



## Canadian Nosocomial Infection Surveillance Program (CNISP) Surveillance Protocol for Carbapenemase-Producing Organisms (CPO) in CNISP Hospitals

### Contact Information

Please direct all questions to:

**Public Health Agency of Canada**

CNISP Surveillance

E-mail: [phac.cnisp-pcsin.aspc@canada.ca](mailto:phac.cnisp-pcsin.aspc@canada.ca)

National Microbiology Lab (NML)

Email: [phac.nml.ARNI-RAIN.Inm.aspc@canada.ca](mailto:phac.nml.ARNI-RAIN.Inm.aspc@canada.ca)

### Working Group

Ghada N Al-Rawahi, David Boyd‡, James Brooks\*, Ian Davis, Chelsey Ellis, Joanne Embree, Susy S Hota, Kevin Katz (Chair), Pamela Kibsey, Christian Lavallee (Chair), Jerome A Leis, Laura Mataseje‡ (Lab Lead), Allison McGeer, Jessica Minion, Robyn Mitchell\* (Epi Lead), Michael Mulvey‡, Sonja Musto, Ewa Rajda, Stephanie W Smith, Jocelyn A Srigley, Kevin Stinson†, Kathryn N Suh, Nisha Thampi, Jen Tomlinson, Titus Wong

‡ National Microbiology Lab (NML)

\* Public Health Agency of Canada (PHAC)

† IPAC

# Table of Contents

<b>BACKGROUND</b>	<b>3</b>
<b>OBJECTIVES</b>	<b>3</b>
<b>METHODS</b>	<b>3</b>
SITE ELIGIBILITY	3
CASE ELIGIBILITY	4
NUMERATORS	4
<i>Case Identification and Isolate Submission</i>	4
DENOMINATOR DATA	4
DATA MANAGEMENT AND REPORTING	5
<i>Case Reporting</i>	5
<i>Laboratory Reporting</i>	5
<i>Surveillance Algorithm</i>	5
<i>Submission Timeline</i>	6
<i>Zero Report</i>	6
ENVIRONMENTAL SAMPLING	6
ANALYSIS	6
<b>ETHICS</b>	<b>7</b>
<b>PRIVACY</b>	<b>7</b>
<b>APPENDIX 1 - LABORATORY CONSIDERATIONS FOR CASE ELIGIBILITY FOR SURVEILLANCE</b>	<b>8</b>
<i>Determining carbapenem resistance and carbapenemase production in gram-negative bacilli: determining eligibility for inclusion of cases in surveillance</i>	8
<b>APPENDIX 2 - LABORATORY SHIPPING FORM</b>	<b>9</b>
<i>Instructions for submitting surveillance data for carbapenemase-producing organisms</i>	9
<b>APPENDIX 3 – CPO PATIENT QUESTIONNAIRE</b>	<b>10</b>
<b>APPENDIX 4 - CPO SURVEILLANCE ALGORITHM</b>	<b>14</b>
<b>APPENDIX 5 - KEY CARBAPENEM AND CARBAPENEMASE ACRONYMS</b>	<b>15</b>
<b>APPENDIX 6 - DATA DICTIONARY</b>	<b>16</b>
DEFINITIONS AND NOTES FOR PATIENT QUESTIONNAIRE FOR CPO	16
<i>Healthcare-associated acquired in your acute-care facility (HA-YAF)</i>	17
<i>Healthcare-associated any other healthcare exposure (HA-OTHER, Canada)</i>	17
<i>Healthcare-associated any other healthcare exposure (HA-OTHER, outside Canada)</i>	17
<i>Community –associated (CA):</i>	18
REVISION HISTORY	20

## BACKGROUND

Carbapenems are a class of beta-lactam antibiotics with broad-spectrum activity recommended as first-line therapy for severe infections caused by certain gram negative organisms and as directed therapy for organisms that are resistant to narrower spectrum antibiotics. Carbapenem resistance can be due to changes in the permeability of the organism to the antibiotic and/or the up-regulation of efflux systems that “pump” the antibiotic out of the cell, usually concomitant with the presence of an acquired extended-spectrum beta-lactamase (ESBL) or AmpC enzyme or the hyperproduction of intrinsic chromosomally-located beta-lactamase(s).

More recently, resistance is increasingly due to the acquisition of enzymes that break down the carbapenems: carbapenemases. These latter subsets of carbapenem-resistant organisms are called carbapenemase-producing organisms (CPOs) and are of particular concern because of their ability to transfer resistance easily across different genera and species of bacteria. They are quickly becoming a public health problem not only because of the ability to cause healthcare acquired infections which have limited treatment options, but because of the potential for colonizing both inpatient and outpatient populations due to their ease of transmissibility, thus, creating a reservoir of bacterial resistance.

The intent of this surveillance is to describe the epidemiology, microbiology and clinical outcomes of patients identified as harbouring a carbapenemase. There is a specific focus on this subset of organisms that are carbapenemase producers because they are associated with transmission and outbreaks in health care facilities. We need to continue to monitor the spread of CPOs across Canadian hospitals to inform infection prevention and control programs and patient treatment strategies.

## OBJECTIVES

1. To identify and describe the epidemiology and clinical outcomes of patients (inpatients, emergency room (ER) patients and outpatients) infected or colonized with a carbapenemase-producing organism (CPO), specifically carbapenemase-producing *Enterobacteriales* (CPE) and carbapenemase-producing *Acinetobacter* (CPA) in participating CNISP hospitals.
2. To describe the molecular epidemiologic information of the carbapenemase-producing isolates collected, including the resistance genes present and the infecting microorganisms identified.
3. To determine the incidence of patients infected and colonized with a CPO, specifically CPE and CPA in participating CNISP hospitals.
4. To provide national benchmark rates that hospitals may use for external comparison.

