

Appendix 5B — Complete for New 2010 MRSA Cases Identified as a BLOOD CULTURE ISOLATE

Instructions:

- **Please complete Part B for all new MRSA cases identified as a Blood Culture Isolate.**
 - Please see Appendix 6 Data Dictionary for definitions and notes.
 - Terms identified by an asterisk (*) are defined at the end of the question
- **Please Notify The Laboratory To Retain One Blood Isolate Per Questionnaire**
 - Label the isolate using the suffix ending “B”, and
 - Forward isolates in a timely manner to the NML using the information provided on page 6

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:	___ / ___ / _____		
6	Date first positive blood culture was obtained:	___ / ___ / _____		
7	What was the place of onset of the MRSA bloodstream infection? Check one response only * 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).	<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		
8	What was the probable source of the MRSA bacteraemia? Check one response only	<input type="checkbox"/> Primary bacteraemia, IV catheter-associated <input type="checkbox"/> Skin/soft tissue/burn wound <input type="checkbox"/> Necrotizing fasciitis <input type="checkbox"/> Surgical site/wound infection <input type="checkbox"/> Endocarditis <input type="checkbox"/> Osteomyelitis, septic arthritis, septic bursitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Necrotizing pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> Urinary tract infection/urosepsis <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Unknown / cannot determine		

9	<p><i>If the probable source of the MRSA bacteraemia (question 8) was pneumonia or necrotizing pneumonia:</i></p> <p>Was there also concurrent* or recent** laboratory-confirmed*** Influenza?</p> <p>* Patient had simultaneous Influenza and MRSA infections and that Influenza symptoms had been present for <7 days prior to detection</p> <p>** Patient had recovered from influenza infection within the previous seven days</p> <p>*** Any test the laboratory reports as positive for influenza A or B</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, recent <input type="checkbox"/> Yes, concurrent <input type="checkbox"/> Unknown	
10a	<p>At the time the positive bloodstream culture was obtained, was the patient:</p> <ul style="list-style-type: none"> In an ICU* <i>or</i> discharged from an ICU* within 48 hours <p>AND</p> <ul style="list-style-type: none"> In (or had been in) the ICU* for 48 hours or more? <p>* Includes medical, surgical combined medical-surgical, cardiovascular, coronary, neurosurgery, burn, or step-down unit</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10b	<p>Was the patient receiving haemodialysis at the time the positive blood culture was obtained?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	<p>Is the patient known to use or inject him/herself with IV drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	<p><i>For paediatric cases only (< 18 years of age):</i></p> <p>Is the patient Aboriginal?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>If yes</p> <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> First Nation <input type="checkbox"/> Unknown
13	<p>In the 24 hours prior to the day the positive blood culture was obtained, please indicate which antibiotics the patient had received:</p> <p><i>Check all that apply</i></p>	<input type="checkbox"/> Vancomycin <input type="checkbox"/> Linezolid <input type="checkbox"/> Daptomycin <input type="checkbox"/> Tigecycline <input type="checkbox"/> Ceftobiprole <input type="checkbox"/> Other _____ <input type="checkbox"/> No Antibiotics	
14	<p>In the 24 hours following the day the MRSA was identified/reported, please indicate which antibiotics the patient had received:</p> <p><i>Check all that apply</i></p>	<input type="checkbox"/> Vancomycin <input type="checkbox"/> Linezolid <input type="checkbox"/> Daptomycin <input type="checkbox"/> Tigecycline <input type="checkbox"/> Ceftobiprole <input type="checkbox"/> Other _____ <input type="checkbox"/> No Antibiotics	
15	<p>Was the patient admitted to an ICU* within 30 days after the first positive blood culture?</p> <p>* Includes medical, surgical combined medical-surgical, cardiovascular, coronary, neurosurgery, burn, or step-down unit</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

16a	Outcome at 30 days after the first positive blood culture:	<input type="checkbox"/> Patient still in hospital Go to question 17a	<input type="checkbox"/> Patient discharged Specify date below <input type="checkbox"/> Patient died Specify date below
Date of discharge or death: ___ / ___ / ___ DD MMM YYYY			
16b	If the patient was discharged within the 30 days and readmitted, was the patient readmitted because of a recurrent MRSA infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17a	Did the patient have any positive non-bloodstream MRSA cultures taken > 48 hours before the first positive blood culture?	<input type="checkbox"/> Yes (<i>Continue to question 17b</i>) <input type="checkbox"/> No (<i>End of questionnaire</i>)	
17b	<i>If YES to question 17a</i> Date the specimen was obtained of this patient's first positive MRSA non-bloodstream culture?	___ / ___ / ___ DD MMM YYYY	
17c	Please specify where the first positive non-bloodstream specimen(s) had been obtained: <i>Check all that apply</i>	<input type="checkbox"/> nose <input type="checkbox"/> perianal, rectal or perineal <input type="checkbox"/> surgical site / wound infection <input type="checkbox"/> skin / soft tissue / burn wound <input type="checkbox"/> IV catheter exit site <input type="checkbox"/> sputum / other lower respiratory <input type="checkbox"/> urine <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> unknown / cannot determine	
17d	At the time the first positive non-bloodstream culture(s) had been obtained, did the patient meet the criteria for a MRSA infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17e	Where was the (non-bloodstream) MRSA acquired? Check one response only * 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).	<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	