Form approved
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HAIC Invasive *Staphylococcus aureus* Supplemental Surveillance Officer Survey

Please answer the following questions for the surveillance year. 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).

Site: ___ CA ___ CT ___ GA ___ MD ___ MN ___ NY ___ TN
Person(s) Completing the Form: _____
Surveillance Year: _____

Surveillance Area Characteristics

1. Is MRSA reportable at your site? _____ yes _____ no
    a. If yes:
        i. What is your reportable definition of MRSA?
            _____ All invasive MRSA statewide
            _____ Invasive MRSA in residents among defined catchment area
            _____ Healthcare-associated invasive MRSA infection
            _____ Other, please define: _____

        ii. Is isolate submission to the State Health Department Laboratory required?
            _____ yes _____ no
    b. If no:
        i. What mechanism do you have in place that allows for SOs to have access to case counts and medical records?
            _____ Agent of the state
            _____ State Health Department Regulation
            _____ Other, please explain: _____

        ii. Does your state/site plan to make MRSA reportable? _____yes _____no

2. Is MSSA reportable at your site? _____ yes _____ no
    a. If yes:
        i. What is your reportable definition of MSSA?
            _____ All invasive MSSA statewide
            _____ Invasive MSSA in residents among defined catchment area
            _____ Healthcare-associated invasive MSSA infection
            _____ Other, please define: _____

        ii. Is isolate submission to the State Health Department Laboratory required?
            _____ yes _____ no
    b. If no:
        i. What mechanism do you have in place that allows for SOs to have access to MSSA case counts and medical records?

_____ Agent of the state
_____ State Health Department Regulation
_____ Other, please explain: _____

ii. Does your state/site plan to make MSSA reportable? _____yes _____no

3. Did your site send MRSA/MSSA isolates to CDC for characterization in the surveillance year? ___yes ____no
   a. If yes, how were isolates selected? _____
   _____
   _____
   b. If yes, how many isolates did you expect to be able to collect from clinical labs?
   _____ MRSA, _____ MSSA
   c. If yes, what was the total number of isolates collected from clinical labs?
   _____ MRSA, _____ MSSA

4. How does your site complete SA case report forms (please select all that apply)?
   _____On a computer or tablet
   _____With paper and pen
   _____Other, please explain: _____

5. Are you able to directly access any National Healthcare Safety Network (NHSN) data?
   _____ yes _____ no

   a. If yes:
      i. Please mark which NHSN data your site can access
      _____ Hospital MRSA LabID event
      _____ Hospital central line-associated bloodstream infection (CLABSI) data
      _____ Hospital Antimicrobial Use and Resistance (AUR) Option
      _____ Dialysis event

   b. If no:
      i. Does a public health partner have access to NHSN data?
      For example, if your site is not based at the state HD does the state HD have access to the data? If your site is part of the state HD and you do not have direct access to the NHSN data, does another department/section have access to the data?
      _____ yes _____ no

         1. If yes:
            a. Please mark which NHSN data can be accessed
            _____ Hospital MRSA LabID event
            _____ Hospital CLABSI data
            _____ Hospital AUR Option
            _____ Dialysis event

6. How often do you access/are you provided with NHSN data?
   _____ Weekly

_____ Monthly
_____ Never
_____ Other, please specify _____

7. What do you use NHSN data for?_____
_____

Lab Participation and Case Finding

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

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):

Inside catchment area		**Outside catchment area**		
Serve	**Participate**	**Serve**	**Participate**	
				Hospital laboratories
				Dialysis referral laboratories
				Commercial/outpatient laboratories*
				Other; please specify:_____
				Total number (Add above together)

**For the purpose of the survey, we are defining "Commercial/Outpatient Laboratories" as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.*

2. ***If different catchment than MRSA***, please list the total number of each type of lab 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):

Inside catchment area		**Outside catchment area**		
Serve	**Participate**	**Serve**	**Participate**	
				Hospital laboratories
				Dialysis referral laboratories
				Commercial/outpatient laboratories*
				Other; please specify:_____
				Total number (Add above together)

**For the purpose of the survey, we are defining "Commercial/Outpatient Laboratories" as any for profit laboratory, not including dialysis referral laboratories, that serve health care facilities in a given surveillance catchment area. Examples include LabCorp and Quest.*

3. Please indicate the culture sources your site requests from participating labs for surveillance other than blood, CSF, pleural fluid, peritoneal fluid, pericardial fluid, joint/synovial fluid, bone, and muscle?

_____
_____
_____
_____
_____
_____

4. Indicate the percentage contribution of each case finding method to your site's total SA case counts (100%) during the surveillance year.

