



2025 Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare-Associated Infections Community Interface (HAIC) Case Report

NOTE: Enter all dates as mm/dd/yyyy

Form Approved
OMB No. 0920-0978
Expiration Date: 09/30/2027

PATIENT'S NAME: _____			PHONE NO.: _____		
ADDRESS: _____				MRN: _____	
ADDRESS TYPE: _____			HOSPITAL: _____		
----Patient Identifier information is not transmitted to CDC----					
DEMOGRAPHICS					
1. STATE: _____		2a. COUNTY: _____		2b. PLANNING REGION: _____	
				3. STATE ID: _____	
4a. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____				4b. FACILITY ID WHERE PATIENT TREATED: _____	
5. DATE OF BIRTH: _____		7. SEX: Male Female Missing value		8. RACE AND/OR ETHNICITY: (Check all that apply) American Indian or Alaska Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown	
6. AGE: _____ Days Mos Yrs					
9a. DATE OF INCIDENT SPECIMEN COLLECTION (DISC): _____		10. ORGANISM: Carbapenem-Resistant <i>Enterobacteriales</i> (CRE) <i>Escherichia coli</i> <i>Klebsiella pneumoniae</i> <i>Klebsiella oxytoca</i> <i>Klebsiella aerogenes</i> <i>Enterobacter cloacae</i> Extended-Spectrum Beta-Lactamase-producing <i>Enterobacteriales</i> (ESBL-E) <i>Escherichia coli</i> <i>Klebsiella pneumoniae</i> <i>Klebsiella oxytoca</i> Carbapenem-Resistant <i>A. baumannii</i> (CRAB) Invasive <i>Escherichia coli</i> (iEC) (not CRE or ESBL-E)			
9b. TIME OF DISC: _____					
11. SPECIMEN COLLECTION SITE(S):					
Blood Bone Bronchoalveolar lavage (CRAB only, complete Q23c) CSF Internal body site (specify): _____		Muscle Peritoneal fluid Pericardial fluid Pleural fluid Joint/synovial fluid Sputum (CRAB only, complete Q23c) Tracheal aspirate (CRAB only, complete Q23c)		Urine (complete 22a–22c) Wound (specify): _____ (CRAB only) Other LRT site (specify): _____ (CRAB only, complete Q23c) Other normally sterile site (specify): _____	
12. LOCATION OF SPECIMEN COLLECTION:				13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC?	
OUTPATIENT Facility ID: _____ Emergency room Clinic/Doctor's office Dialysis center Surgery Observational/Clinical decision unit Other outpatient		INPATIENT Facility ID: _____ ICU OR Radiology Other inpatient		LTCF Facility ID: _____ LTACH Facility ID: _____ Autopsy Other Unknown	
				Private residence LTCF Facility ID: _____ Hospital inpatient Facility ID: _____ Was the patient transferred from this hospital? Yes No Unknown	
				LTACH Facility ID: _____ Homeless Correctional or detention facility Drug/alcohol rehabilitation Not born yet Other Unknown	
14. WAS THE PATIENT HOSPITALIZED ON THE DAY OF OR IN THE 29 CALENDAR DAYS AFTER THE DISC? Yes No Unknown					
IF YES, DATE OF ADMISSION: _____					
15a. WAS THE PATIENT IN AN ICU IN THE 7 DAYS BEFORE THE DISC? Yes No Unknown					
IF YES, DATE OF ICU ADMISSION: _____ OR Date unknown					
15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC?					
Yes No Unknown					
IF YES, DATE OF ICU ADMISSION: _____ OR Date unknown					
Public reporting burden of this collection of information is estimated to average 28 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0978).					