## METHODS

### Site Eligibility

All CNISP hospitals are eligible to participate.

## Case Eligibility

- i. Patient admitted to participating CNISP hospitals or presenting to a CNISP hospital emergency department or a CNISP hospital-based outpatient clinic.
- ii. Laboratory confirmation of carbapenem resistance or carbapenemase production ([SEE APPENDIX 1 - LABORATORY CONSIDERATIONS](#) for case eligibility for surveillance in *Enterobacterales* and *Acinetobacter spp.*



**NOTE:** Following molecular testing, only isolates determined to be harbouring a carbapenemase will be included in surveillance.

## Numerators

### Case Identification and Isolate Submission

All patient specimens with eligible *Enterobacterales* and/or *Acinetobacter spp* ([SEE APPENDIX 1 - LABORATORY CONSIDERATIONS](#) for case eligibility for surveillance will be identified by the hospital microbiology laboratory and sent to the NML with a minimum data set ([SEE APPENDIX 2 - LABORATORY SHIPPING FORM](#)) for detection or confirmation of carbapenemase production. Laboratories who perform their own molecular testing should submit to the NML only isolates which are confirmed to produce carbapenemases, or which they suspect contain a carbapenemase not detected by their testing.

If there are multiple isolates from one patient:

- and the same gene AND the same organism were identified, please only send one isolate
- for laboratories who are only sending one isolate, please submit the isolate from the most invasive specimen, and otherwise please submit all isolates.

Below are examples of inclusion criteria for patients with multiple samples collected:

Patient	Sample	Carbapenemase	Species	Site	Inclusion
1	A	NDM	<i>E. coli</i>	Stool	No
	B	NDM	<i>E. coli</i>	Blood	Yes
2	A	KPC	<i>K.pneumoniae</i>	Stool	Yes
	B	OXA-48	<i>K.pneumoniae</i>	Stool	Yes
3	A	KPC	<i>K. oxytoca</i>	Stool	Yes
	B	KPC	<i>E. cloacae</i>	Urine	Yes
4	A	KPC	<i>K.pneumoniae</i>	Stool	Yes
	B	KPC	<i>K.pneumoniae</i>	Stool	No

## Denominator Data

Denominator data will be collected on the quarterly denominator form and submitted in CNPHI.

The data collected will include:

- 1) total number of patient admissions per year
- 2) total number of inpatient-days per year

In CNPHI, denominator data are entered via the “Profiles and Denominators” page. CPO rates are calculated using the same denominator data as VRE and MRSA/MSSA, so please enter your denominator data under VRE or MRSA/MSSA.

## Data Management and Reporting

### Case Reporting

The carbapenemase testing results may be used to confirm the hospital’s own molecular testing or if the hospital does not do molecular testing this report will indicate for which isolate(s) to submit a patient questionnaire. A [APPENDIX 3 – CPO Patient Questionnaire](#) ([APPENDIX 3](#)) should be completed for all carbapenemase-producing *Enterobacteriales* and/or *Acinetobacter* spp. For data quality purposes, please ensure that data submitted on the [APPENDIX 2 - Laboratory Shipping Form](#) ([APPENDIX 2](#)) matches data submitted on the patient questionnaire (e.g. age, sex, pathogen, site of isolation etc.). The patient questionnaire should be completed based on the isolate submitted to the NML.

Please submit all patient questionnaires by email to CNISP at [phac.cnisp-pcsin.aspc@canada.ca](mailto:phac.cnisp-pcsin.aspc@canada.ca).

Please assign a unique patient identifier as follows: CHEC site number, surveillance year then consecutive number (e.g. 99ZY001).



**NOTE:** *When multiple isolates are submitted for the same patient in the same surveillance year, please indicate by adding a suffix A or B etc. to the case number (e.g. 99ZY001A and 99ZY001B).*

