



Invasive Methicillin-Resistant Staphylococcus aureus Healthcare-Associated Infections Community Interface (HAIC) Case Report – 2023

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

Patient's Name:				Phone No.: ()			
Address:			Address Type:		MRN:		
City:		State:		ZIP:		Hospital:	
— PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC —							
1. STATE:	2. COUNTY:	2.a PLANNING REGION:	3. STATE ID:	4. PATIENT ID:	5. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED:	6. FACILITY ID WHERE PATIENT TREATED:	
7. SEX: 1 ☐ Male 2 ☐ Female 9 ☐ Missing value		8. DATE OF BIRTH: ____ - ____ - ____ 9. AGE ____ 1 ☐ Days 2 ☐ Mos. 3 ☐ Years		10. RACE: (Check all that apply) 1 ☐ American Indian or Alaska Native 1 ☐ Native Hawaiian or Other Pacific Islander 1 ☐ Asian 1 ☐ White 1 ☐ Black or African American 1 ☐ Unknown		13. ETHNIC ORIGIN: 1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino 9 ☐ Unknown	
12. WEIGHT: ____ lbs. ____ oz. OR ____ kg. 1 ☐ Unknown		13. HEIGHT: ____ ft. ____ in. OR ____ cm. 1 1 ☐ Unknown		14. BMI (record only if ht. and/or wt. is not available) ____ 1 ☐ Unknown		15. DATE OF INCIDENT SPECIMEN COLLECTION (DISC): ____ - ____ - ____	
16. WAS THE PATIENT HOSPITALIZED AT THE TIME OF OR IN THE 29 CALENDAR DAYS AFTER, THE DISC? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, date of admission: ____ - ____ - ____				17. WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE CALENDAR DAYS AFTER HOSPITAL ADMISSION? 1 ☐ Yes (HO-MRSA case) 2 ☐ No (CA-MRSA or HACO-MRSA case)			
18. INCIDENT SPECIMEN COLLECTION SITE: (Check all that apply) 1 ☐ Blood 1 ☐ Bone 1 ☐ CSF 1 ☐ Internal body site (specify): _____ 1 ☐ Joint/Synovial fluid 1 ☐ Muscle 1 ☐ Pericardial fluid 1 ☐ Peritoneal fluid 1 ☐ Pleural fluid 1 ☐ Other normally sterile site (specify): _____							
19. LOCATION OF SPECIMEN COLLECTION: 1 ☐ Outpatient 1 ☐ Inpatient 5 ☐ LTCF Facility ID: _____ Facility ID: _____ Facility ID: _____ 3 ☐ Emergency room 1 ☐ ICU 13 ☐ LTACH 8 ☐ Clinic/doctor's office 6 ☐ OR Facility ID: _____ 15 ☐ Dialysis center 7 ☐ Radiology 14 ☐ Autopsy 11 ☐ Surgery 2 ☐ Other Inpatient 10 ☐ Other (specify): _____ 16 ☐ Observation/Clinical decision unit 9 ☐ Unknown 4 ☐ Other outpatient				20. WERE CULTURES OS THE SAME OR OTHER STERILE SITES(S) POSITIVE WITHIN 29 DAYS AFTER DISC? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, INDICATE SITE AND DATE OF LAST POSITIVE CULTURE: 1 ☐ Blood 1 ☐ Bone 1 ☐ CSF Date: _____ Date: _____ Date: _____ 1 ☐ Internal body site 1 ☐ Joint/Synovial fluid 1 ☐ Muscle Date: _____ Date: _____ Date: _____ 1 ☐ Peritoneal fluid 1 ☐ Pericardial fluid 1 ☐ Pleural fluid Date: _____ Date: _____ Date: _____ 1 ☐ Other normally sterile site (specify): _____ Date: _____			
21. DATE OF FIRST SA BLOOD CULTURE AFTER WHICH SA NOT ISOLATED FOR 13 DAYS: ____ - ____ - ____							
22. SUSCEPTIBILITY RESULTS [S=Sensitive (1), I=Intermediate (2), R=Resistant (3), U=Unknown/Not Reported (9)] Cefazolin 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U Cefoxitin 1 ☐ S 3 ☐ R 9 ☐ U Clindamycin 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U Nafcillin 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U Oxacillin 1 ☐ S 3 ☐ R 9 ☐ U Trimethoprim-Sulfamethoxazole 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U Vancomycin 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U							
23. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC? 1 ☐ Private residence 1 ☐ LTACH Facility ID: _____ 1 ☐ LTCF Facility ID: _____ 1 ☐ Hospital Inpatient Facility ID: _____ Was patient transferred from this hospital? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown 1 ☐ Unknown 1 ☐ Homeless 1 ☐ Incarcerated 1 ☐ Other (specify): _____				24. IF CASE IS ≤12 MONTHS OF AGE, TYPE OF BIRTH HOSPITALIZATION: 1 ☐ NICU/SCN 2 ☐ Well Baby Nursery 9 ☐ Unknown 25. IF PATIENT <2 YEARS OF AGE WERE THEY BORN PREMATURE (<37 WEEKS GESTATION)? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, birth weight: ____ lbs. ____ oz. OR ____ g. OR 1 ☐ Unknown birth weight IF YES, estimated gestational age: ____ weeks OR 1 ☐ Unknown gestational age			
Public reporting burden of this collection of information is estimated to average 28 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).							

