

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: _____ 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			
All <i>Staphylococcus aureus</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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)**

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

Yes - GO TO Q4 No – GO TO Q3a

3a. [If no] To which laboratory do you send sterile specimens for culture/identification?

Question 4 asks about methods for identifying *S. aureus* or MRSA from a positive sterile site (blood, CSF, bone, etc.) culture.

4. If a sterile site culture is positive, is sub-culturing to obtain an isolate always performed?

Yes – GO TO Q4b No

4a. [If no] explain/specify reason: _____

4b. If a sterile site culture is positive, how do you identify it as *S. aureus*? This includes identifying both on-site (in-house) or at another lab. (Check all that apply)

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 –

- MALDI-TOF – GO TO 4f
- Biochemical tests (e.g., catalase, coagulase) – GO TO 4f
- Molecular test – GO TO 4c
- Other, specify: _____ – GO TO 4f
- Do not identify as *S. aureus*– GO TO Q5

4c. [If molecular test(s) used] 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 you use (cultures from 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 _____
- 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 _____
- BioFire Blood Culture Identification 2 (BCID2) Panel... Date started _____
- Other, Lab Developed molecular Test (detects MRSA or SA)... Date started _____
- Other commercial molecular test, Specify _____...Date started _____

4e. Are positive molecular tests from sterile site cultures appearing in the *S. aureus* surveillance laboratory line lists?

- Yes – GO TO Q5
- No – GO TO Q5
- Unknown – GO TO Q5

4f. [If not using molecular tests from sterile site cultures on-site] Do you plan to start offering any molecular tests for detection of *S. aureus* or MRSA from a positive sterile source culture within the next year?

- Yes
- No – GO TO Q5

4g. When do you plan to start offering molecular tests?

Month/Year: ____/____

4h. Where do you plan to have molecular tests performed?

- On-site
- 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 run any tests on site (in-house) or at another lab that detect of *S. aureus* directly from a sterile source (e.g., blood, CSF) without a culture?

- Yes No - GO TO Q5e

5a. [If yes] Where is this testing completed?

- On-site Send out, please specify lab _____ - GO TO Q5e

5b. Which tests do you use to detect *S. aureus* directly from a sterile site source without culture? (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.

- T2Bacteria® Panel...Date started _____
 Karius Test™...Date started _____
 Other, Lab Developed Test (detects MRSA or SA)... Date started _____
 Other commercial test, Specify _____...Date started _____

5c. Are all positive tests directly from sterile sources appearing in the *S. aureus* surveillance laboratory line lists?

- Yes No Unknown

5d. Do you still obtain an isolate for *S. aureus* or MRSA if these tests are used?

- Yes – END SURVEY No – END SURVEY

5e. [If no] Do you plan to start offering any tests for detection of *S. aureus* or MRSA directly from a sterile source within the next year?

- Yes No – END SURVEY

5f. When do you plan to start offering these tests?

Month/Year: ____ / ____

5g. Where do you plan to have these tests performed?

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

Comments:

END SURVEY

[Type here]