



Invasive *Staphylococcus aureus*
Healthcare-Associated Infections Community Interface (HAIC) Case Report – 2026

Form Approved
OMB No. 0920-0978
Expires xx/xx/xxxx
June 2025

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 AND/OR ETHNICITY: (Check all that apply) 1 ☐ American Indian or Alaska Native 1 ☐ Hispanic or Latino 1 ☐ White 1 ☐ Asian 1 ☐ Middle Eastern or North African 1 ☐ Unknown 1 ☐ Black or African American 1 ☐ Native Hawaiian or Other Pacific Islander		

10a. WHAT TYPE OF HEALTH INSURANCE DID THE PATIENT HAVE AT THE TIME OF THE DISC? (Check all that apply)

1 ☐ Medicaid 1 ☐ Medicare 1 ☐ Private Insurance (including TRICARE) 1 ☐ VA Care 1 ☐ Self-pay (includes uninsured) 1 ☐ No charge 1 ☐ Other (specify): _____
9 ☐ Unknown

11. WEIGHT: ____ lbs. ____ oz. OR ____ kg. 1 ☐ Unknown	12. HEIGHT: ____ ft. ____ in. OR ____ cm. 1 ☐ Unknown	13. BMI (record only if ht. and/or wt. is not available) ____ 1 ☐ Unknown	14. DATE OF INCIDENT SPECIMEN COLLECTION (DISC): ____-____-____	15. IS THE ISOLATE MRSA OR MSSA? ☐ MRSA ☐ MSSA ☐ Unknown
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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 case) 2 ☐ No (CA or HACO case)
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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 Facility ID: _____ 3 ☐ Emergency room 8 ☐ Clinic/doctor's office 15 ☐ Dialysis center 11 ☐ Surgery 16 ☐ Observation/Clinical decision unit 4 ☐ Other outpatient 1 ☐ Inpatient Facility ID: _____ 1 ☐ ICU 6 ☐ OR 7 ☐ Radiology 2 ☐ Other Inpatient 5 ☐ LTCF Facility ID: _____ 13 ☐ LTACH Facility ID: _____ 14 ☐ Autopsy 10 ☐ Other 9 ☐ Unknown	20. WERE CULTURES OF 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 Date: _____ 1 ☐ Bone Date: _____ 1 ☐ CSF Date: _____ 1 ☐ Internal body site Date: _____ 1 ☐ Joint/Synovial fluid Date: _____ 1 ☐ Muscle Date: _____ 1 ☐ Peritoneal fluid Date: _____ 1 ☐ Pericardial fluid Date: _____ 1 ☐ Pleural fluid 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), NS=Non-susceptible (4), SDD=Susceptible dose-dependent (5), U=Unknown/Not Reported (9)]

Cefazolin 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U	Cefoxitin 1 ☐ S 3 ☐ R 9 ☐ U	Ceftaroline 1 ☐ S 5 ☐ SDD 3 ☐ R 9 ☐ U	Clindamycin 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U
Daptomycin 1 ☐ S 4 ☐ NS 9 ☐ U	Doxycycline 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U	Linezolid 1 ☐ S 3 ☐ R 9 ☐ U	Nafcillin 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U
Oxacillin 1 ☐ S 3 ☐ R 9 ☐ U	Tetracycline 1 ☐ S 2 ☐ I 3 ☐ R 9 ☐ U	TMP-SMX 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	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
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Public reporting burden of this collection of information is estimated to average 29 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 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) _____	

28a. DOES THE PATIENT HAVE:	
IMPLANTED CARDIAC DEVICE (E.G., PROSTHETIC HEART VALVE, PACEMAKER, AICD, LVAD)? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, is it associated with the MRSA/MSSA infection? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown If associated with the infection, specify type (check all that apply): 1 ☐ CIED pocket/generator infection 1 ☐ CIED lead infection 1 ☐ CIED unspecified infection location 1 ☐ Prosthetic heart valve	IMPLANTED ORTHOPEDIC DEVICE (E.G., PROSTHETIC JOINT OR ORTHOPEDIC HARDWARE)? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, is it associated with the MRSA/MSSA infection? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown If associated with the infection, specify type (check all that apply): 1 ☐ Prosthetic joint, hip 1 ☐ Prosthetic joint, knee 1 ☐ Prosthetic joint, other
1 ☐ LVAD driveline infection 1 ☐ LVAD pump/pump pocket infection 1 ☐ LVAD unspecified infection location 1 ☐ Other, specify: _____	1 ☐ Hardware, spine 1 ☐ Hardware, other 1 ☐ Other, specify: _____

NON-DIALYSIS PROSTHETIC VASCULAR GRAFT? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, is it associated with the MRSA/MSSA infection? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

