# Explanation for Program Changes or Adjustments

This is a request for a revision. There are 13 total forms being changed as a part of this revision and no new forms being added. Most of the collection activities remain the same, however, there are a few proposed revisions including minor revised language and rewording to improve clarity and readability of the data collection forms.

In response to the Notice of Decision published in the Federal Register on March 29, 2024 regarding the update of the Statistical Policy Directive No. 15:  Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15), the  EIP programs (ABCs, FoodNet, FluSurv-NET, and HAIC) under OMB 0920-0978 will comply with the updated standards set for Federal data on Race and Ethnicity by and/or before the March 2029 deadline.

Due to the timing of the Influenza data collection season (October 1), FluSurv-NET has incorporated the updated race and ethnicity (R/E) data standards in their data collection forms as part of this Revision to capture the updated R/E variable at the beginning of their data collection season. The remaining 3 EIP programs (ABCs, FoodNET, and HAIC) will update the R/E variable in a subsequent non-substantive change request to maintain data integrity since their respective data collection period begins on Jan 1. Maintaining data integrity and consistency is paramount to quality data analysis therefore, waiting to incorporate the race and ethnicity changes at the beginning of FY25 for ABCs, FoodNET and HAIC would ensure that the race ethnicity data variable will possess consistent parameters and easier for analysis at the beginning of their data collection cycle as opposed to mid-season.

In this revision, EIP, specifically FluSurv-Net, is requesting an exemption tothe requirement to collect more detailed data beyond the minimum categories. The justification for using the minimum race and ethnicity categories are as follows: 1) Detailed data collection would potentially be more burdensome for the state surveillance officers and may not add as much value, given that the additional check boxes will likely have few case counts; 2) There will not likely be sufficient number of cases identified to allow the disaggregated racial/ethnic categories to be analyzed separately; any analysis done will require aggregating the data into the minimum required categories; 3) EIP data collection is primarily conducted through medical record reviews and not through patient interviews. The expanded data collection would be intended for interviews rather than chart reviews, therefore not applicable to EIP data collection; 4) The detailed race/ethnicity population groups likely comprise a small percentage of the EIP surveillance catchment areas and the collection of these groups could pose additional risk to data privacy and identification of individuals.

Details of each collection instrument for the revision are as follows:

**ABCs:**

This Revision includes proposed changes to 3 of the 5 approved Active Bacterial Core surveillance (ABCs) forms and no new ABCs data collection tools (form/s) detailed below:

Approved Forms with **no changes** noted:

1) ABC.100.3  ABCs H. influenzae Neonatal Sepsis Expanded Surveillance Form

2) ABC.100.4  ABCs Severe GAS Infection Supplemental Form

Changes to Approved Forms:

1) ABC.100.1 ABCs Case Report Form

2) ABC.100.2 ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form

3) ABC.100.5 ABCs Neonatal Infection Expanded Tracking Form

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| **ABCs Case Report Form (ABC.100.1)** | | |
| **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| Deletion | Removal of “other prior illness” and “specify other prior illness” fields from Q27 Underlying causes or prior illnesses section.  **Justification:** Other prior illness has been kept on the form for site use only. Removal of this option from the form will reduce confusion on when to select “No underlying conditions” for sites and improve data edit checks. | No change to burden |
| **ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form (ABC.100.2)** | | |
| **Type of Change** | **Itemized Change / Justification** | **Impact to Burden** |
| Addition | Most recent influenza vaccine date  **Justification:** Information on these vaccines will help to better assess pneumococcal disease risk and vaccine effectiveness. | No change to burden.  Surveillance staff already review patient’s medical chart as well as State immunization information systems (IIS) or vaccine registries, when possible, to check for existing pneumococcal vaccination information questions. If influenza vaccination information is available in the same source(s) influenza vaccination date will also be recorded. |
| Addition | Most recent COVID-19 vaccine date  **Justification:** Information on these vaccines will help to better assess pneumococcal disease risk and vaccine effectiveness. | No change to burden  Surveillance staff already review patient’s medical chart as well as State immunization information systems (IIS) or vaccine registries, when possible, to check for existing pneumococcal vaccination information questions. If COVID-19 vaccination information is available in the same source(s) COVID-19 vaccination date will also be recorded. |
| Addition | RSV vaccine date (complete for adults ≥65 years only)  **Justification:** Information on these vaccines will help to better assess pneumococcal disease risk and vaccine effectiveness. | No change to burden  Surveillance staff already review patient’s medical chart as well as State immunization information systems (IIS) or vaccine registries, when possible, to check for existing pneumococcal vaccination information questions. If RSV vaccination information is available in the same source(s) RSV vaccination date will also be recorded. This information will only be checked for adults 65 years and older. |
| Addition | RSV monoclonal antibody date (complete for children <5 years only)  **Justification:** Information on these vaccines will help to better assess pneumococcal disease risk and vaccine effectiveness. | No change to burden  Surveillance staff already review patient’s medical chart as well as State immunization information systems (IIS) or vaccine registries, when possible, to check for existing pneumococcal vaccination information questions. If RSV preventive antibody information is available in the same source(s) RSV preventive antibody date will also be recorded. This information will only be checked for adults children under 5 years old. |
| **ABCs Neonatal Infection Expanded Tracking Form (ABC.100.5)** | | |
| **Type of Change** | **Itemized Change / Justification** | **Impact to Burden** |
| Deletion | Removal of “other prior illness” and “specify other prior illness” fields from Q14a Maternal underlying or prior illnesses section.  **Justification**: Other prior illness has been kept on the form for site use only. Removal of this option from the form will reduce confusion on when to select “No underlying conditions” for sites and improve data edit checks. | No change to burden |

**FoodNet:**

This Revision includes proposed changes to 1 of the 3 approved FoodNet forms and no new FoodNet data collection tools (form/s) detailed below:

Approved Forms with **no changes** noted:

1) FN.200.9 Hemolytic Uremic Syndrome (HUS) Surveillance

2) FN.200.10 FoodNet Clinical Laboratory Practices and Testing Volume

Changes to Approved Forms:

1) FN.200.1 – FN.200.8 FoodNet Active Surveillance Data Elements List

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| **FoodNet Active Surveillance Data Elements List (FN.200.1)** | | |
| **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| Value set change for variable AgClinicTestType | The values of “Meridian Curian Shiga Toxin” and “Lab-developed test” were added for the variable AgClinicTestType to assist data collectors in capturing data in a standardized fashion to improve accuracy. | No impact to burden |
| Value set change for variable AgSPHLTestType | The value of “Meridian Curian Shiga Toxin” was added for the variable AgSPHLTestType assist data collectors in capturing data in a standardized fashion to improve accuracy. | No impact to burden |

**FluSurv-NET:**

This Revision includes proposed changes to 4 of the approved FluSurv-NET forms and no new FluSurv-NET data collection tools (form/s) detailed below:

Changes to Approved Forms:

1) FSN.300.1 Influenza Hospitalization Surveillance Network (FluSurv-NET) Case Report Form

2) FSN.300.2 Influenza Hospitalization Surveillance Project Vaccination Phone Script and Consent Form (English/Spanish)

3) FSN.300.3 Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults)

4) FSN.300.4 FluSurv-NET Laboratory Survey

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| **Influenza Hospitalization Surveillance Network (FluSurv-NET) Case Report Form (FSN.300.1)** | | |
| **Type of change** | **Itemized changes/justification** | **Impact to burden** |
| Revision | **C. Enrollment Information**  **8. Race and/or Ethnicity (select all that apply)**   * American Indian or Alaska Native * Asian * Black or African American * Hispanic or Latino * Middle Eastern or North African * Multiracial, not otherwise specified * Native Hawaiian or Pacific Islander * White * Unknown   **Justification**   * Due to change in OMB standards, race and ethnicity questions were combined into a question and allowed for all that applied to be selected. A new category for “Middle Eastern or North African” was added. * Although the OMB standards include a “Not specified” category, this was revised to be “Unknown” to be consistent with past approved case report forms and an “unknown” option is used for almost all other variables and is needed for data cleaning and analysis purposes. * OMB standards do not include “Multiracial, not otherwise specified”, but this category will be kept for consistency with previous seasons and situations where medical charts do not specify additional details about multirace. This is not a change and does not impact burden * Race/ethnicity will be collected through the minimum categories for the 2024-2025 season, rather than the expanded categories, with the following justification:   + Detailed data collection would potentially be more burdensome for the surveillance staff and may not add as much value, given that the additional check boxes will likely have few case counts   + There will not likely be sufficient number of cases identified to allow the disaggregated racial/ethnic categories to be analyzed separately; any analysis performed will probably require aggregating the data into the minimum required categories   + FluSurv-NET data collection is primarily conducted through medical record reviews and not through patient interviews. The detailed data collection seems to be more intended for interviews rather than chart reviews.   + The detailed race/ethnicity population groups likely comprise a small percentage of our surveillance catchment areas and the collection of these groups could pose additional risk to data privacy and identification of individuals | Minimal, <1 minute increase |
| Revision | **C. Enrollment Information**  **14.Where did the patient reside at the time of hospitalization (Indicate type of residence)?**   * Private residence * Private residence with services * Homeless/Shelter/Temporary housing * Nursing home/Skilled nursing facility * Substance abuse treatment Center * Hospitalized at birth * Rehabilitation facility * Corrections facility * Hospice * Assisted living/Residential care * LTACH * Group/Retirement home * Psychiatric/Behavioral Health Facility * Other long term care facility * Other, specify: \_\_\_\_\_\_ * Unknown   **Justification**   * Renaming “Psychiatric facility” to “Psychiatric/Behavioral Health Facility” to reflect more inclusive health facility types | No change to burden |
| Revision | **D. Influenza Testing Results**  **1-3. Test**   * Rapid Antigen * Standard/Rapid Molecular Assay * Viral Culture * Fluorescent Antibody * Method Unknown   **Justification**   * Deleted Rapid Molecular Assay and combined with Standard Molecular Assay to alleviate the burden on sites distinguishing the difference between the two test types. Medical charts may not have additional details on the type of test used for lab confirmation * Deleted Serology because it has not been identified as a mode of lab confirmation for flu hospitalizations in recent seasons | Minimal, <1 minute decrease |
| Addition | **E. Other Interventions and ICU (For Questions 1-5, select the highest level of oxygen support received)**  **5. Supplemental Oxygen?**   * Yes * No * Unknown   **Justification**   * Changed the section header to only record the highest level of oxygen support needed only. It would be beneficial to know the highest level of oxygen a patient received during hospitalization as an indicator of disease severity * Added Supplemental Oxygen question to better understand impact of severity of respiratory viral infection upon admission | Minimal, <1 minute increase |
| Revision | **F. Outcome**  **2.If discharged alive, please indicate to where:**   * Private residence * Private residence with services * Homeless/Shelter/Temporary housing * Nursing home/Skilled nursing facility * Substance abuse treatment Center * Hospitalized at birth * Rehabilitation facility * Corrections facility * Hospice * Assisted living/Residential care * LTACH * Group/Retirement home * Psychiatric/Behavioral Health Facility * Other long term care facility * Other, specify: \_\_\_\_\_\_ * Unknown   **Justification**   * Renaming “Psychiatric facility” to “Psychiatric/Behavioral Health Facility” to reflect more inclusive health facility types | No change to burden |
| Revision | **G. Admission and Patient History**  **2. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission)(Select all that apply)**  **Respiratory symptoms**   * Chest congestion * Congested/runny nose * Cough * Hemoptysis/bloody sputum * Shortness of breath/respiratory distress/hypoxia * Sore throat * URI/ILI * Wheezing   **Justification**   * Added “hypoxia” symptom to the existing symptom of “shortness of breath/respiratory distress” to capture symptoms resulting from low levels of oxygen | No change to burden |
| Revision | **G. Admission and Patient History**  **7. Smoker (tobacco) (for patients > 12 years):**   * Current * Former * No/Unknown   **Justification**   * Updated the age limit for smoker (tobacco) question to > 12 years to assess as a risk factor for severe disease among adolescents and adults | Minimal, <1 minute decrease |
| Revision | **G. Admission and Patient History**  **9. Alcohol misuse (for patients > 12 years):**   * Current * Former * No/Unknown   **Justification**   * Change question from “Alcohol abuse” to “Alcohol misuse” to use less stigmatizing language * Updated the age limit for alcohol question to > 12 years to assess as a risk factor for severe disease among adolescents and adults | Minimal, <1 minute decrease |
| Revision | **G. Admission and Patient History**  **10. Substance misuse (for patients > 12 years):**   * Current * Former * No/Unknown   **Justification**   * Changed “Substance abuse” question to “Substance misuse” to use less stigmatizing language * Updated the age limit for substance abuse question to > 12 years to assess as a risk factor for severe disease among adolescents and adults | Minimal, <1 minute decrease |
| Addition | **G. Admission and Patient History**  **8. Environmental tobacco smoke exposure (for pediatric patients ≤12 years)**   * Yes * No * Unknown   **Justification**   * Added question to better capture this as a risk factor for respiratory disease among young children and young adolescents | Minimal, <1 minute increase |
| Revision | **G. Admission and Patient History**  **11. Substance Misuse Type or Route (current use only) (select all that apply)**   * Cocaine * IVDU * Opioids * Polysubstance abuse – not otherwise specified * Methamphetamines * Marijuana * Other, specify: \_\_\_\_\_ * Unknown   **Justification**   * Changed “Substance Abuse Type” to "Substance Misuse Type or Route (current use only)" in the question (no change to selections) to avoid using stigmatizing language | No change to burden |
| Revision | **H. Underlying Medical Conditions**  **1f. Hypertension**  Moved “Hypertension” header category to right before “Cardiovascular Disease” section  **Justification**   * Moved this condition closer to similar conditions for ease of collection for sites | No change to burden |
| Revision | **H. Underlying Medical Conditions**  **1g. Congenital Heart Disease (Specify)**   * Atrial septal defect (ASD) * Patent Ductus Arteriosus (PDA) * Pulmonic stenosis * Tetralogy of Fallot * Ventricular septal defect (VSD)   **Justification**   * Added Patent Ductus Arteriosus (PDA) as a selectable congenital heart disease because it may be more commonly seen than other congenital heart disease options (including ASD and VSD) | Minimal, <1 minute increase |
| Revision | **H. Underling Medical Conditions**  **1c. Diabetes Mellitus (DM)**  Moved “Diabetes Mellitus” as new header category for before Chronic Metabolic Disease  **Justification**   * Moved condition so it is easier for surveillance staff to record condition | No change to burden |
| Revision | **H. Underlying Medical Conditions**  **1q. Other**:   * Bedbound * Feeding tube dependent (PEG, see list) * Trach dependent/Vent dependent * Wheelchair dependent * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Justification**   * Added new checkbox “Bedbound” under the “Other” header category as one way to assess frailty | Minimal, <1 minute increase |
| Deletion | Removed entire Bacterial Pathogens section  **Justification**   * Data collected in previous seasons have demonstrated in part the challenges in determining positive results indicate contaminant or a pathogen-causing disease and the burden in collecting and interpreting these data elements. This section was removed from the case report form. | 2-3 minute decrease in burden |
| Revision | **I. Viral Pathogens**  **1b. Coronavirus SARS-CoV-2**  Moved location of “Coronavirus SARS-CoV-2” towards the top to be closer to “RSV”  **Justification**   * Moved location for ease of collection for sites | No change to burden |
| Revision | **K. Chest X-ray**  **1. Was a chest x-ray taken during the first 3 days of admission (for patients ≤17 years)?**   * Yes * No * Unknown   **Justification**   * Revised past and previously OMB-approved question “Was a chest x-ray taken during the first 3 days of admission” to “Was a chest x-ray taken during the first 3 days of admission (for patients ≤17 years)?” to capture community-acquired pneumonia among children and adolescents. The performance of a chest x-ray alone may be an indicator of severe disease for children and adolescents, but not for adults. | Minimal, <1 minute decrease |
| Deletion | **K. Chest X-ray**  **2. Were any of these chest x-rays abnormal?**  **2a. Date of first abnormal chest x-ray**  **2b. For first abnormal chest x-ray, please check all that apply**  **Justification**   * Previous analyses used these variables along with discharge diagnoses and/or ICD-10 discharge codes to define pneumonia. Given the difficulty in interpreting chest radiograph findings and the ability to capture pneumonia with other data collected from the case report form, questions about abnormal chest x-rays and their interpretation were removed | 1-2 minute decrease in burden |
| Addition | **N. Pregnancy Information**  **5. Pregnancy complications during current pregnancy? (Select all that apply)**   * None * Pre-eclampsia * Intrauterine growth restriction (IUGR) * Gestational diabetes * Pregnancy-induced hypertension (PIH) * Unknown   **Justification**   * Added question to better characterize pregnancy complications with respiratory infection | Minimal, <1 minute increase |
| Addition | **R. COVID-19 Vaccine History**  Vaccine registry:   * Registry reviewed * Registry available but not reviewed (specify) * Registry not available for review   Dose Date  Dose Product:   * Pfizer-BioNTech COVID-19 Vaccine * Moderna COVID-19 Vaccine * Jansen Pharmaceuticals * Novavax COVID-19 Vaccine * AstraZeneca * Unknown * Other, specify   Dose Source:   * Registry   **Justification**: FluSurv-NET added these new optional fields in participating states where state vaccine registries or immunization information systems are reliable to collect variables related to COVID-19 vaccination status. Similar variables were previously OMB-approved and collected during the 2022-23 season. These fields are currently being extracted from immunization information systems for COVID-19-associated hospitalizations for 2023-24 season in the COVID-NET surveillance platform and used for FluSurv-NET so burden is not impacted.  These data elements were added to better understand the association between receipt of COVID-19 and influenza vaccination among influenza hospitalizations. Additionally, collecting COVID-19 vaccination status on FluSurv-NET cases can be explored as an indicator to impute for missing influenza vaccination for analyses. If these elements related to COVID-19 vaccination are beneficial in imputing missing influenza vaccination status and registries remain a reliable source for COVID-19 vaccination, these elements could be collected in lieu of conducting provider and patient/proxy interviews to ascertain influenza vaccination status, which would reduce burden on respondents. | None to minimal; data extracted from state immunization registries and linked for FluSurv-NET cases |
| **Phone Script and Consent Form (FSN.300.2)** | | |
| Revision | **Race and/or Ethnicity (select all that apply)**   * American Indian or Alaska Native * Asian * Black or African American * Hispanic or Latino * Middle Eastern or North African * Multiracial, not otherwise specified * Native Hawaiian or Pacific Islander * White * Unknown   **Justification**   * Due to change in OMB standards, race and ethnicity questions were combined into a question and allowed for all that applied to be selected. A new category for “Middle Eastern or North African” was added. * Although the OMB standards include a “Not specified” category, this was revised to be “Unknown” to be consistent with past approved case report forms and an “unknown” option is used for almost all other variables and is needed for data cleaning and analysis purposes. * OMB standards do not include “Multiracial, not otherwise specified”, but this category will be kept for consistency with previous seasons and situations where medical charts do not specify additional details about multirace. This is not a change and does not impact burden * Race/ethnicity will be collected through the minimum categories for the 2024-2025 season, rather than the expanded categories, with the following justification:   + Detailed data collection would potentially be more burdensome for the surveillance staff and may not add as much value, given that the additional check boxes will likely have few case counts   + There will not likely be sufficient number of cases identified to allow the disaggregated racial/ethnic categories to be analyzed separately; any analysis performed will probably require aggregating the data into the minimum required categories   + FluSurv-NET data collection is primarily conducted through medical record reviews and not through patient interviews. The detailed data collection seems to be more intended for interviews rather than chart reviews.   + The detailed race/ethnicity population groups likely comprise a small percentage of our surveillance catchment areas and the collection of these groups could pose additional risk to data privacy and identification of individuals | Minimal, <1 minute increase |
| Revision | Updated Spanish translation consent forms and phone scripts to reflect the new race and/or ethnicity question | No change to burden |
| **Provider Vaccination History Fax Form (FSN.300.3)** | | |
| Revision | **Race and/or Ethnicity (select all that apply)**   * American Indian or Alaska Native * Asian * Black or African American * Hispanic or Latino * Middle Eastern or North African * Multiracial, not otherwise specified * Native Hawaiian or Pacific Islander * White * Unknown   **Justification**   * Due to change in OMB standards, race and ethnicity questions were combined into a question and allowed for all that applied to be selected. A new category for “Middle Eastern or North African” was added. * Although the OMB standards include a “Not specified” category, this was revised to be “Unknown” to be consistent with past approved case report forms and an “unknown” option is used for almost all other variables and is needed for data cleaning and analysis purposes. * OMB standards do not include “Multiracial, not otherwise specified”, but this category will be kept for consistency with previous seasons and situations where medical charts do not specify additional details about multirace. This is not a change and does not impact burden * Race/ethnicity will be collected through the minimum categories for the 2024-2025 season, rather than the expanded categories, with the following justification:   + Detailed data collection would potentially be more burdensome for the surveillance staff and may not add as much value, given that the additional check boxes will likely have few case counts   + There will not likely be sufficient number of cases identified to allow the disaggregated racial/ethnic categories to be analyzed separately; any analysis performed will probably require aggregating the data into the minimum required categories   + FluSurv-NET data collection is primarily conducted through medical record reviews and not through patient interviews. The detailed data collection seems to be more intended for interviews rather than chart reviews.   + The detailed race/ethnicity population groups likely comprise a small percentage of our surveillance catchment areas and the collection of these groups could pose additional risk to data privacy and identification of individuals | Minimal, <1 minute increase |
| Revision | Supplemental language was added in form of a notification letter that sites may mail to the patient/proxy prior to the patient interview notifying that the patient/proxy will be contacted by their state health department to obtain influenza vaccination status only. **The supplemental document will not collect any data or information from the patient.**  **Justification**   * Patient/proxy outreach to obtain influenza vaccination history is burdensome and often result in non-responsiveness, with patients not picking up phone calls from numbers they do not know or hang-up during the patient interview. No responses from patient interview yield unknown vaccination status, which impacts reported influenza vaccination rates. Advanced notice via a mailed letter to patients/proxies of an upcoming phone call may reduce the burden for follow-up. | No changes to burden |
| **FluSurv-NET Laboratory Survey (FSN.300.4)** | | |
| Addition | Title  **Justification**   * Added field for the title of the person completing the survey | Minimal, <1 minute increase |
| Revision | Select the kit name(s) (manufacturer) for the rapid influenza antigen diagnostic test(s) performed or planned to be used at the laboratory   * Acucy Influenza BA&B Test * BD Veritor System for Rapid Detection of Flu A+B (CLIA-waived) * BD Verirot System for Rapid Detection of Flu A+B (Moderately Complex) * BD Veritor System for Rapid Detection of SARS-CoV-2 * Binax NOW Influenza A&B Card 2 * BioSign Flu A+B or LifeSign LLC Status Flu A & B * CareStart Flu A&B Plus * Meridian Bioscience ImmunoCard STAT Flu A&B * OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC) * QuickVue Influenza A+B Test * SARS-CoV-2 & Flu A.B Rapid Antigen Test * SEKISUI Diagnostics OSOM Ultra Plus Flu A and B Test Kit * Sofia Analyzer and Influenza A+B FIA (CLIA-waived) * Sofia Analyzer and Influenza A+B FIA * Sofia 2 Flu + SARS Antigen FIA * Sure-Vue Signature Influenza A and B Test Kit * XPECT Influenza A/B   **Justification**   * Added new kits and removed kits that no longer exist | Minimal, <1 minute increase |
| Revision | Select kit name(s) (manufacturer) for all molecular assays performed or planned to be used at the laboratory: (Check all that apply)   * Alinity M Resp-4 Plex Assay (Abbott) * Aptima SARS-CoV-2/Flu/A/B‡ (Hologic) * ARIES® Flu A/B & RSV+SARS CoV 2 Assay (Diasorin) * BioCode® CoV-2 Flu Plus Assay (Applied BioCode Inc) * BioCode Respiratory Pathogen Panel, (Applied BioCode Inc) * BioFire FilmArray Pneumonia (PN) Panel (Biomerieux) * BioFire FilmArray Pneumonia plus (PNplus) Panel (Biomerieux) * BioFire Respiratory Panel 2.1 (RP2.1) (Biomerieux) * BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ) (EUA) (Biomerieux) * CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel * (Influenza B Lineage Genotyping Kit), (CDC Influenza Division) * CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel * (Influenza A Subtyping Kit), (CDC Influenza Division) * CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) * CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel * (Influenza A/B Typing Kit), (CDC Influenza Division) * CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay * (CDC Influenza Division) * Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test, (Roche Diagnostics) * ePlex Respiratory Pathogen Panel 2, (Roche Diagnostics) * Lyra Influenza A+B Assay, (Quidel) * NeuMoDX Influenza A/B, RSV, and SARS-CoV-2 Vantage Assay (Qiagen) * Nx-TAG Respiratory Pathogen Panel, (Diasorin) * Nx-TAG Respiratory Pathogen Panel + SARS-CoV-2 (Diasorin) * Panther Fusion® Flu A/B RSV, (Assay Hologic) * Panther Fusion SARS-CoV-2/Flu A/B/RSV assay * QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN) * Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics) * RealStar Influenza Screen & Type RT-PCR * Simplexa™ COVID-19 & Flu A/B Direct * Simplexa™ Flu A/B & RSV Direct Gen II (Diasorin) * Solana Influenza A+B Assay, (Quidel) * Solana Respiratory Viral Panel (Quidel) * Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex), (Luminex)   **Justification**   * Added new kits and removed kits that no longer exist | Minimal, <1 minute increase |

