

STATE ID: \_\_\_\_\_

Date of Incident Specimen Collection (MM/DD/YYYY): \_\_\_\_\_

Surveillance Officer Initials: \_\_\_\_\_



## CANDIDEMIA 2023 CASE REPORT FORM

**NOTE:** Enter all dates as MM/DD/YYYY

Form Approved  
OMB No. 0920-0978  
Expiration Date: 02/28/2026

Patient name: _____ <small style="text-align: center;">(Last, First, MI)</small>	<b>Address type:</b>
Address: _____ <small style="text-align: center;">(Number, Street, Apt. No.)</small>	Residential      Corrections      Insufficient Post office      Military      Missing Long-term care facility      Homeless Other
City: _____ State: _____ Zip: _____	
Phone Number: _____ Medical Record No.: _____ Hospital: _____	
Acc No. (incident isolate): _____ Acc No. (subseq isolate): _____	

**Check if not a case**    Reason not a case:    Out of catchment area    Not candidemia  
Duplicate entry    Unable to verify address    Other (specify): \_\_\_\_\_

### SURVEILLANCE OFFICER INFORMATION

1. Date reported to EIP site: _____	3. Was case first identified through audit? Yes    No	5. Previous candidemia episode? Yes    No    Unknown	5a. If yes, enter state IDs: _____ _____ _____	6. CRF status: Complete Pending Chart unavailable	7. SO's initials: _____
2. Date review completed: _____	4. Isolate available? Yes    No				

### DEMOGRAPHICS

8. State ID: _____	9. Patient ID: _____	10. State: _____
11. County: _____		12. Lab ID where positive culture was identified: _____
13. Date of birth: _____	14. Age: _____ Days Months Years	15. Sex:    Male    Select if transgender Female
16. Weight: _____ lbs.    _____ oz.    OR    _____ kg    Unknown		
17. Height: _____ ft.    _____ in    OR    _____ cm    Unknown		18. BMI: (record only if ht. and/or wt. is not available) _____    Unknown
19. Race (check all that apply): American Indian/Alaska Native      Native Hawaiian/Pacific Islander Asian      White Black/African American      Unknown		20. Ethnic origin: Hispanic Not Hispanic Unknown

### LABORATORY DATA

21. Date of Incident Specimen Collection (DISC): _____		
22. Location of Specimen Collection:		
<b>Hospital Inpatient</b> – Facility ID: _____ ICU Surgery/OR Radiology Other inpatient	<b>Outpatient</b> – Facility ID: _____ Emergency Room Clinic/Doctor's office Dialysis center Surgery Observational/clinical decision unit Other outpatient	<b>LTCF</b> – Facility ID: _____ <b>LTACH</b> – Facility ID: _____ <b>Autopsy</b> <b>Other (specify):</b> _____ <b>Unknown</b>
23. <i>Candida</i> species from initial positive blood culture (check all that apply):		
<i>Candida albicans</i> (CA)	<i>Candida dubliniensis</i> (CD)	<i>Candida</i> , other (CO) specify: _____
<i>Candida glabrata</i> (CG)	<i>Candida lusitanae</i> (CL)	<i>Candida</i> , germ tube negative/non albicans (CGN)
<i>Candida parapsilosis</i> (CP)	<i>Candida krusei</i> (CK)	<i>Candida</i> species (CS)
<i>Candida tropicalis</i> (CT)	<i>Candida guilliermondii</i> (CGM)	Pending

Public reporting burden of this collection of information is estimated to average 38 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

24. Antifungal susceptibility testing

check if no testing done/no test reports available

Date of culture	Species	Drug	MIC	Interpretation					
	CA	Amphotericin B		S	SDD	I	R	NI	ND
	CG	Anidulafungin (Eraxis)		S	SDD	I	R	NI	ND
	CP	Caspofungin (Cancidas)		S	SDD	I	R	NI	ND
	CD	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CL	Flucytosine (5FC)		S	SDD	I	R	NI	ND
	CK	Itraconazole (Sporanox)		S	SDD	I	R	NI	ND
	CGM	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CO	Posaconazole (Noxafil)		S	SDD	I	R	NI	ND
	CGN	Voriconazole (Vfend)		S	SDD	I	R	NI	ND
	CS								
	Pending								

25. Did the patient have a culture-independent diagnostic test (CIDT) for *Candida*, (e.g., T2), on the day of or in the 6 days before the DISC?

