UK Health Security Agency

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)

Options outlined with a dashed line require additional question/s to be completed

Mandatory fields are marked with red asterisk (*)

Mandatory for Sign-Off fields are marked with red hash (#)

PATIENT DETAILS

Patient's forename*: **Patient's surname*:**

NHS number*: **Hospital number:**

Date of birth*: dd mm yyyy **Sex*:** Male: Female: Unknown:

Specimen Date*#: dd mm yyyy **Specimen Number:**

Type of Specimen Date*#: *(please tick one option)* Date Specimen Taken: Date Received in Lab: **Laboratory where specimen processed:**

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:

Admitted any time during this episode: Yes: No: Unknown:

ADMISSION DETAILS

Section 1a

Patient location*: *(please tick one option)* NHS Acute Trust: Non-acute NHS Provider: Independent Sector Provider: Mental Health Provider: Other *(free text)*: Nursing Home: Residential Home: GP: Penal Establishment: Unknown:

If **Patient location** is **'NHS Acute Trust', 'Non-acute NHS Provider', 'Independent Sector Provider', and 'Mental Health Provider'** fill in **section 1b & 1c of ADMISSION DETAILS**. If **'Other'** then fill in **section 1c of ADMISSION DETAILS**. For **all other options, skip section 1b & 1c**.

Section 1b

Trust/Provider#:

Hospital site#:

Section 1c

Patient category*: *(please tick one option)* In-patient: Emergency assessment: Unknown: Day patient: Virtual Ward: Other *(free text)*: Outpatient: A & E only: Regular attender:

Main Specialty#:

Treatment Specialty#:

Augmented care#:

If **Patient category** is **'In-patient', 'Emergency Assessment', 'Unknown', 'Day patient', 'Virtual ward', 'Other'** fill in the **continued section 1c** below. For **all other options, skip the below continued section 1c**.

Continued section 1c

Date of Admission (decision-to-admit date where via A&E)*: *(leave blank if unknown)* dd/mm/yyyy

Admission method#: *(please tick one option)* Not applicable: Unknown: Waiting list: Planned (deferred): Emergency: Other (inc. maty): *(free text)*

PROVENANCE DETAILS

Section 2a

Provenance of patient: *(please tick one option)* Hospital (UK or abroad): Non-Acute NHS Provider: Mental Health Provider: Independent Sector Provider: Non-UK resident: Other *(free text)*: Nursing/residential home: Penal establishment: Home: Temporary Accommodation (School, Hotel etc): Unknown: Intermediate care facility:

If **Provenance** is **'Hospital (UK or abroad)', 'Non-Acute NHS Provider', 'Mental Health Provider', 'Independent Sector Provider'** fill in **section 2b**. For **all other options, skip section 2b**.

Section 2b

Trust / Provider Admitted From:

If **Trust/Provider Admitted From** is **NOT in England skip continued section 2b**. If is **Non-UK skip continued section 2b, AND fill in section 2c.**

Continued section 2b

Hospital Site Admitted From:

If **Provenance** is **'Non-UK resident' OR section 2b; Trust / Provider Admitted From** is **Non-UK** fill in **section 2c**. For **all other options, skip section 2c**.

Section 2c

Non-UK Country:

Additional Comments:

PRIOR TRUST EXPOSURE

Has the patient been discharged from an elective or emergency hospital admission in the reporting trust in the last 84 days?#: Yes: No: Don't know:

If 'Yes' fill in the question below:

Please provide the date of discharge for the most recent elective or emergency hospital admission prior to the patients positive specimen*: dd mm yyyy

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RISK FACTORS

Section 3a

Fill in the number of different antibiotics that the patient was prescribed (all settings) in the 28 days prior to, and including, the date of positive specimen#:

0 antibiotics: ☐ Unknown: ☐

	Name:	Setting:	Date started *(leave blank if unknown)*:	Date finished:
Antibiotic 1		Primary care (including Pharmacy First): ☐ Secondary care: ☐ Dentistry: ☐ Unknown: ☐ Other *(free text)*:	dd mm yyyy	dd mm yyyy
Antibiotic 2		Primary care (including Pharmacy First): ☐ Secondary care: ☐ Dentistry: ☐ Unknown: ☐ Other *(free text)*:	dd mm yyyy	dd mm yyyy
Antibiotic 3		Primary care (including Pharmacy First): ☐ Secondary care: ☐ Dentistry: ☐ Unknown: ☐ Other *(free text)*:	dd mm yyyy	dd mm yyyy
Antibiotic 4		Primary care (including Pharmacy First): ☐ Secondary care: ☐ Dentistry: ☐ Unknown: ☐ Other *(free text)*:	dd mm yyyy	dd mm yyyy
Antibiotic 5		Primary care (including Pharmacy First): ☐ Secondary care: ☐ Dentistry: ☐ Unknown: ☐ Other *(free text)*:	dd mm yyyy	dd mm yyyy

