

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

1	Organism <input type="checkbox"/> CPO OR <input type="checkbox"/> <i>C. auris</i> 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
2	Unique Identifier – assigned by BCCDC Public Health Laboratory (PHL) _____
3	Status <input type="checkbox"/> Infection <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown
4	Date of visit (dd/mm/yyyy) _____
5	At what care setting was the patient identified with the organism identified in Question 1? <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, please specify _____
6	Did the patient travel outside of Canada within the past 12 months? <input type="checkbox"/> Yes, please specify the name of the country _____ <input type="checkbox"/> Country not provided <input type="checkbox"/> No. Please skip Question 7. <input type="checkbox"/> Unknown. Please skip to question 7.
7	If answered Yes to Question 6, did the patient have a health-care encounter outside of Canada within the past 12 months? <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
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? <input type="checkbox"/> Yes. Please specify the name of the province (s) _____ <input type="checkbox"/> No. Please skip to question 10. <input type="checkbox"/> Unknown. Please skip to question 10.
9	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) <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
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) <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 please specify _____ <input type="checkbox"/> No. Please skip Question 10. <input type="checkbox"/> Unknown. Please skip Question 10
11	If answered Yes to Question 9, what was the nature of the contact? (Check all that apply) <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

	<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
If the patient was infected, please answer the following questions	
12	Site(s) of infection (<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	Was the patient admitted to a BC hospital due to the current infection identified in question 1? <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