

Sample Public Health Reporting Form for CDI

Region: _____ Month: _____ Date: _____

1. Numerator Data

Table 1: Number of CDIs in Acute Care

Facility	A. Total number of infections	B. Total number of reinfections
Acute Care Facility 1		
Acute Care Facility 2		
Total		

Total infections for Acute Care Facilities for region = A + B

Table 2: Number of CDIs in Long Term Care

Facility	A. Total number of infections	B. Total number of reinfections
Long Term Care Facility 1		
Long Term Care Facility 2		
Total		

Total infections for Long Term Care for region = A + B

2. Denominator Data

Table 3

Facility	Patient Care Days	Number of admissions
Acute Care Facility 1		
Acute Care Facility 2		
Total		

Table 4

	Resident Care Days
Long Term Care Facility 1	
Long Term Care Facility 2	
Total	

3. Number of cases of Community associated CDI infections

Table 5.

Region	Number of Cases