

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

S. AUREUS WITH REDUCED SUSCEPTIBILITY TO VANCOMYCIN
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 74

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name First Middle Suffix Maiden/Other Alias Birthdate (mm/dd/yyyy) SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Table with 8 columns: Specimen Date, Specimen #, Specimen Source, Type of Test, Test Result(s), Description (comments), Result Date, Lab Name—City/State

NC EDSS PART 2 WIZARD COMMUNICABLE DISEASE

Is/was patient symptomatic for this disease?
If yes, symptom onset date (mm/dd/yyyy):
CHECK ALL THAT APPLY:
Septicemia/sepsis
Specimen Source
Specimen collection date:
Laboratory performing initial susceptibility test:

Was patient hospitalized for this illness >24 hours?
Hospital name:
City, State:
Hospital contact name:
Telephone:
Admit date (mm/dd/yyyy):
Discharge date (mm/dd/yyyy):
Discharge/final diagnosis:

Minimum inhibitory concentration (MIC):
Test Method:
Was additional testing performed by NC State Laboratory of Public Health?

Minimum inhibitory concentration (MIC):
Test Method:
Was additional testing performed at CDC?

Minimum inhibitory concentration (MIC):
Test Method:

PREDISPOSING CONDITIONS

Any immunosuppressive conditions..
Please specify:
Autoimmune disease
Diabetes
Malignancy
Other malignancy (ies)
Cardiovascular/heart disease
Liver disease
Kidney disease
Patient on dialysis
Chronic lung disease
Injury/Wound/Break in skin
Recent/Acute injury(ies) or wound(s)
Date:
Anatomic site:
Principal wound type
Preexisting injury or wound
Date:

PREDISPOSING CONDITIONS (continued)

Did patient have other condition potentially affecting skin integrity?
Specify condition(s):
Other underlying illness
Receiving treatment/medications
Receive vancomycin in 12 months prior to diagnosis
Number of course of vancomycin treatments
Treatment start date
End date
Prior history of vancomycin-resistant enterococci (VRE)
Date of most recent culture
Site of culture
Prior history of methicillin-resistant staphylococcus aureus (MRSA)
Date of most recent culture
Site of culture

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

**REASON FOR TESTING**

Why was the patient tested for this condition?

Symptomatic of disease

Screening of asymptomatic person with reported risk factor(s)

Exposed to organism causing this disease (asymptomatic)

Household / close contact to a person reported with this disease

Other

Unknown

**TREATMENT**

Did the patient take an antibiotic for this illness?  Y  N  U

Specify antibiotic name: \_\_\_\_\_

Date antibiotic began (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Date antibiotic ended (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Is the number of days medication was taken known?  Y  N

Number of days taken: \_\_\_\_\_

**CLINICAL OUTCOMES**

Survived?  Y  N  U

Died?  Y  N  U

Died from this illness?  Y  N  U

Date of death (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

**TRAVEL/IMMIGRATION**

The patient is:

Resident of NC

Resident of another state or US territory

None of the above

Did patient have a travel history during the one year prior to onset of symptoms?  Y  N  U

List travel dates and destinations:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

Does patient know anyone else with similar symptom(s) who had the same or similar travel history?  Y  N  U

List persons and contact information:

\_\_\_\_\_

\_\_\_\_\_

Additional travel/residency information:

**BEHAVIORAL RISK & CONGREGATE LIVING**

In what setting was the patient most likely exposed?

Restaurant

Home

Work

Child Care

School

University/College

Camp

Doctor's office/ Outpatient clinic

Hospital In-patient

Hospital Emergency Department

Laboratory

Long-term care facility /Rest Home

Military

Prison/Jail/Detention Center

Place of Worship

Outdoors, including woods or wilderness

Athletics

Farm

Pool or spa

Pond, lake, river or other body of water

Hotel / motel

Social gathering, other than listed above

Travel conveyance (airplane, ship, etc.)

International

Community

Other (specify) \_\_\_\_\_

Unknown

**HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS**

During the one year prior to onset of symptoms, did the patient have any of the following health care exposures:

Dialysis  Y  N  U

Facility name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Hospital

Visit / admit date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Facility name \_\_\_\_\_

Has patient been discharged?  Y  N  U

Discharge date (mm/dd/yyyy): \_\_\_\_\_

Was facility notified regarding ill patient?

Yes  No  Unknown  Not applicable

Name of person notified \_\_\_\_\_

Date notified (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Long term care facility - resident (e.g. nursing home, rest home, rehab)

Visit / admit date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Facility name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_

Has patient been discharged?  Y  N  U

Discharge date (mm/dd/yyyy): \_\_\_\_\_

Was facility notified regarding ill patient?

Yes  No  Unknown  Not applicable

Name of person notified \_\_\_\_\_

Date notified (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

**CASE INTERVIEWS/INVESTIGATIONS**

Was the patient interviewed?  Y  N  U

Date of interview (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Were interviews conducted with others?  Y  N  U

Who was interviewed?

Were health care providers consulted?  Y  N  U

Who was consulted?

Medical records reviewed (including telephone review with provider/office staff)?  Y  N  U

Specify reason if medical records were not reviewed:

Notes on medical record verification:

**GEOGRAPHICAL SITE OF EXPOSURE**

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

In NC

City \_\_\_\_\_

County \_\_\_\_\_

Outside NC, but within US

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Outside US

City \_\_\_\_\_

Country \_\_\_\_\_

Unknown

Is the patient part of an outbreak of this disease?  Y  N

Notes:

# **S. aureus, reduced susceptibility to vancomycin**

## **2007 CDC Case Definition**

### **Clinical Description**

*S. aureus* can produce a variety of syndromes with clinical manifestations including skin and soft tissue infections, empyema, bloodstream infection, pneumonia, osteomyelitis, septic arthritis, endocarditis, sepsis, and meningitis. *S. aureus* may also colonize individuals who remain asymptomatic. The most frequent site of *S. aureus* colonization is the nares.

### **Laboratory criteria for diagnosis**

- Isolation of *S. aureus* from any body site.

**AND**

- Intermediate or resistance of the *S. aureus* isolate to vancomycin, detected and defined according to Clinical and Laboratory Standards Institute (CLSI, formerly NCCLS) approved standards and recommendations (Minimum Inhibitory Concentration [MIC]=4-8 µg/ml for VISA and MIC≥16 µg/ml for VRSA).

### **Case Classification**

*Confirmed:* A case of vancomycin-intermediate or vancomycin-resistant *S. aureus* that is laboratory-confirmed (MIC=4-8 µg/ml for VISA and MIC≥16 µg/ml for VRSA).

### **Reference**

Clinical and Laboratory Standards Institute/NCCLS. Performance Standards for Antimicrobial Susceptibility Testing. Sixteenth informational supplement. M100-S16. Wayne, PA: CLSI, 2006.