

**NATIONAL ENHANCED MANDATORY SURVEILLANCE OF  
CLOSTRIDIoidES DIFFICILE INFECTION**  
IN STRICT CONFIDENCE

Please tick boxes or write in the white space(s) provided (see notes on page 2)

**PATIENT DETAILS**

Patient's initials:

Patient's surname:

NHS number:

Hospital number:

Date of birth:

Sex: Male: ☐ Female: ☐ Unknown: ☐

Date specimen taken:

Lab number:

Episode category:

(please tick one option)

New infection: ☐

Continuing infection: ☐

Repeat/Relapse: ☐

Unknown: ☐

Is patient on dialysis:

Yes: Acute RF: ☐

Yes: Established RF: ☐

No: ☐

Unknown: ☐

**ADMISSION DETAILS**

Patient category:

(please tick one option)

In-patient: ☐

Day patient: ☐

Outpatient: ☐

Emergency assessment: ☐

A & E only: ☐

Regular attender: ☐

Other: ☐

If Other:

If patient admitted complete this section

Admitted this episode:

Yes: ☐ No: ☐

Unknown: ☐

Date of Admission:

Admission method:

(please tick one option)

Not applicable: ☐

Unknown: ☐

Waiting list: ☐

Planned (deferred): ☐

Emergency: ☐

Other (inc. maty): ☐

Main Specialty:

Treatment Specialty:

Augmented care:

Provenance of patient:

(please tick one option)

Home: ☐

Hospital: ☐

Nursing/Residential home: ☐

Community hospital: ☐

Private hospital: ☐

Temporary accommodation: ☐

Penal establishment: ☐

Non-UK resident: ☐

Mental health hospital: ☐

Not known: ☐

Other: ☐

If hospital; Hospital name:

If Other; Location:

If non UK country:

Additional Comments:

**PRIOR TRUST EXPOSURE**

**Inpatient Details**

Has the patient been discharged from an elective or emergency hospital admission in the reporting trust in the last 84 days?

Yes: ☐

No: ☐

Please provide the date of discharge for the most recent elective or emergency hospital admission prior to the patients positive specimen

**RISK FACTOR**

Has the patient been on anti-cancer chemotherapy in 28 days prior to specimen date?

Yes: ☐ No: ☐

Don't know: ☐

Onset of diarrhoea (this episode)

Best estimate of date of onset of diarrhoea

**Antimicrobial Usage**

Was patient on antimicrobials when specimen was taken?

(please tick one option)

Yes: ☐ No: ☐

Don't know: ☐

If yes, which antimicrobials was the patient on when specimen was taken?

Was patient on any other antimicrobials in the preceding 7 days?

(please tick one option)

Yes: ☐ No: ☐

Don't know: ☐

If yes, which antimicrobials was the patient on in the preceding 7 days?

**Reference Laboratory Result**

Was the specimen sent for typing?

Yes: ☐ No: ☐

Unknown: ☐

If yes, what date?

Specimen Category

(please tick one option)

Random sampling: ☐

Clinical decision: ☐

Outbreak/cluster: ☐

Unknown: ☐

Other:

## INPATIENT DETAILS

For inpatients only, do you have further information about where the patient acquired their infection?

Neurological ICU:	<input type="text"/>	Combined CCU and ICU:	<input type="text"/>
Combined HDU and ICU:	<input type="text"/>	Cardiac care unit or coronary care unit (ICU):	<input type="text"/>
HDU:	<input type="text"/>	Spinal injury ICU:	<input type="text"/>
Post operative recovery unit :	<input type="text"/>	Cardiothoracic intensive ICU:	<input type="text"/>
Burns critical care unit :	<input type="text"/>	Liver Unit:	<input type="text"/>
Neonatal ICU:	<input type="text"/>	Paediatric ICU:	<input type="text"/>
Combined HDU and CCU:	<input type="text"/>	Other:	<input type="text"/>
Paediatric HDU:	<input type="text"/>	Not applicable:	<input type="text"/>
Renal unit:	<input type="text"/>	Unknown:	<input type="text"/>
Liver ICU:	<input type="text"/>	General Intensive Care Unit :	<input type="text"/>
Date from:	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>	Date To :	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>



### NATIONAL ENHANCED MANDATORY SURVEILLANCE OF *CLOSTRIDIoidES DIFFICILE* INFECTION

On completion please transfer this information to the mandatory surveillance of *Clostridioides difficile* infection surveillance system at:

<https://hcaidcs.phe.org.uk/WebPages/GeneralHomePage.aspx>

<https://hcaidcs.phe.org.uk>

#### Guidance on the completion of the form

Please complete one reporting form for each case diagnosed on or after the 1st April 2007 in England meeting the following case definition of CDI.

1. All laboratory confirmed cases of *C. difficile* infection
2. This includes all *C.difficile* infection identified within each trust, whether clinically significant or not, whether treated or not, whether acquired in the trust providing the testing or not.

3. All cases should be reported regardless of location or origin of the patient at the time the specimen was taken i.e. regardless of whether the patient was in a hospital or another setting; this includes blood cultures taken within 3 days of admission to hospital and cases amongst Welsh patients diagnosed in English laboratories.

4. Positive blood cultures taken within 28 days of the first sample should not be reported as they are considered to be the same episode, unless a negative blood culture has been obtained in the interim period. Positive blood cultures taken more than 28 days after the first sample of each episode should be reported, as these are considered to be part of a new episode.

An "episode" relates to the 28 day period following the initial specimen (or subsequent specimens each greater than 28 days from the previous).

#### Definitions

Patient Detail information should be completed by the microbiologist on identification of an *C. difficile* infection.

**Episode Category:** This allows the user to indicate whether the record applies to a new infectious episode; a continuing infection or whether the patient has suffered a repeat infection or relapse.

- **New infection** - is the first positive for a patient or an episode after 3 months without positive blood cultures.
- **Continuing infection** - is for a result where the patient has had on-going positive blood cultures but is >28days since the initial positive so is counted as a new episode.
- **Repeat/relapse** - patient has had positive blood cultures in the past 3 months but with negative blood cultures up to this positive result.
- **Dialysis:** Record whether the patient was dependent on renal dialysis at the time the specimen was taken and if so which type of dialysis (established RF if patient was dialysis dependent prior to current admission).

**Patient Category:** Identifies the category of patient at the time the specimen was taken.

- **In - patient** – a patient already admitted to hospital at the time the specimen was taken
- **Outpatient** – a patient who is not admitted and was receiving outpatient care at the time the specimen was taken.
- **A&E only** – a patient who was receiving care in an A&E department when the specimen was taken irrespective of whether they were subsequently admitted.
- **Emergency assessment** – a patient receiving care on a non admissions ward at the time the sample was taken; in an emergency assessment unit.
- **Regular attendee** – patients who make regular visits to hospital, for broadly similar treatment, and are discharged the same day; such as patients on dialysis or plasmapheresis.
- **Day patient** - patients who were attending a hospital and admitted as a day case when the specimen was taken. A day patient is a patient who attends a hospital without overnight stay. Day patients may be distinguished from outpatients in that their attendance at a day hospital is planned, usually lasts for at least half a day, and does not require use of an overnight bed.

Any subsequent location of the patient after the sample was taken is not relevant here (for example if the patient was admitted after having a sample taken in A&E, the patient category is still "A&E only")

**Admitted this episode:** Admission method indicates the primary reason why a patient is admitted for in - patient or day patient care.

One of the following should be selected:

- **Waiting list** - A waiting list admission occurs when a patient whose name was on an inpatient or day case waiting list for the specialty is admitted to that specialty as planned.
- **Emergency** - An emergency admission occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor. The patient may or may not be admitted through Accident & Emergency.
- **Planned (deferred)** - A patient admitted as planned to the specialty as an inpatient or day patient. A deferred admission occurs when a patient whose name was on the deferred admission waiting list for the specialty, is admitted, as planned, to the specialty as an inpatient or day patient.
- **Other** – any other type of admission including maternity and neonatal admissions and transfer from another provider.

**Specialty:** Records the specialty of the consultant the patient was under at the time the specimen was taken

**Provenance of Patient:** Records where the patient was located prior to this hospital admission, such as home (normal place of residence), other hospitals or abroad.

**Prior Trust Exposure:** whether the patient has been admitted to the **reporting trust**, prior to the current infection episode. Admissions to other trusts are not included in this question.

**Risk Factors:** anti-cancer chemotherapy, diarrhoea and antimicrobial usage are variables that may have increased risk or susceptibility to CDI.

The form should be stored securely or destroyed immediately if it contains patient identifiable information; please refer to local security policy for further guidance.

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