26. WAS THE PATIENT IN AN ICU IN THE 2 DAYS BEFORE THE DISC? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, date of ICU admission: ____ - ____ - ____ OR 1 ☐ Date Unknown	27. WAS THE PATIENT IN AN ICU ON THE DISC OR IN THE 2 DAYS AFTER THE DISC? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, date of ICU admission: ____ - ____ - ____ OR 1 ☐ Date Unknown
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28. TYPES OF MRSA INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) 1 ☐ None 1 ☐ Unknown	
1 ☐ Abscess (not skin) 1 ☐ AV Fistula/Graft Infection 1 ☐ Bacteremia 1 ☐ Bursitis 1 ☐ Catheter Site Infection	1 ☐ Cellulitis 1 ☐ Chronic Ulcer/Wound (non-decubitus) 1 ☐ Decubitus/Pressure Ulcer 1 ☐ Empyema 1 ☐ Endocarditis 1 ☐ Epidural Abscess 1 ☐ Meningitis 1 ☐ Peritonitis 1 ☐ Pneumonia 1 ☐ Osteomyelitis 1 ☐ Septic Arthritis 1 ☐ Septic Emboli 1 ☐ Septic Shock 1 ☐ Skin Abscess 1 ☐ Surgical Incision 1 ☐ Surgical Site (Internal) 1 ☐ Traumatic Wound 1 ☐ Urinary Tract 1 ☐ Other: (specify) _____ _____

