Candida auris Epidemiologic Assessment

New Jersey Department of Health

NJDOH USE ONLY
Received date:
NJDOH ID:

REPORTING FACILITY INFORMATION

Date completed: ___ Facility Name: ___

Facility Street Address: ___ City: ___ State: ___ Zip: ___

Facility POC: ___ Email: ___ Phone: ___ ext. ___

Facility type: ☐ Acute care ☐ Long-term acute care ☐ Long-term care/skilled nursing with ventilator beds ☐ Short-term rehabilitation ☐ Long-term care/skilled nursing without ventilator beds ☐ Other: ___

CASE INFORMATION

Patient First Name: ___ Patient Last Name: ___ Date of Birth: ___

Sex: ☐ Male ☐ Female ☐ Unknown Ethnicity: ☐ Hispanic and/or Latino ☐ Not Hispanic and/or Latino ☐ Unknown

Race (select all that apply): ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other: ___ ☐ Unknown

Patient Street Address: ___ City: ___ State: ___ Zip: ___

Is the patient living? ☐ Yes ☐ No ☐ Unknown If no, date of death: ___ Cause of death: ___ ☐ Unknown

MYCOTIC CULTURE HISTORY

Date of first identification: ___ Were any fungal cultures collected at your facility? ☐ Yes ☐ No ☐ Unknown

Date of specimen collection: ___ Specimen site/source: ___

If fungal cultures were collected, select the organisms that were identified below and append the final microbiology reports to this form:

☐ Candida auris ☐ Candida haemulonii ☐ Candida parapsilosis ☐ Candida albicans ☐ Candida glabrata ☐ Candida tropicalis ☐ Candida (no speciation/unknown) ☐ Yeast species ☐ Other: ___ ☐ None of the above were identified

PATIENT MOVEMENT IN INQUIRED HEALTHCARE FACILITY *(List rooms/units in which the patient resided within your facility in the 30 days prior to specimen collection)*

Admission/Move date	Unit	Room	Contact Precautions or EBP			Roommates			Shared Bathroom			Discharge/Move date
			Yes	No	Unk	Yes	No	Unk	Yes	No	Unk	
			☐	☐	☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	☐	☐	
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			☐	☐	☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	☐	☐	

PATIENT ADMISSION/DISCHARGE IN OTHER HEALTHCARE FACILITIES *(List all admissions and discharges from your facility in the 30 days prior to specimen collection)*

Location ***from*** which the patient was sent to your facility
(Each row represents a different admission to your facility)

Facility Name or "Home"	Date Received

Location ***to*** which the patient was sent from your facility
(Each row represents a different discharge from your facility)

Facility Name, "Home", or "Still Admitted"	Date Discharged

ROOMMATES *(List all known roommates of the patient at your facility unless otherwise specified)*

Roommate First Name	Roommate Last Name	Roommate Date of Birth	Notes (include dates in common, transfers, etc.)

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New Jersey Department of Health
Communicable Disease Service

HEALTHCARE SERVICES *(Select all healthcare services provided to the patient within the 30 days prior to specimen collection unless otherwise specified)*

☐ Chemotherapy ☐ ECMO ☐ Imaging ☐ Inpatient dialysis ☐ IVIG ☐ Outpatient dialysis ☐ Rehabilitation
☐ Respiratory therapy ☐ Wound care ☐ Ultrasound ☐ Other: _____ ☐ None

MEDICAL CONDITIONS *(Select all of the patient's present medical conditions and those existing 14 days prior to the date of specimen collection unless otherwise specified)*

☐ Autoimmune disorder ☐ Bacteremia ☐ Bone marrow transplant ☐ Cancer (hematogenous) ☐ Cancer (solid)
☐ Cardiovascular disease ☐ Chronic kidney disease ☐ Chronic wounds ☐ COVID-19 ☐ Diabetes ☐ History of COVID-19
☐ History of MDR infection and/or colonization* ☐ HIV/AIDS ☐ Kidney failure ☐ Liver disease ☐ Neurologic disease
☐ Non-ambulatory ☐ Obesity ☐ Respiratory disease (non-COVID) ☐ Sepsis ☐ Solid organ transplant ☐ Tuberculosis
☐ Ventilator dependent ☐ Other: _____ ☐ None

MEDICAL DEVICES *(Select all of the patient's present medical devices unless a timeframe is otherwise specified)*

☐ Abdominal feeding tube ☐ Central venous catheter ☐ Colostomy ☐ Hemodialysis catheter ☐ Intraabdominal drain/catheter
☐ Mechanical ventilator ☐ Nephrostomy ☐ Port(s) ☐ Surgical drain ☐ Tracheostomy/tracheostomy collar ☐ Urinary catheter
☐ Other: _____ ☐ None

MEDICAL PROCEDURES *(List all of the patient's medical procedures conducted at your facility or host site in the past 30 days unless otherwise specified)*

Did the patient undergo medical procedures in the past 30 days (If yes, list the procedures below)? ☐ Yes ☐ No ☐ Unknown

Date	Procedure	Unit/Department	Room

ANTIBIOTIC EXPOSURES *(Select all of the patient's present antibiotics and those administered 14 days prior to the specimen collection date unless otherwise specified)*

Which (if any) of the following classes of antibiotics was the patient exposed to? ☐ Unknown ☐ None

☐ **Aminoglycosides:** _____ ☐ **Oxazolidinones:** _____
☐ **Carbapenems:** _____ ☐ **Penicillins:** _____
☐ **Cephalosporins:** _____ ☐ **Polypeptides:** _____
☐ **Fluoroquinolones:** _____ ☐ **Rifamycins:** _____
☐ **Glycopeptides:** _____ ☐ **Sulfonamides:** _____
☐ **Macrolides:** _____ ☐ **Tetracyclines:** _____
☐ **Monobactams:** _____ ☐ Other: _____

ANTIFUNGAL EXPOSURES *(Select all of the patient's present antifungals and those administered 14 days prior to the specimen collection date unless otherwise specified)*

Which (if any) of the following classes of antifungals was the patient exposed to? ☐ Unknown ☐ None

☐ **Allylamines:** _____ ☐ **Echinocandins:** _____
☐ **Azoles:** _____ ☐ **Polyenes:** _____

TRAVEL HISTORY

Did the patient receive any international healthcare during travel in the past year? ☐ Yes ☐ No ☐ Unknown

COMMENTS *(If no comments, please include a brief H&P)*

*if the patient has a history of MDR infection and/or colonization, please indicate organism here

Please submit this completed form, with final microbiology reports as a separate attachment, via the secure portal, linked here: http://healthsurveys.nj.gov/NoviSurvey/n/zz2g8.aspx

If you have any questions, please email the AR team at DOH.CDS.HAIAR.EPI@doh.nj.gov.

Clarification of Medical Conditions and Devices:
When completing this form, please reference the table below for certain options listed in sections regarding Medical Conditions, Medical Devices, and Medications (antibiotics and antifungals) to limit redundancy. If you have any additional comments, please list them in the box on the last page of the form.

MEDICAL CONDITIONS *(These examples are not exhaustive but provide an idea of the conditions included in each category)*
Autoimmune disorder: anemia, celiac disease, lupus, psoriasis, rheumatoid arthritis, scleroderma, vasculitis, etc.
Cancer (hematogenous): leukemia, lymphoma, myeloma, etc.
Cardiovascular disease: arrhythmias, coronary artery disease, cardiomyopathy, congestive heart failure, hypertension, etc.
History of MDR infection: Vancomycin-resistant *Enterococci* (VRE), Methicillin-resistant *Staphylococcus aureus* (MRSA), etc.
Liver disease: cirrhosis, fatty liver disease, hemochromatosis, hepatitis, etc.
Neurologic disease: Alzheimer's disease, ataxia, epilepsy, meningitis, multiple sclerosis, Parkinson's disease, etc.
Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease, emphysema, pneumonia, etc.

MEDICAL DEVICES *(These examples are not exhaustive but provide an idea of the devices included in each category)*
Abdominal feeding tube: nasogastric (NG) tube, orogastric (OG) tube, gastric (G) tube, jejunostomy (J) tube, etc.
Central venous catheter: central line (tunneled central venous catheter), peripherally inserted central catheter (PICC), etc.
Urinary catheter: Foley (indwelling) catheter, suprapubic catheter, etc.

MEDICATION EXPOSURES *(These examples are not exhaustive but provide an idea of the drugs included in each category)*
Aminoglycosides: Amikacin, Gentamicin, Kanamycin, Neomycin, Plazomicin, Streptomycin, Tobramycin, etc.
Carbapenems: Doripenem, Ertapenem, Imipenem, Meropenem, etc.
Cephalosporins: Ceftobiprole, Ceftriaxone, Ceftazidime, Cephalexin, Cefotaxime, Cefuroxime, Cefazolin, Cefepime, etc.
Fluoroquinolones: Ciprofloxacin, Delafloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Norfloxacin, Ofloxacin, etc.
Glycopeptides: Dalbavancin, Oritavancin, Teicoplanin, Telavancin, Vancomycin, etc.
Macrolides: Azithromycin, Clarithromycin, Erythromycin, Fidaxomicin, etc.
Monobactams: Aztreonam
Oxazolidinones: Linezolid, Tedizolid, etc.
Penicillins: Amoxicillin, Ampicillin, Carbenicillin, Dicloxacillin, Nafcillin, Oxacillin, Penicillin G or V, Piperacillin, Ticarcillin, etc.
Polypeptides: Bacitracin, Colistin, Polymyxin B, etc.
Rifamycins: Rifabutin, Rifampin, Rifapentine, Rifaximin, etc.
Sulfonamides: Mafenide, Sulfacetamide, Sulfadiazine, Sulfadoxine, Sulfamethizole, Sulfamethoxazole, Sulfasalazine, etc.
Tetracyclines: Doxycycline, Eravacycline, Minocycline, Omadacycline, Tetracycline, etc.
Allylamines: Naftifine, Terbinafine, Tolnaftate, etc.
Azoles: Clotrimazole, Econazole, Fluconazole, Itraconazole, Miconazole, Ravuconazole, Terconazole, Voriconazole, etc.
Echinocandins: Anidulafungin, Caspofungin, Micafungin, etc.
Polyenes: Amphotericin, Natamycin, Nystatin, etc.