EMERGING INFECTIONS PROGRAM
EXTRAPULMONARY NONTUBERCULOUS MYCOBACTERIA (NTM) SURVEILLANCE CASE REPORT FORM - 2023

Patient's Name:		Phone no. ( )	
Address:		MRN:	
City:	State:	ZIP:	Facility:

-PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC-

1.STATE: ___ ___	**2. COUNTY:** ______	**3. STATE ID:** ______	**4. PATIENT ID:** ______	**5. LABORATORY ID WHERE NTM INITIALLY IDENTIFIED:** ______	**6. PROVIDER ID WHO ORDERED INDEX SPECIMEN COLLECTION:** ______

7. DATE OF BIRTH: __ __-__ __-__ __ __ __

8. AGE: ____ ____ ____ ☐ Days ☐ Mos. ☐ Yrs

9. SEX AT BIRTH: ☐ Male ☐ Female ☐ Unknown ☐ Check if transgender

10. RACE: *(Check all that apply)*
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown

11. ETHNIC ORIGIN:
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

12. WEIGHT: _________**lbs.** ______ **oz. OR** _____**kg** ☐ Unknown

13. HEIGHT: _________**ft.** _______ **in. OR** _____**cm** ☐ Unknown

14. BMI: (record only if height or weight is not available) ___________ ☐ Unknown

15. DATE OF EXTRAPULMONARY INDEX SPECIMEN COLLECTION (DISC): __ __-__ __-__ __ __ __ ☐ Unknown

16. LOCATION OF EXTRAPULMONARY INDEX SPECIMEN COLLECTION:

☐ **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, specify: __________

☐ **Unknown**

17. EXTRAPULMONARY INDEX SPECIMEN COLLECTION SITE *(Check all that apply):*

☐ Blood ☐ Bone ☐ Joint/synovial fluid
☐ Lymph node ☐ Muscle ☐ Pericardial fluid
☐ Peritoneal fluid ☐ Pleural fluid ☐ Skin
☐ Soft tissue ☐ Urine ☐ Wound, non-surgical
☐ Wound, surgical ☐ Other site _____________

18. FINAL RESULT DATE: __ __-__ __-__ __ __ __

19. NTM SPECIES IDENTIFIED FROM EXTRAPULMONARY INDEX SPECIMEN:

☐ ***M. avium* complex (MAC)**
- ☐ *M. avium* (AVI)
- ☐ *M. intracellulare* subsp. *chimaera* (CHIM)
- ☐ *M. intracellulare* subsp. *intracellulare* (INT)
- ☐ Other MAC, specify:___________ (MOTH)
- ☐ MAC, not otherwise specified (MND)

☐ **Non-*M. avium* complex (NMAC)**
- ☐ *M. abscessus* complex (ABS)
- ☐ *M. chelonae* complex (CHEL)
- ☐ *M. fortuitum* group (FOR)
- ☐ *M. kansasii* (KAN)
- ☐ Other non-MAC, specify:_______ (NOTH)
- ☐ Non-MAC, not otherwise specified (NND)

☐ **Not TB, not characterized further (NTB)**

20. WERE MICROBIOLOGICAL TESTS OF EXTRAPULMONARY SPECIMENS POSITIVE FOR NTM IN THE 12 MONTHS BEFORE THE DISC?

☐ No microbiological tests, and NO medical record documentation that infection was present →**INCIDENT CASE**

☐ No microbiological tests, but medical record documentation indicates infection WAS PRESENT →**PREVALENT CASE**

☐ Yes→**PREVALENT CASE** (complete table below)

☐ Unknown

IF YES, INDICATE SITE(S), DATE(S) OF COLLECTION, AND SPECIES:

	Date #1	Species	Date #2	Species	Date #3	Species
☐ Site #1: ___________	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______
☐ Site #2: ___________	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______
☐ Site #3: ___________	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______
☐ Site #4: ___________	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______
☐ Site #5: ___________	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______	__ __-__ __-__ __ __ __	______

21. IF EXTRAPULMONARY NTM ISOLATE(S) SENT TO CDC, ISOLATE IDs: 1.____________________ 2.____________________

22. NTM ANTIMICROBIAL SUSCEPTIBILITY TEST (AST) RESULTS: ☐ None ☐ Unknown

LABORATORY ID WHERE AST TESTING PERFORMED:_________________________

NTM SPECIES:________________ **DATE OF COLLECTION:** __ __ - __ __ - __ __ __ __

NON-MOLECULAR METHODS:

Antimicrobial	Test method	If BMD enter MIC (mg/ml)	Interpretation
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown

MOLECULAR METHODS:

Gene Name	Test method	Interpretation
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown

2' .˙ DID THE PATIENT RECEIVE CARE FROM OR WERE THEY REFERRED TO A SPECIALIST FOR NTM EVALUATION OR MANAGEMENT WITHIN 12 MONTHS BEFORE TO 90 DAYS AFTER THE INDEX SPECIMEN RESULT DATE? *(Check all that apply):*

☐ Infectious diseases specialist ☐ Pulmonary specialist ☐ Surgeon

☐ Other, specify:______________________ ☐ None ☐ Unknown

2' a. WERE ANY REFERRALS WITHIN 12 MONTHS BEFORE TO 30 DAYS AFTER THE INDEX SPECIMEN RESULT DATE?

