CRE

COUNTY

FOR STATE USE ONLY #

___/___/___ case report ☐ confirmed ☐ presumptive

___/___/___ interstate ☐ suspect

Genus and species:_____

CASE IDENTIFICATION

Name_____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City County Zip

Special housing: ☐ Homeless ☐ Prison/jail ☐ Foster home ☐ Hospital/asst living ☐ other _____

e-mail address_____ Language spoken _____

ALTERNATIVE CONTACT: ☐ Parent ☐ Spouse ☐ Household Member ☐ Friend ☐ _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT *(check all that apply)*

☐ Lab ☐ Infection Control Practitioner

☐ Physician ☐ _____

Name _____

Phone _____ Date ___/___/___
(first report)

Primary M.D. _____
(if different)

Phone _____

☐ OK to talk to patient?

DEMOGRAPHICS

SEX

☐ female ☐ male

HISPANIC

☐ yes ☐ no ☐ unknown ☐ declined

DATE OF BIRTH ____/____/____
m d y

or *age* _____

☐ days ☐ months ☐ years

RACE

☐ White ☐ American Indian or Alaska native

☐ Black ☐ unknown

☐ Asian ☐ refused to answer

☐ Native Hawaiian or Pacific Islander ☐ other _____

Worksites/school/day care center_____

_____

Occupations/grade_____

BASIS OF DIAGNOSIS

CLINICAL DATA

Hospitalized: ☐ yes ☐ no ☐ unk
(at time of collection)

name of hospital _____

date of admission ____/____/____

date of discharge ____/____/____

Outcome: ☐ survived ☐ died ☐ unk

date of death ____/____/____

If survived, transferred to
☐ Private residence

☐ LTACH _____

☐ LTCF/SNF _____

☐ Other _____

☐ Unknown

LABORATORY DATA

Date of initial culture____/____/____ Facility where cultured _____
Accession number _____

Genus and species _____ MRN _____
Was the initial culture polymicrobial? ☐ yes ☐ no ☐unk

Initial culture site

☐ Blood ☐ CSF ☐ Bone ☐ Pleural fluid ☐ Peritoneal fluid
☐ Pericardial fluid ☐ Joint/synovial fluid ☐ Other sterile site ☐ Urine ☐ Wound
☐ Abscess ☐ Sputum ☐ Endotracheal aspirate ☐ BAL ☐ Skin
☐ Rectal swab ☐ Other _____

Patient location on 4th calendar date prior to initial culture date

☐ Inpatient ☐ LTACH ☐ LTCF ☐ Private residence
☐ Homeless ☐ Incarcerated ☐ Unknown

Isolate sent to OSPHL? ☐ yes ☐ no, not saved by lab ☐no, not available Date sent ____/____/____

OSPHL specimen # _____

EPI-LINKAGE

During the 6 weeks prior to onset was the patient:

yes	no	ref	unk	
☐	☐	☐	☐	associated with a known outbreak
☐	☐	☐	☐	a close contact of an infectious confirmed or presumptive case
☐	☐	☐	☐	*If yes,* was this case reported?

Orpheus ID _____

If yes to any question, specfiy names, dates, places.

PATIENT'S NAME ◦

CARBAPENEMASE TESTING RESULTS

	yes	no	unk	Results:	Pos	Neg	Indeter	Not Done	Unk
Any Carbapenemase testing performed	☐	☐	☐						
If yes,									
Hodge	☐	☐	☐		☐	☐	☐	☐	☐
E-test	☐	☐	☐		☐	☐	☐	☐	☐
KPC	☐	☐	☐		☐	☐	☐	☐	☐
NDM	☐	☐	☐		☐	☐	☐	☐	☐
VIM	☐	☐	☐		☐	☐	☐	☐	☐
IMP	☐	☐	☐		☐	☐	☐	☐	☐
OXA-48	☐	☐	☐		☐	☐	☐	☐	☐
Carba NP	☐	☐	☐		☐	☐	☐	☐	☐
Other PCR _____	☐	☐	☐		☐	☐	☐	☐	☐
Other testing _____	☐	☐	☐		☐	☐	☐	☐	☐

FOLLOW-UP

OTHER FOLLOW-UP. Provide details as appropriate.

yes no ref unk

☐ ☐ ☐ ☐ if the case was hospitalized or in a skilled nursing facility at the time of investigation, were they in contact precautions?

☐ ☐ ☐ ☐ if the case was hospitalized or in a skilled nursing facility at the time of investigation, was the interfacility transfer notice for the next transfer completed/updated and placed in the chart to accompany the patient/resident at the time of discharge?

☐ ☐ ☐ ☐ if the case was an outpatient, was education provided?

☐ ☐ ☐ ☐ if case was an outpatient, was good hand hygiene reinforced?

Y *N* **TRAVEL**

☐ ☐ Was there any international travel in the past year prior to initial culture?
If yes, countries visited: _____
Dates vistied: _____

☐ ☐ Was there any medical care during international travel during the past year?
If yes, where_____
If yes, date _____

☐ ☐ Was there domestic travel outside Oregon in the past year?
If yes, where_____
If yes,, date _____

☐ ☐ Was there any domestic medical care outside of Oregon in the past year?
If yes, where_____
If yes, date _____

Provide details about all travel, see Orpheus

ADMINISTRATION

Updated: June 2016

Remember to copy patient's name to the top of this page.

Initial report sent to OHA on ____/____/____

Completed by _____ Date _____ Phone _____ Case investigation sent to OHA on ____/____/____