28b. DOES THE PATIENT HAVE ANOTHER TYPE OF IMPLANTED PROSTHETIC DEVICE ASSOCIATED WITH THE INFECTION? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, specify type (check all that apply): 1 ☐ CSF shunt/drain 1 ☐ Percutaneous drain/tube (non-CSF) 1 ☐ Urinary catheter or stent 1 ☐ Other, specify: _____	
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29. UNDERLYING CONDITIONS: (Check all that apply) 1 ☐ None 1 ☐ Unknown			
CHRONIC LUNG DISEASE 1 ☐ Cystic fibrosis 1 ☐ Chronic pulmonary disease	IMMUNOCOMPROMISED CONDITION 1 ☐ HIV infection 1 ☐ AIDS/CD4 count <200 1 ☐ Primary immunodeficiency 1 ☐ Transplant, hematopoietic stem cell 1 ☐ Transplant, solid organ	NEUROLOGIC CONDITION 1 ☐ Cerebral palsy 1 ☐ Chronic cognitive deficit 1 ☐ Dementia 1 ☐ Epilepsy/seizure/seizure disorder 1 ☐ Multiple sclerosis 1 ☐ Neuropathy 1 ☐ Paresis 1 ☐ Parkinson's Disease 1 ☐ Spinal cord injury	RENAL DISEASE 1 ☐ Chronic kidney disease Lowest serum creatinine: _____mg/DL 1 ☐ Unknown or not done
CHRONIC METABOLIC DISEASE 1 ☐ Diabetes mellitus 1 ☐ With chronic complications	LIVER DISEASE 1 ☐ Chronic liver disease 1 ☐ Ascites 1 ☐ Cirrhosis 1 ☐ Hepatic encephalopathy 1 ☐ Variceal bleeding	PLEGIAS/PARALYSIS 1 ☐ Hemiplegia 1 ☐ Paraplegia 1 ☐ Quadriplegia	SKIN CONDITION 1 ☐ Blistering disease 1 ☐ Burn 1 ☐ Decubitus/pressure ulcer 1 ☐ Eczema 1 ☐ Psoriasis 1 ☐ Surgical wound 1 ☐ Other chronic ulcer or chronic wound
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	MALIGNANCY 1 ☐ Malignancy, hematologic 1 ☐ Malignancy, solid organ (non-metastatic) 1 ☐ Malignancy, solid organ (metastatic)	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	
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31. SUBSTANCE USE:	
SMOKING 1 ☐ None documented 1 ☐ Unknown 1 ☐ Tobacco 1 ☐ E-Nicotine delivery system 1 ☐ Marijuana	ALCOHOL ABUSE: 1 ☐ Yes 2 ☐ None documented 9 ☐ Unknown
INJECTION DRUG USE (IDU): 1 ☐ Yes 2 ☐ None documented 9 ☐ Unknown	
If IDU, which substance(s) (check all that apply) 1 ☐ Opioid, schedule I 1 ☐ Opioid, schedule II-IV 1 ☐ Opioid, NOS 1 ☐ Cocaine	If IDU, did the patient receive medication assisted treatment (MAT)/ medication for opioid use disorder (MOUD) during the current hospitalization? 1 ☐ Yes 2 ☐ No 9 ☐ NA (not hospitalized or does not inject opioids)

32. PRIOR HEALTHCARE EXPOSURE(S):

PREVIOUS DOCUMENTED MRSA/MSSA INFECTION OR COLONIZATION

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

IF 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 DISC

1 ☐ 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 ☐ Survived 2 ☐ DiedDATE OF DISCHARGE: ____-____-____ OR 1 ☐ Date Unknown1 ☐ Left against medical advice (AMA)

IF SURVIVED, DISCHARGED TO:

1 ☐ Private Residence	6 ☐ Correctional or detention facility
2 ☐ LTCF Facility ID: _____	7 ☐ Drug/alcohol rehabilitation
3 ☐ LTACH Facility ID: _____	4 ☐ Other
5 ☐ Homeless	9 ☐ Unknown

3 ☐ Hospitalized > 1 year 9 ☐ UnknownDATE OF DEATH: ____-____-____ OR 1 ☐ Date Unknown

ON 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 ☐ Unknown

34a. 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

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

First positive test: ____-____-____ 1 ☐ UnknownMost recent positive test: ____-____-____ 1 ☐ UnknownCOVID-NET CASE ID in the year before or day of the DISC: _____ ☐ None or N/A

34. WAS CASE FIRST IDENTIFIED THROUGH AUDIT?

1 ☐ Yes 2 ☐ No9 ☐ Unknown

35. CRF STATUS:

1 ☐ Complete
 2 ☐ Incomplete
 3 ☐ Edited & Correct
 4 ☐ Chart unavailable after 3 requests

36. DOES THIS CASE HAVE RECURRENT MRSA/MSSA DISEASE?

1 ☐ Yes 2 ☐ No9 ☐ Unknown

IF YES, PREVIOUS (1ST) STATE I.D.

37. DATE REPORTED TO EIP SITE:

____-____-____

38. DATE ABSTRACTION:

____-____-____

39. S.O. INITIALS:

40. COMMENTS: