CDC's Healthcare-Associated Infections Community Interface (HAIC)
Staphylococcus aureus Laboratory Survey

Form approved
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Expires xx/xx/xxxx

Date Survey Completed: _____ EIP Site: _____ Completed by: _____

Hospital/Lab ID: _____ Lab contact to complete the survey (name/title): _____

Date Last Survey Completed: _____

1. Type of laboratory
   - ☐ Hospital laboratory
   - ☐ Commercial or private reference laboratory
   - ☐ State or local public health laboratory
   - ☐ Other, please specify_____

□ Lab did not respond – END SURVEY

Thank you for completing this survey. We are asking you to complete this survey because your laboratory serves the catchment area for the Emerging Infections Program's (EIP) culture-based invasive *S. aureus*/MRSA surveillance program. Our aim for this survey is to understand how *S. aureus/*MRSA are identified from normally sterile site specimens in your lab. We also aim to understand circumstances in which identification of *S. aureus/*MRSA in a normally sterile site specimen may not be reported to EIP staff, potentially resulting in a missed surveillance case (e.g., if only positive cultures/isolates are reported in the line list, and a culture-independent diagnostic test is used). ***PLEASE NOTE THAT ALL OF THE QUESTIONS APPLY TO TESTING OF SPECIMENS FROM NORMALLY STERILE SITES*** (e.g., blood, CSF, bone, peritoneal fluid, etc.). (Do NOT include testing procedures for non-sterile site colonization, such as nasal or rectal swabs.)

2. During the past year (i.e., in the past 12 months or since the completion of the last lab survey), has your lab changed testing methods used to detect MRSA or *S. aureus* from normally sterile site (e.g., blood, CSF, bone) specimens?

	Yes	**No**	**Not applicable/ no surveillance**
MRSA only	☐	☐	☐
All *Staphylococcus aureus*	☐	☐	☐

2a. If yes, what change(s) did you make?

_____

2b. If yes when did the change occur?

MRSA (i.e., not for MSSA) (Month/year of change) _____/_____

Staphylococcus aureus (i.e., both MRSA and MSSA) (Month/year of change) _____/_____

Staphylococcus aureus (methicillin-sensitive and methicillin-resistant)

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

☐ Yes - GO TO Q4 ☐ No – GO TO Q3a

–IMPORTANT – PLEASE COMPLETE THE BACK OF THIS FORM –

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

_____ – GO TO Q5

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

4. If a culture is positive, is an isolate always obtained?

☐ Yes – GO TO Q4b ☐ No – GO TO Q4a

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

4b. Are any tests used to identify *S. aureus* performed offsite?

□ No, **all** *S. aureus* identification performed On-site – GO TO Q4c

□ Yes, **some** *S. aureus* identification performed offsite

please specify offsite lab and tests (if known) _____ – GO TO Q4c

□ Yes, **all** *S. aureus* identification performed offsite

please specify offsite lab and tests (if known) _____ - GO TO Q5

4c. If a culture is positive, how do you identify it as *S. aureus*? (Check all that apply)

☐ MALDI-TOF

☐ Biochemical tests, manual or automated (e.g., catalase, coagulase, Microscan, Vitek, Pheonix)

☐ Other non-molecular test (e.g., latex agglutination, selective media), specify:

_____

☐ Molecular test other than MALDI-TOF (e.g., NAAT, PCR) – If you use molecular tests, GO TO 4d; if you do not use molecular tests GO TO Q4e

4d. Which molecular tests are used? Please check all that apply.

☐ FilmArray® Blood Culture Identification Panel

☐ Verigene® Gram-Positive Blood Culture Test

☐ Verigene® Staphylococcus Blood Culture Test

☐ Cepheid Xpert® MRSA/SA BC

☐ BD Geneohm® StaphSR

☐ AdvanDx Staphylococcus QuickFISH blood culture kit

☐ AdvanDx S. aureus/CNS PNA FISH

☐ Alere BinaxNOW® *Staphylococcus aureus* test

☐ Great Basin Staph ID/R blood culture panel

☐ Accelerate PhenoTest™ BC kit

☐ iCubate iC-GPC Assay™

☐ mecA XpressFISH®

☐ Micacom hemoFISH Masterpanel

☐ ePlex BCID-GP Panel

☐ BioFire Blood Culture Identification 2 (BCID2) Panel

☐ Other, Lab Developed molecular Test (detects MRSA or SA)

☐ Other commercial molecular test, Specify_____

4e. Do you anticipate any changes to testing/identification processes for *S. aureus* or MRSA from a positive sterile source culture within the next year?

□ Yes – GO TO Q4f □ No – GO TO Q5

4f. Specify testing changes: _____

4g. When do you plan to make this change?

Month/Year: ____/____

Question 5 asks about testing performed directly on sterile site specimens (a positive culture is not required to perform these tests).

5. Do you routinely run any tests on site (in-house) or at another lab that detect *S. aureus* directly from a normally sterile site specimen (e.g., blood, CSF) without a culture **(i.e., culture independent diagnostic test)**?

☐ Yes – GO TO Q5a ☐ No - GO TO Q5e

5a. [If yes] Which tests are used to detect *S. aureus* directly from a normally sterile site specimen 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 Test™…Date started_____

☐ Other, Lab Developed Test (detects MRSA or SA)… Date started _____

Method: □ PCR □ Next generation sequencing (NGS) □ Other, specify: _____

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

□ On-site □ Send out, please specify lab _____

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

□ Yes □ No □ Other, specify: _____

5d. Do positive culture-independent diagnostic tests **directly** from normally sterile specimens appear in the *S. aureus* surveillance laboratory line lists (even if no positive associated culture)?

□ Yes □ No

5e. Do you plan to start offering any new tests that you are not currently using for detection of *S. aureus* or MRSA directly from a sterile source within the next year?

□ Yes – GO TO Q5f □ No – END SURVEY

5f. If yes, 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 that apply.

☐ T2Bacteria® Panel

☐ Other FDA-approved test, Specify_____

☐ Karius Test™

☐ Other, Lab Developed Test (detects MRSA or SA)

5g. When do you plan to start offering these tests? Month/Year: ____/____

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

□ On-site □ Send out, please specify lab _____

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

Comments:

END SURVEY