Other antibiotics (name, setting, dates)

Fill in the number of treatments that were provided for this episode of C. difficile infection:

0 treatments: ☐ Unknown: ☐

	Date started *(leave blank if unknown)*:	Date ended 1 *(Actual or expected)*:	Status:	Treatment:	Route of administration:
Treatment 1	dd/mm/yyyy	dd/mm/yyyy	Ongoing: ☐ Completed: ☐ Unknown: ☐	Fidaxomicin (200 mg): ☐ Metronidazole (500 mg): ☐ Vancomycin (125 mg): ☐ Vancomycin (250 mg): ☐ Vancomycin (500 mg): ☐ Other *(free text)*:	Intravenous (IV): ☐ Rectal: ☐ Unknown: ☐ Oral (including nasogastric and nasojejunal): ☐ Other *(free text)*:
Treatment 2	dd/mm/yyyy	dd/mm/yyyy	Ongoing: ☐ Completed: ☐ Unknown: ☐	Fidaxomicin (200 mg): ☐ Metronidazole (500 mg): ☐ Vancomycin (125 mg): ☐ Vancomycin (250 mg): ☐ Vancomycin (500 mg): ☐ Other *(free text)*:	Intravenous (IV): ☐ Rectal: ☐ Unknown: ☐ Oral (including nasogastric and nasojejunal): ☐ Other *(free text)*:

Treatment 3

dd/mm/yyyy | dd/mm/yyyy | Ongoing: | Completed: | Unknown:

Fidaxomicin (200 mg): | Metronidazole (500 mg): | Vancomycin (125 mg): | Vancomycin (250 mg): | Vancomycin (500 mg): | Other *(free text)* :

Intravenous (IV): | Rectal: | Unknown: | Oral (including nasogastric and nasojejunal): | Other *(free text)* :

Treatment 4

dd/mm/yyyy | dd/mm/yyyy | Ongoing: | Completed: | Unknown:

Fidaxomicin (200 mg): | Metronidazole (500 mg): | Vancomycin (125 mg): | Vancomycin (250 mg): | Vancomycin (500 mg): | Other *(free text)* :

Intravenous (IV): | Rectal: | Unknown: | Oral (including nasogastric and nasojejunal): | Other *(free text)* :

Other treatments (dates, status, name, route)

Was the patient prescribed (all settings) a Proton Pump Inhibitor (PPI) in the 28 days prior to, and including, the date of the positive specimen: Yes: | No: | Unknown:

Did the patient have severe or life-threatening CDI: Yes: | No: | Unknown:

How long after diarrhoea onset was a stool sample sent for C. difficile testing *(please tick one option)* **:** <8 hours: | 8 to <16 hours: | 16 to <24 hours: | =>24 hours: | Unknown:

If the patient was in hospital, were they placed in appropriate patient placement (e.g. isolation/cohort ward/cohort bay) within 4 hours of their confirmed CDI diagnosis *(please tick one option)* **:**

Yes - including patients already isolated prior to CDI diagnosis: | No - but the patient was placed in an appropriate setting after 4 hours: | No - patient was never appropriately placed before discharge (e.g. care in unconventional location): | Not applicable: | Unknown:

Was the patient prescribed systemic anti-cancer therapy (SACT) at any point during the 12 months prior to, and including, the date of the positive specimen: No: | Unknown: | Yes: → *If 'Yes' fill in this question:*

When did the SACT end (use most recent SACT) *(please tick one option)* **:** <28 days: | 28 days-<6 months: | 6 months-<1 year: | Unknown:

Was there evidence of potential cross-transmission of C. difficile in the patient's setting (e.g. ward, care home): No: | Unknown: | Yes: *If 'Yes' fill in the question below:*

Did the cases have the same C. difficile PCR ribotype *(please tick one option)* **:**

Yes, at least 2 cases had same ribotype: | No cases had the same ribotype: | Not sent for ribotyping at all: | Ribotyping results pending: | Unknown: | Incomplete ribotyping (e.g. not all cases ribotyped, but no matches so far):

INPATIENT DETAILS

Section 4a

For inpatients only, do you have further information about where the patient acquired their infection: Yes: | Unknown: | Unassessed:

If **do you have further information about where the patient acquired their infection?** is **'Yes'** fill in **section 4b**. For **all other options, skip section 4b**

Section 4b

What Specialty was the infection thought to have been acquired in (Augmented Care)?*:

(please tick one option)

Neurological ICU: | Combined CCU and ICU: | Combined HDU and CCU:

Combined HDU and ICU: | Cardiac care unit or coronary care unit (ICU): | Paediatric HDU:

HDU: | Spinal injury ICU: | Renal unit:

Post operative recovery unit : | Cardiothoracic intensive ICU: | Liver ICU:

Burns critical care unit : | Liver Unit: | General Intensive Care Unit:

Neonatal ICU: | Paediatric ICU: | Unknown:

Not otherwhere specified (Other) *(free text)* :

Date from: dd | mm | yyyy **Date To:** dd | mm | yyyy

If applicable did the care within this particular treatment speciality end in discharge or death: Death: | Discharge:

Date Of Discharge / Death: dd | mm | yyyy

Ward Type: *(please tick one option)* Single room: | Double room: | 4-bedded bay: | 6-bedded bay: | Unknown: | Nightingale ward: | Other *(free text)* :

If **ward type** is **'Nightingale ward'**, **'Other'** fill in **continued section 4b**. For **all other options, skip continued section 4b**

Continued section 4b

Total number of beds*:

HEALTHCARE INTERACTIONS

Fill in the healthcare interactions 12 Weeks Prior to Specimen. Healthcare interactions are optional, but all * fields must be completed for each interaction at a minimum

Healthcare interaction 1

When*: Last 7 days: ☐ 1 - 4 weeks: ☐ 1 - 2 months: ☐ 2 - 3 months: ☐ Unknown: ☐

Type of Interaction*: In-patient: ☐ Outpatient: ☐ A&E only: ☐ Emergency assessment: ☐ Regular attender: ☐
Primary care: ☐ Day patient: ☐ Other *(free text)* :

Where - Organisation type*: NHS Acute Trust: ☐ Non-Acute NHS Provider: ☐ Mental Health Trust: ☐ Unknown: ☐
Independent Sector Provider: ☐ Other *(free text)* :

Where - Organisation name*:

Date from*: dd mm yyyy **Date To*:** dd mm yyyy

Reason for the interaction*: General medicine: ☐ General surgery: ☐ Vascular surgery: ☐ Cardiac surgery: ☐
ENT surgery: ☐ Elderly care: ☐ Paediatrics: ☐ Obstetrics: ☐ Gynaecology: ☐
Endoscopy: ☐ Imaging: ☐ Gastrointestinal surgery: ☐ Unknown: ☐
Other *(free text)* :

Admission method*: Not applicable: ☐ Unknown: ☐ Waiting list: ☐ Planned (deffered): ☐
Emergency: ☐ Other (incl. maternity) *(free text)* :

Healthcare interaction 2

When*: Last 7 days: ☐ 1 - 4 weeks: ☐ 1 - 2 months: ☐ 2 - 3 months: ☐ Unknown: ☐

Type of Interaction*: In-patient: ☐ Outpatient: ☐ A&E only: ☐ Emergency assessment: ☐ Regular attender: ☐
Primary care: ☐ Day patient: ☐ Other *(free text)* :

Where - Organisation type*: NHS Acute Trust: ☐ Non-Acute NHS Provider: ☐ Mental Health Trust: ☐ Unknown: ☐
Independent Sector Provider: ☐ Other *(free text)* :

Where - Organisation name*:

Date from*: dd mm yyyy **Date To*:** dd mm yyyy

Reason for the interaction*: General medicine: ☐ General surgery: ☐ Vascular surgery: ☐ Cardiac surgery: ☐
ENT surgery: ☐ Elderly care: ☐ Paediatrics: ☐ Obstetrics: ☐ Gynaecology: ☐
Endoscopy: ☐ Imaging: ☐ Gastrointestinal surgery: ☐ Unknown: ☐
Other *(free text)* :

Admission method*: Not applicable: ☐ Unknown: ☐ Waiting list: ☐ Planned (deffered): ☐
Emergency: ☐ Other (incl. maternity) *(free text)* :

Fill in the healthcare interactions 12 Weeks Prior to Specimen. Healthcare interactions are optional, but all * fields must be completed for each interaction at a minimum

Healthcare interaction number ☐

When*: Last 7 days: ☐ 1 - 4 weeks: ☐ 1 - 2 months: ☐ 2 - 3 months: ☐ Unknown: ☐

Type of Interaction*: In-patient: ☐ Outpatient: ☐ A&E only: ☐ Emergency assessment: ☐ Regular attender: ☐
Primary care: ☐ Day patient: ☐ Other *(free text)* :

