

Appendix 5A — Patient Questionnaire 2010 Surveillance of Methicillin Resistant Staphylococcus aureus (MRSA) for Cases Identified as Clinical Isolates or Blood Culture Isolates

Instructions:

- **Please complete Part A for all new MRSA cases identified as a Clinical Isolate.**
 - Please see Appendix 6 Data Dictionary for definitions and notes.
 - Terms identified by an asterisk (*) are defined at the end of the question
- **Summary of Laboratory Requirements**
 - Please Notify The Laboratory To Retain One Clinical Isolate Per Questionnaire if:
 - The date of first positive culture is between January 1st – March 31st, 2010 (Q 8)
 - There is a diagnosis of necrotizing fasciitis or necrotizing pneumonia due to MRSA (Q 11, 12)
 - Label the samples using the appropriate suffix ending
 - **CI** = Clinical Isolate
 - **NP** = Necrotizing Pneumonia
 - **NF** = Necrotizing Fasciitis

Part A – Complete For New 2010 MRSA Cases Identified as a CLINICAL ISOLATE

1	CHEC Site #			
2	Unique Identifier Code: <i>(must include site #, year and three digit consecutive code, eg. 07A09001)</i>	_____	10	_____
		(CHEC site #)	(year)	(case number)
3	Date of birth: <i>In the absence of the actual date, please indicate age in years, months or days</i>	___ / ___ / ____	Age	<input type="checkbox"/> years <input type="checkbox"/> months <input type="checkbox"/> days
4	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
5	Date of admission:	___ / ___ / ____ DD MMM YYYY		
6	Where was the MRSA acquired? <i>Check one response only</i> <small>* No previous known healthcare-associated MRSA; MRSA identified ≤ 48 hours after hospital admission; no hospitalization in the previous 12 months; no surgery or dialysis in the previous 12 months; no residence in a long-term care facility in the previous 12 months; no indwelling catheter or medical device (eg. Foley catheter, IV line, tracheostomy, feeding tube).</small>	<input type="checkbox"/> Healthcare-associated, your acute care facility <input type="checkbox"/> Healthcare-associated, another acute care facility <input type="checkbox"/> Healthcare-associated, long-term care facility <input type="checkbox"/> Another healthcare exposure <input type="checkbox"/> Community-associated* <input type="checkbox"/> Unknown		

7	Date of patient's first positive clinical MRSA culture:	____ / ____ / ____ DD MMM YYYY	
8a	At which site(s) has MRSA been isolated with a positive culture(s)? <i>Check all that apply</i>	<input type="checkbox"/> Skin/soft tissue/burn <input type="checkbox"/> Surgical site/wound <input type="checkbox"/> Sputum/lower respiratory <input type="checkbox"/> Urine <input type="checkbox"/> Other (please specify) _____	
8b	<i>If MRSA was isolated from sputum/lower respiratory site</i> Was there also concurrent* or recent** laboratory-confirmed*** Influenza? * Patient had simultaneous Influenza and MRSA infections and Influenza symptoms had been present for <7 days prior to detection of MRSA ** Patient had recovered from influenza infection within the previous seven days *** Any test the laboratory reports as positive for influenza A or B	<input type="checkbox"/> No <input type="checkbox"/> Yes, recent <input type="checkbox"/> Yes, concurrent <input type="checkbox"/> Unknown	
9	Does this patient meet the criteria for a MRSA infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Does this patient have necrotizing pneumonia due to MRSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Does this patient have necrotizing fasciitis due to MRSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	For paediatric cases only (< 18 years of age): Is the patient Aboriginal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> First Nation <input type="checkbox"/> Unknown