Confidential
Surveillance of Carbapenemase producing Enterobacteriaceae (CPE)

Victoria State Government | Health and Human Services

Please return all completed forms to the VICNISS Coordinating Centre **by faxing 03 9342 9355**. For enquiries telephone 03 9342 9333.

Part B: Outbreak case risk history

Outbreak name

Outbreak ID Office use only
320

Case details

Full name or UR

Date of birth

Case ID Office use only
320

Screening specimens collected in the last 12 months

Date of screening specimen collection

Reason for screening
- ☐ Clinically indicated
- ☐ Point prevalence survey
- ☐ CPE contact
- ☐ Returned traveller
- ☐ Pre-admission, specify reason >
- ☐ Transmission risk area
- ☐ Other, specify >

Date of screening specimen collection

Reason for screening
- ☐ Clinically indicated
- ☐ Point prevalence survey
- ☐ CPE contact
- ☐ Returned traveller
- ☐ Pre-admission, specify reason >
- ☐ Transmission risk area
- ☐ Other, specify >

Date of screening specimen collection

Reason for screening
- ☐ Clinically indicated
- ☐ Point prevalence survey
- ☐ CPE contact
- ☐ Returned traveller
- ☐ Pre-admission, specify reason >
- ☐ Transmission risk area
- ☐ Other, specify >

Date of screening specimen collection

Reason for screening
- ☐ Clinically indicated
- ☐ Point prevalence survey
- ☐ CPE contact
- ☐ Returned traveller
- ☐ Pre-admission, specify reason >
- ☐ Transmission risk area
- ☐ Other, specify >

Risk history—additional risk factors during presentation of CPE identification

During the last 12 months prior to, or at the time of, CPE detection did the case experience:

	Yes	No	Unk	Details
Colonoscopy	☐	☐	☐	
Endoscopy	☐	☐	☐	
Other procedure	☐	☐	☐	
Long term vascular catheter (CVC, PICC, VasCath, Hickman's line, permacath etc)	☐	☐	☐	
Indwelling urinary catheter	☐	☐	☐	
Enterocutaneous fistula or abdominal wound	☐	☐	☐	
Mechanical ventilation	☐	☐	☐	
Immunosuppressive medication (corticosteroids, chemotherapy, methatrexate etc)	☐	☐	☐	
Admission to ICU	☐	☐	☐	
Stem-cell transplant	☐	☐	☐	
Chemotherapy or radiotherapy	☐	☐	☐	
Antibiotic therapy >1 month duration	☐	☐	☐	Ab: duration: treatment for:

Please identify the case on every page

Full name or UR	Date of birth	Case ID Office use only	Outbreak ID Office use only
		320	320

Risk history—medical conditions

Has the case ever:	Yes	No	Unk	Details
Been diagnosed with liver disease	☐	☐	☐	
Been diagnosed with renal or kidney disease	☐	☐	☐	
Been diagnosed with diabetes	☐	☐	☐	☐ Type 1 ☐ Type 2
Been diagnosed with an immunocompromising disease (e.g. HIV or leukaemia)	☐	☐	☐	
Received an organ transplant	☐	☐	☐	

Detail any other comorbid conditions

Risk history—recurrent healthcare presentations

Note—The information requested below can alternatively be provided as a print out from the health service patient management system, provided it includes all of the information requested.

Was the case undergoing any treatments requiring recurrent hospital admissions or presentations in Australia in the last 12 months prior to or post-CPE detection

☐ No
☐ Unknown
☐ Yes, please detail all presentations below. Complete a new row for each change of variable.

Treatment	Facility/Unit	Ward	Start/end	Ongoing	Freq. of attendance
☐ Dialysis ☐ Chemotherapy ☐ Radiotherapy ☐ Other, specify below				☐	
☐ Dialysis ☐ Chemotherapy ☐ Radiotherapy ☐ Other, specify below				☐	
☐ Dialysis ☐ Chemotherapy ☐ Radiotherapy ☐ Other, specify below				☐	
☐ Dialysis ☐ Chemotherapy ☐ Radiotherapy ☐ Other, specify below				☐	
☐ Dialysis ☐ Chemotherapy ☐ Radiotherapy ☐ Other, specify below				☐	
☐ Dialysis ☐ Chemotherapy ☐ Radiotherapy ☐ Other, specify below				☐	

Please identify the case on every page

Full name or UR	Date of birth	Outbreak ID Office use only	Outbreak ID Office use only
		320	320

Risk history—local nonrecurrent healthcare presentations (pre-detection)

Note—The information requested below can alternatively be provided as a print out from the health service patient management system, provided it includes all of the information requested.

Did the case have any other healthcare presentations within Australia in the *12 months prior* to detection of CPE (excluding admission when CPE was detected)

☐ No
☐ Unknown
☐ Yes, please detail all presentations below. Complete a new row for each presentation, admission or change in ward. There is no need to complete a row for outpatient medical presentations or specialist medical presentations unless a procedure is performed.

Two presentations per page (please number each presentation)

Presentation number

Type of presentation

☐ Acute care admission ☐ Day procedure ☐ Other, specify below
☐ Rehabilitation centre admission ☐ Emergency department presentation

Location

Facility	Ward	Unit	Admission	Discharged

Bed	date in	Bed	date in	Bed	date in	Bed	date in
Bed	date in	Bed	date in	Bed	date in	Bed	date in

Procedures

Procedure	procedure date	Procedure	procedure date
Procedure	procedure date	Procedure	procedure date

Reason for admission

Presentation number

Type of presentation

☐ Acute care admission ☐ Day procedure ☐ Other, specify below
☐ Rehabilitation centre admission ☐ Emergency department presentation

Location

Facility	Ward	Unit	Admission	Discharged

Bed	date in	Bed	date in	Bed	date in	Bed	date in
Bed	date in	Bed	date in	Bed	date in	Bed	date in

Procedures

Procedure	procedure date	Procedure	procedure date
Procedure	procedure date	Procedure	procedure date

Reason for admission

Please add addition copies of this page as required — page number _____ of _____

Please identify the case on every page

Full name or UR	Date of birth	Outbreak ID Office use only	Outbreak ID Office use only
		320	320

Risk history—local nonrecurrent healthcare presentations (post-detection)

Note—The information requested below can alternatively be provided as a print out from the health service patient management system, provided it includes all of the information requested.

Did the case have any other healthcare presentations within Australia *post* detection of CPE

- ☐ No
- ☐ Unknown
- ☐ Yes, please detail all presentations below. Complete a new row for each presentation, admission or change in ward. Seeking details regarding a presentation from a health care provider is not necessary if only a single case in an outbreak reports presentation there. There is no need to complete a row for outpatient medical presentations or specialist medical presentations unless a procedure is performed.

Please complete this page for EACH presentation (please number each presentation)

Presentation number

Type of presentation

☐ Acute care admission ☐ Day procedure ☐ Other, specify below
☐ Rehabilitation centre admission ☐ Emergency department presentation

Location

Facility	Ward	Unit	Admission	Discharged

Bed	date in	Bed	date in	Bed	date in	Bed	date in
Bed	date in	Bed	date in	Bed	date in	Bed	date in

Procedures

Procedure	procedure date	Procedure	procedure date
Procedure	procedure date	Procedure	procedure date

Reason for admission

Please add addition copies of this page as required — page number _____ of _____