### Laboratory Reporting

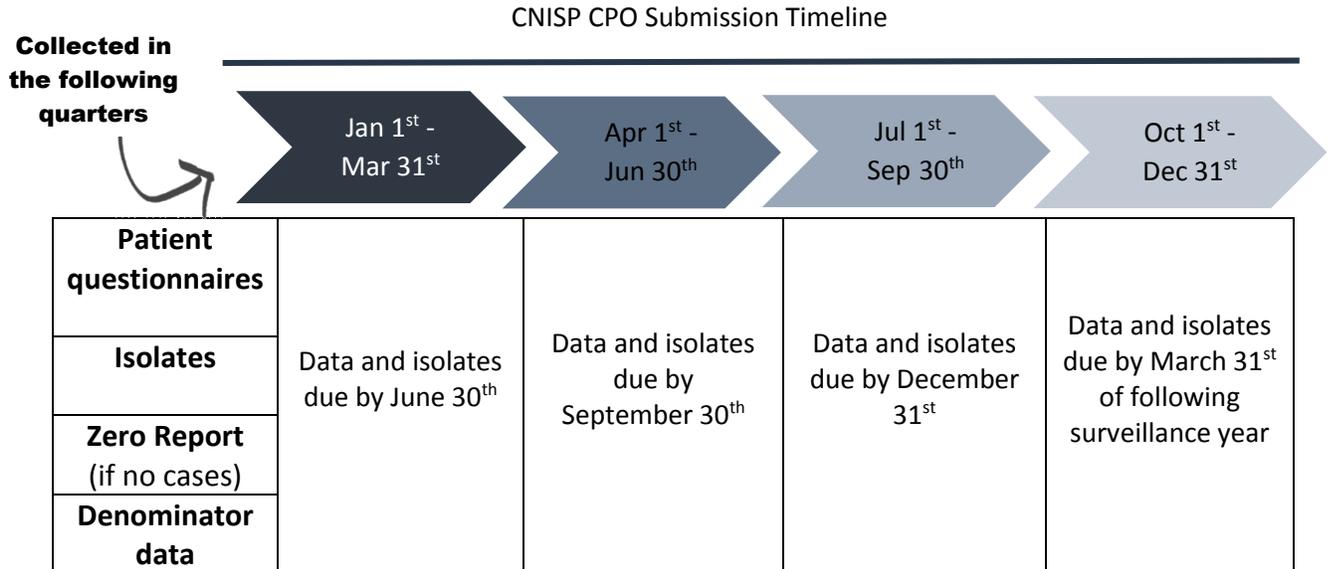
The [APPENDIX 2 - Laboratory Shipping Form](#) ([APPENDIX 2](#)) must be included with the shipment AND emailed to the NML at [phac.nml.ARN1-RAIN.lnm.aspc@canada.ca](mailto:phac.nml.ARN1-RAIN.lnm.aspc@canada.ca). It is important that when isolates are submitted to the NML that they are identified as CNISP isolates otherwise they will not be included in CNISP surveillance. The NML will send the carbapenemase testing results via email to the lead CHEC member and lead ICP for each hospital.

### Surveillance Algorithm

The [APPENDIX 4 - CPO SURVEILLANCE ALGORITHM](#) has been provided to assist in surveillance activities.

## Submission Timeline

Please submit CPO data and isolates according to the following timeline:



## Zero Report

For any quarter with no cases at your site, a zero report must be emailed to CNISP at [phac.cnisp-pcsin.aspc@canada.ca](mailto:phac.cnisp-pcsin.aspc@canada.ca) so that quarters with zero counts can be differentiated from missing data. If no cases are submitted and you are missing zero reports for a surveillance year, your hospital's data will not be included in the rates.

## Environmental Sampling

If possible, please consider screening drains at discharge for CPO positive patients. Please swab all drains in the patient room and bathroom **before** a cleaning protocol is implemented. Please complete and send the [APPENDIX 2 - LABORATORY SHIPPING FORM](#) to the NML along with the CPO positive environmental isolate(s). In the laboratory shipping form, under site of isolation please select environmental (ENV) and indicate site (drain, sink, etc.). Please use the same unique PID assigned to the patient whose room was swabbed and add a suffix E1 or E2 etc. to the case number (e.g. 99ZYY001E1 and 99ZYY001E2).

## Analysis

The NML will maintain a database of all eligible isolates. This database will include all data submitted on the laboratory shipping form and laboratory testing results. The Ottawa CNISP team will maintain an epi database of all patient questionnaire data. Once the laboratory analysis is complete, the lab and epi data will be merged.

Patients with multiple CPO positive isolates will only be included in the rates once based on the isolate from the most invasive site. If the patient was initially colonized with a CPO and subsequently develops a CPO infection, within the surveillance year, the colonization will be excluded from the rates and only the infection will be included.

Regional and national rates (per 1,000 admissions and per 10,000 inpatient-days), descriptive epidemiology, microbiology and resistance data will be calculated each year by PHAC and NML staff. Data

will be reported through PHAC surveillance reports, presentations, publications, and published on the Agency and/or AMMI website.

## **ETHICS**

While this surveillance project does not involve any alteration in patient care, ethics approval may be sought at some hospital sites. There are no patient identifiers in this data and data is aggregated with the lowest level of aggregation being at the hospital ward. All data submitted to PHAC is kept strictly confidential.

## **PRIVACY**

There is current demand for public disclosure of hospital-associated infections. Any data released by CNISP will be in summary format and will not identify individual hospitals. Hospital administrators should be made aware that national reporting of aggregate data will occur.

## Appendix 1 - Laboratory considerations for case eligibility for surveillance

### Determining carbapenem resistance and carbapenemase production in gram-negative bacilli: determining eligibility for inclusion of cases in surveillance

All *Enterobacterales* and *Acinetobacter spp.* that meet at least **ONE** of the following criteria should be submitted to the NML:

1. Tested fully resistant to a carbapenem based on the current CLSI.2020.M100-Ed30 zone diameters and/or MIC values as listed below:

At least ONE of the following carbapenems:	<i>Enterobacterales:</i>		<i>Acinetobacter:</i>	
	MIC ( $\mu\text{g/ml}$ )	Disk diffusion (mm)	MIC ( $\mu\text{g/ml}$ )	Disk diffusion (mm)
<b>Imipenem</b>	$\geq 4$	$\leq 19$	$\geq 8$	<b><math>&lt;18</math></b>
<b>Meropenem</b>	$\geq 4$	$\leq 19$	$\geq 8$	$\leq 14$
<b>Doripenem</b>	$\geq 4$	$\leq 19$	$\geq 8$	$\leq 14$
<b>Ertapenem</b>	$\geq 2$	$\leq 18$	n/a	

2. Tested positive for a carbapenemase in laboratories that conduct molecular testing (PCR) or immunochromatographic lateral flow assay for specific enzymes (*e.g. K-SeT*).

Laboratories should be aware that commercial tests may include only the most common carbapenemases *i.e. KPC, OXA-48, NDM*, and may not include more rare ones *i.e. VIM, IMP, GES, NMC-A/IMI, SME, and others*.

If the molecular test is negative but a laboratory suspects the presence of a carbapenemase, the isolate should be further tested by the submitting laboratory, their Provincial Laboratory, or the NML. Isolates then confirmed to harbour a carbapenemase are eligible for inclusion in surveillance.

3. Tested positive for carbapenemase production by a phenotypic test such as the mCIM, CARBA-NP or a commercial equivalent, or Beta-Carba test. These tests can help determine if a suspected CPO that was negative by molecular testing does in fact harbour a carbapenemase.

Note however, that these tests can produce false negatives for poorly expressed enzymes (likely have low MICs), enzymes that only slowly hydrolyze carbapenems (*e.g. OXA-48-group, GES-type*), or non-specificity of the test for certain enzymes (*e.g. SME, NMC-A/IMI, GES-type by Beta-Carba test*).

## Appendix 2 - Laboratory Shipping Form

### Instructions for submitting surveillance data for carbapenemase-producing organisms

1. All fields of this form should be filled out and sent to the NML (care of Dr. Golding) along with the patient specimens. Clearly label each specimen with their unique patient identifier.
2. Please also email this form to [phac.nml.ARNI-RAIN.Inm.aspc@canada.ca](mailto:phac.nml.ARNI-RAIN.Inm.aspc@canada.ca) on the day of shipping to allow tracking of the shipment.
3. Send isolates with this form to the following:

**Send isolates to:**  
**Dr. George Golding**  
**National Microbiology Laboratory**  
1015 Arlington St., Winnipeg, Manitoba R3E 3R2  
Tel: 204 784 8096  
Fax: 204 789 5020

**Use FedEx billing number: 6327-8173-3**  
**In addition, please email the shipping form to**  
[phac.nml.ARNI-RAIN.Inm.aspc@canada.ca](mailto:phac.nml.ARNI-RAIN.Inm.aspc@canada.ca)

***Please click on the icon below to access the excel shipping form:***



Appendix 2 CPO  
Laboratory Shipping F

## Appendix 3 – CPO Patient Questionnaire

Please complete the following questionnaire to contribute to surveillance for inpatients, ER and outpatients with Carbapenemase-Producing Enterobacterales (CPE) or Carbapenemase-Producing Acinetobacter (CPA)

1.	Which laboratory conducted carbapenemase confirmatory testing for this case? <input type="checkbox"/> NML <input type="checkbox"/> Provincial laboratory <input type="checkbox"/> Hospital laboratory	
2.	Is this isolate associated with an infection or a colonization? <input type="checkbox"/> Infection <sup>1</sup> <input type="checkbox"/> Colonization	
3.	CHEC Site: _____	
4.	Unique Patient Identifier: _____ YY _____ (e.g. 99Z20001) <small>(CHEC site #) (year) (case number)</small>	
5.	Patient ward when positive specimen was collected: <input type="checkbox"/> Inpatient: If inpatient please check one of the following: <input type="checkbox"/> ICU <input type="checkbox"/> NICU <input type="checkbox"/> Medical ward <input type="checkbox"/> Surgical ward <input type="checkbox"/> Other inpatient ward ( <i>specify</i> ): _____ <input type="checkbox"/> Emergency Room (ER) <input type="checkbox"/> Outpatient <input type="checkbox"/> Other ward, please specify: _____ <input type="checkbox"/> Unknown	
6.	Date of birth: ____ / ____ / ____ <small>DD MMM YYYY</small>	Age _____ <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days
7.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
8.	Date of admission: ____ / ____ / ____ <small>DD MMM YYYY</small>	

<sup>1</sup> Infection is determined using the 2020 CDC/NHSN surveillance definitions for specific infections, and in accordance with the best judgment of the healthcare practitioner. These criteria can be accessed at [URL:www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef\\_current.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef_current.pdf)

9.	Type of CPO isolate: <input type="checkbox"/> Screening isolate <input type="checkbox"/> Clinical isolate <input type="checkbox"/> Blood
10.	Date of positive culture: <i>(Specimen collection date from which the positive organism was isolated):</i> ____ / ____ / ____ DD     MMM    YYYY
11.	Organism isolated:  <input type="checkbox"/> Acinetobacter baumannii <input type="checkbox"/> Serratia spp. <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Enterobacter spp. <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Proteus spp <input type="checkbox"/> Other, specify: _____  <input type="checkbox"/> Citrobacter spp. <input type="checkbox"/> Morganella morganii <input type="checkbox"/> Enterobacter cloacae <input type="checkbox"/> Klebsiella oxytoca <input type="checkbox"/> Citrobacter freundii <input type="checkbox"/> Serratia marcescens
12.	Site of isolation: (Please select the site of isolation for the isolate that was submitted to the NML) <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Wound <input type="checkbox"/> Surgical site <input type="checkbox"/> Skin/soft tissue <input type="checkbox"/> Stool/rectal swab <input type="checkbox"/> Sputum/Endotracheal secretions/BAL <input type="checkbox"/> Other, specify: _____
13a.	Where was this CPO acquired? <input type="checkbox"/> Healthcare-associated – acquired in your acute-care facility (HA-YAF) <sup>2</sup> <input type="checkbox"/> Healthcare-associated – acquired from any other healthcare exposure <u>in</u> Canada (HA-Other, Canada) <sup>3</sup> → skip to Q14a. <input type="checkbox"/> Healthcare-associated – acquired from any other healthcare exposure <u>outside</u> of Canada (HA-Other, outside Canada) <sup>4</sup> → skip to Q14a. <input type="checkbox"/> Community-associated (CA) <sup>5</sup> → skip to Q14a. <input type="checkbox"/> Unable to determine → skip to Q14a.

