

**2021 HAIC Multi-site Gram-negative Surveillance Initiative (MuGSI) Supplemental Surveillance
Officer Survey**

Please answer the following questions for the year 2021. The purpose of the survey is to verify and document current surveillance procedures, including isolate collection and testing methods at clinical laboratories. Please enter your responses into the corresponding RedCap database. If you have any questions, please contact Julian Grass (hij3@cdc.gov) and Jigsa Tola (yrq4@cdc.gov).

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

Please note that the information collected in the sections below about specific MuGSI pathogens should only be completed for those sites that participate in those surveillance activities.

Surveillance Area Characteristics

1. What counties are under surveillance for MuGSI activities at your site?
 - a. Carbapenem-resistant Enterobacterales (CRE) surveillance catchment area, please specify: _____
 - b. Carbapenem-resistant *Acinetobacter baumannii* (CRAB) surveillance catchment area, please specify: _____
 - c. Extended-spectrum β -lactamases (ESBL)-producing Enterobacterales surveillance catchment area, please specify: _____

2. Is CRE state reportable at your site? ___ yes ___ no
 - a. If yes:
 - i. Please describe your state reportable definition of CRE: _____
 - ii. What is the catchment area where CRE is reportable at your site?
_____ Statewide
_____ Defined catchment area, please specify _____
 - iii. 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 CRE case counts and medical records?
_____ Agent of the state
_____ State Health Department Regulation
_____ Other, please explain: _____
 - ii. Does your state/site plan to make CRE reportable? ___ yes ___ no

3. Is CRAB state reportable at your site? ___ yes ___ no

- a. If yes:
- i. Please describe your state reportable definition of CRAB: _____
 - ii. What is the catchment area where CRAB is reportable at your site?
 _____ Statewide
 _____ Defined catchment area, please specify _____
 - iii. 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 CRAB case counts and medical records?
 _____ Agent of the state
 _____ State Health Department Regulation
 _____ Other, please explain: _____
 - ii. Does your state/site plan to make CRAB reportable? ___ yes ___ no
4. Is ESBL state reportable at your site? ___ yes ___ no
- a. If yes:
- i. Please describe your state reportable definition of ESBL: _____
 - ii. What is the catchment area where ESBL is reportable at your site?
 _____ Statewide
 _____ Defined catchment area, please specify _____
 - iii. 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 ESBL case counts and medical records?
 _____ Agent of the state
 _____ State Health Department Regulation
 _____ Other, please explain: _____
 - ii. Does your state/site plan to make ESBL reportable? ___ yes ___ no

Lab Participation and Isolate Testing

1. Please describe the clinical laboratories in the MuGSI catchment area:
 - a. CRE
 - i. Proportion of clinical laboratories serving that catchment area that participate in MuGSI CRE surveillance: _____
 - ii. Number of clinical laboratories serving the catchment area that participate in MuGSI CRE surveillance with queries installed on their automated testing instrument (ATI) or laboratory information system (LIS): _____
 - iii. Total number of clinical laboratories serving the MuGSI CRE catchment

area: _____

- iv. Please describe how MuGSI CRE surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): _____

b. CRAB

- i. Proportion of clinical laboratories serving that catchment area that participate in MuGSI CRAB surveillance: _____
- ii. Number of clinical laboratories serving the catchment area that participate in MuGSI CRAB surveillance with queries installed on their ATI or LIS:

- iii. Total number of clinical laboratories serving the MuGSI CRAB catchment area: _____
- iv. Please describe how MuGSI CRAB surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): _____

c. ESBL

- i. Proportion of clinical laboratories serving that catchment area that participate in MuGSI ESBL surveillance: _____
- ii. Number of clinical laboratories serving the catchment area that participate in MuGSI ESBL surveillance with queries installed on their ATI or LIS:

- iii. Total number of clinical laboratories serving the MuGSI ESBL catchment area: _____
- iv. Please describe how MuGSI ESBL surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): _____

2. Did your site send MuGSI isolates to CDC for characterization in 2021? ____yes ____no

a. If yes, please describe the sampling strategy for MuGSI isolates sent to CDC:

- i. CRE: _____
- ii. CRAB: _____
- iii. ESBL: _____

b. If yes, how many clinical laboratories contribute MuGSI isolates:

- i. CRE: _____
- ii. CRAB: _____
- iii. ESBL: _____

c. If yes, how many isolates did you expect to be able to collect from the clinical laboratories in 2021?

_____ CRE; _____ CRAB; _____ ESBL

d. If yes, what was the total number of isolates collected from the clinical laboratories in 2021?

_____ CRE; _____ CRAB; _____ ESBL

Please complete the following table for each clinical laboratory participating in MuGSI surveillance at your site in 2021:

EIP site	Lab ID	Type of Laboratory	MuGSI pathogen(s) under surveillance	Method for case identification	Type of ATI and card	Carbapenem confirmatory testing and method (if available)*¶	Carbapenemase testing and method (if available)*¶	ESBL production testing and method¶	Organism identification method†	Culture-independent diagnostic test	Isolate submission to state public health laboratory

*If this information is not available at the time of completing this survey, we encourage you to include it in your next check in with the laboratory.

¶Additionally, please indicate the specific isolates that undergo this testing.

†Indicate the type of instrument and database/library

Additional information on MuGSI surveillance activities

1. Does your site complete a survey for any of the following types of facilities:
 - a. Physician/Outpatient provider: ___yes ___no
 - i. If yes, the last survey was completed in: _____
 - b. LTCF: ___yes ___no
 - i. If yes, the last survey was completed in: _____
 - c. LTACH: ___yes ___no
 - i. If yes, the last survey was completed in: _____
 - d. Dialysis center: ___yes ___no
 - i. If yes, the last survey was completed in: _____
 - e. Hospital laboratory: ___yes ___no
 - i. If yes, the last survey was completed in: _____

2. What is the IRB determination for MuGSI at your site? Please describe: _____