

## Instructions for Completion of CDI Data Form

Please refer to the table below for instructions on each VICNISS data field.

### **CLOSTRIDIUM DIFFICILE INFECTION (CDI) (NUMERATOR)**

A [web form](#) is to be completed for each patient with CDI.

<b>Data Field</b>	<b>Instructions for Data Collection</b>
Hospital Code Number	Enter the VICNISS assigned hospital code number.
<i>Treating Unit</i>	<i>Optional field.</i> <i>Record the name of the medical unit treating the patient with CDI.</i>
<i>Treating Ward</i>	<i>Optional field.</i> <i>Record the name of the Ward in which the patient with CDI is located.</i>
MRN (UR No.)	Enter the patient UR Number. This is the alphanumeric patient identifier assigned by the hospital and may consist of a combination of numbers, letters, spaces, dashes or leading zeroes, e.g., 000-123-A.
Sex	Select Male or Female to indicate the gender of the patient.
DOB	Enter the date of the patient's birth using this format: day/month/year (DD/MM/YYYY).
Date Attended or Admitted to this Public Hospital	Enter the date patient attended or was admitted to the public hospital using this format DD/MM/YYYY.
Specimen Collection Date	Enter the date that the positive specimen was collected using this format DD/MM/YYYY.
Toxin Producing <i>C.difficile</i> Detected (e.g. toxin assay or PCR)	If <i>C.difficile</i> toxin was detected from the specimen select Yes. NOTES: If initial toxin assay is negative and subsequent test (e.g. repeat toxin assay or PCR) is positive this toxin producing isolate must be reported. If <i>C.difficile</i> toxin or toxin producing isolate was not detected a data collection form does not need to be submitted to VICNISS.
<i>C.difficile</i> Culture	If the specimen was cultured for <i>C.difficile</i> select the appropriate result, Positive or Negative. If the specimen is not cultured, select Culture Not Done.
Was <i>C.difficile</i> hyper-virulent strain detected?  If 'Yes', indicate which strain	Select Yes or No to indicate if the hypervirulent strain was detected. If the specimen was not tested for hypervirulence, select Hypervirulence Test Not Done  If hypervirulent strain was detected, specify which strain – select Ribotype 027, or Ribotype 078, or Other. If Other, specify the type of hypervirulent strain.

Data Field	Instructions for Data Collection
<p>Infection Detected</p> <p>Healthcare associated, healthcare facility onset</p> <p>Healthcare associated, community onset</p> <p>Community associated</p> <p>Indeterminate exposure</p> <p>Unknown</p>	<p>Select the box to indicate when CDI symptom onset occurred:</p> <p>Symptom onset in this public hospital more than 48 hours after admission</p> <p>Symptom onset in the community or within 48 hours of admission to this public hospital, provided that symptom onset was within 4 weeks of the last discharge from a healthcare facility in which skilled nursing care is provided, excluding residential aged care.</p> <p>Symptom onset in the community or within 48 hours of admission to this acute care hospital provided that symptom onset was more than 12 weeks after the last discharge from a healthcare facility in which skilled nursing care is provided, excluding residential aged care.</p> <p>Case does not fit any of the above criteria for exposure setting (that is, onset in community between 4 and 12 weeks of discharge from a healthcare facility in which skilled nursing care is provided, excluding residential aged care.</p> <p>Exposure setting cannot be determined because of lack of data.</p>
<p>Have any of the following occurred within 30 days of CDI symptom onset:</p> <p>Admission to an ICU for treatment of complications from CDI</p> <p>Surgery for treatment of toxic megacolon, perforation or refractory colitis</p> <p>Death caused by CDI</p>	<p>As a measure of severity of disease indicate if any of the following have occurred within 30 days of symptom onset:</p> <p>Select No if patient was not admitted to ICU. Select Yes if patient was admitted to ICU for treatment of complications from CDI e.g. requires vasopressor therapy for shock, within 30 days of symptom onset.</p> <p>Select No if patient did not require surgery. Select Yes if patient did require surgery for treatment of toxic megacolon, perforation or refractory colitis e.g. colectomy, within 30 days of symptom onset.</p> <p>Select No if patient did not die as a result of CDI within 30 days of symptom onset. Select Yes if patient did die as a result of CDI within 30 days of symptom onset.</p>