

Extensively Drug-Resistant Organism (XDRO) Registry: Reporting an XDRO Case to the XDRO Registry – For Laboratories

Revised October
2025

DPH.XDROregistry@illinois.gov
<https://xdro.dph.illinois.gov/>



77 IL Admin. Code Part 690: Section 1510

Entities Required to Submit Information

a) The Department requires the following health care facilities to report patient incident information regarding extensively drug-resistant organisms (XDROs):

- 1) Hospitals;
- 2) Hospital-affiliated clinical laboratories;
- 3) Independent or free-standing laboratories;
- 4) Long-term care facilities;
- 5) Long-term acute care hospitals (LTACHs);
- 6) Dialysis centers;
- 7) Specialized mental health rehabilitation facilities; and
- 8) Other high-risk health care facilities serving high-risk patients.

**Report 1st CRE/C. auris event per patient per encounter.
Report to XDRO Registry within 3 days of test finalization.**

Submit Report

Search Registry

Facility Submission History

Facility Alert History

XDRO Dashboard



IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

CRE

XDRO
registry

Shannon Calus

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XDRO Report

XDRO culture information

* **Organism name
(genus/species)**

Klebsiella pneumoniae ▼

* **Specimen source**

Blood ▼

* **Date (culture acquisition)**

12 / 10 / 2019

* **XDRO criteria** (select all that apply)

[Reporting rule](#)

☒ **Molecular test** (e.g. PCR) specific
for carbapenemase

☐ **Phenotypic test** specific for
carbapenemase production

* **Mechanism of resistance:**
(check all that apply)

- ☒ KPC
- ☐ NDM-1 (New Delhi Metallo- β -
lactamase)
- ☐ OXA
- ☐ VIM
- ☐ IMP
- ☐ Unknown

(molecular test required)

☐ **For E. coli and Klebsiella spp.
only** (excluding K. aerogenes):
Resistant to ALL 3rd gen cephalosporins
tested and non-susceptible (intermediate or
resistant) to one carbapenem. **Ignore**
ertapenem.

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XDRO Report

XDRO culture information

* **Organism name
(genus/species)**

Klebsiella pneumoniae ▼

* **Specimen source**

Blood ▼

* **Date (culture acquisition)**

12 / 10 / 2019

* **XDRO criteria** (select all that apply)

[Reporting rule](#)

☐ **Molecular test** (e.g. PCR) specific for carbapenemase

☐ **For E. coli and Klebsiella spp. only** (excluding K. aerogenes): Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. **Ignore ertapenem.**

☒ **Phenotypic test** specific for carbapenemase production

Test type used to confirm this isolate:

☐ Carba NP

☐ Carbapenem inactivation method (CIM)

☐ Metallo- β -lactamase (e.g., Etest)

☒ Modified CIM (mCIM)

☐ Modified Hodge

☐ Other:

CRE

XDRO Report

XDRO culture information

*** Organism name
(genus/species)**

Please Select Organism: ▼

- Escherichia coli
- Klebsiella aerogenes
- Klebsiella oxytoca
- Klebsiella pneumoniae
- Klebsiella spp.
- Morganella morganii
- Pantoea agglomerans
- Proteus mirabilis
- Proteus spp.
- Providencia stuartii
- Providencia spp.
- Pseudomonas aeruginosa
- Raoultella spp.
- Salmonella spp.
- Serratia marcescens
- Serratia spp.
- Shigella spp.
- Yersinia spp.
- Screen only (organism unknown)
- Not listed

Please Select One: ▼

***XDRO criteria** (select all that apply)

[Reporting rule](#)

☐ **Molecular test** (e.g. PCR) specific for carbapenemase

☐ **Phenotypic test** specific for carbapenemase production

☐ **For E. coli and Klebsiella spp. only** (excluding K. aerogenes):
Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. **Ignore ertapenem.**

*** Patient MRN**

*** Date of admission/Encounter Date**

 / /

Middle name(if applicable)

*** Last name**

*** Date of birth(mm/dd/yyyy)**

 / /

Social Security Number(last4)

Ethnicity

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

*** City**

*** County**

*** State**

*** Zip code**

My Apps Dashboard...Communicable Disease...OHCR Facility LookupNEW IDP...Password ResetSIRENIllinois Hospital Rep...Illinois Open Data

xdro.dph.illinois.gov/report.html

☆🔍Incognito

xdro.dph.illinois.gov says

Warning: This selection is only appropriate for tests that screen for carbapenemase production among Enterobacterales but do not identify the organism. (Example: CRE chromogenic agar).

