VICTORIA State Government | Health and Human Services

Please return completed form within 24 hours of *C. auris* confirmation to Communicable Disease Prevention and Control **by faxing 1300 651 170**. For enquiries telephone 1300 651 160.

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Part A: Confirmed *C. auris* event

Case details—please answer all questions

Last name

First name(s)

Date of birth

Sex
☐ Male ☐ Female ☐ Other, speficy

Residential address

Suburb/town Postcode

Tel home Tel mobile

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin
☐ No
☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal and Torres Strait Islander
☐ Unknown

Country of birth ...country ...year arrived in Australia
☐ Australia
☐ Overseas >

Interpreter required ...language
☐ No
☐ Yes, language >

Is this a previously known *C. auris* case
☐ No—please complete remainder of form
☐ Yes—please complete pages 1 and 2

C. auris specimen details

Specimen collection date

Specimen ID (local lab)

Location of case at time of specimen collection
☐ Acute hospital—admitted
☐ Acute hospital—emergency
☐ General practice
☐ Residential aged care
☐ Sub-acute (e.g. rehabilitation)
☐ Unknown
☐ Other, specify below

Facility name

Patient identifier (UR number)

Treating unit/ward

Case presented to this location from
☐ Acute hospital within Australia
specify hospital date presented to hospital

☐ Transferred from hospital outside of Australia
specify country

☐ Home
☐ Residential aged care
☐ Sub-acute (e.g. rehabilitation)
☐ Unknown
☐ Other, specify >

Reason for specimen collection
☐ Clinically indicated
☐ Point prevalence survey
☐ Screening—*C. auris* contact
☐ Screening—Returned traveller preadmission
☐ Screening—Transmission risk area
☐ Other, specify

Family practitioner

Doctor

Medicare provider no.

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Address

City Postcode

Telephone Fax Date

Please identify the case on every page

Full name or UR

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Clinical details

Isolation of *C. auris* from this case represents

- ☐ Colonisation
- ☐ Infection
- ☐ Unknown

If infection, what is the likely source

- ☐ Candidaemia without obvious focus
- ☐ Candidaemia—IV device related
- ☐ Surgical wound
- ☐ Skin/soft tissue
- ☐ Intra-abdominal
- ☐ Urinary tract
- ☐ Respiratory tract
- ☐ Genital tract
- ☐ Infection of prosthetic material
- ☐ Central nervous system
- ☐ Other, specify below

Current admission status

- ☐ Not admitted
- ☐ Not yet discharged
- ☐ Discharged, specify discharge date >

Is the case deceased ...date of death

- ☐ Yes
- ☐ No

Clinical comments or cause of death

Risk factors for *C. auris*

If the case is an inpatient at the time of specimen collection, please provide details below on all wards, units and rooms the case was admitted to during this admission.

Copy this page if more locations are required.

Health service Unit	Ward	Bed	Room type	Bathroom type	Arrived	Departed
e.g. Smithville Health Care / *e.g. Haematology*	*e.g. 2W*	*e.g. 3*	☐ Single ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown	☐ Single (not shared) ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown		
			☐ Single ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown	☐ Single (not shared) ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown		
			☐ Single ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown	☐ Single (not shared) ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown		
			☐ Single ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown	☐ Single (not shared) ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown		
			☐ Single ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown	☐ Single (not shared) ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown		
			☐ Single ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown	☐ Single (not shared) ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown		
			☐ Single ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown	☐ Single (not shared) ☐ Shared with cohorted only ☐ Shared with non-cohorted ☐ Unknown		

Infection control (as per Victorian *C. auris* guidelines)

	Yes	No	Unk	date(s)
Isolation, single room	☐	☐	☐	
Isolation, cohort room	☐	☐	☐	
Single/ensuite bathroom	☐	☐	☐	
Contact precautions	☐	☐	☐	
Alert on patient record	☐	☐	☐	
Daily enhanced cleaning and disinfection	☐	☐	☐	

Please identify the case on every page

Full name or UR | Date of birth | Office use only 320

Please discuss answers for this page with the case or their next of kin

Risk history (a)

Was the case hospitalised in the last 12 months at any facility excluding this admission

- [ ] No
- [ ] Unknown
- [ ] Yes, specify ALL facilities below (and admission/dishcarge dates if known)

