



**Canadian Nosocomial Infection Surveillance Program**

**2007**

**Vancomycin Resistant Enterococci (VRE)  
Newly Identified VRE Patient Questionnaire**

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1.	CHEC Site # (see attached detailed notes for explanation)	
2.	Unique Identifier Code (must include site #, year and three digit consecutive code e.g. 07A-07-001)	
3.	Date of Birth	_____/_____/_____ DD    MMM    YYYY
4.	Date of Admission	_____/_____/_____ DD    MMM    YYYY
5.	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
6.	Was the patient previously known to be a VRE carrier in a non-CNISP hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7.	In the past 12 months, did the patient receive care in any health care institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8.	What was the date of this patient's first positive VRE culture?	_____/_____/_____ DD    MMM    YYYY
9.	Why was the first VRE culture done? (Check one answer only)	<input type="checkbox"/> Admission screen <input type="checkbox"/> Other screening <input type="checkbox"/> Clinical isolate <input type="checkbox"/> Other indication (please specify): _____
10.	Where was the VRE acquired? (Check one answer only)	Health-care associated <input type="checkbox"/> your facility <input type="checkbox"/> another acute-care facility <input type="checkbox"/> a long-term care facility <input type="checkbox"/> another healthcare exposure <input type="checkbox"/> Community-associated <i>(hospitalized &lt; 72 hours, no previous history of VRE, no hospital or long-term care admission in previous 12 months, no medical devices)</i> <input type="checkbox"/> Unknown

11.	Is this patient epidemiologically linked to others within your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
12.a	<b>Site of positive culture <sup>A</sup> (check each positive site)</b>	<b>Infected <sup>D</sup> or Colonized <sup>E</sup></b>
	<input type="checkbox"/> Blood	<input type="checkbox"/> Infected
	<input type="checkbox"/> Surgical Wound	<input type="checkbox"/> Infected <input type="checkbox"/> Colonized
	<input type="checkbox"/> Other skin or soft tissue/burn	<input type="checkbox"/> Infected <input type="checkbox"/> Colonized
	<input type="checkbox"/> Urine	<input type="checkbox"/> Infected <input type="checkbox"/> Colonized
	<input type="checkbox"/> Rectum / Stool / ileostomy / colostomy	<input type="checkbox"/> Colonized
	<input type="checkbox"/> Other (please specify): _____ _____	<input type="checkbox"/> Infected <input type="checkbox"/> Colonized
12.b	What type of infection? (check all that apply)	<input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Catheter-associated bloodstream infection <input type="checkbox"/> Bloodstream infection, source unknown <input type="checkbox"/> Post-surgical soft tissue infection <input type="checkbox"/> other (please specify) _____ _____
<b>Concurrent Infections</b>		
13.a	Is the patient MRSA colonized or infected?	<input type="checkbox"/> Yes <input type="checkbox"/> Colonized <input type="checkbox"/> Infected <input type="checkbox"/> No <input type="checkbox"/> Unknown
13.b	If yes, when was the MRSA detected in relation to the VRE?	<input type="checkbox"/> Before testing VRE positive <input type="checkbox"/> At the same time as testing VRE positive <input type="checkbox"/> After testing VRE positive
13.c	Has this patient had a positive <i>c.difficile</i> lab test result in the 30-day period prior to this VRE culture date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>For sites who can give patient information on Vancomycin use please fill in question 14 below (question 14 is not mandatory)</b>		
14.	Was this patient given vancomycin in the past 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
15.	VRE genotype	<input type="checkbox"/> van A <input type="checkbox"/> van B <input type="checkbox"/> other (please specify): _____ _____ <input type="checkbox"/> Unknown

**VRE DATA DICTIONARY**  
**2007 Vancomycin Resistant Enterococci (VRE)**  
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The numbers in these instructions correspond with the numbers of the questions on the Newly Diagnosed VRE Patient Questionnaire. VRE is defined as: All enterococcal isolates with a vancomycin MIC  $\geq$  8 ug/ml unless the organism is identified as *E. gallinarum* or *E. casseliflavus*. *E. gallinarum* or *E. casseliflavus* are not included in the definition of vancomycin resistant enterococci.

1. CHEC Site #:

This will be the 3-character alphanumeric number assigned to your institution. It will always begin with the two digit number assigned to your CHEC member e.g. 07, 15, and a letter assigned by the CHEC member for that specific institution e.g. A, B, C, etc. The CHEC Site # for each institution should always be the same for all the CHEC/CNISP surveillance projects and will always have all three alphanumeric digits reported as the CHEC Site #e.g. 07A, 07B, 15A, 10M.

2. Unique Identifier:

This number should never be longer than 8 characters. The 8 characters should consist of the 3-character CHEC site # (e.g. 09A), the year the VRE case occurred in e.g. 07, and a consecutive number starting at 001 and continuing on with each additional case. An example of the first case in an institution would be 09A07001. An example of the thirty-fifth case would be 09A07035, and so on.

NOTE: DO NOT INCLUDE individuals who have previously been diagnosed as VRE-positive at your facility even if they are readmitted and recultured.