<sup>2</sup> Patient is on or beyond calendar day 3<sup>2</sup> of their hospitalization OR has had a healthcare exposure (inpatient or outpatient) at your facility that would have resulted in this infection or colonization (using best clinical judgement)

<sup>3</sup> Any patient who has an infection or colonization not acquired at your facility that is thought to be associated with another healthcare exposure in Canada (e.g. another acute-care facility, long-term care, rehabilitation facility, clinic or exposure to a medical device).

<sup>4</sup> Any patient who has an infection or colonization not acquired at your facility that is thought to be associated with another healthcare exposure outside of Canada (e.g. another acute-care facility, long-term care, rehabilitation facility, clinic or exposure to a medical device).

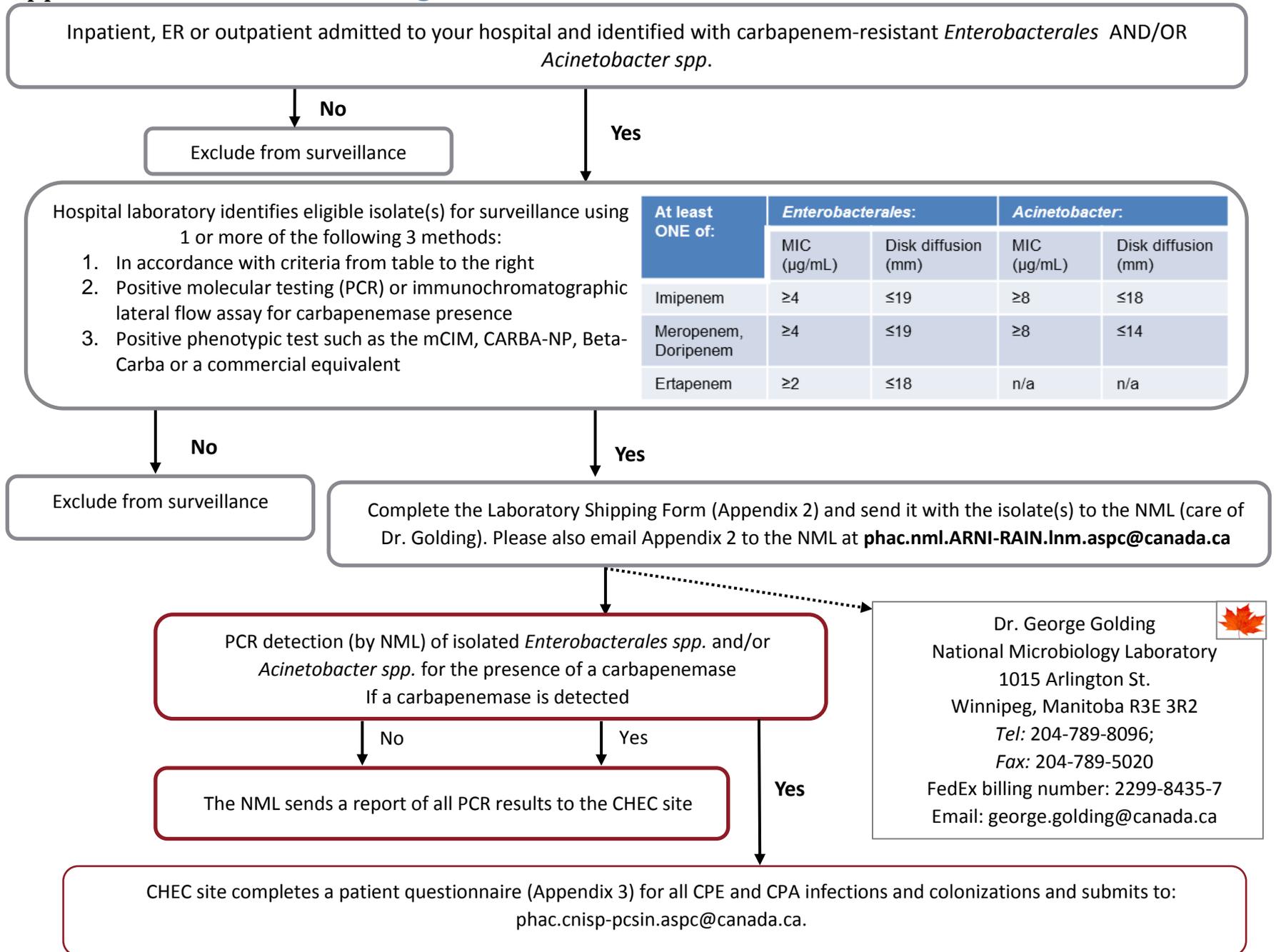
<sup>5</sup> No exposure to healthcare that would have resulted in this infection or colonization (using best clinical judgement) and does not meet the criteria for a healthcare-associated infection or colonization.