Where - Organisation type*: NHS Acute Trust: ☐ Non-Acute NHS Provider: ☐ Mental Health Trust: ☐ Unknown: ☐
Independent Sector Provider: ☐ Other *(free text)* :

Where - Organisation name*:

Date from*: dd mm yyyy **Date To*:** dd mm yyyy

Reason for the interaction*: General medicine: ☐ General surgery: ☐ Vascular surgery: ☐ Cardiac surgery: ☐
ENT surgery: ☐ Elderly care: ☐ Paediatrics: ☐ Obstetrics: ☐ Gynaecology: ☐
Endoscopy: ☐ Imaging: ☐ Gastrointestinal surgery: ☐ Unknown: ☐
Other *(free text)* :

Admission method*: Not applicable: ☐ Unknown: ☐ Waiting list: ☐ Planned (deffered): ☐
Emergency: ☐ Other (incl. maternity) *(free text)* :

Healthcare interaction number ☐

When*: Last 7 days: ☐ 1 - 4 weeks: ☐ 1 - 2 months: ☐ 2 - 3 months: ☐ Unknown: ☐

Type of Interaction*: In-patient: ☐ Outpatient: ☐ A&E only: ☐ Emergency assessment: ☐ Regular attender: ☐
Primary care: ☐ Day patient: ☐ Other *(free text)* :

Where - Organisation type*: NHS Acute Trust: ☐ Non-Acute NHS Provider: ☐ Mental Health Trust: ☐ Unknown: ☐
Independent Sector Provider: ☐ Other *(free text)* :

Where - Organisation name*:

Date from*: dd mm yyyy **Date To*:** dd mm yyyy

Reason for the interaction*: General medicine: ☐ General surgery: ☐ Vascular surgery: ☐ Cardiac surgery: ☐
ENT surgery: ☐ Elderly care: ☐ Paediatrics: ☐ Obstetrics: ☐ Gynaecology: ☐
Endoscopy: ☐ Imaging: ☐ Gastrointestinal surgery: ☐ Unknown: ☐
Other *(free text)* :

Admission method*: Not applicable: ☐ Unknown: ☐ Waiting list: ☐ Planned (deffered): ☐
Emergency: ☐ Other (incl. maternity) *(free text)* :

Healthcare interaction number

When*: Last 7 days: | 1 - 4 weeks: | 1 - 2 months: | 2 - 3 months: | Unknown:

Type of Interaction*: In-patient: | Outpatient: | A&E only: | Emergency assessment: | Regular attender:
Primary care: | Day patient: | Other *(free text)* :

Where - Organisation type*: NHS Acute Trust: | Non-Acute NHS Provider: | Mental Health Trust: | Unknown:
Independent Sector Provider: | Other *(free text)* :

Where - Organisation name*:

Date from*: dd mm yyyy **Date To*:** dd mm yyyy

Reason for the interaction*: General medicine: | General surgery: | Vascular surgery: | Cardiac surgery:
ENT surgery: | Elderly care: | Paediatrics: | Obstetrics: | Gynaecology:
Endoscopy: | Imaging: | Gastrointestinal surgery: | Unknown:
Other *(free text)* :

Admission method*: Not applicable: | Unknown: | Waiting list: | Planned (deffered):
Emergency: | Other (incl. maternity) *(free text)* :

Healthcare interaction number

When*: Last 7 days: | 1 - 4 weeks: | 1 - 2 months: | 2 - 3 months: | Unknown:

Type of Interaction*: In-patient: | Outpatient: | A&E only: | Emergency assessment: | Regular attender:
Primary care: | Day patient: | Other *(free text)* :

Where - Organisation type*: NHS Acute Trust: | Non-Acute NHS Provider: | Mental Health Trust: | Unknown:
Independent Sector Provider: | Other *(free text)* :

Where - Organisation name*:

Date from*: dd mm yyyy **Date To*:** dd mm yyyy

Reason for the interaction*: General medicine: | General surgery: | Vascular surgery: | Cardiac surgery:
ENT surgery: | Elderly care: | Paediatrics: | Obstetrics: | Gynaecology:
Endoscopy: | Imaging: | Gastrointestinal surgery: | Unknown:
Other *(free text)* :

Admission method*: Not applicable: | Unknown: | Waiting list: | Planned (deffered):
Emergency: | Other (incl. maternity) *(free text)* :