25a. If yes, test type: \_\_\_\_\_

25b. Result: \_\_\_\_\_

Yes No Unknown

26. Any subsequent positive *Candida* blood cultures in the 29 days after, not including the DISC?

Yes No Unknown

26a. If yes, provide dates of all subsequent positive *Candida* blood cultures and select the species:

Date Drawn	Species identified*												
	CA	CG	CP	CT	CD	CL	CK	CGM	CO: _____	CGN	CS	Pending	
	CA	CG	CP	CT	CD	CL	CK	CGM	CO: _____	CGN	CS	Pending	
	CA	CG	CP	CT	CD	CL	CK	CGM	CO: _____	CGN	CS	Pending	
	CA	CG	CP	CT	CD	CL	CK	CGM	CO: _____	CGN	CS	Pending	

\*Attach additional MIC page if additional *Candida* species (different from original), if another *C. glabrata* (even if original was *C. glabrata*), or if same *Candida* species (if no AFST results available for original)

27. Documented negative *Candida* blood culture on the day of or in the 29 days after the DISC (in which no blood cultures after this negative culture were positive in the 29 days after the DISC)?

Yes No Unknown

27a. If yes, date of negative blood culture: \_\_\_\_\_

28. On the day of or in the 6 days before the DISC, was the patient known to be colonized with or being managed as if they were colonized with a multi-drug resistant organism (MDRO) (e.g., on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.

Yes No Unknown

28a. If yes, specify organisms (Enter up to 3 pathogens):

29. Additional non-*Candida* organisms isolated from blood cultures on the day of or in the 6 days before the DISC:

Yes No Unknown

29a. If yes, additional organisms (Enter up to 3 pathogens):

30. Did the patient have any of the following types of infection related to their *Candida* infection? (check all that apply):

None	Urinary tract infection	Eyes
Unknown	Esophagitis	Endophthalmitis
Abdominal infection	Oral/thrush	Chorioretinitis
Hepatobiliary or pancreatic	Osteomyelitis	Endocarditis
Abscess (specify): _____	Skin/wound infection	Septic emboli (specify location): _____
Peritonitis/peritoneal fluid	Pulmonary infection	Other (specify): _____
Splenic	Abscess	
	CNS infection (meningitis, brain abscess)	

### MEDICAL ENCOUNTERS

31. Was the patient hospitalized on the day of or in the 6 days after the DISC?

Yes No Unknown

31a. If Yes,

Date of first admission: \_\_\_\_\_ Unknown Hospital ID: \_\_\_\_\_ Unknown

31b. Was the patient transferred during this hospitalization?

Yes No Unknown

If yes, enter up to two transfers:

Date of first transfer: \_\_\_\_\_ Unknown Hospital ID: \_\_\_\_\_ Unknown

Date of second transfer: \_\_\_\_\_ Unknown Hospital ID: \_\_\_\_\_ Unknown

31c. Where was the patient located prior to admission or, if not currently hospitalized, where was the patient located on the 3rd calendar day before the DISC?

Private residence	LTACH – Facility ID: _____	Other (specify): _____
Hospital inpatient – Facility ID: _____	Homeless	Unknown
LTCF – Facility ID: _____	Incarcerated	

32. Was the patient in an ICU in the 14 days before, not including the DISC?

Yes No Unknown

33. Was the patient in an ICU on the day of incident specimen collection or in the 13 days after the DISC?

Yes No Unknown

34. Did the patient receive dialysis or renal replacement therapy (RRT) in the 30 days before the DISC, not including the DISC?

