**Atypical mycobacterial infection diagnosed in 10 years following cardiopulmonary bypass: surveillance form**

*Please complete for any patient meeting the following case definition and return to your local HPT:*

* *Mycobacterium avium* complex, *M. intracellulare* or *M. chimaera* endocarditis, surgical site infection or disseminated infection
* AND who has had cardiopulmonary bypass (cardiothoracic surgery or extracorporeal membrane oxygenation or any other procedure involving the use of a heater cooler unit) in the 10 years before diagnosis

1. **Reporter**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.1 **Name** |  | 1.3 **Phone number** |  |
| 1.2 **Organisation** |  | | |
| 1.4 **Email address** |  | 1.5 **Date completed** | \_\_ /\_\_\_ /\_\_\_\_\_ |

1. **Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1 **First name** |  | 2.2 **Surname** |  |
| 2.3 **Date of birth** | \_\_ /\_\_\_ /\_\_\_\_\_ | 2.4 **Sex** | **Male**  **Female** |
| 2.5 **NHS number** |  | | |

1. **Organisation details**

|  |  |
| --- | --- |
| 3.1 **Trust where patient admitted with mycobacterial infection** | 3.2 **Clinician in charge of care and contact details** |
|  |  |

1. **Clinical details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4.1 **Clinical presentation of mycobacterial infection** (tick all that are relevant) | | |  | 4.3 **Date of presentation** |
| **Endocarditis**  If yes, prosthetic valve?  **Disseminated infection**  **Bacteraemia**  **Vascular graft infection** |  | **Deep or superficial surgical site infection**  **Sternal osteomyelitis**  **Other prosthesis**  **Other** (*please specify below*) |  |  |

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| --- |
| 4.7 **Patient outcome** |
| **Still ill**  **Died**  If the patient has died, **date of death**: \_\_\_ / \_\_\_ / \_\_\_\_\_  **Recovered**  **Was death attributable to mycobacterial infection?** **Yes**   **No** |

1. **Significant laboratory results**

Please include first positive mycobacterial culture and all instances where mycobacteria were identified from invasive specimens (e.g. blood culture, valve), up to a maximum of 5 results.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date of specimen** b) | **Type of specimen**  c) | **Organism identified** | g) | **How was organism identified?** h) | | **Name of laboratory** |
| 5.1 |  |  | *Mycobacterium chimaera*  *M. intracellulare*  *M. avium* complex |  | 16S  Line probe assay  Phenotypic  ITS sequencing |  |  |
| 5.2 |  |  | *Mycobacterium chimaera*  *M. intracellulare*  *M. avium* complex |  | 16S  Line probe assay  Phenotypic  ITS sequencing |  |  |
| 5.3 |  |  | *Mycobacterium chimaera*  *M. intracellulare*  *M. avium* complex |  | 16S  Line probe assay  Phenotypic  ITS sequencing |  |  |

1. **Exposures**

Please note below exposure/s to cardiopulmonary bypass in the 10 years prior to diagnosis of mycobacterial infection.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6.2. Has the patient undergone surgery involving cardiopulmonary bypass during this 10y period? | | | | | | | | | |
| **Yes**   **No**  If Yes, please detail below **all** surgical procedures before mycobacterial infection diagnosis involving cardiopulmonary bypass (continue on separate sheet if necessary) 6.2.15 | | | | | | | | | |
| **Date surgery**  6.2.1 | | **Hospital and Trust**  6.2.2 | | **Surgical procedure undertaken** 6.2.5 | | **Was an implant used?** Y/N 6.2.13 | | **Make and model of heater cooler used** 6.2.16b | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
| 6.3 Has the patient had Extracorporeal Membrane Oxygenation (ECMO) during this 10y period? | | | | | | | | | |
| **Yes**   **No**  If yes, please detail below all ECMO before mycobacterial infection diagnosis | | | | | | | | | |
| **Start date for ECMO** 6.3.1 | **End date for ECMO** | | **Hospital and Trust**  6.3.2 | | **Type of ECMO** | | **Make and model of heater cooler used** 6.3.16b | |
|  |  | |  | | Venoarterial (cardiac)  Venovenous (respiratory) | |  | |
|  |  | |  | | Venoarterial (cardiac)  Venovenous (respiratory) | |  | |

Thank you for completing this form. Please return to your local PHE Health Protection Team.