

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

DPH.XDROregistry@illinois.gov

www.xdro.org

Created February 2020; Revised April 2022



Illinois CRE Reporting Criteria

- First CRE-positive culture per patient stay must be reported to the XDRO registry (77 Ill. Adm. Code Part 690 Control of Communicable Diseases Code).
- Hospitals, hospital-affiliated clinical laboratories, independent or free-standing laboratories, longer-term care facilities, and long-term acute care hospitals in Illinois are required to report CRE isolates that meet surveillance criteria.

Submit Report

Search Registry

Facility Submission History

Facility Alert History

XDRO Dashboard

XDR0 Report

XDR0 culture information

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

Please Select Organism:

* **Specimen source**

Please Select Specimen:

* **Date (culture acquisition)**

mm / dd / yyyy

* **XDR0 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.**

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**

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**

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.XDR0registry@Illinois.gov

For laboratories and IDPH only

* **Select facility that sent specimen:**

Please Select Facility:



CANCEL

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SUBMIT

XDRO Report

XDRO culture information

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

Please Select Organism:

* **Specimen source**

Please Select Specimen:

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mm / dd / yyyy

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[Reporting rule](#)

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CANCEL

SAVE DRAFT

SUBMIT

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-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.**

XDRO Report

XDRO culture information

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

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* **Date (culture acquisition)**

/ /

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[Reporting rule](#)

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XDRO Report

XDRO culture information

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* **Date (culture acquisition)**

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[Reporting rule](#)

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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
- 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:

www.xdro.org says

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

OK

XDRO culture information

* Organism name (genus/species)

- Serratia spp.
- Enterobacter spp.
- Escherichia coli
- Klebsiella aerogenes
- Klebsiella oxytoca
- Klebsiella pneumoniae
- Klebsiella spp.
- Morganella morganii
- Pantoea agglomerans
- Proteus mirabilis
- Proteus spp.
- Providencia stuartii
- Providencia spp.
- 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
- Phenotypic test** specific for carbapenemase production
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* Patient MRN

9999

* Date of admission/Encounter Date

10 / 15 / 2021

XDRO Report

XDRO culture information

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

Screen only (organism unknown) ▼

* **Specimen source**

Rectal (screening) ▼

* **Date (culture acquisition)**

12 / 19 / 2019

* **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-1 (New Delhi Metallo- β -lactamase)

OXA

VIM

IMP

Unknown

(molecular test required)

Phenotypic test specific for carbapenemase production

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

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XDRO culture information

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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

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:**

Please Select Facility: 

CANCEL

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Facility information

Facility name

* Patient MRN

* Date of admission/Encounter Date

 / / Culture obtained as outpatient

Patient demographics

* First name

Middle name(if applicable)

* Last name

* Gender

 Male Female

* Date of birth(mm/dd/yyyy)

 / /

Social Security Number(last4)

Race

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

* Street address

* City

* County

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Facility information

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* Patient MRN

* Date of admission/Encounter Date

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Middle name(if applicable)

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Bug

* Gender

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* Date of birth(mm/dd/yyyy)

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Please Select Facility:



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Labs need to select the facility that collected the specimen.

Facility information

Facility name

* Patient MRN

* Date of admission/Encounter Date

 / / Culture obtained as outpatient

Patient demographics

* First name

Middle name(if applicable)

* Gender

 Male Female

* Date of birth(mm/dd/yyyy)

 / /

Race

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

* Street address

* City

* County

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
Kindred Hospital - Chicago North
Please Select Facility:

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Patient demographics

* First name

Middle name(if applicable)

* Gender

 Male Female

* Date of birth(mm/dd/yyyy)

 / /

Race

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

* Street address

* City

* County

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
Waren 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:

Comments

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SUBMIT

If the facility is not in your dropdown, select 'Search facility'.



