

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

1	Unique Identifier – assigned by BCCDC Public Health Laboratory (PHL) _____
2	Patient's CPO status <input type="checkbox"/> Infection <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown
3	At what care setting was the patient identified with CPO? <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	Has the patient travelled outside Canada within the past 12 months? <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	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? <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	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? <input type="checkbox"/> Yes, <i>please specify the name of the facility</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
7	Has the patient had contact with a known CPO case within the past 12 months? <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
If the patient was infected with CPO, please answer the following questions	
8	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> _____
9	Was the patient admitted to a BC hospital due to current CPO infection? <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 (cc nuria.chapinal@phsa.ca) or fax to 604-875-4373