

Thank you again for facilitating our call with the OMB desk officer responsible for our packet. We have answered his three questions below. Please let me know if you have any questions or concerns.

1. How will this data be used?

The data collected by the proposed survey instrument will be used to describe the use of the 2006 HICPAC Guidelines on the Management of Multidrug resistant Organisms specifically in facilities contributing data to the Emerging Infections Program (EIP)/Active Bacterial Core surveillance (ABCs) Invasive MRSA surveillance project and is not necessarily meant to be nationally representative. The use of these measures in these facilities will be evaluated in three annual surveys and linked to rates of these infections that is already being collected as part of the MRSA surveillance project.

2. How will high response rates be facilitated?

In our package we state that we are expecting a response rate of 80%. We feel that this is an accurate estimation for two reasons: first, the local Surveillance Officers (SO) already maintain close relationships with the local facility Infection Control Professional (ICP); and second the high response rates seen with previous surveys performed within the EIP program.

The EIP/ABCs Invasive MRSA surveillance project is an active population based surveillance system. The active component of this system is at each of the 9 participating EIP sites, a SO calls or visits each hospital within the surveillance area on at least a monthly basis to capture laboratory confirmed invasive MRSA cases. Once a case is identified and is determined to fulfill the case definition, the SO contacts the ICP at each hospital to set up chart reviews for each case. This close working relationship will allow the local SO to encourage survey responses from the ICPs at facilities in their area.

In 2000 and 2004 the EIP/FoodNet program performed a Laboratory Practice Survey of all participating laboratories in their surveillance network. In the survey performed in 2004 about *Campylobacter* laboratory practices, FoodNet received an 86% response rate among their participants (Hurd S, Shin S, Cronquest A et al, Clinical Laboratory Practices for the Isolation and Identification of *Campylobacter* in FoodNet Sites: Do Differences Explain Variation in Incidence Rates? ICEID 2006 Abstract). In the 2000 survey, an 81% response rate was obtained (Jones JL, Lopez A, Wahlquist SP et al. Survey of Clinical Laboratory Practices for Parasitic Disease. CID. 2004; 38 (Suppl 3) S198-202).

We are asking each site to handle the dissemination and follow up of the survey based on their pre-existing relationship with their hospitals. We have suggested that they contact each ICP via a personal email and provide them with the link to MR Interview survey. The SO will follow up with the ABCs MRSA Surveillance Coordinator, to determine what hospitals have completed the survey. Once the SO knows what hospitals have responded, they will again use the pre-existing relationship with the surveillance hospital ICP to determine the best means of follow up. We are suggesting a follow up email, phone call or personal visit next time they are at the surveillance hospital.

3. Can a paper copy of the survey be made available for those requesting it?

We will also be happy to provide a paper copy of the survey to any ICP that requests it.

Thank you again!
Sandie

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