OK

XDRO culture information

* Organism name
(genus/species)

Please Select Organism: ▾

* Specimen source

Please Select Specimen: ▾

* Date (culture acquisition)

mm / dd / yyyy

☐ For E. coli and Klebsiella spp. only (excluding K. aerogenes):
Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. Ignore ertapenem.

Typic test specific for carbapenemase production

Facility information

* Facility name

Sample Hospital

* Patient MRN

* Date of admission/Encounter Date

mm / dd / yyyy

☐ Culture obtained as outpatient

Patient demographics

* First name

Middle name(if applicable)

* Last name

* Gender

☐ Male ☐ Female

* Date of birth(mm/dd/yyyy)

mm / dd / yyyy

Social Security Number(last4)

Race

Please Select One: ▾

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

* Street address

* City

* County

Select a County: ▾

* State

Illinois ▾

* Zip code

CRE

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Sample Hospital [change facility](#)

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XDRO Report

XDRO culture information

* **Organism name**

(genus/species)

Screen only (organism unknown) ▼

* **Specimen source**

Rectal (screening) ▼

* **Date (culture acquisition)**

mm / dd / yyyy

* **XDRO criteria** (select all that apply)

[Reporting rule](#)

☒ **Molecular test** (e.g. PCR) specific for carbapenemase

* **Mechanism of resistance:**
(check all that apply)

- ☒ KPC
☐ NDM
☐ OXA
☐ VIM
☐ IMP
☐ Unknown

(molecular test required)

☐ **Phenotypic test** specific for carbapenemase production

☐ **For E. coli and Klebsiella spp. only** (excluding K. aerogenes):

Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. **Ignore ertapenem.**

Facility information

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XDRO Report

XDRO culture information

* **Organism name
(genus/species)**

Klebsiella pneumoniae ▼

* **Specimen source**

Blood ▼

* **Date (culture acquisition)**

12 / 10 / 2019

* **XDRO criteria** (select all that apply)

[Reporting rule](#)

☒ **Molecular test** (e.g. PCR) specific
for carbapenemase

☐ **Phenotypic test** specific for
carbapenemase production

* **Mechanism of resistance:**
(check all that apply)

- ☒ KPC
- ☐ NDM-1 (New Delhi Metallo- β -
lactamase)
- ☐ OXA
- ☐ VIM
- ☐ IMP
- ☐ Unknown

(molecular test required)

☐ **For E. coli and Klebsiella spp.
only** (excluding K. aerogenes):

Resistant to ALL 3rd gen cephalosporins
tested and non-susceptible (intermediate or
resistant) to one carbapenem. **Ignore
ertapenem.**


C. auris

XDRO registry Illinois Department Of Public Health [change facility](#)

Mai Vue Home Citations Help Go Back Logout

XDRO Report

XDRO culture information

* **Organism name (genus/species)**
 Candida auris ▼

* **Specimen source**
Please Select Specimen: ▼

* **Date (culture acquisition)**
mm / dd / yyyy

XDRO criteria (select all that apply)

[Reporting rule](#)

☐ **Molecular test** (e.g. PCR) specific for carbapenemase

☐ **Phenotypic test** specific for carbapenemase production

☐ **For E. coli and Klebsiella spp. only** (excluding K. aerogenes): Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. **Ignore ertapenem.**

When *Candida auris* is selected, all 'XDRO criteria' is greyed out and not required.

CRAB

XDRO
registry

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XDRO Report

XDRO culture information

*** Organism name (genus/species)**

*** Specimen source**

*** Date (culture acquisition)**
 / /

***XDRO criteria** (select all that apply)
[Reporting rule](#)

☒ **Molecular test** (e.g. PCR) specific for carbapenemase

☐ **Phenotypic test** specific for carbapenemase production

*** Mechanism of resistance:** (check all that apply)

☐ KPC
☐ NDM
☒ OXA
☐ OXA-48
☐ OXA-23
☐ OXA-24/40
☐ VIM
☐ IMP
☐ Unknown

(molecular test required)

☒ **For Acinetobacter ONLY:** Resistant to at least one carbapenem (imipenem, meropenem, or doripenem). **Ignore ertapenem.**

When Acinetobacter baumannii is selected, a new option will appear in 'XDRO criteria' - **For Acinetobacter ONLY**

When molecular test is selected, you'll also be able to select the specific OXA mechanism now (this is available for all organisms)

CP-CRPA Report Form

XDRO
registry

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XDRO Report

XDRO culture information

*** Organism name (genus/species)**

Please Select Organism:

Escherichia coli
Klebsiella aerogenes
Klebsiella oxytoca
Klebsiella pneumoniae
Klebsiella spp.
Morganella morganii
Pantoea agglomerans
Proteus mirabilis
Proteus spp.
Providencia stuartii
Providencia spp.
Pseudomonas aeruginosa
Raoultella spp.
Salmonella spp.
Serratia marcescens
Serratia spp.
Shigella spp.
Yersinia spp.
Screen only (organism unknown)
Not listed

*** XDRO criteria** (select all that apply)
[Reporting rule](#)

☐ **Molecular test** (e.g. PCR) specific for carbapenemase
☐ **For E. coli and Klebsiella spp. only** (excluding K. aerogenes): Resistant to ALL 3rd gen cephalosporins tested and non-susceptible (intermediate or resistant) to one carbapenem. **Ignore ertapenem.**
☐ Phenotypic carbapenemase production

*** Patient MRN**

*** Date of admission/Encounter Date**

mm / dd / yyyy

*** Street address**

Middle name(if applicable)

*** Date of birth(mm/dd/yyyy)**

mm / dd / yyyy

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** City**

*** County**

Select a County: ▾

*** Last name**

Social Security Number(last4)

*** State**

Illinois ▾

*** Zip code**

xdro.dph.illinois.gov says
WARNING: Only CARBAPENEMASE PRODUCING P. aeruginosa should be reported. Do NOT report unless a molecular or phenotypic test for carbapenemase production was conducted.
OK

Pop-up when Pseudomonas aeruginosa is selected! Only enter carbapenemase producing CRPA.

Facility information

Facility name

Test Nursing Home

*** Patient MRN**

123456

*** Date of admission/Encounter Date**

12 / 01 / 2019

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Jane

Middle name(if applicable)

*** Last name**

Smith

*** Gender**

☐ Male ☒ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1956

Social Security Number(last4)

Race

Please Select One: ▼

Ethnicity

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Main Street

*** City**

Chicago

*** County**

Cook ▼

*** State**

Illinois ▼

*** Zip code**

12345

Comments

Include any information that may help infection preventionists who view your submission.
Comments are not routinely monitored by IDPH. To communicate directly with IDPH, please email
DPH.XDRRegistry@Illinois.gov

CANCEL

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SUBMIT

Facility information

Facility name

Test Nursing Home

*** Patient MRN**

123456

*** Date of admission/Encounter Date**

12 / 01 / 2019

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Jane

Middle name(if applicable)

*** Last name**

Smith

*** Gender**

☐ Male ☒ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1956

Social Security Number(last4)

Race

Please Select One: ▼

Ethnicity

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Main Street

*** City**

Chicago

*** County**

Cook ▼

*** State**

Illinois ▼

*** Zip code**

12345

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Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

9999

*** Date of admission/Encounter Date**

10 / 19 / 2021

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Super

Middle name(if applicable)

*** Last name**

Bug

*** Gender**

☒ Male ☐ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1914

Social Security Number(last4)

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Sesame St.

*** City**

Chicago

*** County**

Cook ▼

*** State**

Illinois ▼

*** Zip code**

60222

Comments

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DPH.XDROregistry@Illinois.gov

For laboratories and IDPH only
*** Select facility that sent specimen:**

Please Select Facility: ▼



CANCEL

SAVE DRAFT

SUBMIT

Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

9999

*** Date of admission/Encounter Date**

10 / 19 / 2021

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Super

Middle name(if applicable)

*** Gender**

☒ Male ☐ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1914

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Sesame St.