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**HAIC:**

This Revision includes proposed changes to 5 of 13 approved Healthcare-Associated Infections – Community Interface (HAIC) data collection tools (form/s) detailed below.  There are no new collection tools for HAIC.

Approved Forms with **no changes** noted:

1. HAIC.400.2 MuGSI CA CP-CRE Health interview
2. HAIC.400.7 CDI Case Report and Treatment Form
3. HAIC.400.8 Annual Survey of Laboratory Testing Practices for C. difficile Infections
4. HAIC.400.9 CDI Annual Surveillance Officers Survey
5. HAIC.400.10 C. difficile Surveillance Nursing Home Telephone Survey (LTCF)
6. HAIC.400.11 Candidemia Case Report Form
7. HAIC.400.12 Laboratory Testing Practices for Candidemia Questionnaire
8. HAIC.400.13 Death Ascertainment Project

Changes to Approved Forms:

1. HAIC.400.1 Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form
2. HAIC.400.3 MuGSI Supplemental Surveillance Officer Survey
3. HAIC.400.4 Invasive Staphylococcus aureus Infection Case Report Form
4. HAIC.400.5 Invasive Staphylococcus aureus Laboratory Survey
5. HAIC.400.6 Invasive *Staphylococcus aureus* Supplemental Surveillance Officer Survey

