



## MLS: Laboratory Update

### Vancomycin Resistant/Intermediate *Staphylococcus aureus* (VRSA/VISA) Reminder

May 7, 2010

## Purpose of this Message

- (1) Remind Laboratorians and Infection Preventionists that vancomycin intermediate and resistant *Staphylococcus aureus* is reportable and isolates are submittable to Minnesota Department of Health.
- (2) Update Laboratorians and Infection Preventionists with CDC information regarding Vancomycin-Resistant *Staphylococcus aureus* (VRSA), as provided by Clinician Outreach and Communication Activity (COCA) on May 6, 2010.

### **(1) VISA and VRSA are Reportable and Submittable to MDH**

Any *S. aureus* isolate that is found to have a minimum inhibitory concentration (MIC) of 4 µg/mL or greater should be submitted to MDH Public Health Laboratory for further testing. In addition, appropriate infection prevention measures should be implemented (see [http://www.cdc.gov/ncidod/dhqp/pdf/ar/visa\\_vrsa\\_guide.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/ar/visa_vrsa_guide.pdf)) and a phone call made to MDH Acute Disease Investigation & Control at: 651-201-5414 or 1-877-676-5414 (during regular business hours).

### **(2) CDC Reminds Clinical Laboratories and Healthcare Infection Preventionists of their Role in the Search and Containment of Vancomycin-Resistant *Staphylococcus aureus* (VRSA), May 2010**

To read entire document (including table), please go to the MLS site:  
<http://www.health.state.mn.us/divs/phl/mls/diseaselinks.html#saureus>

The Centers for Disease Control and Prevention (CDC) has recently confirmed the 11<sup>th</sup> case of vancomycin resistant *Staphylococcus aureus* (VRSA) infection since 2002 in the United States. This serves as a reminder about the important role of clinical laboratories in the diagnosis of VRSA cases to ensure prompt recognition, isolation, and management by infection control personnel. This is an important opportunity for all laboratories to revisit their step-by-step problem-solving procedure or algorithm for detecting VRSA that is specific for their laboratory. A sample algorithm is available at [http://www.cdc.gov/ncidod/dhqp/ar\\_visavrsa\\_algo.html](http://www.cdc.gov/ncidod/dhqp/ar_visavrsa_algo.html) and highlights the recommended testing methodologies for detecting VRSA and actions based on testing results.

Furthermore, because of exchange of genetic material from vancomycin-resistant enterococci (VRE) to methicillin-resistant *Staphylococcus aureus* (MRSA) in the emergence of VRSA, CDC is asking clinical laboratories, when patients are identified with suspected or confirmed VRSA, to ensure that all VRE, MRSA, and VRSA isolates from these patients are saved. Following confirmation of VRSA, CDC recommends that all three isolate types (i.e., VRE, MRSA, and VRSA) be shared with public health partners, including CDC.

Immediately, while performing confirmatory susceptibility tests, notify the patient's primary caregiver, patient-care personnel, and infection-control personnel regarding the presumptive identification of VRSA so that appropriate

infection prevention and control precautions can be initiated promptly. It is also important to notify local and state public health departments.

Coordination with public health authorities is critical. CDC has issued specific infection control recommendations intended to reduce the transmission of VRSA. However, these may need to be customized to the healthcare settings (e.g., dialysis, home healthcare). Infection control precautions should remain in place until a defined endpoint has been determined in consultation with public health authorities.

VRSA infection continues to be a rare occurrence. A few existing factors seem to predispose case patients to VRSA infection, including:

- Prior MRSA and enterococcal infections or colonization
- Underlying conditions (such as chronic skin ulcers and diabetes)
- Previous treatment with vancomycin

Appropriate antimicrobial prescribing by healthcare providers, adherence to recommended infection control guidelines, and, ultimately, the control of both MRSA and VRE are necessary to prevent further emergence of VRSA strains.

Link to MDH – Lab VISA/VRSA website:

<http://www.health.state.mn.us/divs/phl/mls/diseaselinks.html#saureus>

Link to MDH VISA/VRSA website:

<http://www.health.state.mn.us/divs/idepc/diseases/visavrsa/index.html>

For frequently asked questions on laboratory testing on CDC VRSA visit:

[http://www.cdc.gov/ncidod/dhqp/ar\\_visavrsa\\_labFAQ.html](http://www.cdc.gov/ncidod/dhqp/ar_visavrsa_labFAQ.html)

Link to: “[Recommendations for Preventing the Spread of Vancomycin Resistance Recommendations of the Hospital Infection Control Practices Advisory Committee \(HICPAC\)](#)” or MDRO Guideline

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This is an update from the Minnesota Department of Health – Public Health Laboratory (MDH-PHL) and the Minnesota Laboratory System (MLS). This message is being sent to MLS laboratory contacts serving Minnesota residents. You are not required to reply to this message.

**\*\*Please forward this to all appropriate personnel within your institution and Health System\*\***

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