



**Vancomycin Intermediate and Vancomycin Resistant
Staphylococcus aureus (VISA/VRSA)
Case Report Form**

Submitter: _____ Phone: - - Date: / /

PATIENT INFORMATION:

1. Patient name: _____ (Last) (First)	2. Medical record number: _____	3. Physician name/number: _____ _____
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4. Culture date: Mo. Day Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	5. Identifying laboratory: _____ 7. Sex: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	6. Age: <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Mos. 3 <input type="checkbox"/> Yrs. 6a. Age units: Mo. Day Year 6b. Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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8. Site from which organism isolated: (check all that apply):

1 <input type="checkbox"/> Blood	1 <input type="checkbox"/> Joint	1 <input type="checkbox"/> Skin (swab/aspirate)	1 <input type="checkbox"/> Urine
1 <input type="checkbox"/> CSF	1 <input type="checkbox"/> Bone	1 <input type="checkbox"/> Sputum/trach	1 <input type="checkbox"/> Ear (drainage/aspirate)
1 <input type="checkbox"/> Pleural fluid	1 <input type="checkbox"/> Surgical specimen	1 <input type="checkbox"/> Nares	1 <input type="checkbox"/> Eye
1 <input type="checkbox"/> Peritoneal fluid	1 <input type="checkbox"/> Post-op wound	1 <input type="checkbox"/> Device/Catheter	1 <input type="checkbox"/> Other (specify) _____

9. Hospital/Clinic where culture obtained: _____	10. Was patient hospitalized when culture was collected? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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11. Is patient currently hospitalized?
 1 Yes 2 No If "No," where was patient discharged? _____

12. Has patient received vancomycin in the past year?
 1 Yes 2 No
 If "Yes" list date (s) that patient received vancomycin:
 1 _____
 2 _____
 3 _____

13. Does patient have prior history of MRSA?
 1 Yes 2 No 9 Unknown
Date of most recent MRSA positive culture:
 1 / /
Culture Site: _____

14. Has patient been hospitalized in the past year?
 1 Yes 2 No 9 Unknown

15. Does patient have a prior history of VRE?
 1 Yes 2 No 9 Unknown
Date of most recent VRE positive culture:
 1 / /
Culture Site: _____

16. Has patient had dialysis in the past year?
 1 Yes 2 No 9 Unknown

17. Underlying medical conditions: 1 Patient does not have any of the listed conditions 9 Unknown

1 <input type="checkbox"/> Heart failure/CHF	1 <input type="checkbox"/> HIV/AIDS	1 <input type="checkbox"/> Immunosuppressive therapy
1 <input type="checkbox"/> Diabetes mellitus	1 <input type="checkbox"/> IVDU	1 <input type="checkbox"/> Malignancy-hematologic
1 <input type="checkbox"/> Emphysema/COPD	1 <input type="checkbox"/> Current smoker	1 <input type="checkbox"/> Malignancy-solid organ
1 <input type="checkbox"/> Liver disease	1 <input type="checkbox"/> Alcohol abuse	1 <input type="checkbox"/> Other _____

VISA/VRSA ISOLATE INFORMATION:

18. Did the *S. aureus* isolate have intermediate or full resistance to vancomycin?

1 Intermediate 2 Resistant 9 Unknown

19. What was the vancomycin MIC?

1 : _____

20. Were any other bacteria isolated in the culture?

1 Yes 2 No 9 Unknown

If yes, list bacteria isolated from same culture:

1 _____

2 _____

21. Was the MIC result repeated?

1 Yes 2 No 9 Unknown

22. Was there more than one organism on the purity plate?

1 Yes 2 No 9 Unknown

23. What susceptibility testing method was used?

1 Manual broth dilution-microtitre wells 3 Automated (name of system) _____

2 Manual broth dilution tubes 4 Other _____

24. Can the isolate be submitted to MDH for confirmation?

1 Yes 2 No If "No," why can't isolate be sent? _____

Please CALL MDH immediately at (612) 676-5414 or (toll free) 1-877-676-5414 to report any VISA or VRSA isolate. Please have your lab send the isolate to the MDH Public Health Laboratory.

MDH USE ONLY**MDH PHL Results**

25. Organism identification:

1 *Staphylococcus aureus*

2 Other (name of organism) _____

26. Specimen number:

27. Vancomycin MIC result:

1 : _____

28. Final result:

1 VRSA

3 MSSA

2 VISA

4 Other species, not *S. aureus*

3 MRSA

5 Other (describe) _____

NOTES: (including infection control recommendations)