13b.	<p>If healthcare-associated in your facility (HA-YACF), is there evidence of any of the following modes of transmission? Please select all that apply.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A (not HA-YACF)</li> <li><input type="checkbox"/> Sink/drain</li> <li><input type="checkbox"/> Hemodialysis</li> <li><input type="checkbox"/> Other environment exposure, specify: _____</li> <li><input type="checkbox"/> Device/procedure (e.g. ERCP, endoscopy), specify: _____</li> <li><input type="checkbox"/> Another patient (e.g. contact tracing, outbreak investigation).</li> </ul> <p>If possible, please specify the PID: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other exposure. Specify: _____</li> <li><input type="checkbox"/> Unknown</li> </ul>
14a	<p>Is there any evidence of international travel in the 12 months prior to the patient's CPO diagnosis?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No, there is no evidence of international travel. → if NO, skip to Q15.</li> <li><input type="checkbox"/> Yes, specify where travelled to: _____</li> <li><input type="checkbox"/> Unable to determine</li> </ul>
14b.	<p>If traveled internationally, is there evidence the patient received medical care where they traveled to?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A - no evidence of international travel</li> <li><input type="checkbox"/> Yes, there is evidence that the patient sought medical care while on international travel</li> <li><input type="checkbox"/> No, there is no evidence that the patient sought medical care while on international travel</li> <li><input type="checkbox"/> Unable to determine</li> </ul>
15.	<p>Is there any evidence of international travel by a member of the household or caregiver in the 12 months prior to the patient's CPO diagnosis?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No, there is no evidence of international travel.</li> <li><input type="checkbox"/> Yes, specify where travelled to: _____</li> <li><input type="checkbox"/> Unable to determine</li> </ul>
16	<p>Is there evidence the patient has underlying medical condition(s)? Please check all that apply.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No evidence of any underlying medical condition</li> <li><input type="checkbox"/> Yes (<i>please check all that apply</i>) <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Liver disease</li> <li><input type="checkbox"/> HIV infection</li> <li><input type="checkbox"/> Cancer (active)</li> <li><input type="checkbox"/> Lung disease (e.g., asthma, COPD)</li> <li><input type="checkbox"/> Kidney disease (include all patients on dialysis)</li> <li><input type="checkbox"/> Solid organ transplantation</li> <li><input type="checkbox"/> Bone marrow transplantation</li> <li><input type="checkbox"/> Other immunosuppression, specify _____</li> <li><input type="checkbox"/> Heart disease</li> <li><input type="checkbox"/> Other, specify _____</li> </ul> </li> <li><input type="checkbox"/> Unknown</li> </ul>

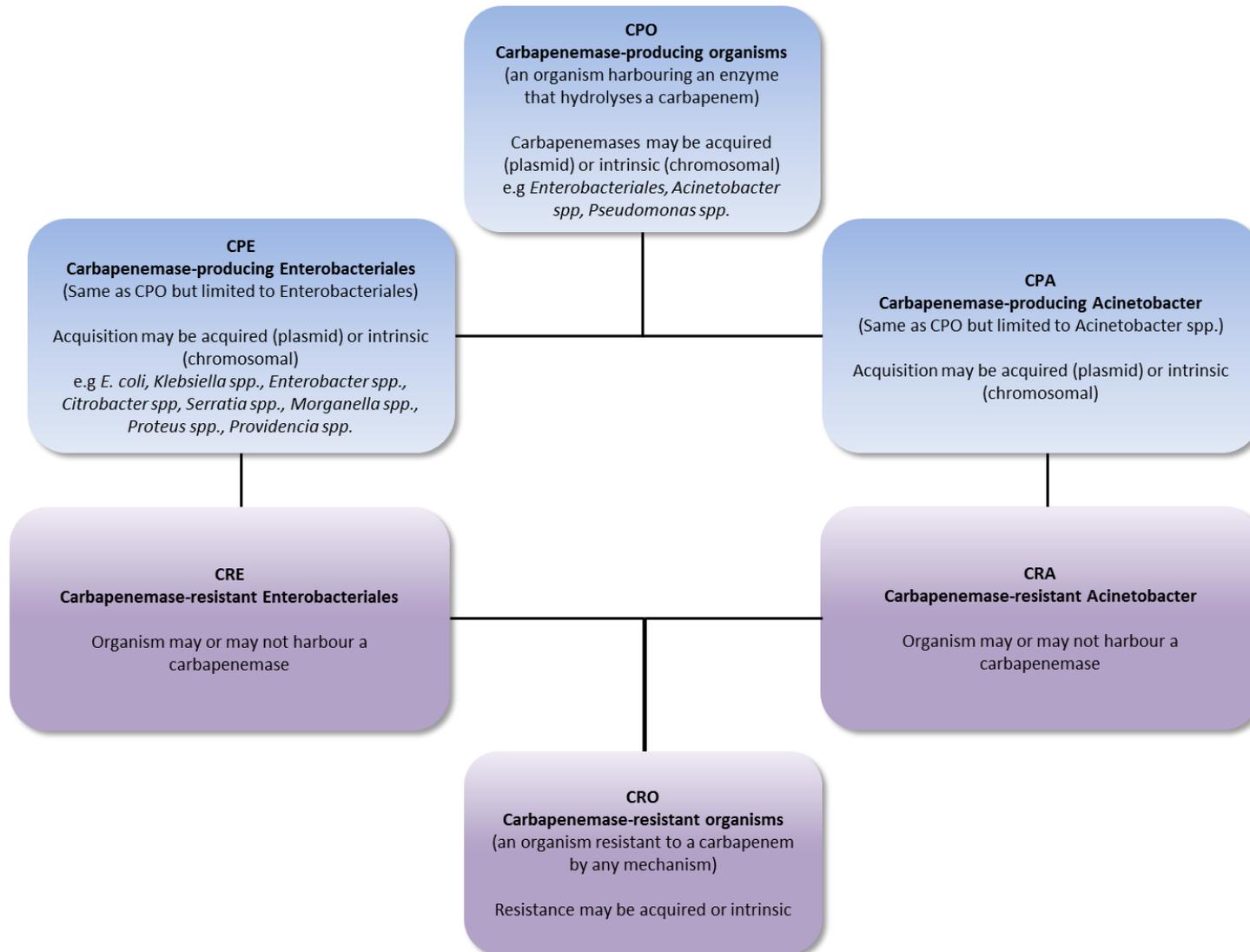
17	<p>During this admission or in the 14 days prior to this admission, did this patient test COVID-19 positive for the first time?</p> <p><input type="checkbox"/> Yes - if your site participates in VRI surveillance, please provide the PID for the COVID-19 patient questionnaire: _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p><b>Q18 and Q19 are only to be completed for <u>infected</u> cases</b></p>	
18	<p>Was the patient admitted to an ICU within 30 days of positive culture?</p> <p><input type="checkbox"/> N/A - patient was already in an ICU at the time the positive culture was obtained</p> <p><input type="checkbox"/> Yes, please indicate the date of ICU admission: ____ / ____ / ____  <span style="margin-left: 100px;">DD</span>    <span style="margin-left: 40px;">MMM</span>    <span style="margin-left: 40px;">YYYY</span></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
19	<p>What was the patient outcome 30 days after positive culture?</p> <p><input type="checkbox"/> Patient alive, still in hospital</p> <p><input type="checkbox"/> Patient survived and discharged  Date of discharge ____ / ____ / ____  <span style="margin-left: 100px;">DD</span>    <span style="margin-left: 40px;">MMM</span>    <span style="margin-left: 40px;">YYYY</span></p> <p><input type="checkbox"/> Patient survived and transferred  Date of transfer ____ / ____ / ____  <span style="margin-left: 100px;">DD</span>    <span style="margin-left: 40px;">MMM</span>    <span style="margin-left: 40px;">YYYY</span></p> <p><input type="checkbox"/> Patient died  Date of death ____ / ____ / ____  <span style="margin-left: 100px;">DD</span>    <span style="margin-left: 40px;">MMM</span>    <span style="margin-left: 40px;">YYYY</span></p> <p><input type="checkbox"/> Unknown</p>