Add Facility to Dropdown

Facility Name DPHSiteCode ZipCode

Action	Facility Name	DPHsitecode	Street	City State Zip
<input type="button" value="DELETE"/>	ACL Laboratories	5176	5400 Pearl Street	Rosemont, Illinois 60018
<input type="button" value="DELETE"/>	ACL Laboratories	5176	5400 Pearl Street	Rosemont, Illinois 60018
<input type="button" value="DELETE"/>	ACL Laboratories	5176	5400 Pearl Street	Rosemont, Illinois 60018
<input type="button" value="ADD"/>	3P4Care (IL) LLC Avondale	03191000	3502 N Kedzie Ave	Chicago, Illinois 60618
<input type="button" value="ADD"/>	7 Hills Healthcare Center	1121050	8419 S Cottage Grove	Chicago, Illinois 60619
<input type="button" value="ADD"/>	AAYU Clinics Randolph Immedi..	1090764	647 W. Randolph	Chicago, Illinois 60661
<input type="button" value="ADD"/>	Abbingtion Rehab & Nursing Ct..	1001192	31 West Central	Roselle, Il 60172
<input type="button" value="ADD"/>	Abbott House	1001193	405 Central Avenue	Highland Park, Il 60035
<input type="button" value="ADD"/>	Abdallah Karam, MD, SC	777941	657 E Golf Road, Suite 306	Arlington Heights, Illinois 6..
<input type="button" value="DELETE"/>	Abington Of Glenview	1002188	3901 Glenview Road	Glenview, Il 60025

Search for the facility to add using name, site code, or zip.





Add Facility to Dropdown

Facility Name DPHSiteCode ZipCode

Action	Facility Name	DPHsitecode	Street	City State Zip
<input type="button" value="DELETE"/>	Illinois Department Of Publi..	0	122 South Michigan Ave	Chicago, Illinois 60603
<input type="button" value="ADD"/>	Illinois Test Facility	426	711 Kaskaskia Street	Menard, IL 62259

Hit 'Add' for the facility you need in the dropdown.



Add Facility to Dropdown

Facility Name

DPH Site Code

Zip Code

Search

Illinois Test Facility has been added to dropdown list.
When you finish, please close this window. And click Refresh button near the dropdown.

Action	Facility Name	DPH sitecode	Street	City State Zip
<input type="button" value="DELETE"/>	Illinois Department Of Publi..	0	122 South Michigan Ave	Chicago, Illinois 60603
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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 ▾


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

Search facility... ▾ 

CANCEL

SAVE DRAFT

SUBMIT

Refresh the dropdown list.

Facility information

Facility name

* Patient MRN

* Date of admission/Encounter Date

 / / Culture obtained as outpatient

Patient demographics

* First name

Middle name(if applicable)

* Gender

 Male Female

* Date of birth(mm/dd/yyyy)

 / /

Race

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

* Street address

* City

* County

- 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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Select the new facility.

Facility information

Facility name

* Patient MRN

* Date of admission/Encounter Date

 / / Culture obtained as outpatient

Patient demographics

* First name

Middle name(if applicable)

* Gender

 Male Female

* Date of birth(mm/dd/yyyy)

 / /

Race

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

* Street address

* City

* County

- 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
- Waren 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

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CANCEL

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SUBMIT

Facility information

Facility name

Illinois Department Of Public Health

*** Patient MRN**

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*** Date of admission/Encounter Date**

10 / 15 / 2021

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Bug

*** Gender**

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

01 / 01 / 1914

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*** County**

Cook ▾

*** State**

Illinois ▾

*** Zip code**

60222

Comments

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For laboratories and IDPH only

*** Select facility that sent specimen:**

Not found after search ▾



CANCEL

SAVE DRAFT

SUBMIT

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

* Patient MRN

* Date of admission/Encounter Date

 / / Culture obtained as outpatient

Patient demographics

* First name

Middle name(if applicable)

* Last name

* Gender

 Male Female

* Date of birth(mm/dd/yyyy)

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* Select facility that sent specimen:



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](#)

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://www.xdro.org/img/XDRO_registry_FAQ_FINAL.pdf
2. Contact your local health department
3. Email the IDPH XDRO team at
DPH.XDRORegistry@illinois.gov