Form approved
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2019 HAIC Invasive *Staphylococcus aureus* Supplemental Surveillance Officer Survey

Please answer the following questions for the year 2018. The purpose of the survey is to verify and document current surveillance procedures, including cases ascertainment and auditing methods. Please return an electronically completed copy or scanned copy of the completed survey to gqv8@cdc.gov. If you have any questions, please contact Kelly Jackson (gqv8@cdc.gov).

Site: ___ CA ___ CT ___ GA ___ MD ___ MN ___ NY ___ TN
Person(s) Completing the Form: _____

Surveillance Area Characteristics

1. Is MRSA reportable at your site? _____ yes _____ no
   a. If yes:
      i. What is your reportable definition of MRSA?
         _____ All invasive MRSA statewide
         _____ Invasive MRSA in residents among defined catchment area
         _____ Healthcare-associated invasive MRSA infection
         _____ Other, please define: _____

      ii. Is isolate submission to the State Health Department Laboratory required?
         _____ yes _____ no
   b. If no:
      i. What mechanism do you have in place that allows for SOs to have access to case counts and medical records?
         _____ Agent of the state
         _____ State Health Department Regulation
         _____ Other, please explain: _____

      ii. Does your state/site plan to make MRSA reportable? _____yes _____no

2. Did your site send MRSA isolates to CDC for characterization in 2017? _____yes _____no
   a. If yes, how were isolates selected? _____
   _____
   _____

3. How does your site complete SA case report forms (please select all that apply)?
   _____On a computer or tablet
   _____With paper and pen
   _____Other, please explain: _____

4. Did your site participate in MSSA surveillance in 2017? _____yes _____no
   a. If yes, what mechanism did you have in place that allowed for SOs to have access to MSSA case counts and medical records?
   _____MSSA is a reportable condition
   _____ Agent of the state
   _____ State Health Department Regulation
   _____ Other, please explain: _____

b. If yes, please complete the date range for which MSSA surveillance was conducted in 2017 (month/year) as well as the catchment area:

	2017
Dates of MSSA surveillance	
Catchment area	

5. Are you able to directly access any National Healthcare Safety Network (NHSN) data?
   _____ yes _____ no

   a. If yes:
      i. Please mark which NHSN data your site can access
         _____ Hospital MRSA LabID event
         _____ Hospital central line-associated bloodstream infection (CLABSI) data
         _____ Dialysis event

   b. If no:
      i. Does a public health partner have access to NHSN data?
         For example, if your site is not based at the state HD does the state HD have access to the data? If your site is part of the state HD and you do not have direct access to the NHSN data, does another department/section have access to the data?
         _____ yes _____ no

         1. If yes:
            a. Please mark which NHSN data can be accessed
               _____ Hospital MRSA LabID event
               _____ Hospital CLABSI data
               _____ Dialysis event

3. How often do you access/are you provided with NHSN data?
   _____ Weekly
   _____ Monthly
   _____ Never
   _____ Other, please specify _____

4. What do you use NHSN data for?_____
   _____

Lab Participation and Case Finding

Please answer the following questions for hospitals and labs under surveillance for 2017.

1. Please list the total number of each type of lab serving your MRSA surveillance catchment area (both inside and outside of the catchment area):

Inside catchment area	Outside catchment area	
		Hospital laboratories
		Dialysis referral laboratories
		Commercial/outpatient laboratories*
		Other; please specify:_____
		Total number (Add above together)

**For the purpose of the survey, we are defining "Commercial/Outpatient Laboratories" as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.*

2. Please list the total number of each type of lab serving your MSSA surveillance catchment area ***if different catchment than MRSA*** (both inside and outside of the catchment area):

Inside catchment area	Outside catchment area	
		Hospital laboratories
		Dialysis referral laboratories
		Commercial/outpatient laboratories*
		Other; please specify:_____
		Total number (Add above together)

**For the purpose of the survey, we are defining "Commercial/Outpatient Laboratories" as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.*

3. Please indicate the culture sources your site requests from participating labs for surveillance other than blood, CSF, pleural fluid, peritoneal fluid, pericardial fluid, joint/synovial fluid, bone, and muscle?

_____
_____
_____
_____
_____
_____

4. Indicate the percentage contribution of each case finding method to your site's total SA case counts (100%) in 2017.

Case Finding Method Used?	% MSSA Case Count Contribution	% MRSA Case Count Contribution	Method
☐Y ☐N			NETSS/NEDSS or other passive state reporting system
☐Y ☐N			Retrospective review of received line lists from *hospital* labs
☐Y ☐N			Routinely received line lists from *commercial/outpatient* labs
☐Y ☐N			Routinely received line lists from *dialysis referral* labs
☐Y ☐N			Regular lab visits; *frequency*:_____
☐Y ☐N			ICPs submitting case report form
☐Y ☐N			Isolates being received at state lab
☐Y ☐N			NHSN
☐Y ☐N			Other, please specify_____

a. Do you expect this distribution and/or percentage values to change in 2017?
_____ yes _____ no
i. If yes, please explain why:
_____
_____

5. For labs reporting invasive SA, how many of the participating labs are providing case reports through direct electronic messaging, such as HL7 messaging? _____

a. If less <100%, how else are you receiving reports?
_____
_____
_____

b. What are the perceived barriers to use of direct electronic messaging?
_____
_____
_____

b. How important is electronic messaging for your site? (1-- not important at all; 5--very high priority)
_____
_____
_____

