Carbapenem-Resistant *Enterobacteriaceae* (CRE) Report Form

Philadelphia Department of Public Health
Division of Disease Control
1101 Market St.,12th Floor
Philadelphia, PA 19107
Telephone: (215) 685-6748
Fax: (215) 238-6947
Form available at hip.phila.gov

PATIENT DEMOGRAPHIC INFORMATION

PATIENT'S NAME (LAST, FIRST)	D.O.B.	AGE (years)	SEX
	____/____/____	____	☐ Male ☐ Female ☐ Other

RACE ☐ African-American ☐ White ☐ Asian ☐ Pacific Islander ☐ Native-American ☐ Unknown ☐ Other ____ HISPANIC ☐ Yes ☐ No ☐ UNK

CURRENT ADDRESS ☐ Private Residence ☐ Healthcare/Assisted Living Facility | ZIP CODE | PATIENT TELEPHONE ☐ Work ☐ Cell ☐ Home

FACILITY NAME, if residing in a healthcare/assisted living facility | WAS FACILITY NOTIFIED ☐ Yes ☐ No ☐ Unknown | PART OF OUTBREAK/CLUSTER ☐ Yes ☐ No ☐ Unknown

CLINICAL DATA

HOSPITALIZED	HOSPITAL NAME	ADMIT DATE	DISCHARGE DATE	Admitted to Intensive Care Unit ☐ Yes ☐ No ☐ UNK Fatal ☐ Yes ☐ No ☐ Unknown Date of Death: ____/____/____
☐ Yes ☐ No		____/____/____	____/____/____	

REASON FOR TESTING ☐ Screening/Surveillance ☐ Signs/Symptoms of Infection | SIGNS/SYMPTOMS ONSET DATE, if infection ____/____/____ | HISTORY OF CRE ☐ Yes ☐ No ☐ UNK DATE OF FIRST POSITIVE: ____/____/____

INFECTION(S) ASSOCIATED WITH CULTURE(S) (Check all that apply) ☐ None ☐ Blood ☐ Respiratory Tract Infection ☐ Urinary Tract Infection (UTI) ☐ Organ Space/Abscess ☐ Skin/Soft Tissue Infection or Wound ☐ Other:____

UNDERLYING MEDICAL CONDITIONS (Check all that apply or **attach problems list or pertinent sections of medical records**)

☐ Chronic Heart/Cardiovascular Disease ☐ Kidney Disease; ☐ Dialysis in Past Year ☐ Wound(s), specify:____
☐ Diabetes ☐ Neurological, specify:____ ☐ Other, specify:____
☐ COPD ☐ Immunosuppression, specify:____ ☐ None ☐ Unknown

RISK FACTORS

IF AVAILABLE, HISTORY OF HEALTHCARE STAYS IN THE UNITED STATES IN THE PREVIOUS YEAR **(List where the patient was transferred from first)**

Facility:____ Admission/Discharge Dates: ____/____/____ - ____/____/____
Facility:____ Admission/Discharge Dates: ____/____/____ - ____/____/____
Facility:____ Admission/Discharge Dates: ____/____/____ - ____/____/____

HISTORY OF INTERNATIONAL TRAVEL and/or MEDICAL CARE ABROAD IN PREVIOUS YEAR (Check all that apply)

☐ International Travel ☐ Medical Care Abroad ☐ No ☐ Unknown Dates of travel: ____/____/____ - ____/____/____

If yes, location(s):____

SURGERY/PROCEDURE INVOLVING A SCOPING DEVICE IN THE PAST YEAR? ☐ Yes ☐ No ☐ Unknown If yes, date: ____/____/____

CURRENT INDWELLING / INVASIVE DEVICE(S)? ☐ Yes ☐ No ☐ Unknown If yes, specify:____

LABORATORY (Please attach culture and sensitivity results and any other applicable test results available)

SPECIMEN COLLECTION DATE: ____/____/____ RESULT DATE: ____/____/____ GENUS and SPECIES:____

SPECIMEN TYPE (Check all that apply)	RESISTANT/INTERMEDIATE TO: (Check all that apply)	CARBAPENEMASE PRODUCTION	CARBAPENEMASE MECHANISMS
☐ Blood ☐ Urine ☐ Rectal ☐ Wound ☐ CSF ☐ Sputum ☐ Abscess ☐ Other, specify:____	☐ Doripenem ☐ Ertapenem ☐ Imipenem ☐ Meropenem ☐ Pandrug-Resistant (PDR)	☐ Yes ☐ No ☐ Unknown Test Performed: ☐ Modified Hodge Test ☐ Metallo-β-lactamase Test ☐ CIM ☐ mCIM ☐ Carba-NP	☐ KPC ☐ NDM ☐ VIM ☐ IMP ☐ OXA-48 ☐ Other:____ Test Performed: ☐ PCR ☐ Xpert Carba-R ☐ Other:____

REPORTER INFORMATION

REPORT DATE	REPORTER NAME	FACILITY NAME	REPORTER PHONE # & EMAIL
____/____/____	Role: ☐ DO/MD ☐ ICP ☐ PA/NP ☐ RN ☐ Other:____		

PLEASE FAX REPORT TO (215) 238-6947 UPON COMPLETION. RETAIN CRE ISOLATE FOR ONE MONTH

Form Updated: 05/03/2018

Reporting Guidelines for Carbapenem-resistant *Enterobacteriaceae* (CRE)

Report **all** cases of CRE.

Report cases that were identified from diagnostic testing as well as surveillance/screening testing.

A case of CRE is defined as a culture yielding a bacterium in the family *Enterobacteriaceae* (e.g. *Klebsiella*, *Enterobacter*, *Escherichia coli*, *Proteus, Serratia,* etc.):

1. that tests resistant to at least one carbapenem antibiotic (minimum inhibitory concentrations of ≥ 4 mcg/ml for meropenem, imipenem, and doripenem OR ≥ 2 mcg/ml for ertapenem); or
2. that is documented to produce a carbapenemase by means of a laboratory test. Tests shall include but not be limited to, MicroScan, E-test, disk diffusion test, Modified Hodge Test (MHT), Metallo-β-lactamase test, Carba NP, Carbapenem Inactivation Method (CIM), Modified CIM (mCIM), polymerase-chain reaction (PCR), and Gene Xpert CarbaR.

All positive test results should be reported to the Philadelphia Department of Public Health (PDPH) **within 5 days**, with the exception of CRE clusters/outbreaks, which should be reported, via phone, within 24 hours. A CRE Case Report Form should be filled out and faxed to PDPH at (215) 238-6947. Cases may be reported to PDPH via phone at (215) 685-6748.

Isolates should be retained for one month. PDPH will follow up to coordinate further testing as needed.