

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

Form approved  
OMB No. 0920-0978  
January 2027  
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 *S. aureus*/MRSA bacteremia surveillance program. Our aim for this survey is to understand how *S. aureus*/MRSA are identified from blood specimens in your lab. We also aim to understand circumstances in which identification of *S. aureus*/MRSA in a blood 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 BLOOD SPECIMENS.**

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 blood specimens?

|                                  | <b>Yes</b>               | <b>No</b>                | <b>Not applicable/<br/>no surveillance</b> |
|----------------------------------|--------------------------|--------------------------|--|
| MRSA only                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   |
| All <i>Staphylococcus aureus</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   |

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 blood cultures on site (in-house) at your laboratory?

- Yes - GO TO Q4    No - GO TO Q3a

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

\_\_\_\_\_ - GO TO Q5

Public reporting burden of this collection of information is estimated to average 9 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 current 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 Rd NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (xxxx-xxxx)

-IMPORTANT - PLEASE COMPLETE THE BACK OF THIS FORM -

4. If a blood culture is positive for *S. aureus*, 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* from a positive blood culture 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 blood 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, Phoenix)  
 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 to identify *S. aureus* from a positive blood culture? 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 \_\_\_\_\_

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4e. Do you anticipate any changes to testing/identification processes for *S. aureus* or MRSA from a positive blood 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 blood 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 blood specimen without a culture (**i.e., culture independent diagnostic test**)?

- Yes – GO TO Q5a             No - GO TO Q5g

[Type here]

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For the table below, please indicate all tests listed in column 5a that are routinely used by your laboratory. For each test that is routinely run, complete the remainder of the row (questions 5b-5f).

| 5a. [If yes], which tests are used to detect <i>S. aureus</i> directly from a blood specimen without culture? Please check all that apply. | 5b. Method   | 5c. Date started | 5d. Where is this testing completed?  | 5e. Do you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?                         | 5f. Do positive culture-independent diagnostic tests <i>directly</i> from blood specimens appear in the <i>S. aureus</i> surveillance laboratory line lists (even if no positive associated culture)? |
|--|--|------------------|---|--|---|
| <input type="checkbox"/> T2Bacteria® Panel   |  | ___/___/___      | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Other, specify:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <input type="checkbox"/> Other FDA-approved test, Specify _____...   | <input type="checkbox"/> PCR<br><input type="checkbox"/> Next generation sequencing (NGS)<br><input type="checkbox"/> Other, specify:<br>_____ | ___/___/___      | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Other, specify:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <input type="checkbox"/> Karius Test™  |  | ___/___/___      | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Other, specify:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)  | <input type="checkbox"/> PCR<br><input type="checkbox"/> Next generation sequencing (NGS)<br><input type="checkbox"/> Other, specify:<br>_____ | ___/___/___      | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Other, specify:<br>_____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |

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

- Yes – GO TO Q5h                       No – END SURVEY

For the table below, please indicate all tests listed in column 5h that you plan to start using within the next year. For each test that is routinely run, complete the remainder of the row (questions 5i-5l).

| 5h. If yes, which test(s) do you plan to use to detect <i>S. aureus</i> directly from blood without culture? Please check all that apply. | 5i. When do you plan to start offering these test(s)? (Month/Year): | 5j. Where do you plan to have these tests performed?  | 5k. Will all positive tests directly from blood (without positive culture) appear in the <i>S. aureus</i> surveillance laboratory line lists? | 5l. Will you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?      |
|---|---|---|---|---|
| <input type="checkbox"/> T2Bacteria® Panel  | ____/____   | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other FDA-approved test, Specify _____   | ____/____   | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> Karius Test™   | ____/____   | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)   | ____/____   | <input type="checkbox"/> On-site<br><input type="checkbox"/> Send out, please specify lab _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |

**Comments:**

**END SURVEY**