Yes No Unknown

35. Patient outcome:

Survived Unknown Died Date of discharge: \_\_\_\_\_ Unknown Left against medical advice (AMA)  
Date of death: \_\_\_\_\_ Unknown

35a. Discharged to:

Not applicable (i.e. patient died, or not hospitalized)	LTACH – Facility ID: _____	Other (specify): _____
Private residence	Homeless	Unknown
LTCF – Facility ID: _____	Incarcerated	

36. Did the patient have any of the following classes or specific ICD-10 codes, including any sub-codes for this hospitalization? (check all that apply):

None Unknown Not applicable (i.e., patient not hospitalized)

B37 (candidiasis) – Specify sub-code: _____ Specify sub-code: _____	T80.211 (BSI due to central venous catheter)
P37.5 (neonatal candidiasis)	A41.9 (sepsis, unspecified organism)
B48 (other mycoses, not classified elsewhere)	R65.2 (severe sepsis)
B49 (unspecified mycoses)	Other <i>Candida</i> -related code – Specify code: _____

37. Previous Hospitalization in the 90 days before, not including the DISC:

Yes No Unknown

37a. If Yes,

Date of discharge: \_\_\_\_\_ Unknown Facility ID: \_\_\_\_\_

38. Overnight stay in LTACH in the 90 days before, not including the DISC:

Yes No Unknown Facility ID: \_\_\_\_\_

39. Overnight stay in LTCF in the 90 days before, not including the DISC:

Yes No Unknown Facility ID: \_\_\_\_\_

## UNDERLYING CONDITIONS

**40. Underlying conditions (Check all that apply):**      None      Unknown

Chronic Lung Disease Cystic Fibrosis Chronic Pulmonary disease Chronic Metabolic Disease Diabetes Mellitus With Chronic Complications Cardiovascular Disease CVA/Stroke/TIA Congenital Heart disease Congestive Heart Failure Myocardial infarction Peripheral Vascular Disease (PVD) Gastrointestinal Disease Diverticular disease Inflammatory Bowel Disease Peptic Ulcer Disease Short gut syndrome	Immunocompromised Condition HIV infection AIDS/CD4 count <200 Primary Immunodeficiency Transplant, Hematopoietic Stem Cell Transplant, Solid Organ Liver Disease Chronic Liver Disease Ascites Cirrhosis Hepatic Encephalopathy Variceal Bleeding Hepatitis B, chronic Hepatitis C Treated, in SVR Current, chronic Hepatitis B, acute	Malignancy Malignancy, Hematologic Malignancy, Solid Organ (non-metastatic) Malignancy, Solid Organ (metastatic) Neurologic Condition Cerebral palsy Chronic Cognitive Deficit Dementia Epilepsy/seizure/seizure disorder Multiple sclerosis Neuropathy Parkinson's disease Other (specify): _____	Plegias/Paralysis Hemiplegia Paraplegia Quadriplegia Renal Disease Chronic Kidney Disease Lowest serum creatinine: _____ mg/DL Unknown or not done Skin Condition Burn Decubitus/Pressure Ulcer Surgical Wound Other chronic ulcer or chronic wound Other (specify): _____ _____ Other Connective tissue disease Obesity or morbid obesity Pregnant
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## SOCIAL HISTORY

<p><b>41. Smoking (Check all that apply):</b></p> <p>None      Tobacco      Marijuana                  Unknown      E-nicotine delivery system</p>	<p><b>42. Alcohol Abuse:</b></p> <p>Yes      No      Unknown</p>
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**43. Other Substances (Check all that apply):**      None      Unknown

Drug	Documented Use Disorder (DUD/Abuse):	Mode of Delivery (Check all that apply):		
Marijuana (other than smoking)	DUD or abuse	IDU	Non-IDU	Unknown
Opioid, DEA schedule I (e.g., Heroin)	DUD or abuse	IDU	Non-IDU	Unknown
Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	DUD or abuse	IDU	Non-IDU	Unknown
Opioid, NOS	DUD or abuse	IDU	Non-IDU	Unknown
Cocaine	DUD or abuse	IDU	Non-IDU	Unknown
Methamphetamine	DUD or abuse	IDU	Non-IDU	Unknown
Other (specify):	DUD or abuse	IDU	Non-IDU	Unknown
Unknown substance	DUD or abuse	IDU	Non-IDU	Unknown

**44. During the current hospitalization, did the patient receive medication-assisted treatment (MAT) for opioid use disorder?**

Yes      No      N/A (patient not hospitalized or did not have DUD)      Unknown

## OTHER CONDITIONS

**45. For cases ≤ 1 year of age: Gestational age at birth:** \_\_\_\_\_ wks      Unknown      AND      Birth weight: \_\_\_\_\_ gms      Unknown

