

## Appendix C - Surveillance Form for Carbapenemase-Producing Organisms (CPO) OR *Candida auris* (*C. auris*) Identified in Acute Care Facility

1	<b>Organism</b> <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	<b>Unique Identifier</b> – assigned by BCCDC Public Health Laboratory (PHL) _____
3	<b>Patient's status</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Other, please specify _____
4	<b>Date of admission or visit</b> (dd/mmm/yyyy) _____
5	<b>Name of the facility</b> _____
6	<b>Status</b> <input type="checkbox"/> Infection (please also complete appendix D) <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown
7	<b>Did the patient travel outside of Canada within the past 12 months?</b> <input type="checkbox"/> Yes. Please specify the name of the country _____ <input type="checkbox"/> Country not provided <input type="checkbox"/> No. Please skip Question 8. <input type="checkbox"/> Unknown or patient is discharged. Please skip Question 8.
8	<b>If answered Yes to Question 7, did the patient have a health-care encounter outside of Canada within the past 12 months?</b> <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
9	<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> <input type="checkbox"/> Yes. Please specify the name of the province (s) _____ <input type="checkbox"/> No. Please skip to question 11. <input type="checkbox"/> Unknown. Please skip to question 11.
10	<b>If answered Yes to Question 9 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> <input type="checkbox"/> An acute care unit/facility admission <input type="checkbox"/> A long-term care facility admission <input type="checkbox"/> A medical/surgical procedure in an outpatient setting <input type="checkbox"/> No health-care encounter <input type="checkbox"/> Unknown
11	<b>Is the unit/facility in which the patient is currently admitted under investigation for transmission of organism identified in question 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or patient is discharged
12	<b>Did the patient have contact [minimum 12 hours] with a known case or environmental sources for the organism (CPO or <i>C. auris</i>) identified in question 1 within the past 12 months? (Check all that apply)</b> <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 13.</i> <input type="checkbox"/> Unknown. <i>Please skip Question 13</i>
13	<p><b>If answer Yes to Question 12, what was the <i>nature of the contact?</i> (Check all that apply)</b></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 <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

Once completed, please send it to PICNet at [picnet@phsa.ca](mailto:picnet@phsa.ca)

## Description and notes for Appendix C

1	Organism	Specify whether this is a CPO or <i>C. auris</i> case
2	Unique Identifier	<p>CPO: Record the ID number assigned by PHL on their laboratory report. The format of ID includes yyyy####-###-## yyyy is the year of the first CPO test for the patient; #### is the serial number of the patient being tested for CPO in the year beginning from 0001 each year; ### is a serial number for the isolate being tested from the patient, and ## is a serial number of carbapenamase genes identified from the patient.</p> <p><i>C. auris</i>: Record the ID number assigned by PHL on their laboratory report. The format of ID includes yyyy####-Caur-## #### is the serial number of the patient being tested for <i>C. auris</i> in the year beginning from 0001 each year; ## is a serial number for the isolate being tested from the patient</p> <p>If the ID number has not been received for this case or there are any questions about ID, please contact PHL</p>
3	Patient's status	Check 'Inpatient' (hospitalized) if the patient was admitted to an acute care unit. Otherwise, check 'Other' and specify in written text the location where the sample was collected (e.g., Emergency Department, Hemodialysis or Oncology Clinic, etc)
4	Date of admission or 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	Name of the Facility	Specify the name of the facility where the patient was admitted or visited at the time when the sample was collected.
6	Status	<p>Specify the patient's CPO or <i>C. auris</i> status in terms of infection, colonization or unknown according to the following definitions:</p> <p><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 or <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 2015 "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/17pscNoslnfDef_current.pdf">http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNoslnfDef_current.pdf</a>). (Note that by checking infection, Appendix D needs to be completed.)</p> <p><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.</p> <p><b>Unknown</b> if there is no or insufficient information to define whether the patient's CPO or <i>C. auris</i> status represents an infection or colonization.</p>
7	Did the patient travel outside of Canada within the past 12 months?	<p>Select <b>Yes</b> if the patient had travelled to other countries or had health-care encounter outside Canada in the past 12 months. Specify which country the patient travelled.</p> <p>Select <b>No</b> if the patient did not travel in the past 12 months and skip the Question 8.</p>
8	If answered Yes to Question 7, did the patient have a	Select <b>one</b> that applies based on the information available

	health-care encounter outside of Canada within the past 12 months?	
9	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.
10	If answered Yes to Question 9, what types of health-care encounters has the patient had in BC in the past 12 months (excluding current admission)??	Check <b>all</b> that apply based on the patient's health-care encounter history
11	Is the unit/facility in which the patient is currently admitted under investigation for transmission of organism identified?	Select <b>Yes</b> if the patient was admitted to a unit which was under investigation for on-going CPO or <i>C. auris</i> transmission during his/her stay in the unit.  Select <b>No</b> if the was <b>NOT</b> under investigation for CPO or <i>C. auris</i> transmission during his/her stay in the unit.
12	Did the patient have contact [minimum 12 hours] with a known case or environmental sources for the organism ( <b>CPO or C. auris</b> ) 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
13	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