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_____

a. Do you expect this distribution and/or percentage values to change next surveillance year?
_____ yes _____ no
i. If yes, please explain why:
_____
_____

5. For labs reporting invasive SA, how many of the participating labs are providing case reports through direct electronic messaging, such as HL7 messaging? _____

a. If less <100%, how else are you receiving reports (check all that apply)?
□ Secure email
□ Fax
□ Manual surveillance on-site
□ Mailed hard copies
□ State electronic reporting system
□ Other, specify: _____

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

c. How important is electronic messaging for your site? (1-- not important at all; 5--very high priority)
□ 1 – not important at all
□ 2
□ 3
□ 4
□ 5 – very high priority

6. Did any labs drop out of participation in the surveillance year?
   _____ yes _____ no
   a. If yes, how many? _____
   b. Why did these labs drop out of participation?
      _____
      _____
   c. Approximately how many cases did this/these lab(s) identify each year among residents of your catchment area? _____

7. In the surveillance year, did you identify any additional labs, regardless of location, which identify invasive SA isolates from persons who are residents of your catchment area?
   _____ yes _____ no
   a. If yes, how did you find these labs?
      _____
   b. If yes, how many labs did you find? _____
   c. If yes, how many of these labs were added? _____
      i. If not all found labs were added, why not?_____
         _____
   d. Approximately how many cases does this/these lab(s) identify each year among residents of your catchment area? _____

Data Edits

1. Does your site run a data edit program in addition to the CDC edit program that is sent out monthly?
   _____ yes _____ no
   a. If yes, how often:
      _____ Monthly
      _____ Quarterly
      _____ Other time frame, specify: _____
      _____ Never
   b. If yes, what types of edits are you running? Do you think they would be helpful to add to CDC's edit process?
   _____
   _____

2. Did your site complete CRF re-abstractions during the surveillance year? ____ yes ____ no
   a. If yes, did you have any challenges completing the CRF re-abstractions?
   _____ yes _____ no

i. If yes, please describe: _____

_____

b. If no, why not?

_____

_____

Ascertainment of Surveillance Area* and Case Audits*

"Case ascertainment**" should include ongoing attempts to identify new or additional laboratories inside and outside of your defined catchment area which may be processing MRSA/MSSA specimens for surveillance area residents.*

****Audits** of all laboratories both within the HAIC MRSA/MSSA surveillance area and those outside are required once a year. The purpose of the audit is to ensure that all cases of invasive MRSA/MSSA are being captured. The primary data source at every reporting laboratory (e.g. laboratory log slips/log book, computer-generated electronic printouts, case reports, line lists) should be reviewed for invasive MRSA/MSSA cases and compared to the list of cases that were reported to the surveillance personnel.*

1. How did your site define an audit case during the surveillance year?

   _____

   _____

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

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 comparison
☐Y ☐N			Other, please specify_____

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

   **Audits of all laboratories both within the HAIC iSA surveillance area and those outside are required once a year. The purpose of the audit is to ensure that all cases of invasive SA are being captured. The primary data source at every reporting laboratory (e.g. laboratory log slips/log book, computer-generated electronic printouts, case reports, line lists) should be reviewed for invasive SA cases and compared to the list of cases that were reported to the surveillance personnel.*

   _____ yes _____ no

   a. If no, please explain why:

      _____

      _____

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

      _____

      _____

   c. If yes, how does your site perform audits*?

_____ Remove negative restrictions from line list reports
_____ Review actual query codes
_____ Review selection criteria
_____ Other, please specify_____

i. If you picked "Review actual query codes", can you see pathogen resistance information? For example, in the query code can you see that the laboratory is including isolates resistant to oxacillin for MRSA?
_____Yes _____No

d. How many laboratories did you audit in the surveillance year? _____

4. In the surveillance year, did your site update its inventory of facilities within the EIP catchment area?
_____ yes _____ no
a. If no, why not?_____
_____
b. If yes, how many facilities serve the catchment area? _____
c. If yes, how many facilities have you identified a clinical laboratory for?_____

5. Does your site perform routine ascertainment* of the surveillance area?
**"Case ascertainment" should include ongoing attempts to identify new or additional laboratories inside and outside of your defined catchment area which may be processing specimens for surveillance area residents.*
_____ yes _____ no
a. If yes, how does your site assess case ascertainment* methods?
(examples include: physician surveys, LTCF surveys, outreach to new dialysis centers, etc…).
_____
_____
b. If yes, how often is this performed? When was this last performed?
_____
_____

6. Are there specific labs that you have difficulty obtaining line lists from?
_____ yes _____ no
a. If yes, what types of labs? _____
_____

7. Does your site have checks in place to recognize decreasing/increasing case counts or rates of MRSA disease?
_____ yes _____ no
a. If yes, please describe the check(s) that you use_____
_____

b. If yes, how often are the check(s) used? _____

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

_____ yes _____ no

b. If yes, please describe the check(s) that you use_____
_____

c. If yes, how often are the check(s) used? _____

Geocoding

1. Did your site geocode SA cases in the surveillance year?
_____ yes _____ no
   a. If yes, what is the most recent year of surveillance data that was geocoded? _____
   b. If no, why not?_____

Vital Records Linkages

1. Did your site link SA cases to vital records (mortality matching) in the surveillance year?
_____ yes _____ no
   a. If yes, what is the most recent year of surveillance data that was linked? _____
   b. If no, why not?_____

CDC Responsibilities

1. CDC staff are responsive to questions/concerns/emails (e.g., Holly Biggs, Davina Campbell, Kelly Jackson, and Isaac See).

_____ Strongly agree
_____ Agree
_____ Neutral
_____ Disagree
_____ Strongly disagree

a. If you disagree or strongly disagree, please explain and provide improvement suggestions:
_____
_____

2. Monthly surveillance officer calls are a valuable use of my time.

_____ Strongly agree
_____ Agree
_____ Neutral
_____ Disagree
_____ Strongly disagree

a. If you disagree or strongly disagree, please explain and provide improvement suggestions:
_____
_____

3. What parts of the SA SharePoint site do you use the least or find the least useful?

   _____

   _____

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

   _____

   _____

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

   _____

   _____

END

Thank you very much!