# Appendix 4

## Appendix 4 - CPO Surveillance Algorithm



## Appendix 5 - Key Carbapenem and Carbapenemase Acronyms



## Appendix 6 - Data Dictionary

### Definitions and notes for [APPENDIX 3 – CPO Patient Questionnaire](#)

#### 1. Which laboratory conducted confirmatory carbapenemase testing for this case?

Please indicate which laboratory confirmed that this case is CPO positive. Please check all that apply.

#### 2. Is this isolate associated with an infection or colonization?

Based on the isolate submitted, please indicate if this case is colonized or infected. Infection is determined using the CDC/NHSN surveillance definitions for specific interventions AND in accordance with the best judgement of the infection control and/or healthcare practitioner. These criteria can be accessed at:

[http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef\\_current.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef_current.pdf)

#### 3. CHEC Site #

This will be the **3-character** alphanumeric number assigned to your institution. It will always begin with the two digit number assigned to your CHEC member e.g., 07, 15, and a letter assigned by the CHEC member for that specific institution e.g., A, B, C, etc. The CHEC site # for each institution should always be the same for all the CHEC/CNISP surveillance projects and will always have all three alphanumeric digits reported as the CHEC site #, e.g., 07A, 15A.

#### 4. Unique identifier code

Please assign a unique patient identifier as follows: CHEC site number, surveillance year then consecutive number (e.g., 99ZYY001). Note: When multiple isolates are submitted for the same patient in the same surveillance year, please indicate by adding a suffix A or B etc. to the case number (e.g. 99ZYY001A and 99ZYY001B).

**Note: The unique patient identifier assigned to the isolate on Appendix 2 - Laboratory Shipping Form (Appendix 2) should correspond to the unique patient identifier on the Appendix 3 – CPO Patient Questionnaire**

#### 5. Patient ward

Please indicate the ward the patient was on when the positive specimen was collected (e.g., medical, surgical, ICU).

#### 6. Date of birth

Please enter Day (##), Month (May) and Year (1973) in this order. If the date of birth is not available please enter the patient's age (in years, months or days) at the time of positive culture.

**7. Sex**

Check male, female or unknown as appropriate.

**8. Date of admission**

Please indicate the date when the patient was admitted to the hospital using the following format Day (##), Month (May) and Year (1973).

**9. Type of CPO isolate**

Please indicate whether the isolate was obtained as a result of screening, a clinical isolate (wound, surgical site, respiratory etc.) or a blood culture.

**10. Date of positive culture**

Please indicate when the isolate that tested CPO positive was collected.

**11. Organism isolated**

Please select the organism isolated as reported by the laboratory.

**12. Site of isolation**

Please indicate the site of isolation for the isolate that was submitted to the NML.

**13. Exposure classification**

**a. Where was this CPO acquired?**

Please indicate whether the infection was acquired in a healthcare setting (HA) or in the community (CA) according to the following definitions and in accordance with the best clinical judgement of the healthcare and/or infection prevention and control practitioner (IPC). If the site of acquisition cannot be determined, please report as 'unable to determine'.

**Healthcare-associated acquired in your acute-care facility (HA-YAF)**

- Patient is on or beyond calendar day 3<sup>6</sup> of their hospitalization

**OR**

- Has had a healthcare exposure at your facility that would have resulted in this bacteremia (using best clinical judgement)

**Healthcare-associated any other healthcare exposure (HA-OTHER, Canada)**

Any patient who has an infection or colonization not acquired at your facility that is thought to be associated with another healthcare exposure in Canada (e.g. another acute-care facility, long-term care, rehabilitation facility, clinic or exposure to a medical device).

