

Atypical mycobacterial infection diagnosed in the five years following cardiopulmonary bypass surgery: Surveillance form

Please complete for any patient meeting the following case definition and return to the HAI program

CEC-HAI@health.nsw.gov.au Clinical Excellence Commission

- *Mycobacterium avium* complex, *M. intracellulare* or *M. chimaera* endocarditis, surgical site infection or disseminated infection AND
- cardiopulmonary bypass or any other operative procedure using a heater cooler device in the five years before diagnosis.

1. Reporter

Name		Phone number	
Organisation			
Email address		Date completed	36T

2. Patient Details

First two letters first name		First Two letters surname	
Date of birth	36T	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Hospital Medical record No			

3. Organisation details

Facility where patient admitted with mycobacterial infection	Clinician in charge of care and contact details

4. Clinical Details

Clinical presentation of mycobacterial infection (tick all that are relevant)	Date of onset
<input type="checkbox"/> Endocarditis <input type="checkbox"/> If yes, prosthetic valve <input type="checkbox"/> Disseminated infection <input type="checkbox"/> Bacteraemia <input type="checkbox"/> Vascular graft infection <input type="checkbox"/> Deep or superficial site infection <input type="checkbox"/> Sternal osteomyelitis <input type="checkbox"/> Other prosthesis <input type="checkbox"/> Other: Specify	36T
	Date of presentation
	36T

5. Patient Outcome

Patient outcome	
<input type="checkbox"/> Still ill <input type="checkbox"/> Died	If patient has died, date of death 36T
<input type="checkbox"/> Recovered	Was death attributable to mycobacterial infection <input type="checkbox"/> Y <input type="checkbox"/> N

6. Treatment details: Please complete details about anti-mycobacterial treatment

Treatment details – please tick current and past anti-mycobacterial agents and the reason for stopping	
<input type="checkbox"/> Amikacin	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
<input type="checkbox"/> Clarithromycin	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
<input type="checkbox"/> Ethambutol	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
<input type="checkbox"/> Linezolid	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
<input type="checkbox"/> Moxifloxacin	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
<input type="checkbox"/> Rifabutin	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
<input type="checkbox"/> Rifampicin	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
<input type="checkbox"/> Other:	Continuing <input type="checkbox"/> Y <input type="checkbox"/> N: If no; state reason for cessation
Planned treatment duration	Specify: Months

7. Significant laboratory results

Please include first positive mycobacterial culture and all instances where mycobacteria were identified from invasive specimens (eg blood culture, valve)

Date of specimen	Type of specimen	Organism identified	How was organism identified	Name of laboratory
36T		<input type="checkbox"/> <i>M. chimaera</i> <input type="checkbox"/> <i>M. intracellulare</i> <input type="checkbox"/> <i>M. avium</i> complex	<input type="checkbox"/> 16S RNA sequencing <input type="checkbox"/> Line probe assay <input type="checkbox"/> Phenotypic <input type="checkbox"/> ITS sequencing	
36T		<input type="checkbox"/> <i>M. chimaera</i> <input type="checkbox"/> <i>M. intracellulare</i> <input type="checkbox"/> <i>M. avium</i> complex	<input type="checkbox"/> 16S RNA sequencing <input type="checkbox"/> Line probe assay <input type="checkbox"/> Phenotypic <input type="checkbox"/> ITS sequencing	
36T		<input type="checkbox"/> <i>M. chimaera</i> <input type="checkbox"/> <i>M. intracellulare</i> <input type="checkbox"/> <i>M. avium</i> complex	<input type="checkbox"/> 16S RNA sequencing <input type="checkbox"/> Line probe assay <input type="checkbox"/> Phenotypic <input type="checkbox"/> ITS sequencing	

8. Exposures

Has the patient undergone surgery involving cardiopulmonary bypass in the six years prior to diagnosis of mycobacterial infection?				
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please detail below all surgical procedures before mycobacterial infection diagnosis involving cardiopulmonary bypass.				
Date of surgery	Hospital	Surgical procedure undertaken	Was an implant used? Y/N	Make and model of heater cooler used
36T				
36T				
36T				