☐ Yes ☐ No ☐ Unknown

24. DID THE PATIENT UNDERGO SURGERY TO MANAGE NTM INFECTION ON THE DISC THROUGH 90 DAYS OF INDEX SPECIMEN RESULT DATE?

☐ Yes; specify type of surgery: ______________________

☐ No ☐ Unknown

25. NTM SIGNS & SYMPTOMS IN THE 14 DAYS BEFORE THE DISC *(Check all that apply):*

☐ None ☐ Unknown

☐ Fatigue or malaise ☐ Fever ☐ Night sweats ☐ Pain at infection site

☐ Positive imaging ☐ Pus, drainage, abscess ☐ Redness or swelling ☐ Weight loss

☐ Other, specify: __________________

26. CLINICIAN-DIAGNOSED EXTRAPULMONARY NTM DISEASE?

☐ Yes ☐ No ☐ Unknown

27. IMMUNOSUPPRESSIVE MEDICATION IN THE 90 DAYS BEFORE THE DISC *(Check all that apply):* ☐ None of the below ☐ Unknown

☐ Abatacept/Orencia ☐ Azathioprine ☐ B cell depletion agent ☐ Cyclophosphamide ☐ IL-6 blocker

☐ JAK inhibitor ☐ Mycophenolate ☐ Steroid, IV, IM, or oral ☐ Tacrolimus ☐ TNF-α inhibitor

28. TYPES OF INFECTION ASSOCIATED WITH POSITIVE TEST FOR EXTRAPULMONARY NTM *(Check all that apply):* ☐ None ☐ Unknown

- ☐ Abscess, not skin
  Specify location: ___________
- ☐ AV fistula/graft infection
- ☐ Bacteremia
- ☐ Bursitis
- ☐ Catheter site infection
- ☐ Cellulitis
- ☐ Chronic ulcer/wound (non-decubitus)
- ☐ Decubitus/pressure ulcer
- ☐ Disseminated infection
- ☐ Empyema
- ☐ Endocarditis
- ☐ Epidural abscess
- ☐ Lymphadenitis
- ☐ Meningitis/encephalitis
- ☐ Osteomyelitis
- ☐ Peritonitis
- ☐ Pneumonia
- ☐ Septic arthritis
- ☐ Septic emboli
- ☐ Skin abscess
- ☐ Surgical incision infection
- ☐ Surgical site infection (internal) ___________
- ☐ Traumatic wound infection
- ☐ Urinary tract infection
- ☐ Other, specify: ____________________

29. HOSPITALIZATION(S) IN THE 12 MONTHS BEFORE TO 30 DAYS AFTER THE DISC : ☐ Yes ☐ No ☐ Unknown

Admission date	Discharge date	Due to NTM infection?
__ __-__ __-__ __ __ __ ☐ Unknown	__ __-__ __-__ __ __ __ ☐ Unknown	☐ Yes ☐ No ☐ Unknown
__ __-__ __-__ __ __ __ ☐ Unknown	__ __-__ __-__ __ __ __ ☐ Unknown	☐ Yes ☐ No ☐ Unknown
__ __-__ __-__ __ __ __ ☐ Unknown	__ __-__ __-__ __ __ __ ☐ Unknown	☐ Yes ☐ No ☐ Unknown
__ __-__ __-__ __ __ __ ☐ Unknown	__ __-__ __-__ __ __ __ ☐ Unknown	☐ Yes ☐ No ☐ Unknown
__ __-__ __-__ __ __ __ ☐ Unknown	__ __-__ __-__ __ __ __ ☐ Unknown	☐ Yes ☐ No ☐ Unknown

29a. LAST KNOWN STATUS WITHIN 90 DAYS OF THE DISC:

☐ Alive ☐ Died ☐ Unknown

Date of last known status: __ __-__ __-__ __ __ __

30. 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
- ☐ Parkinson's disease
- ☐ Other (specify): ____________________

PLEGIAS/PARALYSIS
- ☐ Hemiplegia
- ☐ Paraplegia
- ☐ Quadriplegia

RENAL DISEASE
- ☐ Chronic kidney disease
  Lowest serum creatinine: _________mg/dL
  - ☐ Unknown or not done

SKIN CONDITION
- ☐ Burn
- ☐ Decubitus/pressure ulcer
- ☐ Surgical wound
- ☐ Other chronic ulcer or chronic wound
- ☐ Other (specify): ________________

