CDC's Healthcare-Associated Infections Community Interface (HAIC) Staphylococcus aureus Laboratory Survey

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

Date Survey Completed:	EIP Site:	Completed by:				
Hospital/Lab ID:	spital/Lab ID: Lab contact to complete the survey (name/title):					
□ Lab did not respond – END SURVI						
Type of laboratory □ Hospital laboratory □ Commercial or private reference □ State or local public health laboratory	boratory					
☐ Other, please specify						
2. During the past year, has your lab	changed testing metl	nods used to detect any of Yes	the follow No	Not applicable/		
MRSA only		_	_	no surveillance		
All Staphylococcus aureus						
2a. If yes when did the chang	se occur?					
Staphylococcus aureus (methicillin-s	sensitive and methic or sterile sites (blood, TO Q4 □ No – GO T	CSF, bone, etc.) on site (ir	n-house) at	your laboratory?		
Question 4 asks about methods for bone, etc.) culture. 4. If a sterile site culture is positive, □ Yes – GO	is sub-culturing to ol	-		site (blood, CSF,		
4a. [If no] explain/specify rea	`					
4b. If a sterile site culture is pon-site (in-house) or at another			his include	es identifying both		

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)

□ MALDI-T	ΓOF −GO TO 4f	
□ Biochemie	cal tests (e.g., catalase, coagulase)	– GO TO 4f
☐ Molecular	r test – GO TO 4c	
☐ Other, spe	ecify:	GO TO 4f
☐ Do not ide	entify as S. aureus-GO TO Q5	
4c. [If molecular test(s) used] W	Where is molecular testing from	a positive sterile site culture completed?
□ On-site	☐ Send out, please specify lab	GO TO Q4e
4d. Which molecular tests do yo	ou use (cultures from sterile site	sources only, i.e. blood, CSF, pleural
fluid, bone, etc.)? Please ch	heck all that apply.	
☐ FilmArray® Blood Cul	lture Identification PanelDate star	rted
☐ Verigene® Gram-Posit	tive Blood Culture TestDate star	ted
☐ Verigene® Staphyloco	occus Blood Culture TestDate sta	rted
☐ Cepheid Xpert® MRSA	A/SA BCDate started	_
☐ BD Geneohm® StaphS	SRDate started	
☐ AdvanDx Staphylococo	cus QuickFISH blood culture kit	Date started
☐ AdvanDx S. aureus/CN	NS PNA FISHDate started	
☐ Alere BinaxNOW® Sta	aphylococcus aureus testDate sta	arted
☐ Great Basin Staph ID/F	R blood culture panelDate started	<u> 1</u>
☐ Accelerate PhenoTest ^{TI}	M BC kitDate started	
☐ iCubate iC-GPC Assay	Date started	
\square mecA XpressFISH®	.Date started	
☐ Micacom hemoFISH M	Masterpanel Date started	
□ ePlex BCID-GP Panel	Date started	_
☐ BioFire Blood Culture	Identification 2 (BCID2) Panel I	Date started
☐ Other, Lab Developed	molecular Test (detects MRSA or	SA) Date started
☐ Other commercial mole	ecular test, SpecifyDate	started
4e. Are positive molecular tests laboratory line lists?	s from sterile site cultures appea	aring in the S. aureus surveillance
□ Yes – GO TC	O Q5 □ No – GO TO Q5	□ Unknown – GO TO Q5
		e] Do you plan to start offering any itive sterile source culture within the next
□ Yes	□ No – GO TO Q5	
4g. When do you plan t	to start offering molecular tests?	
Month/Year: _	/	
4h. Where do you plan	n to have molecular tests perforn	ned?
-	□ Send out, please specify lab	- GO TO Q5

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Question 5 asks about testing performed directly on sterile site specimens (a positive blood culture is not required to perform these tests).

5. Do you routinely resterile source (e.g., blo			or at another lab that detect of	S. aureus directly from a
	□ Yes	□ No - GO	TO Q5e	
5a. [If yes] W	here is this test	ing completed	?	
	□ On-site	□ Send out, p	lease specify lab	- GO TO Q5e
	•		eus directly from a sterile site soleural fluid, bone, etc.)? Pleas	source without culture? (sterile se check all that apply.
	Bacteria® Panel			
□ Ka	rius Test TM Da	te started		
□ Otl	ner, Lab Develop	ed Test (detects	MRSA or SA) Date started	
□ Oti	her commercial t	est, Specify	Date started	
5c. Are all poline lists?	ositive tests dire	ectly from steril	e sources appearing in the S. a	nureus surveillance laboratory
	\square Yes	□ No	□ Unknown	
5e. [If no] Do	☐ Yes − EN you plan to sta within the next	D SURVEY out offering any year?	tests for detection of <i>S. aureu</i>	
	□ Yes	□ No – EN	ID SURVEY	
5f. When do	you plan to star Month/Yea	t offering these	e tests?	
5g. Where do	you plan to ha	ve these tests p	erformed?	
	□ On-site	□ Send out	t, please specify lab	- END SURVEY
Comments:				
END SURVEY				
[Type here]				