<p><b>46. Chronic Dialysis:</b></p> <p>Not on chronic dialysis      Hemodialysis                  Unknown      Peritoneal</p>	<p><b>46a. If Hemodialysis, type of vascular access:</b></p> <p>AV fistula/graft                  Hemodialysis central line                  Unknown</p>
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<p><b>47. Surgeries in the 90 days before, not including the DISC:</b></p> <p>Abdominal surgery (specify): _____                      Open abdomen                      Laparoscopic                      Unknown                  Non-abdominal surgery (specify): _____                  No surgery</p>	<p><b>48. Pancreatitis in the 90 days before, not including the DISC:</b></p> <p>Yes      No      Unknown</p> <hr/> <p><b>49. Did the patient have any ostomies of the gastrointestinal tract including ileostomy, colostomy, etc. in the 30 calendar days before, not including the DISC?</b></p> <p>Yes      No      Unknown</p>
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<p><b>50. Chronic Urinary Tract Problems/Abnormalities:</b></p> <p>Yes      No      Unknown</p>	<p><b>50a. If yes, did the patient have any urinary tract procedures in the 90 days before, not including the DISC?</b></p> <p>Yes      No      Unknown</p>
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**51. Was the patient neutropenic in the 2 calendar days before, not including the DISC?**

Yes      No      Unknown (no WBC days -2 or 0, or no differential)

<b>52. Did the patient have a CVC in the 2 calendar days before, not including the DISC?</b>			
Yes	No	Had CVC but can't find dates	Unknown
If yes, check here if central line in place for >2 calendar days.			
<b>52a. If yes, CVC type: (Check all that apply)</b>			
Non-tunneled CVCs	Implantable ports	Other (specify): _____	
Tunneled CVCs	Peripherally inserted central catheter (PICC)	Unknown	
<b>52b. Were all CVCs removed or changed in the 2 days before or in the 6 days after the DISC?</b>			
Yes	CVC removed, but can't find dates		Unknown
No	Died or discharged before indwelling catheter replaced		
<b>53. Did the patient have a midline catheter in the 2 calendar days before, not including the DISC?</b>			
Yes	No	Unknown	
<b>54. Did the patient have any of the following indwelling devices or other devices present in the 2 calendar days before, not including the DISC?</b>			
Urinary Catheter/Device	Respiratory	Gastrointestinal	
Indwelling urethral	ET/NT	Abdominal drain (specify): _____	
Suprapubic	Tracheostomy	Gastrostomy	
	Invasive mechanical ventilation		
<b>55. Did the patient have a positive SARS-CoV-2 test result (molecular assay, antigen, or other confirmatory test, excluding serology) from a specimen collected in the 90 days before the DISC or on the DISC?</b>		<b>55a. If yes, date of specimen collection for initial positive SARS-CoV-2 test:</b>	
Yes	No	Date: _____ Date Unknown	
Unknown	<b>55b. If yes, EIP COVID-NET Case ID: _____</b>		
	Unknown	Out of EIP COVID-NET catchment area	
<b>56. Did the patient receive systemic antibacterial medication in the 14 days before, not including the DISC?</b>			
Yes	No	Unknown	
<b>57. Did the patient receive any systemic steroids in the 30 days before, not including the DISC?</b>		<b>57a. If yes, what was the reason steroids were administered? (check all that apply)</b>	
Yes	No	Steroid(s) given as an outpatient medication	
Unknown	Steroid(s) given, prior to <i>Candida</i> DISC, during hospitalization associated with candidemia episode		
	Steroid(s) given as part of treatment/management for COVID-19		
	None of the above		
<b>58. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?</b>			
Yes	No	Unknown	
<b>59. Did the patient receive systemic antifungal medication on the day of or in the 13 days before the DISC?</b>			
Yes (if Yes, fill out question 66)	No	Unknown	
<b>60. Was the patient administered systemic antifungal medication after, not including the DISC?</b>			
Yes (if Yes, fill out question 66)	No	Unknown	
<b>61. If antifungal medication was not given to treat current candidemia infection, what was the reason?</b>			
Patient died before culture result available to clinicians		Other reason documented in medical records, specify: _____	
Comfort care only measures were instituted			
Patient discharged before culture result available to clinician		Patient refused treatment against medical advice	
Medical records indicated culture result not clinically significant or contaminated		Unknown	
— IF ANY ANTIFUNGAL MEDICATION WAS GIVEN, COMPLETE NEXT PAGE —			
<b>OTHER</b>			
<b>62. Does the chart indicate that the incident specimen was considered a contaminant or was considered to not be indicative of true infection?</b>			
Yes	No	Unknown	
<b>63. Was the patient under the care of an infectious disease physician on the day of the DISC or within the 6 days after the DISC?</b>			
Yes	No	Unknown	
<b>64. Did the patient have an echocardiogram (ECHO), including transthoracic (TTE) or transesophageal (TEE), on the day of or 13 days after the DISC?</b>			
Yes	No	Unknown	
<b>65. Did the patient have a dilated fundoscopic eye exam on the day of or 13 days after the DISC?</b>			
Yes	No	Unknown	