16. PATIENT OUTCOME: Survived _____ Died _____ Hospitalized >1 year _____ Unknown _____ DATE OF DEATH: _____ OR _____ Date unknown		DATE OF DISCHARGE: _____ OR _____ Date unknown _____ Left against medical advice (AMA) _____		IF SURVIVED, DISCHARGED TO: Private residence _____ LTCF, Facility ID: _____ LTACH, Facility ID: _____ Homeless _____ Correctional or detention facility _____ Drug/alcohol rehabilitation _____ Other _____ Unknown _____	
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17a. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply)				None	Colonized	Unknown
Abscess, not skin	Decubitus/pressure ulcer	Pyelonephritis	Surgical site infection (internal)			
AV fistula/graft infection	Empyema	Sepsis	Traumatic wound			
Bacteremia	Endocarditis	Urosepsis	Urinary tract infection (complete 22a–22c)			
Bursitis	Epidural abscess	Septic arthritis	Other (specify): _____			
Catheter site infection (CVC)	Meningitis	Septic emboli				
Cellulitis	Osteomyelitis	Septic shock				
Chronic ulcer/wound (not decubitus)	Peritonitis	Skin abscess				
	Pneumonia (CRAB cases, complete Q23c)	Surgical incision infection				

17b. RECURRENT UTI: Yes _____ No _____ Unknown _____	17c. WAS THE PATIENT TREATED FOR THE MUGSI ORGANISM? Yes _____ No _____ Unknown _____
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18. UNDERLYING CONDITIONS: (Check all that apply)				None	Unknown
CHRONIC LUNG DISEASE Cystic fibrosis _____ Chronic pulmonary disease _____ CHRONIC METABOLIC DISEASE Diabetes mellitus _____ With chronic complications _____ CARDIOVASCULAR DISEASE CVA/Stroke/TIA _____ Congenital heart disease _____ Congestive heart failure _____ Myocardial infarction _____ Peripheral vascular disease (PVD) _____ GASTROINTESTINAL DISEASE Diverticular disease _____ Inflammatory bowel disease _____ Peptic ulcer disease _____ Short gut syndrome _____	IMMUNOCOMPROMISED CONDITION HIV infection _____ AIDS/CD4 count < 200 _____ Primary immunodeficiency _____ Transplant, hematopoietic stem cell _____ Transplant, solid organ: _____ LIVER DISEASE Chronic liver disease _____ Ascites _____ Cirrhosis _____ Hepatic encephalopathy _____ Variceal bleeding _____ Hepatitis C _____ Treated, in SVR _____ Current, chronic _____ MALIGNANCY Malignancy, hematologic _____ Malignancy, solid organ (non-metastatic) _____ Malignancy, solid organ (metastatic) _____	NEUROLOGIC CONDITION Cerebral palsy _____ Chronic cognitive deficit _____ Dementia _____ Epilepsy/seizure/seizure disorder _____ Multiple sclerosis _____ Neuropathy _____ Paresis _____ Parkinson's disease _____ Spinal cord injury _____ PLEGIAS/PARALYSIS Hemiplegia _____ Paraplegia _____ Quadriplegia _____ RENAL DISEASE Chronic kidney disease _____ Lowest serum creatinine: _____ mg/DL Unknown or not done _____	SKIN CONDITION Blistering disease _____ Burn _____ Decubitus/pressure ulcer _____ Eczema _____ Psoriasis _____ Surgical wound _____ Other chronic ulcer or chronic wound _____ OTHER Connective tissue disease _____ Obesity or morbid obesity _____ Pregnant _____ MUGSI CONDITIONS Urinary tract problems/abnormalities _____ Premature birth _____ Spina bifida _____		

19. SUBSTANCE USE SMOKING: (Check all that apply)				None documented	Tobacco	Marijuana	ALCOHOL ABUSE: Yes _____ None documented _____ Unknown _____
	Unknown	E-nicotine delivery system					

OTHER SUBSTANCES: (Check all that apply)	Opioid use disorder	Injection drug use	None documented	Unknown
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20. RISK FACTORS: (Check all that apply)				None	Unknown
WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE CALENDAR DAYS AFTER HOSPITAL ADMISSION?		Yes	No		
PREVIOUS HOSPITALIZATION IN THE YEAR BEFORE DISC		Yes	No	Unknown	
IF YES, DATE OF DISCHARGE CLOSEST TO DISC: _____ OR, DATE UNKNOWN					Facility ID: _____
OVERNIGHT STAY IN LTCF IN THE YEAR BEFORE DISC:		Yes	No	Unknown	Facility ID: _____
OVERNIGHT STAY IN LTACH IN THE YEAR BEFORE DISC:		Yes	No	Unknown	Facility ID: _____
SURGERY IN THE YEAR BEFORE DISC:		Yes	No	Unknown	

INVASIVE OR DIAGNOSTIC UROLOGIC PROCEDURE IN THE YEAR BEFORE DISC:				Yes	No	Unknown
IF YES, CHECK ALL THAT APPLY: Prostate procedure Cystoscopy Other						
CURRENT CHRONIC DIALYSIS:				Yes	No	Unknown
IF YES, TYPE: Hemodialysis Peritoneal Unknown						
IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS: AV fistula/graft Hemodialysis central line Unknown						
CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:				Yes	No	Unknown
Check here if central line in place for > 2 calendar days						
URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:				Yes	No	Unknown
IF YES, CHECK ALL THAT APPLY:						
Indwelling Urethral Catheter Condom Catheter						
Suprapubic Catheter Other (specify): _____						
ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:				Yes	No	Unknown
IF YES, CHECK ALL THAT APPLY:						
ET/NT Tube NG Tube Nephrostomy Tube						
Gastrostomy Tube Tracheostomy Other (specify): _____						
PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC:				Yes	No	Unknown
COUNTRY(IES): _____						
PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES) ABOVE:				Yes	No	Unknown

21a. WEIGHT:	21b. HEIGHT:	21c. BMI:
_____ lbs. _____ oz. OR _____ kg Unknown	_____ ft. _____ in. OR _____ cm Unknown	_____ Unknown

Complete questions 22a-22c for all MuGSI cases from urine cultures or where UTI is marked in question 17a:

22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER?	Yes	No	Unknown
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22b. RECORD THE COLONY COUNT: _____

22c. ASSOCIATED SIGNS AND SYMPTOMS:
 Please indicate if any of the following symptoms were reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC.

None	Fever [temperature ≥ 100.4 °F (38 °C)]	Symptoms for patients ≤ 1 year of age only:	
Unknown	Frequency	Apnea	Lethargy
Costovertebral angle pain or tenderness	Suprapubic tenderness	Bradycardia	Vomiting
Dysuria	Urgency		

Complete questions 23a-23b ONLY for A. BAUMANNII cases:

23a. DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR CRAB IN THE 30 DAYS BEFORE THE DISC?	Yes	No	Unknown	N/A
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23b. RISK FACTORS PRIOR TO CRAB DISC: (Check all that apply)
 Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC
 Nebulizer treatment at any time in the 7 calendar days before the DISC
 Mechanical ventilation at any time in the 7 calendar days before the DISC
 Visited a wound care clinic at any time in the year before the DISC
 None of the above

Complete question 23c ONLY for A. BAUMANNII cases from LRT site cultures or for non-LRT cultures where pneumonia is marked in question 17a.

23c. CHEST RADIOLOGY FINDINGS: (Check all that apply)			
Not done	Ground glass opacities/infiltrates	Consolidation	Nodules
No report available	Bronchopneumonia/pneumonia	Infiltrate	No evidence of pneumonia
Acute respiratory distress syndrome (ARDS)	Cannot rule out pneumonia	Pleural effusion	
Air space density/opacity	Cavitation		

24a. IS ANTIMICROBIAL USE (IV OR ORAL) IN THE 30 DAYS BEFORE THE DISC DOCUMENTED?	Yes	No	Unknown
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24b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: <i>(Check all that apply)</i>				Unknown	
Amikacin Amoxicillin Amoxicillin/clavulanic acid Ampicillin Ampicillin/sulbactam Azithromycin Aztreonam Cefadroxil Cefazolin Cefdinir Cefepime Cefiderocol Cefixime Cefotaxime Cefoxitin Cefpodoxime Ceftaroline	Ceftazidime Ceftazidime/avibactam Ceftolozane/tazobactam Ceftriaxone Cefuroxime Cephalexin Ciprofloxacin Clarithromycin Clindamycin Dalbavancin Daptomycin Delafloxacin Doxycycline Eravacycline Ertapenem Fidaxomicin Fosfomycin	Gentamicin Imipenem/cilastatin Levofloxacin Linezolid Meropenem Meropenem/vaborbactam Metronidazole Moxifloxacin Nitrofurantoin Omadacycline Oritavancin Penicillin Piperacillin/tazobactam Polymyxin B Polymyxin E (colistin) Rifaximin Tedizolid	Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole Vancomycin IV PO Other (specify): _____ Other (specify): _____ REMINDER: Any prior antimicrobial use that is not noted above should be documented in the other (specify) field.		