**Healthcare-associated any other healthcare exposure (HA-OTHER, outside Canada)**

---

<sup>6</sup> Calendar day 1 is the day of hospital admission

Any patient who has an infection or colonization not acquired at your facility that is thought to be associated with another healthcare exposure outside of Canada (e.g. another acute-care facility, long-term care, rehabilitation facility, clinic or exposure to a medical device).

### Community –associated (CA):

No exposure to healthcare that would have resulted in this bacteremia (using best clinical judgement) and does not meet the criteria for healthcare-associated BSI

**b. If healthcare-associated (your facility), is there evidence of any of the following modes of transmission?**

Please indicate whether there is any evidence to suggest that this patient became infected/colonized with this CPO through any of the modes listed. If contact with another patient, please specify the unique patient ID of this patient.

#### 14. Patient international travel

**a. Is there any evidence of international travel in the 12 months prior to the patient’s CPO diagnosis?**

Please indicate if the patient has travelled outside of Canada in the 12 months prior to the date of positive culture.

**b. If travelled internationally, is there evidence that the patient received medical care where they travelled to?**

If answered ‘yes’ to question 14a, please indicate (if possible) whether the patient received medical care while travelling outside of Canada.

#### 15. Is there any evidence of international travel by a member of the household or caregiver in the 12 months prior to the other patient’s CPO diagnosis?

Please indicate (if possible) whether there is any evidence of travel outside of Canada by a member of the household and/or a caregiver in the 12 months prior to the patient’s CPO diagnosis.

#### 16. Does the patient have any underlying medical conditions?

Please indicate whether the patient has any underlying medical conditions – if yes, check all that apply.

#### 17. During this admission or in the 14 days prior to this admission, did this patient test COVID-19 positive for the first time?

**Note: Q18 & Q19 are only to be completed for infected cases**

#### 18. Was the patient admitted to an ICU within 30 days of positive culture?

Please indicate whether the patient was admitted to the ICU within 30 days of positive culture.

#### 19. Patient outcome 30 days after CPO positive culture?

Thirty days after the date of positive culture please select one of the outcome options available.



## Revision History

Date	Revisions Made
<b>June 3, 2014</b>	Added response 'unable to determine' to Q8 "Where CPO acquired?" – now Final v2
<b>June 9, 2014</b>	Corrected numbering of questions – now Final v3
<b>July 15, 2014</b>	Added ER visits to denominator data collection – was already added to separate 'quarterly denominator form' – now Final v4
<b>October 30, 2014</b>	Began making changes to homogenize CNISP protocol formatting
<b>December 15, 2014</b>	Updated the unique patient ID for multiple organisms and/or re-admission to reflect previous nomenclature (i.e. adding suffix A or B).
<b>December 30, 2014</b>	<ol style="list-style-type: none"> <li>1. Updated Q8 to include 'other Canadian healthcare facility' and 'other healthcare facility outside of Canada'</li> <li>2. Changed wording of Q13 to clarify evidence of transmission.</li> </ol>
<b>2015</b>	Question Q13 "Is there any evidence that this was a nosocomial-acquired case?" was removed in the 2015 protocol.
<b>October 28, 2015</b>	Question 15c related to what medical procedure patients were subjected to if they received medical care abroad has been removed.
<b>November 2017</b>	<ol style="list-style-type: none"> <li>1. Added Q13b regarding possible sources/modes of transmission</li> <li>2. Added Q19 - for patients with more than one CPE or CPA infection or colonization in a calendar year, please report the PID of the previous case</li> <li>3. Project name updated to CPO surveillance. Note: reflected in PID format</li> <li>4. Update to PID format: For multiple pathogens, infections, colonizations etc. within same the admission use the same PID with suffix A, B, C etc. <b>NEW</b> – use a new PID for a new admission</li> </ol>
<b>July 2018</b>	<ol style="list-style-type: none"> <li>1. Discontinued CPO surveillance of ER and outpatients</li> <li>2. Updated Appendix 1 to reflect sites that conduct their own molecular testing</li> <li>3. Removed surveillance year as protocol will no longer be updated annually</li> <li>4. Added inclusion and exclusion surveillance criteria</li> <li>5. Removed Q1 from pt questionnaire (Appendix 3) and added a question regarding who/where carbapenemase confirmation is conducted.</li> <li>6. Updated definitions for healthcare and community associated</li> </ol>
<b>Nov 2018</b>	<ol style="list-style-type: none"> <li>1. Added section on environmental sampling and updated Appendix 2 accordingly</li> <li>2. Added Q18 – Added question - were any sinks or drains tested for CPO related to this patient</li> <li>3. Added Q14c – Added question regarding evidence of international travel by a member of the household or caregiver</li> </ol>

<b>January 2020</b>	<ol style="list-style-type: none"><li>1. ER and outpatients were added back into surveillance</li><li>2. Hemodialysis added as a response option to Q13b</li><li>3. Question on environmental isolates was moved to Appendix 2 Laboratory Shipping Form</li><li>4. Updated Appendix 5 Key Carbapenem and Carbapanemase Acronyms</li><li>5. Under Case Identification and Isolate Submission, provided additional details regarding inclusion criteria for patients with multiple samples collected</li></ol>
<b>January 2021</b>	Added new COVID-19 question to patient questionnaire (Q.17)