

ARO/CDI Prevalence Survey Definitions Appendix III

Current MRSA (on day of survey), if the patient is known to have had a screening or clinical culture positive for MRSA in the past, and the patient is in contact precautions because s/he is assumed to still have MRSA (no negative screening cultures for MRSA since the most recent positive cultures). Patients who have cultures obtained on the day of the survey, and are subsequently found to be growing MRSA will also be included.

Current VRE (on day of survey), if the patient is known to have had a screening or clinical culture positive for VRE in the past, and the patient is in contact precautions because s/he is assumed to still have VRE (no negative screening cultures for VRE since the most recent positive cultures). Patients who have cultures obtained on the day of the survey, and are subsequently found to be growing VRE will also be included.

Current *C. difficile* infection: A patient is presumed to have current *C. difficile* infection if the patient meets criteria for *C. difficile* infection (see below) AND is on treatment for this with either metronidazole or oral vancomycin on the day of the survey.

Criteria for *C. difficile* infection: (i) the patient had diarrhea (3 or more loose or watery stools in 24 hours) and laboratory confirmation of a positive toxin assay for *C. difficile* toxin OR (ii) there is a diagnosis of pseudomembranous colitis on sigmoidoscopy or colonoscopy, or there is a histopathologic diagnosis of *C. difficile* infection from a bowel biopsy.

Demographics

Native aboriginal or First Nations, is based on information provided by the patient or patient's family members.

Date of current admission refers to the date patient was admitted to hospital for the current hospitalization.

Date of MRSA or VRE culture refers to the date the first specimen that yielded MRSA or VRE was obtained.

Specimen type (for MRSA or VRE)

Screening specimen:

any nose, perianal, rectal, perineal, groin, or axilla swab, or stool specimen
OR
skin swab, catheter exit site swab, medical device exit site, or urine labeled as a “screening” specimen (obtained from a patient not suspected of having an infection)

Clinical specimen:

any specimen other than those listed above as “screening specimens”, especially in a patient being investigated for symptoms of a possible infection

Anatomic site refers to the site(s) from which MRSA or VRE was recovered in culture. There may have been multiple sites; if so, please check all sites that were positive for the organism.

Infection/Colonization (for MRSA or VRE)

MRSA or VRE **infection** is defined by standard criteria for healthcare-associated infections (CDC/NHSN Surveillance Definitions; Horan et al, Am J Infect Control 2008; 36:309-32) AND the patient must be on antimicrobial therapy for MRSA or VRE infection (eg. on IV vancomycin, IV daptomycin, oral or IV linezolid, or another antimicrobial agent active against MRSA or VRE) on the day of the survey.

If none of these criteria are applicable, it is assumed the patient has MRSA or VRE **colonization**.

Acquisition of MRSA or VRE

Community-associated:

Patient has no prior history of MRSA (or VRE), MRSA (or VRE) was identified \leq 48 hours after hospital admission, and was not hospitalized or in a long-term care facility in the previous 12 months, no surgery or dialysis in the previous 12 months, and no indwelling catheter or other medical device (eg. urinary catheter, IV catheter, tracheostomy, feeding tube, etc.)

Healthcare-associated:

MRSA (or VRE) was first identified $>$ 48 hours after hospital admission, OR the patient had been hospitalized or in a long-term care facility in the previous 12 months, OR had surgery or dialysis in the previous 12 months, OR had an indwelling catheter or other medical device (eg. urinary catheter, IV line, tracheostomy, feeding tube, etc.), OR had another healthcare exposure (eg. dialysis, outpatient surgery, outpatient chemotherapy, etc.).

For healthcare-associated cases, best judgment (based on epidemiology and molecular typing, if available) should be used to determine whether the MRSA (or VRE) was acquired in your hospital OR in another healthcare facility.

For *C. difficile*:

Primary infection:

If this is the first *C. difficile* infection ever experienced by the patient

OR

if this is a recurrent *C. difficile* infection occurring > 8 weeks since the date of a previous positive *C. difficile* toxin test result.

Recurrent infection:

If this is a recurrent episode of *C. difficile* infection, occurring < 8 weeks since the date of the most recent positive *C. difficile* toxin test.

Acquisition of *C. difficile*

Community-associated:

Onset of patient's symptoms is < 72 hours after admission to your hospital AND patient had not been hospitalized or in a long-term care facility in the past 8 weeks.

Healthcare-associated (another facility):

Onset of patient's symptoms is < 72 hours after admission to your hospital AND the patient was hospitalized in and discharged from another hospital or long-term care facility within the past 8 weeks.

Healthcare-associated (your facility):

Onset of patient's symptoms is ≥ 72 hours after admission to your hospital OR the patient had been hospitalized in your hospital and discharged within the previous 8 weeks.