

CDC's Healthcare-Associated Infections Community Interface (HAIC) *Staphylococcus aureus* Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT)

Form approved
OMB No. 0920-0978
Expires xx/xx/xxxx

Date Survey Completed: _____ EIP Site: _____ Completed by: _____

Hospital/Lab ID: _____ Lab contact to complete the survey (name/title): _____

Lab did not respond – END SURVEY

1. Type of laboratory

- Hospital laboratory
- Commercial or private reference laboratory
- State or local public health laboratory
- Other, please specify _____

2. During the past year, has your lab changed testing methods used to detect any of the following pathogens:

	Yes	No	Not applicable/ no surveillance
MRSA only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All <i>Staphylococcus aureus</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. If yes when did the change occur?

MRSA (i.e., not for MSSA) (Month/year of change) _____/_____

Staphylococcus aureus (i.e., both MRSA and MSSA) (Month/year of change) _____/_____

***Staphylococcus aureus* (methicillin-sensitive and methicillin-resistant)**

1. Do you routinely set up culture for sterile sites (blood, CSF, bone, etc.) on site (in-house) at your laboratory?

- Yes - GO TO Q2 No – GO TO Q3

1a. [If no] To which laboratory do you send sterile specimens for culture/identification?

2. Is *S. aureus* or MRSA routinely identified via culture-based methods on site (in-house) at your laboratory?

- Yes - GO TO Q3 No

2a. [If no] To which laboratory do you send cultures for *S. aureus* identification?

3. Do you routinely run any culture independent diagnostic tests (CIDT) on site or at another lab for detection of *S. aureus* or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture?

- Yes No - GO TO Q3d

3a. [If yes] Where is CIDT testing completed?

- On-site Send out, please specify lab _____ - GO TO Q3c

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Rd NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (xxxx-xxxx)

–IMPORTANT – PLEASE COMPLETE THE BACK OF THIS FORM –

3b. Which CIDTs do you use (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.

- FilmArray® Blood Culture Identification Panel...Date started_____
- Verigene® Gram-Positive Blood Culture Test...Date started_____
- Verigene® Staphylococcus Blood Culture Test...Date started_____
- Cepheid Xpert® MRSA/SA BC...Date started_____
- BD Geneohm® StaphSR...Date started_____
- AdvanDx Staphylococcus QuickFISH blood culture kit...Date started_____
- AdvanDx S. aureus/CNS PNA FISH...Date started_____
- Alere BinaxNOW® *Staphylococcus aureus* test...Date started_____
- Great Basin Staph ID/R blood culture panel...Date started_____
- T2Bacteria® Panel...Date started_____
- Accelerate PhenoTest™ BC kit...Date started_____
- iCubate iC-GPC Assay™...Date started_____
- mecA XpressFISH® ...Date started_____
- Micacom hemoFISH Masterpanel ... Date started_____
- ePlex BCID-GP Panel ... Date started_____
- Other, Lab Developed Test (detects MRSA or SA)... Date started_____
- Other commercial test, Specify_____...Date started_____

3c. [If using any of the above tests on sterile site specimens] Do you still obtain an isolate for *S. aureus* or MRSA?

- Yes
- No - GO to Q4

3d. [If no] Do you plan to start offering any CIDTs for *S. aureus* or MRSA within the next year?

- Yes
- No - END SURVEY

3e. When do you plan to start offering CIDTs?

Month/Year: ____/____

3f. Where do you plan to have CIDT tested?

- On-site
- Send out, please specify lab _____ - END SURVEY

4. How does your lab use the CIDT for detection of *S. aureus* or MRSA? (select one)

- Test concurrently with culture
- Reflex to culture after positive by CIDT panel
- Only run CIDT panel, no additional testing is done
- Other, specify _____

Comments:

END SURVEY