

Appendix C – Surveillance Form for Carbapenemase Producing Organisms (CPO)

Name of the Facility: _____

1	Unique Identifier ¹ (assigned by BCPHMRL) _____
2	Patient's status <input type="checkbox"/> Inpatient <input type="checkbox"/> Haemodialysis clinic patient <input type="checkbox"/> Other, <i>please specify</i> _____
3	Date of admission or visiting (dd/mmm/yyyy) _____
4	CPO status <input type="checkbox"/> Infection (please also complete appendix D) <input type="checkbox"/> Colonization <input type="checkbox"/> Unknown
5a	<i>(Optional)</i> Was this patient treated with antimicrobials within TWO weeks prior to CPO detection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5b	<i>(Optional)</i> If Yes, which of these was / were used? (Check all that apply) <input type="checkbox"/> Colistin <input type="checkbox"/> Tigecycline <input type="checkbox"/> Carbapenem <input type="checkbox"/> Cephalosporin <input type="checkbox"/> Chloramphenicol <input type="checkbox"/> β -lactam inhibitor (eg. Pip/tazo) <input type="checkbox"/> Aminoglycoside (amikacin, gentamicin, tobramycin) <input type="checkbox"/> Other, <i>please specify</i> _____
6	Has the patient had an overnight stay in a hospital or undergone medical/surgical procedure outside of Canada within the past 12 months (or 6 months²)? <input type="checkbox"/> Yes, <i>please specify the name of the country</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
7	Has the patient had haemodialysis outside Canada within the past 12 months (or 6 months²)? <input type="checkbox"/> Yes, <i>please specify the name of the country</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
8	Was the patient transferred from a unit with a high prevalence of CPO? <input type="checkbox"/> Yes, <i>please specify the name of the healthcare facility</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
9	Has the patient had close contact with a known CPO case within the past 12 months (or 6 months²)? <input type="checkbox"/> Yes, <i>please specify the nature of contact:</i> <input type="checkbox"/> Roommate in a healthcare facility <input type="checkbox"/> Same unit in a healthcare facility <input type="checkbox"/> Household <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown

1. Contact BCPHMRL if the unique identifier has not been received

2. Lack of consensus on the timeframe for the look back period. Communicate with PICNet if the reporting facility applies a different timeframe other than the past 12 months.

10	Is there any evidence that this case was associated with the reporting facility?³ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/No information available
11	Is there any evidence of transmission within the reporting facility?⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/No information available
12	<i>(Optional)</i> Is there evidence that the patient has underlying medical condition(s)? <input type="checkbox"/> No evidence of any underlying medical condition <input type="checkbox"/> Yes <i>(please check all that apply)</i> <input type="checkbox"/> Diabetes <input type="checkbox"/> Liver disease <input type="checkbox"/> HIV infection <input type="checkbox"/> Cancer (active) <input type="checkbox"/> Lung disease (e.g., asthma, COPD) <input type="checkbox"/> Kidney disease (include all patients on dialysis) <input type="checkbox"/> Solid organ transplantation <input type="checkbox"/> Bone marrow transplantation <input type="checkbox"/> Other immune suppression, <i>please specify</i> _____ <input type="checkbox"/> Heart disease (<i>do NOT include hypertension alone, isolated atrial fib or mitral valve prolapse</i>) <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> Unknown/No information available

Once completed, please send it to:

Dr. Guanghong Han

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3. The CPO was identified more than 72 hours or 3 days after admission to the reporting facility and the patient did NOT have any of the following factors*:

- a. an overnight stay in the hospital or medical/surgical procedure outside of Canada within the past 12 months
- b. haemodialysis outside of Canada within the past 12 months
- c. transferred from a healthcare unit or facility with a high prevalence of CPO
- d. close contact with a known CPO case in their household or from another healthcare facility within the past 12 months

* Lack of consensus regarding timeframe after admission. Communicate with PICNet if these criteria are not fully applied in the reporting facility.

4. Same genotype of CPO and epidemiologic link to other CPO cases in the facility in terms of time and space, e.g., stay in the same unit, shared equipment or nursing staff

Appendix D – Addendum Form for Carbapenemase Producing Organisms (CPO) Infections

NB: This form should be complete if a) the case was identified as a CPO infection; b) the case was initially reported as colonization, and subsequently developed into a CPO infection within a year from initial identification. Please ensure that the CPO surveillance form (*Appendix C*) has been completed for this case.

Name of the Facility: _____

1	Unique Identifier (assigned by BCPMHRL) _____
2	Patients' status <input type="checkbox"/> Inpatient <input type="checkbox"/> Haemodialysis clinic patient <input type="checkbox"/> Other, please specify _____
3	Date of admission or visiting (dd/mmm/yyyy) _____
4	Date of CPO infection identification (dd/mmm/yyyy) _____
5	Site(s) of infection <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, please specify _____
6	Organism(s) isolated (Check all that apply) <input type="checkbox"/> <i>Acinetobacter</i> spp. <input type="checkbox"/> <i>Serratia</i> spp. <input type="checkbox"/> <i>Klebsiella pneumoniae</i> <input type="checkbox"/> <i>Enterobacter</i> spp. <input type="checkbox"/> <i>Escherichia coli</i> <input type="checkbox"/> <i>Proteus</i> spp. <input type="checkbox"/> <i>Morganella morganii</i> <input type="checkbox"/> <i>Citrobacter</i> spp. <input type="checkbox"/> <i>Pseudomonas</i> spp. <input type="checkbox"/> Other <i>Entero-bacteriaceae</i> , please specify _____
7	CPO gene(s) detected: <input type="checkbox"/> NDM <input type="checkbox"/> KPC <input type="checkbox"/> OXA-48 <input type="checkbox"/> VIM <input type="checkbox"/> IMP <input type="checkbox"/> SME <input type="checkbox"/> Other, please specify _____
8a	Was the patient treated with an antibiotic for CPO infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8b	(Optional) If Yes, which antibiotic(s) was / were used? (Check all that apply) <input type="checkbox"/> Colistin <input type="checkbox"/> Tigecycline <input type="checkbox"/> Other, please specify _____
9	Was ICU admission required due to CPO infections or the complications associated with CPO infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – patient was already in ICU <input type="checkbox"/> Unknown
10	Patient outcome 30 days or up until discharge after identification of CPO infection <input type="checkbox"/> Patient alive, still in hospital 30 days after diagnosis <input type="checkbox"/> Patient survived and discharged <input type="checkbox"/> Patient survived and transferred <input type="checkbox"/> Patient died

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