Staphylococcus aureus Supplemental Case Investigation Form

Infectious Disease Epidemiology Program <<DRAFT>> January, 2004

Use this form to initiate investigation of:

- Single cases of community-acquired methicillin resistant *Staphylococcus aureus* (CA-MRSA) infection (not colonization); or
- Outbreaks of CA-MRSA (may include both infection AND colonization); or
- Infection or colonization with Vancomycin intermediate resistant *Staphylococcus aureus* or vancomycin resistant *Staphylococcus aureus* (VISA/VRSA), also known as glycopeptide intermediate resistant / resistant *Staphylococcus aureus* (GISA/GRSA)
- Note: infection = positive culture + signs of illness/inflammation
  colonization = positive culture + no signs of illness/inflammation

Attach to yellow card with copy of laboratory report and *send the isolate(s) to OLS*.

1. Demographics:

   Name: _____DOB: ___/___/___

2. Underlying Disease / risk factors:

Y N U	Diabetes	Y N U	Recent surgery*
Y N U	Renal dialysis	Y N U	Cancer*
Y N U	Peritoneal dialysis	Y N U	Indwelling line*
Y N U	IDU	Y N U	Recent burn / wound/*
Y N U	HIV	Y N U	Nursing home stay*
Y N U	Jail / DOC stay	Y N U	Hospital stay*
Y N U	Recent Tattoo	Y N U	Day care*
Y N U	Other*	Y N U	Other*

*Specify most recent date(s) and diagnosis or location(s) in the space provided

3. Y N U Use of antibiotics within the 1 year prior to onset?

Antibiotic/dose	From	To	Why?

4. Y N U Hospital or Nursing Home Stay within the 1 year prior to onset?

Hospital / Nursing Home	From	To	Why?

5. Specify site of positive culture:

❑ Nares	❑ Blood	❑ Pericardial fluid	❑ Wound/burn*
❑ Axilla	❑ CSF	❑ Synovial fluid	_____
❑ Groin	❑ Peritoneal fluid	❑ Skin lesion*	_____
❑ Urine	❑ Pleural fluid	_____	❑ Other*
❑ Sputum	❑ Tympanocentesis	_____	_____
		_____	_____

* Specify location

6. Specify clinical diagnosis:

❑ colonization	❑ paronychia	❑ sepsis	❑ septic joint
❑ cellulitis	❑ infected wound	❑ meningitis	❑ endocarditis
❑ impetigo	❑ infected burn	❑ pneumonia	❑ osteomyelitis
❑ folliculitis	❑ infected decubitus	❑ pericarditis	❑ septic pleural effusion
❑ boil	❑ thrombophlebitis	❑ peritonitis	❑ abcess*
	❑ infected foot/leg ulcer		

❑ other skin/soft tissue*_____ ❑ other* _____

* specify diagnosis / location

7. Specify complications, treatment and outcome

Y N U	Hospitalized for this episode?(where/when):
Y N U	Died? (Specify date:
Y N U	Antimicrobial treatment for this episode?(when/with what: from: __/__/__ to __/__/__ _____ from: __/__/__ to __/__/__ _____ from: __/__/__ to __/__/__ _____

8. DOC / Regional Jail Transfer history (go back 1 year from date of onset):

From:	To:	Date:

County: _____ Investigator: _____ Date: ___/___/___