**Antifungal Medication Tables**

**Drug abbreviations (NOTE: Please use abbreviation when entering data)**

**Amphotericin** – any IV formulation (Amphotec, Amphocil, Fungizone, Abelcet, Ambiosome, etc.)=**AMBIV**

**Anidulafungin** (Eraxis)=**ANF**

**Caspofungin** (Candidas)=**CAS**

**Fluconazole** (Diflucan)=**FLC**

**Flucytosine** (5FC)=**5FC**

**Isavuconazole** (cresemba)=**ISU**

**Itraconazole** (Sporanox)=**ITC**

**Micafungin** (Mycamine)=**MFG**

**Other**=**OTH**

**Posaconazole** (Noxafil)=**PSC**

**UNKNOWN DRUG**=**UNK**

**Voriconazole** (Vfend)=**VRC**

**66. ANTIFUNGAL MEDICATION**

a. Drug Abbrev	b. First date given	c. Date start unknown	d. Last date given	e. Date stop unknown	f. Indication	g. Reason for stopping (if applicable)
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	

— END OF CHART REVIEW FORM —

**AFST results for additional *Candida* isolates**

Antifungal susceptibility testing: check here if no testing done/no test reports available

Date of culture	Species	Drug	MIC	Interpretation					
	CA	Amphotericin B		S	SDD	I	R	NI	ND
	CG	Anidulafungin (Eraxis)		S	SDD	I	R	NI	ND
	CP	Caspofungin (Cancidas)		S	SDD	I	R	NI	ND
	CT	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CD	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CL	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CK	Flucytosine (5FC)		S	SDD	I	R	NI	ND
	CGM	Itraconazole (Sporanox)		S	SDD	I	R	NI	ND
	CO	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CGN	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CS	Posaconazole (Noxafil)		S	SDD	I	R	NI	ND
	Pending	Voriconazole (Vfend)		S	SDD	I	R	NI	ND
	CA	Amphotericin B		S	SDD	I	R	NI	ND
	CG	Anidulafungin (Eraxis)		S	SDD	I	R	NI	ND
	CP	Caspofungin (Cancidas)		S	SDD	I	R	NI	ND
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	CGN	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CS	Posaconazole (Noxafil)		S	SDD	I	R	NI	ND
	Pending	Voriconazole (Vfend)		S	SDD	I	R	NI	ND

Antifungal susceptibility testing: check here if no testing done/no test reports available

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	CD	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CL	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CK	Flucytosine (5FC)		S	SDD	I	R	NI	ND
	CGM	Itraconazole (Sporanox)		S	SDD	I	R	NI	ND
	CO	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CGN	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CS	Posaconazole (Noxafil)		S	SDD	I	R	NI	ND
	Pending	Voriconazole (Vfend)		S	SDD	I	R	NI	ND
	CA	Amphotericin B		S	SDD	I	R	NI	ND
	CG	Anidulafungin (Eraxis)		S	SDD	I	R	NI	ND
	CP	Caspofungin (Cancidas)		S	SDD	I	R	NI	ND
	CT	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CD	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CL	Fluconazole (Diflucan)		S	SDD	I	R	NI	ND
	CK	Flucytosine (5FC)		S	SDD	I	R	NI	ND
	CGM	Itraconazole (Sporanox)		S	SDD	I	R	NI	ND
	CO	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CGN	Micafungin (Mycamine)		S	SDD	I	R	NI	ND
	CS	Posaconazole (Noxafil)		S	SDD	I	R	NI	ND
	Pending	Voriconazole (Vfend)		S	SDD	I	R	NI	ND