

# Carbapenem-Resistant *Enterobacteriaceae* (CRE)

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_ Birth date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex:  Male  Female  Unk  
 City/State/Zip: \_\_\_\_\_ Ethnicity:  Not Hispanic or Latino  
 Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  Hispanic or Latino  Unk  
 Occupation/grade: \_\_\_\_\_ Employer/School: \_\_\_\_\_ Race:  White  Black/Afr. Amer.  
 Am. Ind/AK Native  
 Native HI/Other PI  
 Asian  Unk

Alternate contact:  Parent/Guardian  Spouse  Other  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_ Entered in WVEDSS?  Yes  No  Unk  
 Investigation Start Date: \_\_/\_\_/\_\_\_\_ Case Classification:  
 Earliest date reported to LHD: \_\_/\_\_/\_\_\_\_  Confirmed  Not a case  Unknown  
 Earliest date reported to DIDE: \_\_/\_\_/\_\_\_\_

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source:  Laboratory  Hospital  HCP  Public Health Agency  Other  
 Reporter Name: \_\_\_\_\_ Reporter Phone: \_\_\_\_\_  
 Primary HCP Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## LABORATORY

Organism:  *Klebsiella pneumoniae*  *Escherichia coli*  *Enterobacter cloacae*  Other (specify): \_\_\_\_\_  
 Culture type:  Surveillance  Clinical Specimen Source: \_\_\_\_\_ Collection date: \_\_/\_\_/\_\_\_\_

Carbapenem Interpretations:	S	I	R	Not tested	Resistant (R) to at least one carbapenem? Y <input type="checkbox"/> N <input type="checkbox"/> Not tested <input type="checkbox"/>
Ertapenem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Detection of carbapenemase production by a recognized test (e.g. positive modified Hodge test (MHT), PCR, etc.)? Y <input type="checkbox"/> N <input type="checkbox"/> Not tested <input type="checkbox"/>
Meropenem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Imipenem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doripenem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## EPIDEMIOLOGIC

Y N U  
   Was the patient hospitalized at the time of specimen collection?  
 If YES: Hospital Name: \_\_\_\_\_ Date of Admission: \_\_/\_\_/\_\_\_\_  
   Does patient reside in (or will be discharged to) a nursing home or other long-term care facility?  
 If YES: LTCF Name: \_\_\_\_\_ LTCF Address: \_\_\_\_\_  
   Did patient die? If YES, date of death: \_\_\\_\_\\_\_\_\_  
   Did patient visit any other healthcare facilities in the 6 months before their CRE diagnosis (physician offices, dialysis clinics, etc)?  
 If YES: Provider/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Provider/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Provider/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

## PUBLIC HEALTH ISSUES

Y N U  
   Epi-linked to another confirmed case of CRE  
   Case is part of an outbreak  
   Other:

## PUBLIC HEALTH ACTIONS

Y N U  
   CRE initial assessment conducted with LTCF  
   CDC 2012 CRE Toolkit provided to & discussed with LTCF  
   Patient and/or family interviewed and given education  
   Non-LTCF healthcare provider given education  
   Patient is lost to follow-up  
   Other:

## NOTES

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