OTHER
- ☐ Connective tissue disease
- ☐ Obesity or morbid obesity
- ☐ Pregnant

31. OTHER UNDERLYING CONDITIONS: ☐ None ☐ Unknown ☐ Rheumatoid arthritis

32. SUBSTANCE USE

SMOKING *(Check all that apply):* ☐ None ☐ Unknown

☐ Tobacco ☐ E-nicotine delivery system ☐ Marijuana

ALCOHOL ABUSE: ☐ Yes ☐ No ☐ Unknown

OTHER SUBSTANCES *(Check all that apply):* ☐ None ☐ Unknown

	DOCUMENTED USE DISORDER (DUD/ABUSE):	**MODE OF DELIVERY: (Check all that apply)**
☐ Marijuana, cannabinoid (other than smoking)	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐ Opioid, DEA schedule I (e.g., Heroin)	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐ Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐ Opioid, NOS	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐ Cocaine	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐ Methamphetamine	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐ Other (specify): _________________	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐ Unknown substance	☐ DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown

DURING THE CURRENT HOSPITALIZATION DID THE PATIENT RECEIVE MEDICATION ASSISTED TREAMENT (MAT) FOR OPIOID USE DISORDER?

☐ Yes ☐ No ☐ N/A (patient not hospitalized or did not have DUD)

33. IS CASE ASSOCIATED WITH A KNOWN OUTBREAK? ☐ Yes ☐ No IF YES, INDICATE OUTBREAK SOURCE:________________________________

34. FOR NON-OUTBREAK CASES, INDICATE EXPOSURES DOCUMENTED IN MEDICAL RECORDS IN THE 12 MONTHS BEFORE THE DISC:

☐ Not applicable—OUTBREAK case ☐ None ☐ Unknown

Exposure	**At site of infection?**	Exposure	**At site of infection?**
☐ Bird contact		☐ Injection/infusion	☐ Yes ☐ No ☐ Unknown
☐ Construction		☐ Livestock	
☐ Cystic fibrosis clinic		☐ Medical device	☐ Yes ☐ No ☐ Unknown
☐ Dental procedure	☐ Yes ☐ No ☐ Unknown	☐ Nail salon	☐ Yes ☐ No ☐ Unknown
☐ Fish tank		☐ Neti pot	☐ Yes ☐ No ☐ Unknown
☐ Gardening or landscaping		☐ Nursing home residence	
☐ Homelessness		☐ Surgical procedure	☐ Yes ☐ No ☐ Unknown
☐ Hot tub		☐ Swimming pool	
☐ Humidifier use		☐ Tattoo	☐ Yes ☐ No ☐ Unknown
☐ Incarceration		☐ Trauma	☐ Yes ☐ No ☐ Unknown
☐ Injection drug use	☐ Yes ☐ No ☐ Unknown	☐ Other, specify:_________________	☐ Yes ☐ No ☐ Unknown

35. DID THE PATIENT HAVE A POSITIVE TEST(S) FOR SARS-CoV-2 (MOLECULAR ASSAY, ANTIGEN, OR OTHER VIRAL TEST; EXCLUDING SEROLOGY) IN THE 90 DAYS BEFORE OR DAY OF THE DISC?

☐ Yes ☐ No ☐ Unknown

COVID-NET CASE ID: __________

SPECIMEN COLLECTION DATES FOR POSITIVE TESTS IN THE 90 DAYS BEFORE OR DAY OF DISC:

FIRST POSITIVE TEST: __ __-__ __-__ __ __ __ OR ☐ Date unknown

MOST RECENT POSITIVE TEST: __ __-__ __-__ __ __ __ OR ☐ Date unknown

36. WAS CASE FIRST IDENTIFIED THROUGH AUDIT?	**37. CRF STATUS**	**38. WAS PATIENT PREVIOUSLY REPORTED TO HAIC NTM SURVEILLANCE?**	**39. DATE OF ABSTRACTION:**	**40. SO INITIALS:**
☐ Yes ☐ No ☐ Unknown	☐ Complete ☐ Pending ☐ Chart unavailable after 3 requests	☐ Yes ☐ No ☐ Unknown **IF YES, PREVIOUS (1ST) STATEID:** ____________	__ __-__ __-__ __ __ __	________

41. COMMENTS:

LABORATORY ID WHERE AST TESTING PERFORMED:_________________________

NTM SPECIES:_________________ **DATE OF COLLECTION:** __ __ - __ __ - __ __ __ __

NON-MOLECULAR METHODS:

Antimicrobial	Test method	If BMD enter MIC (mg/ml)	Interpretation
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown

MOLECULAR METHODS:

Gene Name	Test method	Interpretation
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown

---

LABORATORY ID WHERE AST TESTING PERFORMED:_________________________

NTM SPECIES:_________________ **DATE OF COLLECTION:** __ __ - __ __ - __ __ __ __

NON-MOLECULAR METHODS:

Antimicrobial	Test method	If BMD enter MIC (mg/ml)	Interpretation
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown
___________	☐BMD ☐DD ☐ADE ☐Oth ☐Unk	___________ or ☐Unk	☐S ☐I ☐R ☐Unknown

MOLECULAR METHODS:

Gene Name	Test method	Interpretation
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown
___________	_______________________	☐Present ☐Absent ☐Indeterminate ☐Unknown