

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

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| 1  | <b>Unique Identifier</b> – assigned by BCCDC Public Health Laboratory (PHL) _____  |
| 2  | <b>Patient's CPO status</b> <input type="checkbox"/> Infection <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown  |
| 3  | <b>At what care setting was the patient identified with CPO?</b><br><input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Emergency room <input type="checkbox"/> Community health center/clinic<br><input type="checkbox"/> Long-term care facility <input type="checkbox"/> GP's office <input type="checkbox"/> Other, <i>please specify</i> _____  |
| 4  | <b>Has the patient travelled outside Canada within the past 12 months?</b><br><input type="checkbox"/> Yes, <i>please specify the name of the country</i> _____ <input type="checkbox"/> Country not provided<br><input type="checkbox"/> No <input type="checkbox"/> Unknown  |
| 5  | <b>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?</b><br><input type="checkbox"/> Yes, <i>please specify the name of the country</i> _____ <input type="checkbox"/> Country not provided<br><input type="checkbox"/> No <input type="checkbox"/> Unknown  |
| 6  | <b>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?</b><br><input type="checkbox"/> Yes, <i>please specify the name of the facility</i> _____<br><input type="checkbox"/> No <input type="checkbox"/> Unknown  |
| 7  | <b>Has the patient had contact with a known CPO case within the past 12 months?</b><br><input type="checkbox"/> Yes, <i>please specify the nature of contact:</i><br><input type="checkbox"/> Household, i.e., a family member with CPO<br><input type="checkbox"/> Non-household, i.e., a friend/acquaintance with CPO<br><input type="checkbox"/> Healthcare facility, i.e., stayed in the same care unit or long-term care facility with a patient/resident with CPO<br><input type="checkbox"/> Other, <i>please specify</i> _____<br><input type="checkbox"/> No <input type="checkbox"/> Unknown |
| <b>If the patient was infected with CPO, please answer the following questions</b> |  |
| 8  | <b>Site(s) of infection</b> ( <i>Check all that apply</i> )<br><input type="checkbox"/> Bloodstream <input type="checkbox"/> Urinary tract <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Wound <input type="checkbox"/> Surgical site<br><input type="checkbox"/> Other, <i>please specify</i> _____   |
| 9  | <b>Was the patient admitted to a BC hospital due to current CPO infection?</b><br><input type="checkbox"/> Yes, the patient was admitted due to CPO infection. <i>Specify the name of the facility</i> _____<br><input type="checkbox"/> No, the patient was admitted due to other medical conditions.<br><input type="checkbox"/> No, the patient was not admitted<br><input type="checkbox"/> Unknown  |

Once completed, please send it to PICNet at [picnet@phsa.ca](mailto:picnet@phsa.ca) (cc [guanghong.han@phsa](mailto:guanghong.han@phsa)) or fax 604-875-4373