Did the case have day surgery in the last 12 months

- [ ] No
- [ ] Unknown
- [ ] Yes, specify below

Date of surgery	Facility	Type of surgery

Was the case a resident in an aged or long term care facility in the last 12 months

- [ ] No
- [ ] Unknown
- [ ] Yes, specify all facilities below

Was the case engaged in health care work in the last 12 months

- [ ] No
- [ ] Unknown
- [ ] Yes

Does the case know if they have ever had contact with a known *C. auris* positive case

- [ ] No
- [ ] Unknown
- [ ] Yes, specify PHESS ID or name and DOB of positive case

Did the case have any household contact with a recently returned traveller or an overseas visitor within the last 12 months

- [ ] No
- [ ] Unknown
- [ ] Yes, specify country >

If yes, Was the contact admitted to a healthcare facility overseas

- [ ] No
- [ ] Unknown
- [ ] Yes, specify country >

Has the case travelled in the last 4 years

- [ ] No—the remainder of this form does not need to be completed.
- [ ] Unknown—the remainder of this form does not need to be completed.
- [ ] Yes—complete column 'Risk history (b)' for each country visited

Risk history (b) complete only if case has travelled in the last 4 years

Complete one risk history (b) column for every country visited. Additional columns are provided overleaf.

Country

Arrived | Departed

Reason(s) for travel to this country (tick all that apply)

- [ ] Holiday or business
- [ ] Residence in country of birth
- [ ] Residence in country other than birth
- [ ] Visiting friends and relatives
- [ ] Other, specify >

Did the case travel with the *intention* of receiving medical, dental or other healthcare in this country

- [ ] No
- [ ] Unknown
- [ ] Yes—Dental
- [ ] Yes—Medical
- [ ] Yes—Other

Did the case experience any illness in this country

- [ ] No
- [ ] Unknown
- [ ] Yes, specify illness below

Did the case visit a health care facility in this country (tick all that apply)

- [ ] No
- [ ] Unknown
- [ ] Yes—as a patient, specify location below
- [ ] Yes—as staff, specify location below
- [ ] Yes—visiting a patient, specify location below

Location within facility	Visit/admitted	Discharged
[ ] General practice >		
[ ] Day procedure centre >		
[ ] Other medical surgery >		
[ ] Acute hospital emergency >		
[ ] Acute hospital outpatients >		
[ ] Acute hospital admission >>		
[ ] Other, specify type >		

Did the case receive any medical treatment or procedures in this country

- [ ] No
- [ ] Unknown
- [ ] Yes, specify >

Any further details on travel in this country

Please identify the case on every page

Full name or UR

Date of birth

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Please discuss answers for this page with the case or their next of kin

Risk history (b) complete only if case has travelled in the last 4 years

Complete one risk history (b) column for every country visited. Copy this page if required for additional countries.

Country

Arrived

Departed

Reason(s) for travel to this country (tick all that apply)

- ☐ Holiday or business
- ☐ Residence in country of birth
- ☐ Residence in country other than birth
- ☐ Visiting friends and relatives
- ☐ Other, specify >

Did the case travel with the *intention* of receiving medical, dental or other healthcare in this country

- ☐ No
- ☐ Unknown
- ☐ Yes—Dental ☐ Yes—Medical ☐ Yes—Other

Did the case experience any illness in this country

- ☐ No
- ☐ Unknown
- ☐ Yes, specify illness below

Did the case visit a health care facility in this country (tick all that apply)

- ☐ No
- ☐ Unknown
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- ☐ Yes—as staff, specify location below
- ☐ Yes—visiting a patient, specify location below

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☐ Other medical surgery >		
☐ Acute hospital emergency >		
☐ Acute hospital outpatients >		
☐ Acute hospital admission >>		
☐ Other, specify type >		

Did the case receive any medical treatment or procedures in this country

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- ☐ Unknown
- ☐ Yes, specify >

Any further details on travel in this country

Risk history (b) complete only if case has travelled in the last 4 years

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Arrived

Departed

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Did the case experience any illness in this country

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☐ Acute hospital outpatients >		
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To be completed for ALL cases

Who was the risk history obtained from

☐ The case

☐ Other person, specify name of person and relationship to case below

Person interviewed

Relationship to case

Form completed by (print)

Tel

Notes