*** City**

Chicago

*** County**

Cook ▼

Glenbrook Hospital
Glenshire Nursing & Rehab Ctr
Glenwood Healthcare & Rehab
Gottlieb Memorial Hospital
Harmony Nursing & Rehab Center
Heartland Regional Medical Center
Highland Park Hospital
Hilltop Skilled Nsg & Rehab
Hines Veteran Administration Hospital
Holy Cross Hospital
HSHS St. Elizabeths Hospital
HSHS St. Johns Hospital
HSHS St. Marys Hospital
Illinois Department Of Public Health
Ingalls Memorial Hospital
Jackson Park Hospital & Medical Center
John H. Stroger, Jr. Hospital of Cook County
Kindred Chicago - Lakeshore
Kindred Chicago Central Hospital
Kindred Hospital - Chicago North

Please Select Facility: ▼

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CANCEL

SAVE DRAFT

SUBMIT

Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

9999

*** Date of admission/Encounter Date**

10 / 19 / 2021

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Super

Middle name(if applicable)

*** Gender**

☒ Male ☐ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1914

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Sesame St.

*** City**

Chicago

*** County**

Cook ▼

Comments

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DPH.XDRRegistry@Illinois.gov

The Villa At Windsor Park Nursing & Living Ctr
Thorek Memorial Hospital
Transitional Care of Arlington Heights
Union County Hospital
UnityPoint Health Methodist
University of Illinois at Chicago
University of Illinois Hospital & Health Sciences System
University Of Iowa Hospital
Veracare Burbank
Vista Medical Center East
Warren Barr North Shore
Warren Barr Gold Coast
Warren Barr South Loop
West Suburban Medical Center
West Suburban Nursing And Rehabilitation Center
Wheaton Care Center
Willowcreek Rehab & Nursing (Helia Healthcare)
Unknown

Search facility...

Not found after search

Please Select Facility: ▼

CANCEL

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SUBMIT

Add Facility to Dropdown

Facility Name

Illinois department

DPH Site Code

Zip Code

Search

Action	Facility Name	DPH Site Code	Street	City State Zip
DELETE	Illinois Department Of Publi..	0	122 South Michigan Ave	Chicago, Illinois 60603
	Illinois Test Facility	426	711 Kaskaskia Street	Menard, IL 62259

Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

9999

*** Date of admission/Encounter Date**

10 / 15 / 2021

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Super

Middle name(if applicable)

*** Last name**

Bug

*** Gender**

☒ Male ☐ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1914

Social Security Number(last4)

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Sesame St.

*** City**

Chicago

*** County**

Cook ▼

*** State**

Illinois ▼

*** Zip code**

60222

Comments

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DPH.XDRRegistry@Illinois.gov

For laboratories and IDPH only

*** Select facility that sent specimen:**

Search facility... ▼



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Refresh the dropdown list.

Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

*** Date of admission/Encounter Date**

mm / dd / yyyy

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Super

Middle name(if applicable)

*** Gender**

☒ Male ☐ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1914

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Sesame St.

*** City**

Chicago

*** County**

Cook ▼

ACL Laboratories
Lemont Nrsg & Rehab Center
Park House Nursing & Rehab Ctr
Parkshore Estates Nrsg & Rehab
Sheridan Shores Care & Rehab Ctr
The Heights Hlthcare & Rehab Ctr
Holy Cross Hospital
Pine Crest Health Care
Glenbrook Hospital
Kindred Hospital - Chicago Northlake
Anderson Hospital
Alexian Brothers Medical Center
Highland Park Hospital
Advocate Good Samaritan Hospital
CGH Medical Center
Alden Estates Of Naperville
Advocate Trinity Hospital
Advocate Good Shepherd Hospital
Illinois Test Facility
Advocate Illinois Masonic Medical Center
Illinois Department of Correcti ▼

Comments

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DPH.XDROregistry@Illinois.gov

CANCEL

SAVE DRAFT

SUBMIT

Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

9999

*** Date of admission/Encounter Date**

10 / 15 / 2021

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Super

Middle name(if applicable)

*** Gender**

☒ Male ☐ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1914

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Sesame St.