29. UNDERLYING CONDITIONS: (Check all that apply) 1 ☐ None 1 ☐ Unknown			
CHRONIC LUNG DISEASE 1 ☐ Cystic fibrosis 1 ☐ Chronic pulmonary disease CHRONIC METABOLIC DISEASE 1 ☐ Diabetes mellitus 1 ☐ With chronic complications CARDIOVASCULAR DISEASE 1 ☐ CVA/Stroke/TIA 1 ☐ Congenital heart disease 1 ☐ Congestive heart failure 1 ☐ Myocardial infarction 1 ☐ Peripheral vascular disease (PVD) GASTROINTESTINAL DISEASE 1 ☐ Diverticular disease 1 ☐ Inflammatory bowel disease 1 ☐ Peptic ulcer disease 1 ☐ Short gut syndrome	IMMUNOCOMPROMISED CONDITION 1 ☐ HIV infection 1 ☐ AIDS/CD4 count <200 1 ☐ Primary immunodeficiency 1 ☐ Transplant, hematopoietic stem cell 1 ☐ Transplant, solid organ LIVER DISEASE 1 ☐ Chronic liver disease 1 ☐ Ascites 1 ☐ Cirrhosis 1 ☐ Hepatic encephalopathy 1 ☐ Variceal bleeding 1 ☐ Hepatitis C 1 ☐ Treated, in SVR 1 ☐ Current, chronic	MALIGNANCY 1 ☐ Malignancy, hematologic 1 ☐ Malignancy, solid organ (non-metastatic) 1 ☐ Malignancy, solid organ (metastatic) NEUROLOGIC CONDITION 1 ☐ Cerebral palsy 1 ☐ Chronic cognitive deficit 1 ☐ Dementia 1 ☐ Epilepsy/seizure/seizure disorder 1 ☐ Multiple sclerosis 1 ☐ Neuropathy 1 ☐ Parkinson's Disease 1 ☐ Other (specify): _____ _____ _____ PLEGIAS/PARALYSIS 1 ☐ Hemiplegia 1 ☐ Paraplegia 1 ☐ Quadriplegia	RENAL DISEASE 1 ☐ Chronic kidney disease Lowest serum creatinine: _____mg/DL 1 ☐ Unknown or not done SKIN CONDITION 1 ☐ Burn 1 ☐ Decubitus/pressure ulcer 1 ☐ Surgical wound 1 ☐ Other chronic ulcer or chronic wound 1 ☐ Other skin condition (specify): _____ _____ _____ OTHER 1 ☐ Connective tissue disease 1 ☐ Obesity or morbid obesity 1 ☐ Pregnant 1 ☐ Other (specify only for cases ≤12 months of age): _____ _____ _____

30. WAS THE PATIENT HOMELESS IN THE YEAR BEFORE DISC? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown			
31. SUBSTANCE USE:			
SMOKING: 1 ☐ None 1 ☐ Unknown 1 ☐ Tobacco 1 ☐ E-nicotine delivery system 1 ☐ Marijuana			ALCOHOL ABUSE: 1 ☐ Yes 2 ☐ No 9 ☐ Unknown
OTHER SUBSTANCES (CHECK ALL THAT APPLY): 1 ☐ None 1 ☐ Unknown			
DOCUMENTED USE DISORDER (DUD/ABUSE): 1 ☐ Marijuana, cannabinoid (other than smoking) 1 ☐ Opioid, DEA schedule I (e.g., Heroin) 1 ☐ Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) 1 ☐ Opioid, NOS 1 ☐ Cocaine 1 ☐ Methamphetamine 1 ☐ Other (specify): _____ _____ 1 ☐ Unknown substance 1 ☐ DUD or abuse 1 ☐ DUD or abuse 1 ☐ DUD or abuse 1 ☐ DUD or abuse 1 ☐ DUD or abuse 1 ☐ DUD or abuse 1 ☐ DUD or abuse 1 ☐ DUD or abuse		MODE OF DELIVERY (Check all that apply): 1 ☐ IDU 1 ☐ Skin popping 1 ☐ IDU 1 ☐ Skin popping 1 ☐ IDU 1 ☐ Skin popping 1 ☐ IDU 1 ☐ Skin popping 1 ☐ IDU 1 ☐ Skin popping 1 ☐ IDU 1 ☐ Skin popping 1 ☐ IDU 1 ☐ Skin popping 1 ☐ Non-IDU 1 ☐ Unknown 1 ☐ Non-IDU 1 ☐ Unknown 1 ☐ Non-IDU 1 ☐ Unknown 1 ☐ Non-IDU 1 ☐ Unknown 1 ☐ Non-IDU 1 ☐ Unknown 1 ☐ Non-IDU 1 ☐ Unknown 1 ☐ Non-IDU 1 ☐ Unknown	
DURING THE CURRENT HOSPITALIZATION DID THE PATIENT RECEIVE MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER?		1 ☐ Yes 2 ☐ No 9 ☐ N/A (patient not hospitalized or did not have DUD)	

