

CLOSTRIDIUM DIFFICILE INFECTION (CDI) (NUMERATOR)

If you have any queries regarding the completion of this form please contact VICNISS

THIS DATA MUST BE SUBMITTED ELECTRONICALLY USING A VICNISS WEBFORM

This data collection form is to be completed for patients with a toxin positive *C.difficile* specimen admitted to or attending a public hospital (excludes residential aged care facilities) including the emergency department, outpatient department, haemodialysis unit etc.

Hospital Details <i>(Optional datafields in grey text)</i>		
Hospital Code Number:	Treating Unit:	Treating Ward:
Patient Identification <i>(Do not attach a bradma label)</i>		
MRN (UR No.):	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	DOB: / /
Date Attended or Admitted to Public Hospital: / /		
Infection Details		
Specimen Collection Date: / /		
Toxin Producing <i>C.difficile</i> Detected (e.g. toxin assay or PCR): Yes <input type="checkbox"/> No <input type="checkbox"/> ⇒ If 'No', this data collection form does not need to be submitted to VICNISS		
<i>C.difficile</i> Culture: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Culture Not Done <input type="checkbox"/>		
Was <i>C.difficile</i> Hyper-virulent Strain Detected: Yes* <input type="checkbox"/> No <input type="checkbox"/> Hypervirulence Test Not Done <input type="checkbox"/>		
*If 'Yes', indicate which strain: <input type="checkbox"/> Ribotype 027 <input type="checkbox"/> Ribotype 078 <input type="checkbox"/> Other ⇒ please specify _____		
Infection Detected <i>Please select one of the following:</i>		
<input type="checkbox"/> 1. Healthcare associated, healthcare facility onset Symptom onset in this public hospital more than 48 hours after admission.		
Or:		
<input type="checkbox"/> 2. Healthcare associated, community onset 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.		
Or:		
<input type="checkbox"/> 3. Community associated Symptom onset in the community or within 48 hours of admission to this public 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.		
Or:		
<input type="checkbox"/> 4. Indeterminate exposure 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.		
Or:		
<input type="checkbox"/> 5. Unknown Exposure setting cannot be determined because of a lack of data.		
Severity of Illness –		
Have any of the following occurred within 30 days of CDI symptom onset:		
Admission to an ICU for treatment of complications from CDI:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery for treatment of toxic megacolon, perforation or refractory colitis:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Death caused by CDI:	Yes <input type="checkbox"/>	No <input type="checkbox"/>