

## **Case Investigation Instructions for Reporting of Severe *Staphylococcus aureus* Infection in a Previously Healthy Person**

Effective July 1, 2008, severe *Staphylococcus aureus* infections in previously healthy persons resulting in death or admission to an intensive care unit are immediately reportable from healthcare providers to local health departments (LHD). Infection with either methicillin-sensitive or methicillin-resistant *Staphylococcus aureus* (MSSA or MRSA) is reportable if the patient meets the case definition. A case of toxic shock syndrome (TSS) due to *Staphylococcus aureus* shall continue to be reported as TSS and not under this new case category. The reporting rule for TSS can be found at 410 IAC 1-2.3.

LHDs should use the two-page case investigation form, State Form 53653 (6-08), when reporting severe *Staphylococcus aureus* infections meeting the case definition. LHDs should complete as much of this form as possible. Assistance from hospital or appropriate healthcare personnel will be needed for most cases. Completed case investigation forms should be faxed to the Indiana State Department of Health (ISDH) Surveillance and Investigation Division (SID) at 317.234.2812. It is not expected that patient, family, or contact interviews will be necessary to complete the form. Surveillance data are restricted to information necessary for patient identification, disease diagnosis, and to factors of public health significance. Surveillance data will identify populations at risk for severe community associated *Staphylococcus aureus* infections and provide additional information that could be used to plan prevention and control measures. For consultation on whether a particular patient should be reported or other issues on reporting, please contact Jean Svendsen, Chief Nurse Consultant, ISDH, at 317.233.7125 or [jsvendsen@isdh.in.gov](mailto:jsvendsen@isdh.in.gov).

**Initial Screening Section.** This section is used to identify patients who meet the case definition. Cases in patients who have been hospitalized longer than 48 hours before culture for *Staphylococcus aureus* should not be reported unless the infection was already present at hospital admission. Indwelling catheter refers to those placed prior to the current illness; cases in which a catheter was newly placed and a delay prior to culture occurred will be considered on a case-by-case basis.

**Section 1, Demographic Information.** This should be the same information submitted from the healthcare provider to the LHD.

**Section 2, Clinical Data.** Clinically relevant infection should be those diagnoses provided by healthcare providers, rather than interpretation of the available information. A patient may have more than one clinically relevant infection associated with the positive culture. For underlying conditions, just check those that are already known from the medical record.

**Section 3, Diagnostic Tests.** For Susceptibility Results, either fill in the results or attach the laboratory report. The results reported should be from the patient's initial positive *Staphylococcus aureus* culture.

**Section 4, Epidemiologic Information.** This section lists possible risk factors for MRSA infections. Check only if known.

**Section 5, Association with Other Cases.** Indicate contacts known to have *Staphylococcus aureus* infections or conditions consistent with *Staphylococcus aureus* infections as documented in the medical record. It is not expected that active contact tracing will be conducted.