*** City**

Chicago

*** County**

Cook ▼

The Villa At Windsor Park Nursing & Living Ctr
Thorek Memorial Hospital
Transitional Care of Arlington Heights
Union County Hospital
UnityPoint Health Methodist
University of Illinois at Chicago
University of Illinois Hospital & Health Sciences System
University Of Iowa Hospital
Veracare Burbank
Vista Medical Center East
Warren Barr North Shore
Warren Barr Gold Coast
Warren Barr South Loop
West Suburban Medical Center
West Suburban Nursing And Rehabilitation Center
Wheaton Care Center
Willowcreek Rehab & Nursing (Helia Healthcare)
Unknown
Search facility...

Not found after search

Not found after search ▼

Comments

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DPH.XDROregistry@Illinois.gov

CANCEL

SAVE DRAFT

SUBMIT

Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

9999

*** Date of admission/Encounter Date**

10 / 15 / 2021

☐ Culture obtained as outpatient

Patient demographics

*** First name**

Super

Middle name(if applicable)

*** Last name**

Bug

*** Gender**

☒ Male ☐ Female

*** Date of birth(mm/dd/yyyy)**

01 / 01 / 1914

Social Security Number(last4)

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

*** Street address**

123 Sesame St.

*** City**

Chicago

*** County**

Cook ▼

*** State**

Illinois ▼

*** Zip code**

60222

Comments

Facility A not found in search. Contacted IDPH at DPH.XDROregistry@illinois.gov on 10/15/21 to add facility to dropdown menu.

Include any information that may help infection preventionists who view your submission. Comments are not routinely monitored by IDPH. To communicate directly with IDPH, please email DPH.XDROregistry@Illinois.gov

For laboratories and IDPH only

*** Select facility that sent specimen:**

Not found after search ▼



If you can't find a facility, put the facility name in the comments and contact the XDRO team to have the facility added. Note: Individual outpatient setting names are not listed. Please select 'Outpatient'.

Facility information

Facility name

Illinois Department Of Public Health

* Patient MRN

9999

* Date of admission/Encounter Date

10 / 15 / 2021

☐ Culture obtained as outpatient

Patient demographics

* First name

Super

Middle name(if applicable)

* Last name

Bug

* Gender

☒ Male ☐ Female

* Date of birth(mm/dd/yyyy)

01 / 01 / 1914

Social Security Number(last4)

Race

Please Select One: ▼

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

* Street address

123 Sesame St.

* City

Chicago

* County

Cook ▼

* State

Illinois ▼

* Zip code

60222

Comments

Facility A not found in search. Contacted IDPH at DPH.XDRRegistry@illinois.gov on 10/15/21 to add facility to dropdown menu.

Include any information that may help infection preventionists who view your submission. Comments are not routinely monitored by IDPH. To communicate directly with IDPH, please email DPH.XDRRegistry@Illinois.gov

For laboratories and IDPH only

* Select facility that sent specimen:

Not found after search ▼



CANCEL

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SUBMIT

XDRO Report - Test Nursing Home

Patient information

Patient name: Smith, Jane**MRN:** 123456**Admission date:** 12/01/2019**Date of birth:** 01/01/1956**SSN (last 4):****Gender:** female**Race:****Ethnicity:****Address:** 123 Main Street, Chicago, Cook, IL 12345

XDRO culture information

Organism: *Klebsiella pneumoniae***Culture date:** 12/10/2019**XDRO criterion:** Molecular test**Specimen source:** Blood**Mechanism of resistance:** KPC**Comments:**

Submitted by Shannon Calus, 12/16/2019, Test Nursing Home

[New Report](#)[Update](#)[Print](#)

Questions?

1. Refer to XDRO FAQ document:
<https://xdro.dph.illinois.gov/help.html>
2. Contact your local health department
3. Email the IDPH XDRO team at
DPH.XDRORegistry@illinois.gov