



Send or Fax to:
 ADHS Infectious Disease Epidemiology
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Outbreak Name: _____
 Part of National Outbreak?
 Epi-linked to confirmed case?

VANCOMYCIN-INTERMEDIATE AND VANCOMYCIN-RESISTANT STAPHYLOCOCCUS AUREUS (VISA/VRSA)

PATIENT INFORMATION

MEDSIS Case No: _____
 County: _____
 Confirmed Probable
 Ruled Out Lost to follow up

Name (last, first) _____
 Street address _____
 City _____ State _____ Zip _____
 Mailing address _____

REPORT SOURCE

Initial report date: _____
 Reporter: _____
 Reporter org.: _____
 Reporter phone: _____
 Provider name _____
 Provider org.: _____
 Provider phone: _____

Phone _____ Alt. Phone _____
 Occupation/school grade: _____
Place of Birth:
 State _____ County _____
 Country _____
 Birthdate: ___ / ___ / ___ or age _____ Sex: Male Female Unknown/Other
 Ethnicity: Hispanic Non-Hispanic Unknown
 Race: White African American Native Hawaiian/Pac Islander
 Asian Amer Indian / AK Native Other _____

CLINICAL INFORMATION

Date of Onset of symptoms : ___ / ___ / ___ Unknown **Diagnosis date:** ___ / ___ / ___

Hospitalization
 Is the patient currently hospitalized? Yes No Unknown If Yes, complete information below for current hospitalization:
 Name of Hospital or healthcare facility _____ Name of Physician treating _____
 Physician Telephone Number _____ Admit Date: ___ / ___ / ___ Discharge Date: ___ / ___ / ___
 Clinical Diagnosis _____

Exposure History
 In the past year did the patient have:
 Surgery Dialysis Invasive device or catheter in place at least 1 day before *S.aureus* culture collected
 Residence in a nursing home or other long-term care facility (if yes, specify below)
 Prior hospitalization (if yes, specify below)

Location	Dates of Stay

Y=Yes N=No/Negative UK=Unknown NA=Not Applicable

VISA/VRSA

Name (Last, First) _____

EXPOSURE HISTORY (Continued)

Does patient have prior history of MRSA? Yes No Unknown If yes, Date of most recent MRSA positive culture? ___/___/___
Culture Site _____

Does patient have prior history of VRE? Yes No Unknown If yes, Date of most recent VRE positive culture? ___/___/___
Culture Site _____

Is the patient a healthcare worker? Yes No Unknown

PAST MEDICAL HISTORY

Check all that apply: Patient does not have any of the listed conditions

<input type="checkbox"/> Current smoker	<input type="checkbox"/> Cerebrovascular disease	<input type="checkbox"/> Immunosuppressive therapy/ condition	<input type="checkbox"/> Congestive heart failure
<input type="checkbox"/> Other tobacco use	<input type="checkbox"/> Liver disease	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Diabetes mellitus	<input type="checkbox"/> Emphysema/COPD	_____
<input type="checkbox"/> IVDU	<input type="checkbox"/> Neoplastic disease	<input type="checkbox"/> Renal disease	_____
<input type="checkbox"/> Other drug use	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neurologic/ neuromuscular disease	_____
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Rheumatoid arthritis	_____

LABORATORY TESTING

Laboratory Name _____ Specimen ID # _____ Specimen Type _____

Collection Date ___/___/___ Result Date ___/___/___ Organism Isolated: VISA VRSA

Susceptibility method used and MIC value: Automated susceptibility method (Specify) _____ MIC (µg/ml) _____
 Non-automated MIC MIC (µg/ml) _____
 Kirby-Bauer MIC (µg/ml) _____
 E-test MIC (µg/ml) _____

Was the MIC result repeated? Vancomycin-screen plate MIC (µg/ml) _____
 Yes No Unknown Broth micro dilution MIC (µg/ml) _____

Were the lab results confirmed by the Arizona State Laboratory? Yes No Unknown

If yes, Specimen ID # _____ Specimen Type _____

Collection Date ___/___/___ Result Date ___/___/___ Organism Isolated: VISA VRSA

Susceptibility method used and MIC value: Automated susceptibility method (Specify) _____ MIC (µg/ml) _____
 Non-automated MIC MIC (µg/ml) _____
 Kirby-Bauer MIC (µg/ml) _____
 E-test MIC (µg/ml) _____

Was the MIC result repeated? Vancomycin-screen plate MIC (µg/ml) _____
 Yes No Unknown Broth micro dilution MIC (µg/ml) _____

Were the lab results confirmed by the Centers for Disease Control and Prevention? Yes No Unknown

If yes, Specimen ID # _____ Specimen Type _____

Collection Date ___/___/___ Result Date ___/___/___ Organism Isolated: VISA VRSA

Susceptibility method used and MIC value: Automated susceptibility method (Specify) _____ MIC (µg/ml) _____
 Non-automated MIC MIC (µg/ml) _____
 Kirby-Bauer MIC (µg/ml) _____
 E-test MIC (µg/ml) _____

Was the MIC result repeated? Vancomycin-screen plate MIC (µg/ml) _____
 Yes No Unknown Broth micro dilution MIC (µg/ml) _____

VISA/VRSA

Name (Last, First) _____

TREATMENTWere antibiotics prescribed? Yes No UnknownList antibiotics prescribed **before** VISA/VRSA culture results known _____ List antibiotics prescribed **after** VISA/VRSA culture results known _____

Has patient received Vancomycin in the past year? Yes No Unknown If yes, Dates received: ___/___/___ to ___/___/___
 ___/___/___ to ___/___/___
 ___/___/___ to ___/___/___

Were other treatment modalities used (e.g. surgical intervention)? Yes No Unknown

If yes, specify _____

PATIENT OUTCOMEPatient Outcome: Survived Died

If the patient died, Date of Death: ___/___/___ Cause of death _____

Was VISA/VRSA causal or contributory to death? Yes No Unknown**FOR PUBLIC HEALTH DEPARTMENT USE ONLY****DIAGNOSTIC CRITERIA****Laboratory Criteria for Diagnosis**

- Isolation of *Staphylococcus aureus* from any body site AND
- Intermediate or resistance of *S.aureus* isolate to vancomycin, detected and defined according to Clinical and Laboratory Standards Institute (CLSI, formerly NCCLS) approved standards and recommendations

Case ClassificationCONFIRMED: A case of vancomycin-intermediate or vancomycin-resistant *S.aureus* that is laboratory-confirmedMIC = 4-8 µg/ml for **VISA** MIC ≥ 16 µg/ml for **VRSA****Organism Identified:** **MRSA**

- If isolate is determined to have a MIC value < 4µg/ml, was obtained from a sterile site, and susceptibility pattern determined resistance to methicillin/oxacillin

 VISA

- If isolate is determined to have a MIC value of 4-8µg/ml
- No contact investigation needed unless transmission is suspected

 VRSA

- If isolate is determined to have MIC value of 16µg/ml from CDC
- A contact investigation will need to be started

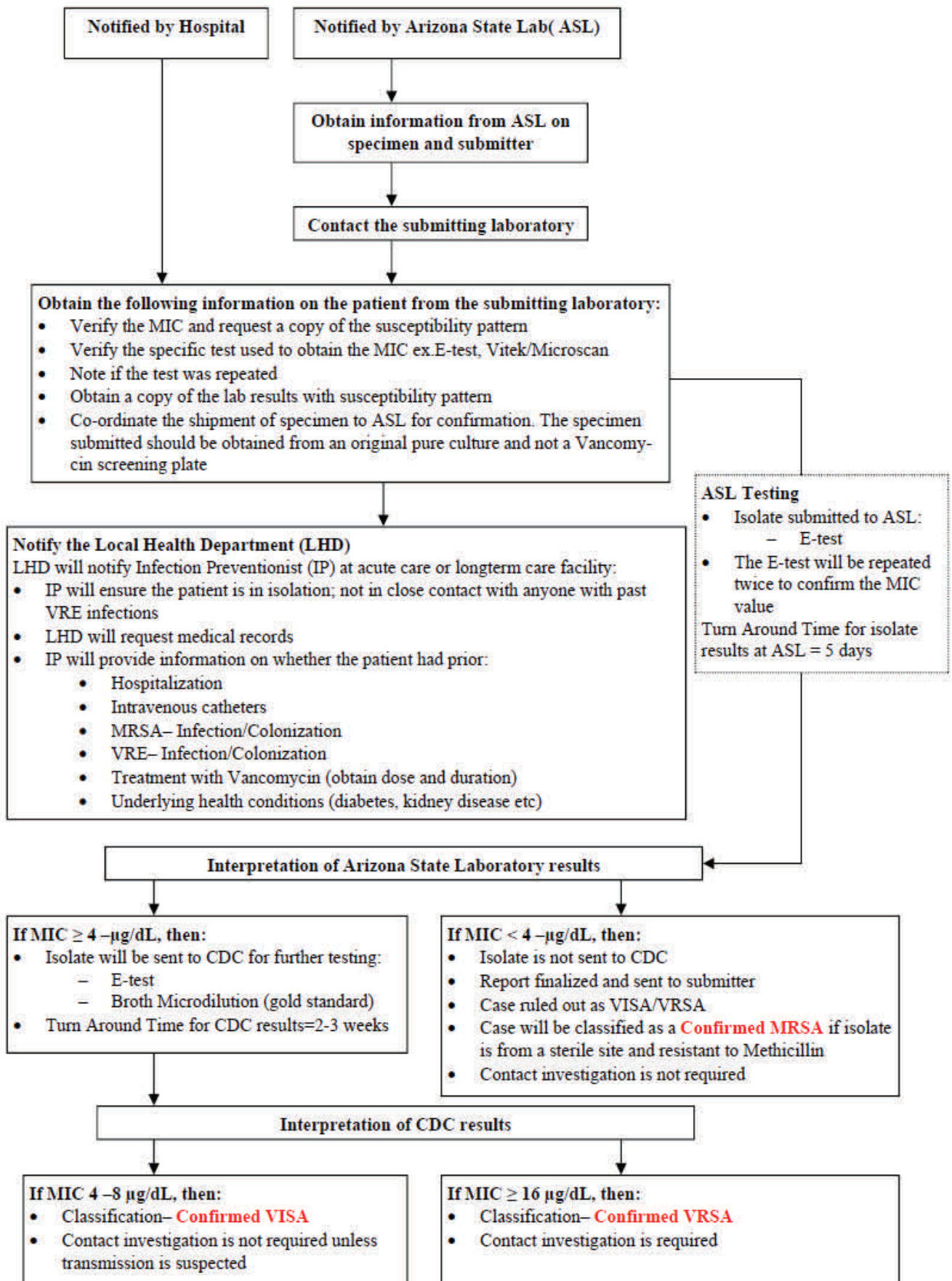
ACTIONS TAKEN

- No risk factors/exposures could be identified
- Patient could not be interviewed/LTF
- Infection control recommendations provided
- Epi-linked to confirmed case?
MEDISIS ID of confirmed case: _____
- Education provided to case/contacts/facilities
- Follow-up to ensure compliance with treatments
- Follow-up on contacts who may have been exposed
- Contact investigation conducted according to CDC guidelines
http://www.cdc.gov/ncidod/dhqp/pdf/ar/visa_vrsa_guide.pdf
- Laboratory results obtained from testing laboratory
- Medical records obtained on case(s)
- Other: _____

ADDITIONAL NOTES

APPENDIX I

ADHS: Algorithm for Suspected Case of Vancomycin Intermediate Staphylococcus aureus (VISA) or Vancomycin Resistant Staphylococcus aureus (VRSA)



ADHS: Steps on a Contact Investigation for a Confirmed Vancomycin Resistant Staphylococcus aureus (VRSA) case

STEP 1: DEVELOP A PLAN FOR VISA/VRSA COLONIZED INDIVIDUALS

- Treatment protocol e.g. decolonization
- Follow up cultures
- Determine when individual will be considered free from colonization e.g. 3 negative cultures post therapy
- Work issues e.g. work plan if a healthcare worker is positive for VISA/VRSA

STEP 2: IDENTIFY AND CATEGORIZE CONTACTS

- Categorization will be based on levels of interaction with colonized and infected VISA/VRSA patient
- Identification of contacts with extensive interaction with the patient during a defined time period before the VRSA culture date
- Levels of interaction are defined below:

Interaction Scale	Patients	Nursing or patient-care providers	Physicians	Ancillary staff	Family members or household contacts
Extensive	Sharing rooms with the VISA/VRSA patient	Involved in direct care	Conducting physical exams or wound care	Prolonged patient contact e.g. dialysis, rehabilitation or physical therapy	Providing primary care or close contact with patient
Moderate	-	Deliver medications and have cross coverage of patients	Attend to patients on daily rounds. Perform surgical or invasive procedures using sterile barriers	Monitor patient-care equipment. Limited interaction	-
Minimal	-	Work on the same floor with no cross-coverage of patient	Consult without extensive examination	Provide dietary or maintenance services	-

STEP 3: SPECIMEN COLLECTION

- Patient colonized or infected with VRSA
 - Culture– anterior nares, wounds, drains, other clinically relevant sites
 - May consider rectal or perirectal sites to determine VRE carriage status
- Contacts with extensive interaction with the colonized/infected patient
 - Culture– anterior nares and skin lesions

STEP 4: EVALUATE THE EFFICACY OF INFECTION CONTROL PRECAUTIONS

- Regular anterior nares cultures of contacts with extensive interaction should be performed until the case patient is no longer colonized or infected
- Placing a log book at the patient's room would help identify and track VRSA patient contacts