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| **Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (HAIC.400.1)** | | | | | | |
| **Type of Change** | **Itemized Changes / Justification** | | | **Impact to Burden** | | |
| Correction | For the MuGSI CRF there has been an increase in the number of respondents (from 10 to 11), however, an error was identified in how the number of responses per respondent was previously reported. This has resulted in reduction from 4,770 to 1,581 responded per respondent. While the Avg. burden per response increase from 28 to 29 minutes, there was a decrease in the Current Total burden (in hours) from 21,922 to 8,406. | | | Decrease | | |
| Addition | 20.Risk factors: (Check all that apply)  Invasive or diagnostic urologic procedure in the year before DISC:  ð Yes  ð No  ð Unknown  If yes, check all that apply:  ð Prostate procedure  ð Cystoscopy ð Other  **Justification:**   * Added a risk factor response option for “Invasive or diagnostic urologic procedure”. Recent literature identified a greater risk for invasive *E. coli* disease in hospitalized patients with a recent diagnostic or interventional medical procedure. Vaccination of patient groups with anticipated urologic diagnostic or invasive procedures have been proposed as an intervention. The addition of this new risk factor questions allows us to establish baseline surveillance for these procedures associated with *E. coli* disease. This information is located in the sections of the medical record that are reviewed for other risk factor responses. | | | 0.5 minute increase. | | |
| Addition/ Revision | 23b.Risk factors prior to CRAB DISC:  ð Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC  ð Nebulizer treatment at any time in the 7 calendar days before the DISC  ð Mechanical ventilation at any time in the 7 calendar days before the DISC  ð Visited a wound care clinic at any time in the year before the DISC  ð None     * Removed the qualifier “…in the 7 days before the DISC” from the question prompt of Q23b and added them to the response options.   **Justification:**   * Addition of a risk factor beyond that timeframe. This additional risk factor option allows for accurately classifying CRAB cases by their exposure, that would otherwise be misclassified. This information is located in the sections of the medical record that are reviewed for other risk factor responses. | | | 0.5-minute increase | | |
| **Multi-site Gram-negative Surveillance Initiative (MuGSI) Supplemental Surveillance Officer Survey** (**HAIC.400.3**) | | | | | | |
| **Type of Change** | **Itemized Change / Justification** | | | **Impact to Burden** | | |
| Revision | Site: \_\_\_ CA \_\_\_ CO \_\_\_ CT \_\_\_ GA  \_\_\_ MD \_\_\_ MI\_\_\_ MN \_\_\_ NM \_\_\_ NY \_\_\_ OR \_\_\_ TN  **Justification:**   * Michigan is participating in MuGSI invasive *Escherichia coli* surveillance activity in 2024, “MI” has been included as a response. | | | No changes to burden | | |
| Revision | **Surveillance area characteristics:**   1. What counties are under surveillance for MuGSI activities at your site? 2. Carbapenem-resistant Enterobacterales (CRE) surveillance area, please specify: 3. Carbapenem-resistant *Acinetobacter baumannii* (CRAB) surveillance area, please specify: 4. Extended-spectrum β-lactamases-producing Enterobacterales (ESBL-E) surveillance area, please specify: 5. Invasive *Escherichia coli* (iEC) surveillance area, please specify:   **Justification:**   * Surveillance for invasive Escherichia coli began in 2024, included a response “d. Invasive *Escherichia coli* (iEC) surveillance area, please specify” to this existing question. | | | Increase in burden | | |
| Addition/ Revision | **Surveillance area characteristics:**  2.Is CRE reportable at your state/site?  \_\_\_ yes \_\_\_ no   1. If yes: 2. Please describe your state reportable definition of CRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Where in your state is CRE reportable?   \_\_\_\_\_\_\_ Statewide  \_\_\_\_\_\_\_ Defined area, such as a county(ies). Please specify   1. Is isolate submission to the State Health Department Laboratory required?   \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no    specify \_\_\_\_\_   1. If no: 2. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to CRE laboratory reports and medical records?   \_\_\_\_\_\_\_ Agent of the state  \_\_\_\_\_\_\_ State Health Department Regulation  \_\_\_\_\_\_\_ Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_   1. Does your state/site plan to make CRE reportable?  \_\_\_ yes\_\_\_ no \_\_\_ unknown 2. If yes, when does your state/site plan to make CRE reportable?      * Minor word changes and included an “unknown” response option and one clarifying question “if yes, when does your state/site plan to make CRE reportable?” | | | No changes to burden. | | |
| Addition/ Revision | **Surveillance area characteristics:**   1. Is CRAB state reportable at your site?  \_\_\_ yes\_\_\_ no 2. If yes: 3. Please describe your state reportable definition of CRAB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Where in your state is CRAB reportable?   \_\_\_\_\_\_\_ Statewide  \_\_\_\_\_\_\_ Defined area, such as a county(ies). Please specify   1. Is isolate submission to the State Health Department Laboratory required?   \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no    specify \_\_\_\_\_   1. If no: 2. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to CRAB laboratory reports and medical records?   \_\_\_\_\_\_\_ Agent of the state  \_\_\_\_\_\_\_ State Health Department Regulation  \_\_\_\_\_\_\_ Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_   1. Does your state/site plan to make CRAB reportable?  \_\_\_ yes\_\_\_ no \_\_\_ unknown 2. If yes, when does your state/site plan to make CRAB reportable?\_\_\_\_\_\_\_\_  * Minor word changes and included an “unknown” response option and one clarifying question “If yes, when does your state/site plan to make CRAB reportable?”. | | | No changes to burden. | | |
| Addition/ Revision | **Surveillance area characteristics:**  4. Is ESBL-E reportable at your state/site?  \_\_\_ yes \_\_\_ no   1. If yes: 2. Please describe your state reportable definition of ESBL-E:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Where in your state is ESBL-E reportable?   \_\_\_\_\_\_\_ Statewide  \_\_\_\_\_\_\_ Defined area, such as a county(ies). Please specify   1. Is isolate submission to the State Health Department Laboratory required?   \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no     specify \_\_\_\_\_   1. If no: 2. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to ESBL-E laboratory reports and medical records?   \_\_\_\_\_\_\_ Agent of the state  \_\_\_\_\_\_\_ State Health Department Regulation  \_\_\_\_\_\_\_ Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_   1. Does your state/site plan to make ESBL-E reportable? \_\_\_ yes \_\_\_ no \_\_\_ unknown 2. If yes, when does your state/site plan to make ESBL-E reportable?      * Minor word changes and included an “unknown” response option and one clarifying question “If yes, when does your state/site plan to make ESBL-E reportable”. | | | No change to burden. | | |
| Revision | **Surveillance area characteristics:**   1. Is iEC reportable at your state/site?  \_\_\_ yes \_\_\_ no 2. If yes: 3. Please describe your state reportable definition of iEC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Where in your state is iEC reportable?   \_\_\_\_\_\_\_ Statewide  \_\_\_\_\_\_\_ Defined area, such as a county(ies). Please specify   1. Is isolate submission to the State Health Department Laboratory required?   \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no   specify \_\_\_\_\_\_   1. If no: 2. What mechanism do you have in place that allows for surveillance officers (SOs) to have access to iEC laboratory reports and medical records?   \_\_\_\_\_\_\_ Agent of the state  \_\_\_\_\_\_\_ State Health Department Regulation  \_\_\_\_\_\_\_ Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_   1. Does your state/site plan to make iEC reportable?\_\_\_ yes\_\_\_ no \_\_\_ unknown   1.If yes, when does your state/site plan to make iEC reportable?  **Justification:**   * Surveillance for invasive *Escherichia coli* (iEC) began in 2024, included the corresponding questions that are asked for the other MuGSI surveillance activities. This information is readily available to the EIP site respondent. | | | Increase in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 1**   1. Please describe the clinical laboratories in the MuGSI catchment area: 2. CRE 3. Proportion of clinical laboratories serving the MuGSI CRE surveillance area with queries installed on their automated testing instrument (ATI) or laboratory information system (LIS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Numerator: Number of clinical laboratories serving the MuGSI CRE surveillance area with queries installed on their ATI or LIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI CRE surveillance area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Please describe how MuGSI CRE surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. CRAB 8. Proportion of clinical laboratories serving the MuGSI CRAB surveillance area with queries installed on their ATI or LIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Numerator: Number of clinical laboratories serving the MuGSI CRAB surveillance area with queries installed on their ATI or LIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI CRAB surveillance area: \_\_\_\_\_\_\_\_\_\_\_\_\_ 11. Please describe how MuGSI CRAB surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. ESBL-E 13. Proportion of clinical laboratories serving the MuGSI ESBL-E surveillance area with queries installed on their ATI or LIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. Numerator: Number of clinical laboratories serving the MuGSI ESBL-E surveillance area with queries installed on their ATI or LIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI ESBL-E surveillance area:\_\_\_\_\_\_\_\_\_\_\_\_ 16. Please describe how MuGSI ESBL-E surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 17. iEC 18. Proportion of clinical laboratories serving the MuGSI iEC surveillance area with queries installed on their ATI or LIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 19. Numerator: Number of clinical laboratories serving the MuGSI iEC surveillance area with queries installed on their ATI or LIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20. Denominator: Total number of clinical laboratories that receive and process specimens from residents of the MuGSI iEC surveillance area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 21. Please describe how MuGSI iEC surveillance is conducted at laboratories where ATI/LIS queries are not installed (e.g., HL7 messages from LabCorp): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Justification:**   * Minor word changes for clarification. Included corresponding questions for invasive *Escherichia coli* under “d. iEC” as surveillance began in 2024. | | | Increase in burden | | |
| Addition | **Laboratory Participation and Isolate Testing – Part 1**   1. Did any laboratories drop out of participation in 2023?     \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no 2. If yes, how many? \_\_\_\_\_\_\_\_\_ 3. Why did these laboratories drop out of participation?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Justification:**   * Added this question to clarify participation of local clinical laboratories surveillance activities in case any are no longer able to participate. | | | Increase in burden | | |
| Addition | **Laboratory Participation and Isolate Testing – Part 1**   1. In 2023, did you identify additional laboratories, regardless of location, which identify MuGSI isolates from persons who are residents of the MuGSI surveillance area at your site?   \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no   1. If yes, how many? \_\_\_\_\_\_\_\_\_ 2. If yes, how many of these laboratories were added? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. If all new laboratories identified were not added, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. If yes, how did you identify these new laboratories?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Approximately how many cases are identified at the new laboratories each year among residents of the MuGSI surveillance area? \_\_\_\_\_\_\_\_   **Justification:**   * Added this question to clarify participation of local clinical laboratories in MuGSI surveillance activities in case any new laboratories recently enrolled. | | | Increase in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 1**   1. Did your site send any MuGSI isolates to CDC for characterization in calendar year 2023?                             \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no 2. If yes, please describe how your site determines which MuGSI isolates to send to CDC: 3. CRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. CRAB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. ESBL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. iEC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. If yes, how many clinical laboratories contributed MuGSI isolates: 8. CRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. CRAB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. ESBL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. IEC:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Justification:**   * Minor word changes for clarification. Since surveillance began for invasive *Escherichia coli* began in 2024, included “iEC” response options. | | | Increase in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 1**   1. How many isolates with a specimen collection date in 2023 did you expect to be able to collect from the clinical laboratories?   \_\_\_\_\_\_\_ CRE; \_\_\_\_\_\_\_ CRAB; \_\_\_\_\_\_\_ ESBL; \_\_\_\_\_\_\_\_iEC    **Justification:**   * Minor word changes for clarification. Since surveillance began for invasive *Escherichia coli* began in 2024, included an “iEC” response option. | | | Increase in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 1**   1. What was the total number of isolates with a specimen collection date in 2023 that were collected from the clinical laboratories \_\_\_\_\_\_\_ CRE; \_\_\_\_\_\_\_ CRAB; \_\_\_\_\_\_\_ ESBL; \_\_\_\_\_\_\_iEC     **Justification:**   * Minor word changes for clarification. Since surveillance began for invasive *Escherichia coli* began in 2024, included an “iEC” response option. | | | Increase in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. Type of laboratory:   \_\_\_\_\_clinical laboratory  \_\_\_\_\_public health laboratory  \_\_\_\_\_research laboratory  \_\_\_\_\_reference laboratory  **Justification:**   * Included response options, rather than a free-text field, for an existing question. | | | No change in burden. | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. MuGSI pathogen(s) under surveillance:   \_\_\_\_\_CRE  \_\_\_\_\_CRAB  \_\_\_\_\_ESBL  \_\_\_\_\_iEC  **Justification:**   * Included response options, rather than a free-text field, for an existing question. | | | No change in burden. | | |
| Addition | **Laboratory Participation and Isolate Testing – Part 2**   1. Method for sharing laboratory reports with your site:   \_\_\_\_\_electronic messaging, such as HL7  \_\_\_\_\_e-mail  \_\_\_\_\_fax  \_\_\_\_\_EIP staff manually generate reports on-site  \_\_\_\_\_other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_unknown  **Justification:**   * Added this question to clarify how laboratories share information on MuGSI cases with EIP staff. This information is readily available to the EIP site for each laboratory. | | | Increase in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. Method for case identification:   \_\_\_\_\_automated testing instrument  \_\_\_\_\_laboratory information system  \_\_\_\_\_medical record  \_\_\_\_\_other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_unknown  **Justification:**   * Included response options, rather than a free-text field, for an existing question. | | | No change in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. Carbapenem confirmatory testing method 2. *Please report the carbapenem confirmatory testing method(s) performed for each MuGSI organism separately*.     kirby bauer:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    other, please specify: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL  \_\_\_\_\_iEC    laboratory not testing \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    unknown \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  **Justification:**   * Included response options, rather than a free-text field, for the existing question. | | | No change in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. Carbapenemase testing method 2. *Please report the carbapenemase testing method(s) performed for each MuGSI organism separately.*     **Non-molecular test methods**  carbaNP: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    carbapenemase inactivation method: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    CPO detect: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    disk diffusion/ROSCO disk e-test: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    modified carbapenemase inactivation method: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    modified hodge test: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    RAPIDEC: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    Other, please specify: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    laboratory not testing: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    unknown: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  **Molecular test methods**  automated molecular assay: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    carba-R: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    check points: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    MALDI-TOF MS: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    next generation nucleic acid sequencing: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    polymerase chain reaction: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    streck ARM-D: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    laboratory not testing: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    unknown: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC    **Justification:**   * Included response options, rather than a free-text field, for the existing question. | | | No change in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. ESBL production testing method 2. *Please report the ESBL production testing method(s) performed for each MuGSI organism separately*.     broth microdilution – ESBL well:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  broth microdilution – ATI flag: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  broth microdilution – manual: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  disk diffusion: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  e-test: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  molecular test, please specify\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  other non-molecular test, please specify:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  laboratory not testing: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  unknown: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  **Justification:**   * Included response options, rather than a free-text field, for the existing question. | | | No change in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. Organism identification method**†** 2. *Please report the organism identification method(s) performed for each MuGSI organism separately.*     MALDI-TOF: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  polymerase chain reaction: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  whole genome sequencing: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  DNA sequencing, please specify:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  rRNA gene sequencing, please specify:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  biochemical tests, please specify:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  immunological techniques, please specify:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  other, please specify:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  laboratory not testing:\_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  unknown: \_\_\_\_\_CRE \_\_\_\_\_CRAB \_\_\_\_\_ESBL \_\_\_\_\_iEC  Please specify the database or library for the instrument(s) selected above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Justification:**   * Included response options, rather than a free-text field, for the existing question. | | | No change in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. Culture-independent diagnostic test:         \_\_\_\_\_yes, please specify the type of test\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  If yes, is a positive test result always followed up by a                  culture? \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no \_\_\_\_\_\_\_ unknown       \_\_\_\_\_no       \_\_\_\_\_unknown     * Included response options, rather than a free-text field, for the existing question. | | | No change in burden | | |
| Revision | **Laboratory Participation and Isolate Testing – Part 2**   1. Isolate submission to state public health laboratory   \_\_\_\_\_yes  \_\_\_\_\_no  \_\_\_\_\_unknown  **Justification:**   * Included response options, rather than a free-text field, for the existing question. | | | No change in burden | | |
| Addition | **Laboratory Participation and Isolate Testing – Part 2**   1. Most recent year a check-in was completed for the laboratory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Justification:**   * Added this question which is readily available because EIP staff complete this check-in with each laboratory on an annual basis. | | | Increase in burden | | |
| Addition | **Laboratory Participation and Isolate Testing – Part 2**  Please describe the participating laboratory’s policy on maximum duration of referral for antimicrobial susceptibility testing for successive isolates of the same MuGSI organism. Successive isolates are defined as two microorganisms with similar identification that was cultured from the same patient at two different time points. Please indicate if the policy differs depending on whether successive isolates were cultured from the same specimen source or different specimen source. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Justification:**   * Added this question for clarification about isolate testing practices at each laboratory, which has implications on MuGSI case reporting. This information is readily available for EIP staff. | | | Increase in burden | | |
| Addition | **Additional information on MuGSI surveillance activities**   1. In 2023, did your site update its inventory of facilities within the MuGSI surveillance area? \_\_\_\_\_\_\_ yes    \_\_\_\_\_\_\_ no 2. If no, why not?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. If yes, how many facilities serve the MuGSI surveillance area?  \_\_\_\_\_\_\_\_\_ 2. If yes, how many facilities have you identified the clinical laboratory that serves it?\_\_\_\_\_\_\_\_\_\_     **Justification:**   * Added this question for clarification about the facilities participating in MuGSI surveillance activities at the EIP sites. This information should be readily available because EIP staff complete this inventory on an annual basis. | | | Increase in burden | | |
| Addition | **Additional information on MuGSI surveillance activities**   1. Does your site run a data edit program in addition to the CDC edit program that is sent out monthly? This could include the data edits available on the MuGSI Case Management System dashboard.   \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no   1. If yes, how often:   \_\_\_\_\_\_\_ Monthly  \_\_\_\_\_\_\_ Quarterly  \_\_\_\_\_\_\_ Other time frame, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_ Never   1. If yes, what type of edits are you running? Do you think they would be helpful to add to edits generated by CDC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Justification:**   * Added this question for clarification about data cleaning at the EIP sites. This information should be readily available for EIP staff since it relates to their routine roles and responsibilities. | | | Increase in burden | | |
| Addition | **Additional information on MuGSI surveillance activities**   1. Did your site geocode MuGSI 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?  **Justification:**   * Added this question for clarification about MuGSI cases being geocoded, which is required on an annual basis, so this information is readily available for EIP staff. | | | Increase in burden | | |
| Addition | **Additional information on MuGSI surveillance activities**   1. Did your site match MuGSI cases to the state vital statistics death registry in 2023?    \_\_\_\_\_ yes     \_\_\_\_\_\_ no 2. If yes, what is the most recent year of surveillance data that was matched?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Justification:**   * Added this question for clarification about MuGSI cases being matched to the state vital statistics death registry, which is required on an annual basis, so this information is readily available for EIP staff. | | | Increase in burden | | |
| Addition | **Additional information on MuGSI surveillance activities**   1. Did your site complete CRF re-abstractions in 2023?            \_\_\_\_\_ yes     \_\_\_\_\_\_ no 2. If yes, what was the most recent year of surveillance data with CRFs re-abstracted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Justification:**   * Added this question for clarification about MuGSI chart re-abstractions, which is required on an annual basis, so this information is readily available for EIP staff. | | | Increase in burden | | |
| Revision | **Additional information on MuGSI surveillance activities**   1. What is the IRB determination for MuGSI at your site? \_\_\_\_Research   \_\_\_\_Non-Research  \_\_\_\_Other \_\_\_\_Unknown   **Justification:**   * Justification: Included a response option for this existing question, instead of the previous free-text response. | | | No change in burden | | |
| Addition | **Additional information on MuGSI surveillance activities**   1. General comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Justification:**   * Added a free-text field for any general comments related to the information collected on the survey. | | | No change in burden. | | |
| **Invasive *Staphylococcus aureus* Healthcare-Associated Infections Community Interface Case Report Form (HAIC.400.4)** | | | | | | |
| **Type of Change** | | **Itemized Changes / Justification** | | | | **Impact to Burden** |
| Addition/Revision | | 22.  SUSCEPTIBILITY RESULTS (S=Sensitive (1), I=Intermediate (2), R=Resistant (3), NS=Non-susceptible (4), SDD=Susceptible dose-dependent (5), U=Unknown/Not Reported (9)   |  |  |  |  | | --- | --- | --- | --- | | Cefazolin  □S  □I □R □U | Cefoxitin  □S  □R □U | **Ceftaroline**  **□S  □SDD □R □U** | Clindamycin  □S  □I □R □U | | **Daptomycin**  **□S  □I □R □U** | **Doxycycline**  **□S  □I □R □U** | **Linezolid**  **□S  □R □U** | Nafcillin  □S  □I □R □U | | Oxacillin  □S  □R □U | **Tetracycline**  **□S  □I □R □U** | TMP-SMX  □S  □I □R □U | Vancomycin  □S  □I □R □U |   **Justification:**   * Added antimicrobial agents “Daptomycin”, “Doxycycline”, “Ceftaroline”,  “Linezolid”, and “Tetracycline” as these drugs are commonly used to treat  *S. aureus* infections; isolates are often tested for susceptibilities to these drugs but the information is not currently captured in our surveillance.  Inclusion of these additional relevant drugs in surveillance is important for understanding and following invasive *S. aureus* resistance patterns over time. * Updated wording of one antimicrobial agent from “Trimethoprim-sulfamethoxazole” to “TMP-SMX”, a commonly used abbreviation | | | | 0.5-minute increase |
| Addition | | |  |  |  | | --- | --- | --- | | 28a.  Does the patient have (check all that apply) | | If yes, is it associated with the MRSA/MSSA infection? | | Implanted cardiac device (e.g., prosthetic heart value, pacemaker, AICD, LVAD) | □Yes, specify:\_\_\_  □No  □Unknown | □Yes  □No  □Unknown | | Implanted orthopedic device (e.g., prosthetic joint or orthopedic hardware? | □Yes, specify:\_\_\_  □No  □Unknown | □Yes  □No  □Unknown | | Non-dialysis vascular graft | □Yes                      □No  □Unknown | □Yes  □No  □Unknown | | **Justification:**   * *S. aureus* is an important cause of implanted device-associated infections; these questions will allow us to better describe and quantify infections related to implanted devices | | | | | | | 0.5-minute increase |
| Addition | | 28b.  Does the patient have another type of implanted prosthetic device that was associated with the infection?  □ Yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown  **Justification:**   * Many invasive *S. aureus* infections are associated with implanted devices; these questions will allow us to better describe and quantify infections related to implanted devices | | | | Increase |
| Revision | | 29. □ Transplant, solid organ:\_\_\_\_\_\_\_  **Justification:**   * A specify box has been added to the CRF to capture the solid organ that was transplanted (for instances where the patient had a solid organ transplant). * This information was previously captured in the “general comments” section of the form | | | | No change to burden |
| **Invasive *Staphylococcus aureus* Laboratory Survey  (HAIC.400.5)** | | | | | | |
| **Type of Change** | | **Itemized Change / Justification** | | | | **Impact to Burden** |
| Revision | | CDC’s Healthcare-Associated Infections Community Interface (HAIC) *Staphylococcus aureus* **2024** Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT).   * Updated the title of the survey by replacing “2023” with “2024”   **Justification:**   * This will inform respondents to the year of interest | | | | No change in burden |
| Addition | | **Date Survey Last Completed: \_\_\_\_\_\_\_\_\_\_\_**   * Adding a field “Date Survey Last Completed”   **Justification:**   * This will define the time-period since the last survey, which will serve as a frame of reference for question 2 | | | | Increase |
| Revision/Addition | | 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 \_\_\_\_\_\_  **□ Other FDA-approved test, specify\_\_\_ Date started \_\_**  **Method: □ PCR □ Next generation sequencing (NGS)**  **□ Other, specify \_\_\_\_\_\_\_\_\_\_**  **□** Karius TestTM… Date started\_\_\_\_\_\_  **□** Other, Lab developed test (detects MRSA or SA)… Date started \_  **Method: □ PCR □ Next generation sequencing (NGS)**  **□ Other, specify \_\_\_\_\_\_\_\_\_\_**  **Justification:**   * Changed the wording for one option from “Other commercial test, specify” to “Other FDA-approved test, specify” to help clarify what we are asking * Added follow-up questions for labs using Other FDA approved tests and/or other lab developed tests to capture the testing method being used.  This will contribute to a better understanding of how labs are identifying *S. aureus* | | | | Increase |
| Revision | | 5g.  Where do you plan to have these tests performed?  **□** On-site  **□** Send out, please specify lab \_\_\_\_\_\_\_ - **END SURVEY**   * Added a skip pattern (“END SURVEY”) | | | | No change in burden |
| Addition | | 5h.  Which tests do you plan to 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 the apply.  **□** T2Bacteria® Panel…Date started \_\_\_\_\_\_  **□** Other FDA-approved test, specify\_\_\_ Date started \_\_  **□** Karius TestTM… Date started\_\_\_\_\_\_  **□** Other, Lab developed test (detects MRSA or SA)… Date started \_  5i.  Will all positive tests directly from sterile sources (without positive culture) appear in the *S. aureus* surveillance laboratory line lists?  **□** Yes **□** No **□** Unknown    5j.  Will you still obtain an isolate for *S. aureus* or MRSA if these tests are used?  **□** Yes-END SURVEY **□** No-END SURVEY **□** Unknown – END SURVEY  **Justification:**   * Added to understand how commonly culture-independent tests are used for detecting invasive *S. aureus* and whether these isolates are being reported to surveillance, either through appearance of the culture-independent test in the surveillance laboratory line lists or through existing isolate-based reporting. This information can inform estimates of potential underreporting of cases to isolate based surveillance. | | | | 0.5-minute increase |
| **Invasive *Staphylococcus aureus* Supplemental Surveillance Officer Survey (HAIC.400.6)** | | | | | | |
| **Type of Change** | | | **Itemized Change / Justification** | | **Impact to Burden** | |
| Revision | | | **2023** HAIC Invasive *Staphylococcus aureus* Supplemental Surveillance Officer Survey   * Updated the title of the survey by replacing “2022” with “2023”   **Justification:**   * This will inform respondents to the year of interest | | No change to burden | |
| Revision | | | 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)).   * Updated the introductory text of the survey by replacing “2022” with “2023”   **Justification:**   * This will inform respondents to the year of interest | | No change to burden | |
| Revision | | | Surveillance area characteristics     1. Did your site send MRSA/MSSA isolates to CDC for characterization in **2023**?  \_\_\_yes  \_\_\_\_no      * Updated the question text by replacing “2022” with “2023”   **Justification:**     * This will inform respondents to the year of interest | | No change to burden | |
| Revision | | | Surveillance area characteristics  5a.  If yes:   1. 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   * Added a checkbox for “Hospital Antimicrobial Use and Resistance (AUR) Option”   **Justification:**   * This will allow us to better identify if sites are able to obtain this NHSN data that could be used to supplement EIP surveillance data in future analyses. | | No change to burden | |
| Revision | | | Surveillance area characteristics  5b. If no:   1. Please mark which NHSN data can be accessed           \_\_\_\_\_\_\_ Hospital MRSA LabID event          \_\_\_\_\_\_\_ Hospital CLABSI data          \_\_\_\_\_\_\_ **Hospital AUR Option**          \_\_\_\_\_\_\_ Dialysis event   * Added a checkbox for “Hospital AUR Option”   **Justification:**   * This will allow us to better identify if sites are able to obtain this NHSN data that could be used to supplement EIP surveillance data in future analyses. | | No change in burden | |
| Revision | | | Lab Participation and Case Finding  *Please answer the following questions for hospitals and labs under surveillance for* ***2023.***   * Updated the introductory text to the “Lab Participation and Case Finding” section by replacing “2022” with “2023”   **Justification:**   * This will inform respondents to the year of interest | | No change in burden | |
| Revision | | | Lab participation and case finding   1. Please list the total number of each type of lab serving **(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):      * Added “i.e., routinely process “sterile site” specimens from residents of the surveillance area” prior to “your MRSA surveillance catchment area” and following “lab serving”   **Justification:**   * This wording was added to improve clarity of the question | | No change in burden | |
| Revision | | | Lab participation and case finding   1. ***If different catchment that MRSA,*** please list the total number of each type of lab serving **(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):      * Added “i.e., routinely process “sterile site” specimens from residents of the surveillance area” prior to “your MSSA surveillance catchment area” and following “lab serving”   **Justification:**     * This wording was added to improve clarity of the question | | No change in burden | |
| Revision | | | Lab participation and case finding  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 | | □ Y  □ N |  |  | NETSS/NEDSS or other passive state reporting system | | □ Y  □ N |  |  | **Routinely received** line lists from *hospital* labs | | □ Y  □ N |  |  | Routinely received line lists from *Commercial/outpatient* labs | | □ Y  □ N |  |  | Routinely received line lists from *dialysis referral* labs | | □ Y  □ N |  |  | Regular lab visits; *frequency: \_\_\_\_\_\_\_\_* | | □ Y  □ N |  |  | ICPs submitting case report form | | □ Y  □ N |  |  | Isolates being received at state lab | | □ Y  □ N |  |  | NHSN | | □ Y  □ N |  |  | Other, please specify: \_\_\_\_\_\_\_\_\_\_ |  1. Do you expect this distribution and/or percentage values to change in **2024**?   \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no  i. If yes, please explain why: \_\_\_\_\_\_\_\_\_     * Updated the text of question 4 to replace “2022” with “2023” * This will inform respondents to the year of interest * Updated the text of the second method listed from “Retrospective review of received line lists from *hospital* labs” to “Routinely received line lists from *hospital* labs” * This wording was updated to improve clarity of the question * Updated the text of question 4a to replace “2023” with “2024” * This will inform respondents to the year of interest | | No change in burden | |
| Revision | | | Lab participation and case finding  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**     * Updated question 5a to add “check all that apply” * Updated the response type from a free text response to checkboxes   **Justification:**   * Replacing free text field with checkboxes will make data entry and analysis easier | | No change in burden | |
| Revision/Addition | | | Lab participation and case finding  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?**     * Updated the text of question 6 to replace “2022” with “2023” * This will inform respondents to the year of interest * Added question 6c, “Approximately how many cases did this/these lab(s) identify each year among residents of your catchment area” * This will allow us to estimate the impact of non-participating labs on yearly case counts | | 0.5-minute increase | |
| Revision | | | Lab participation and case finding  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   * Updated the text of question 7 to replace “2022” with “2023”   **Justification:**   * This will inform respondents to the year of interest | | No change in burden | |
| Revision | | | Data Edits  2. Did your site complete CRF re-abstractions during **2023**?   \_\_\_ yes     \_\_\_\_ no   * Updated the text of question 2 to replace “2022” with “2023”   **Justification:**   * This will inform respondents to the year of interest | | No change in burden | |
| Revision | | | Ascertainment of surveillance area and case audits  1.  How did your site define an audit case in **2023**?   * Updated the text of question 1 to replace “2022” with “2023”   **Justification:**     * This will inform respondents to the year of interest | | No change in burden | |
| Revision | | | Ascertainment of surveillance area and case audits  2. Indicate the percentage contribution of each finding method to your site’s audit counts (100%) in **2023**   |  |  |  |  | | --- | --- | --- | --- | | Audit Method used? | % MSSA Audit Count Contribution | % MRSA Audit Count Contribution | Method | | □ Y  □ N |  |  | NETSS/NEDSS or other passive state reporting system | | □ Y  □ N |  |  | **Routinely received** line lists from *hospital* labs | | □ Y  □ N |  |  | Routinely received line lists from *Commercial/outpatient* labs | | □ Y  □ N |  |  | Routinely received line lists from *dialysis referral* labs | | □ Y  □ N |  |  | Regular lab visits; *frequency: \_\_\_\_\_\_\_\_* | | □ Y  □ N |  |  | ICPs submitting case report form | | □ Y  □ N |  |  | Isolates being received at state lab | | □ Y  □ N |  |  | NHSN | | □ Y  □ N |  |  | Other, please specify: \_\_\_\_\_\_\_\_\_\_ |  * Updated the text of question 2 to replace “2022” with “2023” * This will inform respondents to the year of interest * Updated the text of the second method listed from “Retrospective review of received line lists from *hospital* labs” to “Routinely received line lists from *hospital* labs” * This wording was updated to improve clarity of the question | | No change in burden | |
| Revision | | | Ascertainment of surveillance area and case audits  3d.  How many laboratories did you audit in **2023**?   * Updated the text of question 3d to replace “2022” with “2023”   **Justification:**     * This will inform respondents to the year of interest | | No change in burden | |
| Revision | | | Ascertainment of surveillance area and case audits  4.  In **2023**, did your site update its inventory of facilities within the EIP catchment area? \_\_\_yes  \_\_\_no   * Updated the text of question 3d to replace “2022” with “2023” * This will inform respondents to the year of interest | | No change in burden | |
| Deletion | | | Ascertainment of surveillance area and case audits   1. 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?  **a.If yes, do you plan to use these for MSSA once more surveillance data are available?      \_\_\_yes    \_\_\_ no**     * Deleting question 7b sub-question a (“if yes, do you plan to use these for MSSA once more surveillance data are available”) because we now have several years of surveillance data available and are adding a question about site checks to recognize decreasing/increasing case counts or rates of MSSA disease. | | Decrease | |
| Addition | | | Ascertainment of surveillance area and case audits   1. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MSSA disease?     \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no             a.  If yes, please describe the check(s) that you use    b. If yes, how often are the check(s) used?    **Justification:**   * This new question asks if MSSA data checks for decreasing/increasing case counts or rates of MSSA are used.  If so, we ask for a description of the checks and the frequency with which they are used. * This allows us to document site-specific data quality checks. | | 0.5-minute increase | |
| Revision | | | Geocoding  1. Did your site geocode SA cases in **2023**? \_\_\_yes \_\_\_no   * Updated the text of question 3d to replace “2022” with “2023”   **Justification:**   * This will inform respondents to the year of interest | | No change in burden | |
| Revision | | | Vital records linkages  1. Did your link SA cases to vital records (mortality matching) in **2023**?  \_\_\_yes \_\_\_no   * Updated the text of question 3d to replace “2022” with “2023”   **Justification:**     * This will inform respondents to the year of interest | | No change in burden | |
| Deletion | | | COVID-19 impact section  1.   Did COVID-19 response activities affect or delay 2022 iSA surveillance work (e.g., unable to meet iSA deadlines during 2022)?  \_\_\_ yes  \_\_ no                    a.  If no, how were you able to meet iSA deadlines?   b.  If yes, how did COVID-19 response activities delay your iSA work?  **Justification:**   * We have removed all questions in the COVID-19 impact section because the COVID-19 public health emergency declaration expired. | | 0.5-minute decrease | |