

## **2023 HAIC Invasive *Staphylococcus aureus* Supplemental Surveillance Officer Survey**

**Please answer the following questions for the year 2023. The purpose of the survey is to verify and document current surveillance procedures, including cases ascertainment and auditing methods. Please enter your responses into the corresponding REDCap database. If you have any questions, please contact Kelly Jackson ([gqv8@cdc.gov](mailto: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. Is MSSA reportable at your site? \_\_\_\_\_ yes \_\_\_\_\_ no
  - a. If yes:
    - i. What is your reportable definition of MSSA?  
\_\_\_\_\_ All invasive MSSA statewide  
\_\_\_\_\_ Invasive MSSA in residents among defined catchment area  
\_\_\_\_\_ Healthcare-associated invasive MSSA 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 MSSA case counts and medical records?  
\_\_\_\_\_ Agent of the state

\_\_\_\_\_ State Health Department Regulation  
\_\_\_\_\_ Other, please explain: \_\_\_\_\_

- ii. Does your state/site plan to make MSSA reportable? \_\_\_\_\_yes \_\_\_\_\_no
3. Did your site send MRSA/MSSA isolates to CDC for characterization in 2023? \_\_\_\_\_yes \_\_\_\_\_no
- a. If yes, how were isolates selected? \_\_\_\_\_  
\_\_\_\_\_
- b. If yes, how many isolates did you expect to be able to collect from clinical labs?  
\_\_\_\_\_ MRSA, \_\_\_\_\_ MSSA
- c. If yes, what was the total number of isolates collected from clinical labs?  
\_\_\_\_\_ MRSA, \_\_\_\_\_ MSSA
4. 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: \_\_\_\_\_
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  
\_\_\_\_\_ Hospital Antimicrobial Use and Resistance (AUR) Option  
\_\_\_\_\_ 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  
\_\_\_\_\_ Hospital AUR Option  
\_\_\_\_\_ Dialysis event
6. How often do you access/are you provided with NHSN data?  
\_\_\_\_\_ Weekly  
\_\_\_\_\_ Monthly  
\_\_\_\_\_ Never

Other, please specify \_\_\_\_\_

7. What do you use NHSN data for? \_\_\_\_\_

**Lab Participation and Case Finding**

Please answer the following questions for hospitals and labs under surveillance for 2023.

1. Please list the total number of each type of lab servicing (i.e., routinely processes “sterile site” specimens from residents of the surveillance area) your MRSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab participating (i.e., submit test results when available) in surveillance (both inside and outside the catchment area):

Inside catchment area		Outside catchment area		
Serve	Participate	Serve	Participate	
				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. ***If different catchment than MRSA***, please list the total number of each type of lab servicing (i.e., routinely processes “sterile site” specimens from residents of the surveillance area) your MSSA surveillance catchment area (both inside and outside of the catchment area) and the total number of each type of lab participating (i.e., submit test results when available) in surveillance (both inside and outside the catchment area):

Inside catchment area		Outside catchment area		
Serve	Participate	Serve	Participate	
				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 2023.

Case Finding Method Used?	% MSSA Case Count Contribution	% MRSA Case Count Contribution	Method
<input type="checkbox"/> Y <input type="checkbox"/> N			NETSS/NEDSS or other passive state reporting system
<input type="checkbox"/> Y <input type="checkbox"/> N			Routinely received line lists from <i>hospital</i> labs
<input type="checkbox"/> Y <input type="checkbox"/> N			Routinely received line lists from <i>commercial/outpatient</i> labs
<input type="checkbox"/> Y <input type="checkbox"/> N			Routinely received line lists from <i>dialysis referral</i> labs
<input type="checkbox"/> Y <input type="checkbox"/> N			Regular lab visits; <i>frequency</i> :
<input type="checkbox"/> Y <input type="checkbox"/> N			ICPs submitting case report form
<input type="checkbox"/> Y <input type="checkbox"/> N			Isolates being received at state lab
<input type="checkbox"/> Y <input type="checkbox"/> N			NHSN
<input type="checkbox"/> Y <input type="checkbox"/> N			Other, please specify

a. Do you expect this distribution and/or percentage values to change in 2024?

\_\_\_\_\_ 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 (check all that apply)?

- Secure email
- Fax
- Manual surveillance on-site
- Mailed hard copies
- State electronic reporting system
- Other, specify: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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6. Did any labs drop out of participation in 2023?

\_\_\_\_\_ yes \_\_\_\_\_ no

- a. If yes, how many? \_\_\_\_\_
- b. Why did these labs drop out of participation?

\_\_\_\_\_

\_\_\_\_\_

- c. Approximately how many cases did this/these lab(s) identify each year among residents of your catchment area? \_\_\_\_\_

7. In 2023, 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?

\_\_\_\_\_

\_\_\_\_\_

2. Did your site complete CRF re-abstractions during 2023? \_\_\_\_\_ yes \_\_\_\_\_ no

- a. If yes, did you have any challenges completing the CRF re-abstractions?

\_\_\_\_\_ yes \_\_\_\_\_ no

- i. If yes, please describe: \_\_\_\_\_

b. If no, why not?

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**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 2023?

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2. Indicate the percentage contribution of each case finding method to your site’s audit counts (100%) in 2023.

Audit Method Used?	% MSSA Audit Count Contribution	% MRSA Audit Count Contribution	Method
<input type="checkbox"/> Y <input type="checkbox"/> N			NETSS/NEDSS or other passive state reporting system
<input type="checkbox"/> Y <input type="checkbox"/> N			Routinely received line lists from <u>hospital</u> labs
<input type="checkbox"/> Y <input type="checkbox"/> N			Routinely received line lists from <u>commercial/outpatient</u> labs
<input type="checkbox"/> Y <input type="checkbox"/> N			Routinely received line lists from <u>dialysis referral</u> labs
<input type="checkbox"/> Y <input type="checkbox"/> N			Regular lab visits; <u>frequency:</u>
<input type="checkbox"/> Y <input type="checkbox"/> N			ICPs submitting case report form
<input type="checkbox"/> Y <input type="checkbox"/> N			Isolates being received at state lab
<input type="checkbox"/> Y <input type="checkbox"/> N			NHSN comparison
<input type="checkbox"/> Y <input type="checkbox"/> N			Other, please specify

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

\*Audits of all laboratories both within the HAIC iSA surveillance area and those outside are required once a year. The purpose of the audit is to ensure that all cases of invasive SA 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 SA cases and compared to the list of cases that were reported to the surveillance personnel.

\_\_\_\_\_ yes \_\_\_\_\_ no

a. If no, please explain why:

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

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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

d. How many laboratories did you audit in 2023? \_\_\_\_\_

4. In 2023, did your site update its inventory of facilities within the EIP catchment area?

\_\_\_\_\_ yes \_\_\_\_\_ no  
a. If no, why not? \_\_\_\_\_

\_\_\_\_\_ b. If yes, how many facilities serve the catchment area? \_\_\_\_\_

c. If yes, how many facilities have you identified a clinical laboratory for? \_\_\_\_\_

5. 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?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ yes \_\_\_\_\_ no

a. If yes, what types of labs? \_\_\_\_\_

\_\_\_\_\_

7. 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? \_\_\_\_\_

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

- \_\_\_\_\_ yes \_\_\_\_\_ no
- b. If yes, please describe the check(s) that you use \_\_\_\_\_  
\_\_\_\_\_
- c. If yes, how often are the check(s) used? \_\_\_\_\_

### Geocoding

1. Did your site geocode SA cases in 2023?

- \_\_\_\_\_ yes \_\_\_\_\_ no
- a. If yes, what is the most recent year of surveillance data that was geocoded? \_\_\_\_\_
- b. If no, why not? \_\_\_\_\_

### Vital Records Linkages

1. Did your site link SA cases to vital records (mortality matching) in 2023?

- \_\_\_\_\_ yes \_\_\_\_\_ no
- a. If yes, what is the most recent year of surveillance data that was linked? \_\_\_\_\_
- b. If no, why not? \_\_\_\_\_

### CDC Responsibilities

1. CDC staff are responsive to questions/concerns/emails (e.g., Holly Biggs, Davina Campbell, 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?

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

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

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**END**

**Thank you very much!**