3. Date of Birth:

Complete the code in the order of Day (##), Month e.g., May) and Year (e.g., 1949) in this order

4. Date of Admission:

Please enter Day (##), Month e.g., May) and Year (e.g., 2007) in this order

5. Sex:

Check male or female as appropriate

6. Prior VRE carrier

Check the appropriate response, Yes or No.

A patient previously found to be VRE infected or colonized at a non-CHEC facility should be enrolled when they are first admitted to your facility.

A patient previously found to be VRE-positive at another CHEC site facility should not be enrolled as they should already be reported in the VRE surveillance project.

7. Prior Admission in past 12 months:

Was the patient admitted to another health care institution in the 12 months previous to this admission?

8. What was the date of this patients' first "newly identified" positive VRE culture:

Enter Day (##), Month e.g., May) and Year (e.g., 2007) for only the newly diagnosed (incident) VRE cases.

9. Why was the culture done: Check the appropriate response

*Admission Screening* - This culture was done as part of a protocol on admission that requires patients to submit to a series of tests to determine the presence or absence of VRE.

*Clinical Isolate* - These cultures were obtained because of some clinical indication or suspicion of infection.

*Other screen*- These cultures were taken in the course of working-up an outbreak or cluster, contact screen, transfer screen, prevalence screen, C.difficile screen or other screening for VRE. These cultures would not have been taken routinely nor would they have been taken as a clinical isolate.

*Other indication*- this includes any other indication not listed above.

10. Where was the VRE<sup>A</sup> acquired?

*Healthcare-associated definition:*

Once the patient has been identified with VRE, they will be classified as healthcare-associated based on the “best judgment” of the practitioner. This judgment should include review of:

- length of time in hospital prior to VRE identification (generally >72 hours)
- knowledge of previous VRE status
- date of admission
- length of stay in hospital
- prior hospitalization or other healthcare facility history (previously admitted in past 12 months)
- where patient admitted from (e.g., long-term care)

*Newborn healthcare-associated case definition:*

A VRE case in a newborn may be considered as healthcare associated if the mother was not known to be a case on admission and where there is no epidemiological reason to suspect that the mother was colonized prior to admission, even if the newborn is < 48 hours of age. In the case of a newborn transferred from another institution, MRSA may be classified as healthcare-associated if the organism was not known to be present and there is no epidemiological reason to suspect that acquisition occurred prior to transfer.

*Community case definition:*

No established health-care associated risk factors, and:

- (i) hospitalized < 72 hours;
- (ii) no previous history of VRE;
- (iii) no medical devices such as urinary catheters, IV lines, feeding tubes, tracheostomy, dialysis access, etc.
- (iv) no history of hospitalization, surgery, or dialysis within 1 year of VRE culture;
- (v) not in residence at a long term care facility within 1 year of VRE culture.

11. Epidemiological links to other VRE positive individuals:

This refers to VRE thought to be epidemiologically linked to another person with VRE in your facility (e.g. outbreak, through common exposures, shared rooms, contact with implicated health care worker, contact with another patient with VRE).

Using your best judgment identify whether an epidemiological link exists between this patient and any other known VRE person in your facility.

12a. At which site(s) has VRE been isolated (positive culture obtained)?

For this question please complete the table:

- <sup>1</sup> Check the box(es) in the "Culture Positive" column for each site that VRE has been isolated from. Rectum includes anal, rectal, ileostomy, colostomy or stool sample.
- <sup>2</sup> In the second column identify whether the positive culture represented an infection or colonization.

*VRE infection:*

Presence of an infection is to be determined by the manifestations of signs and symptoms associated with VRE infections.

*VRE colonization:*

Presence of VRE on surgical wounds, in urine or stool (rectum), or other sites which are not manifesting clinical signs and symptoms of infection.

12b. Type of infection:

This question was added in the 2006 VRE surveillance form. Please check off all infections that were associated with the culture positive clinical isolate. If no infection occurred and case was just colonized then leave blank. Do not update if patient became infected after since this surveillance is specific to the episode that occurred upon culture acquisition.

Concurrent Infection

- 13a. At any time while the patient was VRE positive was the patient concurrently infected or colonized with MRSA (see 2000 MRSA Newly Diagnosed Patient Questionnaire for MRSA infected and MRSA colonized definitions). If yes, answer yes. If no, answer no. If unsure or not known, answer unknown.
- 13b. If the answer to question 13a was yes, when was the MRSA positive culture detected in this patient? Before VRE was detected (answer Before), at the same time as VRE was detected (answer Same time) or after VRE was detected (answer After).
- 13c. Has this patient had a positive clostridium difficile laboratory test result in the 30 day period prior to this VRE culture date? If yes check, if no check and if unknown because your lab is not computerized and a chart review would be necessary to answer this question then check off unknown.
14. Was this patient given vancomycin in the past 30 days? This is the 30-day period prior to the date of culture. This question is non-mandatory, it was requested to be included because some sites can easily report this.
15. VRE genotype – Please provide the genotype identified by your hospital's laboratory. Options include: vanA, vanB, other- specify and unknown.