32. PRIOR HEALTHCARE EXPOSURE(S):

PREVIOUS DOCUMENTED MRSA INFECTION OR COLONIZATION

1 ☐ Yes 2 ☐ No 9 ☐ UnknownIf YES: _____ OR previous STATE I.D.: _____
Month Year

OVERNIGHT STAY IN LTACH IN THE YEAR BEFORE DISC

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Facility ID _____

PREVIOUS HOSPITALIZATION IN THE YEAR BEFORE DISC

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If YES, DATE OF DISCHARGE CLOSEST TO DISC: ____ - ____ - ____

OR, 1 ☐ Date unknown

Facility ID: _____

OVERNIGHT STAY IN LTCF IN THE YEAR BEFORE DISC

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Facility ID _____

SURGERY IN THE YEAR BEFORE DISC 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

IF YES, list the surgeries and dates of surgery that occurred within 90 days prior to the DISC:

Surgery

Date

1. _____ - ____ - ____

2. _____ - ____ - ____

3. _____ - ____ - ____

4. _____ - ____ - ____

CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION),
OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC1 ☐ Yes 2 ☐ No 9 ☐ UnknownCHECK HERE if central line in place for >2 calendar days 1 ☐

DIALYSIS IN THE YEAR BEFORE DISC (Hemodialysis or Peritoneal dialysis)

1 ☐ Yes 2 ☐ No 9 ☐ UnknownCURRENT CHRONIC DIALYSIS 1 ☐ Yes 2 ☐ No 9 ☐ UnknownTYPE: 1 ☐ Hemodialysis 1 ☐ Peritoneal 1 ☐ Unknown

IF HEMODIALYSIS, type of vascular access:

1 ☐ AV fistula/graft 1 ☐ Hemodialysis central line 1 ☐ Unknown33. PATIENT OUTCOME 1 ☐ SurvivedDATE OF DISCHARGE: ____ - ____ - ____ OR 1 ☐ Date Unknown1 ☐ Left against medical advice (AMA)

IF SURVIVED, DISCHARGED TO:

1 ☐ Private Residence4 ☐ Other (specify): _____2 ☐ LTCF Facility ID: _____3 ☐ LTACH Facility ID: _____9 ☐ Unknown2 ☐ Died9 ☐ UnknownDATE OF DEATH: ____ - ____ - ____ OR 1 ☐ Date UnknownON THE DAY OF OR IN THE 6 CALENDAR DAYS BEFORE DEATH, WAS THE PATHOGEN OF INTEREST
ISOLATED FROM A SITE THAT MEETS THE CASE DEFINITION?1 ☐ Yes 2 ☐ No 9 ☐ Unknown34a. DID THE PATIENT HAVE A POSITIVE TEST(S) FOR SARS-CoV-2
(MOLECULAR ASSAY, ANTIGEN OR OTHER VIRAL TEST; EXCLUDING
SEROLOGY) IN THE 90 DAYS BEFORE OR DAY OF THE DISC?1 ☐ Yes 2 ☐ No 9 ☐ Unknown

COVID-NET CASE ID: _____

SPECIMEN COLLECTION DATES FOR POSITIVE TESTS IN THE 90 DAYS BEFORE OR DAY OF DISC:

First positive test: ____ - ____ - ____ 1 ☐ UnknownMost recent positive test: ____ - ____ - ____ 1 ☐ Unknown34. WAS CASE FIRST IDENTIFIED
THROUGH AUDIT?1 ☐ Yes 2 ☐ No9 ☐ Unknown

35. CRF STATUS:

1 ☐ Complete2 ☐ Incomplete3 ☐ Edited & Correct4 ☐ Chart unavailable
after 3 requests36. DOES THIS CASE
HAVE RECURRENT
MRSA DISEASE?1 ☐ Yes 2 ☐ No9 ☐ UnknownIF YES, PREVIOUS
(1ST) STATE I.D.

37. DATE REPORTED TO EIP SITE:

____ - ____ - ____

38. DATE ABSTRACTION:

____ - ____ - ____

39. S.O. INITIALS:

40. COMMENTS: