



# National Clostridium difficile Enhanced Surveillance Form, v3 Clinical Details



## 1. Patient Details:

**Hospital Code:**     
**Patient ID:**          
**Age:**   
**Sex:** M  F  Unk

**Date of birth:**   /   /   
**Was the patient admitted to hospital?**  Yes  No  Unknown ➔
**If admitted please give date of admission:**   /   /

## 2. Case Type:

New  Recurrent Please refer to page two for new and recurrent case definitions.

## 3. Isolate Details:

**Specimen ID:**        
**Specimen date:**   /   /

**Origin of Specimen:**  
 This hospital  Other hospital  Nursing home/LTCF  GP practice  Other  No information available

## 4. Onset of C difficile Infection (CDAD):

Healthcare onset >> Symptoms start during a stay in a healthcare facility (HCF)

Community onset >> Symptoms start in a community setting, outside healthcare facilities.

No information available

**Date of onset:**   /   /

**If patients onset of CDAD was within a health care facility, please specify in which facility this occurred:**  
 This hospital  Other hospital  Nursing home/LTCF  Other  No information available

## 5. Origin of C difficile Infection (CDAD):

Healthcare-associated >> This is a CDAD case with either:  
 Onset of symptoms at least 48 hours following admission to a HCF (healthcare-onset, healthcare-associated)  
**or**  
 Onset of symptoms in the community within 4 weeks following discharge from a HCF (community-onset, healthcare-associated)

Community-associated >> This is a CDAD case with either:  
 Onset of symptoms while outside a healthcare facility, and without discharge from a HCF within the previous 12 weeks (community-onset, community-associated).  
**or**  
 Onset of symptoms within 48 hours following admission to a healthcare facility without residence in a HCF within the previous 12 weeks (healthcare-onset, community-associated)

Discharged 4-12 wks from HCF >> This is a CDAD case who was discharged from a healthcare facility 4-12 weeks before the onset of symptoms

No information available >> No information was available on this CDAD case

**If patients origin of CDAD was within a health care facility, please specify in which facility this occurred:**  
 This hospital  Other hospital  Nursing home/LTCF  Other  No information available

## 6. Severity: (If applicable)

ICU Admission for CDAD treatment or its complications  Yes  No  No information available

Surgery (colectomy) for toxic megacolon, perforation or refractory colitis.  Yes  No  No information available



## **Definitions of *Clostridium difficile* Infection:**

**A confirmed *Clostridium difficile* - associated disease (CDAD) case is a patient two years or older, to whom one or more of the following criteria applies:**

- Diarrhoeal\* stools or toxic megacolon, with either a positive laboratory assay for *C. difficile* toxin A (TcdA) and/or toxin B (TcdB) in stools or a toxin-producing *C. difficile* organism detected in stool via culture or other means.
- Pseudomembranous colitis (PMC) revealed by lower gastrointestinal endoscopy.
- Colonic histopathology characteristic of *C. difficile* infection (with or without diarrhoea) on a specimen obtained during endoscopy, colectomy or autopsy.

**\* Diarrhoea is defined as three or more loose/watery bowel movements (which are unusual or different for the patient) in a 24 hour period**

## **Case Type:**

### **New Case of CDAD:**

A new case of CDAD is either:

**A.** The first episode of CDAD

**OR**

**B.** A subsequent episode of CDAD with onset of symptoms **more than 8 weeks** after the onset of a previous episode.

### **Recurrent Case of CDAD:**

A recurrent case of CDAD is a patient with an episode of CDAD that occurs **within 8 weeks** following the onset of a previous episode **provided that CDAD symptoms from the earlier episode resolved with or without therapy.**