) of infection</b> <i>(Select all that apply)</i></p> <p><input type="checkbox"/> Bloodstream</p> <p><input type="checkbox"/> Urinary tract</p> <p><input type="checkbox"/> Respiratory tract</p> <p><input type="checkbox"/> Wound</p> <p><input type="checkbox"/> Surgical site</p> <p><input type="checkbox"/> Other <i>(specify site):</i> _____</p>
Q13	<p><b>Was the patient admitted to an acute care facility in BC due to CPO?</b></p> <p><input type="checkbox"/> Yes – admission was required because of the infection or its complications – <i>(specify facility name):</i></p> <p>_____</p> <p><input type="checkbox"/> No – admission was for other medical conditions</p> <p><input type="checkbox"/> No – the patient was not admitted</p> <p><input type="checkbox"/> Unknown / Unable to determine</p>

<sup>1</sup>Once completed, please send to PICNet at [picnet@phsa.ca](mailto:picnet@phsa.ca)

## Appendix H Definitions and Notes

Q1	Organism	Specify CPO
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>Note:</b> If the PHL identifier has not been received or is unclear, please contact PHL</p>
Q3	Clinical Status	<p>Indicate whether the patient's CPO status represents an infection, colonization according to the following definitions:</p> <p><b>Infection:</b> Clinical signs and symptoms attributable to CPO and a positive culture. Clinical evidence may be derived from direct observation of the infection site (e.g., a wound) review of information in the patient chart or other clinical records, or a physician or surgeon diagnosis of infection. Reference: Use current CDC/NHSN Surveillance Definitions for 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>).</p> <p><i>If infection is selected, please complete Surveillance Form for CPO OR C. auris Cases Identified in Acute Care Facilities.</i></p> <p><b>Colonization:</b> Organism present without adverse clinical signs or symptoms.</p> <p><b>Unknown / Unable to determine:</b> Insufficient information to define whether the patient's CPO represents an infection or colonization.</p>
Q4	Date of admission or visit related to the positive culture	Record the admission or visit date related to the positive culture for CPO in the <b>Day–Month–Year format</b> using a three-letter month abbreviation ( <b>e.g., 17-Jul-2025</b> )
Q5	At which care setting was the patient first identified with CPO?	Specify the setting where the patient was first identified with CPO, based on the location of specimen collection: <b>Outpatient clinic:</b> A hospital-affiliated or standalone clinic providing scheduled outpatient services.

		<p><b>Emergency Department (without subsequent admission):</b> The patient was seen in the ED and discharged without inpatient admission.</p> <p><b>Community health center/clinic:</b> A community-based clinic providing primary care or specialized services.</p> <p><b>Long-term care facility:</b> Includes nursing homes, residential care, or other facilities providing 24-hour care for residents.</p> <p><b>General practitioner’s (GP) office:</b> A practice providing primary care services.</p> <p><b>Other (specify location):</b> Any setting not listed above (e.g., dialysis unit, correctional facility). Provide details in the space provided.</p>
Q6	Did the patient travel outside of Canada within the past 12 months?	<p><b>Yes – specify country/countries:</b> Record all countries visited during the past 12 months.</p> <p><b>Yes – country unknown:</b> Travel outside Canada is confirmed, but the specific country/countries are not known.</p> <p><b>No – skip to Q9:</b> The patient did not travel outside Canada in the past 12 months.</p> <p><b>Unknown / Unable to determine – skip to Q9:</b> Insufficient information to determine whether travel occurred.</p>
Q7	If “Yes” to Q6, did the patient have a health-care encounter outside of Canada within the past 12 months?	<p><b>Yes – Overnight stay in a hospital or underwent medical/surgical procedure:</b> Includes inpatient admission or procedures such as surgery, endoscopy, dialysis.</p> <p><b>Yes – Other health-care encounter:</b> Includes outpatient visits such as GP, walk-in clinic, dentist, Emergency Department without admission.</p> <p><b>No health-care encounter outside Canada in the past 12 months</b></p> <p><b>Unknown / Unable to determine:</b> Insufficient information to determine health-care encounters outside Canada. Note: If both hospital admission and other encounters occurred, select both options.</p>
Q8	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?	<p><b>Yes:</b> The patient had an overnight stay in a Canadian facility or underwent a medical/surgical procedure in Canada within the past 12 months. <i>Specify the province/s where the patient had the health-care encounter/s.</i></p> <p><b>No:</b> Skip to Q10</p> <p><b>Unknown / Unable to determine:</b> Insufficient information to determine health-care encounters outside Canada - Skip to Q10</p>
Q9	If “Yes” to Q8, what types of health-care encounters did the patient have in BC in the past 12 months?	<p>Excluding the current admission, indicate the type(s) of health-care encounters in BC. <i>Select all that apply:</i></p> <p><b>Admission to an acute care unit/facility:</b> Includes emergency department visit with subsequent admission</p>

		<p><b>Admission to a long-term care facility in BC in the past 12 months:</b> Includes both private and health authority owned and operated</p> <p><b>A medical or surgical procedure in an outpatient setting in BC in the past 12 months:</b> Includes day surgery, endoscopy, dialysis</p> <p><b>No health-care encounter in BC in the past 12 months</b></p> <p><b>Unknown / Unable to determine:</b> Insufficient information to determine health-care encounters in BC</p>
Q10	<p>Did the patient have a minimum 12 hours of contact with a known case or environmental source for CPO within the past 12 months?</p>	<p>Environmental source includes contaminated surfaces, sinks/drains, or medical equipment linked to transmission. <i>Select all applicable options if multiple types of CPO contact occurred:</i></p> <p><b>Yes – within an acute care facility:</b> Contact occurred within an acute care unit</p> <p><b>Yes – within a long-term care facility:</b> Contact occurred within a private or health authority owned and operated long-term care unit</p> <p><b>Yes – in a private household:</b> Contact occurred in a private residence</p> <p><b>Yes – other:</b> If the contact occurred elsewhere, please specify the location.</p> <p><b>No:</b> No contact with a known case or environmental source</p> <p><b>Unknown / Unable to determine:</b> Insufficient information to determine CPO or C. auris contact history</p>

Q11	If "Yes" to Q10, what was the nature of the contact?	<p>Specify the nature of the contact with the known case or environmental source. Select all applicable options if multiple types of contact occurred:</p> <p><b>Roommate:</b> Shared the same room during admission or stay</p> <p><b>Person in the same unit/facility or household:</b> Shared common spaces or had prolonged proximity.</p> <p><b>Health-care provider:</b> Direct care or contact with the patient.</p> <p><b>Friend/Relative:</b> Social or caregiving contact outside a health-care role.</p> <p><b>Environmental source:</b> Contact with contaminated surfaces, sinks/drains, or medical equipment linked to transmission.</p> <p><b>Other</b> – Specify any other type of contact not listed above.</p> <p><b>Unknown / Unable to determine:</b> Insufficient information to determine CPO contact history.</p>
<b>The following apply if the patient was confirmed to have an infection (not just colonized)</b>		
Q12	Site(s) of infection	Select all applicable sites of infection or specify if not listed.
Q13	Was the patient admitted to an acute care facility in BC due to CPO?	<p>Indicate whether the patient required acute care admission within 30 days of infection identification due to the infection or its complications:</p> <p><b>Yes – admission was required because of the infection or its complications</b> – <i>(specify facility name)</i>.</p> <p><b>No – admission was for other medical conditions:</b> The patient was admitted, but not for infection-related reasons.</p> <p><b>No – the patient was not admitted:</b> The patient did not have any acute care admission within 30 days of infection identification.</p> <p><b>Unknown / Unable to determine:</b> Insufficient information to determine whether admission occurred or the reason for admission.</p>