6. Did any labs drop out of participation in 2017?
_____ yes _____ no

a. If yes, how many? _____

b. Why did these labs drop out of participation?
_____
_____

7. In 2017, did you identify any additional labs, regardless of location, which identify invasive SA isolates from persons who are residents of your catchment area?
_____ yes _____ no

a. If yes, how did you find these labs?
_____

b. If yes, how many labs did you find? _____

c. If yes, how many of these labs were added? _____

i. If not all found labs were added, why not?_____
_____

d. Approximately how many cases does this/these lab(s) identify each year among residents of your catchment area? _____

Data Edits

1. Does your site run a data edit program in addition to the CDC edit program that is sent out monthly?
   _____ yes _____ no
   a. If yes, how often:
      _____ Monthly
      _____ Quarterly
      _____ Other time frame, specify: _____
      _____ Never
   b. If yes, what types of edits are you running? Do you think they would be helpful to add to CDC's edit process?
   _____
   _____

Ascertainment of Surveillance Area* and Case Audits*

*"***Case ascertainment***" should include ongoing attempts to identify new or additional laboratories inside and outside of your defined catchment area which may be processing MRSA specimens for surveillance area residents.*

Audits *of all laboratories both within the ABCs MRSA surveillance area and those outside are required once a year. The purpose of the audit is to ensure that all cases of invasive MRSA are being captured. The primary data source at every reporting laboratory (e.g. laboratory log slips/log book, computer-generated electronic printouts, case reports, line lists) should be reviewed for invasive MRSA cases and compared to the list of cases that were reported to the surveillance personnel.*

1. How did your site define an audit case in 2017?
   _____
   _____

2. Indicate the percentage contribution of each case finding method to your site's audit counts (100%) in 2017.

Audit Method Used?	**% MSSA Audit Count Contribution**	**% MRSA Audit Count Contribution**	**Method**
☐Y ☐N			NETSS/NEDSS or other passive state reporting system
☐Y ☐N			Retrospective review of received line lists from *hospital* labs
☐Y ☐N			Routinely received line lists from *commercial/outpatient* labs
☐Y ☐N			Routinely received line lists from *dialysis referral* labs
☐Y ☐N			Regular lab visits; *frequency*:_____
☐Y ☐N			ICPs submitting case report form
☐Y ☐N			Isolates being received at state lab
☐Y ☐N			NHSN comparison
☐Y ☐N			Other, please specify_____

3. Does your site assess your individual laboratory case auditing* methods?

**Audits of all laboratories both within the HAIC MRSA surveillance area and those outside are required once a year. The purpose of the audit is to ensure that all cases of invasive MRSA are being captured. The primary data source at every reporting laboratory (e.g. laboratory log slips/log book, computer-generated electronic printouts, case reports, line lists) should be reviewed for invasive MRSA cases and compared to the list of cases that were reported to the surveillance personnel.*

_____ yes _____ no

a. If no, please explain why:

_____

_____

b. If yes, how often is this performed? When was this last performed?

_____

_____

c. If yes, how does your site perform audits*?

_____ Remove negative restrictions from line list reports
_____ Review actual query codes
_____ Review selection criteria
_____ Other, please specify_____

i. If you picked "Review actual query codes", can you see pathogen resistance information? For example, in the query code can you see that the laboratory is including isolates resistant to oxacillin for MRSA?

_____Yes _____No

4. Does your site perform routine ascertainment* of the surveillance area?

**"Case ascertainment" should include ongoing attempts to identify new or additional laboratories inside and outside of your defined catchment area which may be processing specimens for surveillance area residents.*

_____ yes _____ no

a. If yes, how does your site assess case ascertainment* methods?

(examples include: physician surveys, LTCF surveys, outreach to new dialysis centers, etc…).

_____

_____

b. If yes, how often is this performed? When was this last performed?

_____

_____

5. Are there specific labs that you have difficulty obtaining line lists from?

_____ yes _____ no

a. If yes, what types of labs? _____

_____

6. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MRSA disease?

   _____ yes _____ no

   a. If yes, please describe the check(s) that you use_____
   _____

   b. If yes, how often are the check(s) used? _____

   c. If yes, do you plan to use these for MSSA once more surveillance data are available?

      _____ yes _____ no

Geocoding

1. Is your site continuing to geocode SA cases?

   _____ yes _____ no

CDC Responsibilities

1. CDC staff are responsive to questions/concerns/emails (e.g., Valerie Albrecht, Kelly Jackson, Isaac See, and Shirley Zhang).

   _____ Strongly agree
   _____ Agree
   _____ Neutral
   _____ Disagree
   _____ Strongly disagree

   a. If you disagree or strongly disagree, please explain and provide improvement suggestions:

   _____
   _____

2. Monthly surveillance officer calls are a valuable use of my time.

   _____ Strongly agree
   _____ Agree
   _____ Neutral
   _____ Disagree
   _____ Strongly disagree

   a. If you disagree or strongly disagree, please explain and provide improvement suggestions:

   _____
   _____

3. What parts of the SA SharePoint site do you use the least or find the least useful?

   _____
   _____

4. Can you suggest any future training topics that might be useful for SA surveillance officers?

   _____
   _____

5. What SA topics would you like to see covered at the HAIC Surveillance Officer's Meeting during the SA session next year?

   _____

   _____

END

Thank you very much!