25. WAS THE INCIDENT SPECIMEN POLYMICROBIAL?	Yes	No	Unknown
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26a. WAS THE INCIDENT SPECIMEN TESTED FOR CARBAPENEMASE GENES?	Yes	No	Laboratory not testing	Unknown
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26b. IF YES, WHAT TESTING METHOD WAS USED? <i>(Check all that apply)</i>		<u>Molecular Test Methods:</u>	
<u>Non-Molecular Test Methods:</u> CarbaNP Carbapenemase Inactivation Method (CIM) CPO Detect Disk Diffusion/ROSCO Disk E-test	Modified Carbapenemase Inactivation Method (mCIM) Modified Hodge Test (MHT) RAPIDEC Other (specify): _____ Unknown	Automated Molecular Assay Carba-R CARBA-5 Check Points MALDI-TOF MS Next Generation Nucleic Acid Sequencing	PCR Streck ARM-D Other (specify): _____ Unknown

26c. IF TESTED, WHAT WAS THE TESTING RESULT?					
<u>Non-Molecular Test Results:</u> Positive Indeterminate Negative Unknown	<u>Molecular Test Results:</u> NDM KPC OXA (specify): _____ VIM IMP Other carbapenemase gene (specify): _____	Pos	Neg	Ind	Unk
		Pos	Neg	Ind	Unk
		Pos	Neg	Ind	Unk
		Pos	Neg	Ind	Unk
		Pos	Neg	Ind	Unk
		Pos	Neg	Ind	Unk
		Pos	Neg	Ind	Unk

27a. WAS THE INCIDENT SPECIMEN TESTED FOR ESBL PRODUCTION OR OTHER BETA-LACTAMASE GENES?	
Yes No	Laboratory not testing Unknown

27b. IF TESTED, WHAT TESTING METHOD WAS USED? (Check all that apply):	27c. IF TESTED, WHAT WAS THE RESULT?
Broth Microdilution (ATi detection)	
ESBL well	Pos Neg Ind Unk
Expert rule (ATi flag)	Pos Neg Ind Unk
Unknown	Pos Neg Ind Unk
Broth Microdilution (Manual)	Pos Neg Ind Unk
Disk Diffusion	Pos Neg Ind Unk
E-test	Pos Neg Ind Unk
Molecular test (specify): _____	Pos Neg Ind Unk
Gene variant (specify): _____	
Other non-molecular test (specify): _____	Pos Neg Ind Unk

28. SUSCEPTIBILITY RESULTS:

Please complete the table below based on the information found in the indicated data source.

Antibiotic	Data source:	Data source:	Data source:	Data source:	Data source:	Data source:
	MIC or zone diameter	Interpretation	MIC or zone diameter	Interpretation	MIC or zone diameter	Interpretation
Amikacin						
Amoxicillin/Clavulanate						
Ampicillin						
Ampicillin/Sulbactam						
Aztreonam						
Cefazolin						
Cefepime						
Cefiderocol						
Cefotaxime						
Cefoxitin						
Ceftazidime						
Ceftazidime/Avibactam						
Ceftolozane/Tazobactam						
Ceftriaxone						
Cephalothin						
Ciprofloxacin						
Colistin						
Doripenem						
Doxycycline						
Eravacycline						
Ertapenem						
Fosfomycin						
Gentamicin						
Imipenem						
Imipenem-relebactam						
Levofloxacin						
Meropenem						
Meropenem-vaborbactam						
Minocycline						
Moxifloxacin						
Nitrofurantoin						
Omadacycline						
Piperacillin/Tazobactam						
Plazomicin						
Polymyxin B						
Rifampin						
Sulbactam/Durlobactam						
Tetracycline						
Tigecycline						
Tobramycin						
Trimethoprim-sulfamethoxazole						

29a. WAS THE CASE FIRST IDENTIFIED THROUGH AN AUDIT?Yes
No**29b. CRF STATUS:**Complete
Pending
Chart unavailable after 3 requests
Complete – pending data**29c. SO INITIALS:**

29d. DATE OF ABSTRACTION:

29e. COMMENTS: