

Methicillin-resistant *Staphylococcus aureus* in hospitalized children (MRSA)

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

2305 St. Laurent Blvd.
Ottawa, ON K1G 4J8
Tel: 613-526-9397, ext. 239
Fax: 613-526-3332
cpsp@cps.ca
www.cps.ca/cpsp

REPORTING INFORMATION

(To be completed by the CPSP Senior Coordinator)

Report number: _____

Month of reporting: _____

Province: _____

Today's date: _____

Please complete the following sections for the case identified above. Reporting to the CPSP does not preclude a responsibility to report cases of MRSA directly to the province according to each province's legislation on notifiable disease reporting. Patient and reporter information will be kept confidential.

CASE DEFINITION FOR METHICILLIN-RESISTANT *STAPHYLOCCOCUS AUREUS* IN HOSPITALIZED CHILDREN

Please report all hospitalized children less than 18 years of age who have symptomatic MRSA infection, laboratory-confirmed from a clinical sample.

Exclusion criteria

MRSA from a surveillance culture or as an incidental finding on culture.

SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: ____/____/____
DD MM YYYY

1.2 Sex: Male ____ Female ____

1.3 Hospital where child was admitted for the MRSA infection: _____

1.4 Postal code of home address, first 3 characters only: ____ _

1.5 Please indicate if residence is: Urban ____ Rural (population < 1000) ____ Unknown ____

SECTION 2 – PAST HISTORY, INCLUDING RISK FACTORS

2.1 What is the total number of people living in the household, including the child? ____ or homeless ____

2.2 How frequently does the child shower or bathe with soap?

Daily/almost daily ____ 2 to 3 times a week ____ Weekly ____ Less often than weekly ____ Unknown ____

2.3 Chronic underlying condition? Yes ____ No ____ Unknown ____

If yes, please specify _____

2.4 Prior hospital admissions for infections due to MRSA? Yes ____ No ____ Unknown ____

2.5 Prior surgery, dialysis, or hospital admission in the past year? Yes ____ No ____ Unknown ____

2.6 Residence in a long-term care facility in the past year? Yes ____ No ____ Unknown ____

2.7 Indwelling catheter(s) or percutaneous medical device (e.g., tracheostomy tube, gastrostomy tube, or urinary catheter) at the time of culture or previous isolation of MRSA. Yes ____ No ____ Unknown ____

2.8 Chronic skin conditions (i.e., eczema, impetigo) Yes ____ No ____ Unknown ____

2.9 Any body piercing (e.g., earring, belly button ring) at the time of admission? Yes ____ No ____ Unknown ____

2.10 Any body tattooing? Yes ____ No ____ Unknown ____

SECTION 2 – PAST HISTORY, INCLUDING RISK FACTORS (cont'd)

2.11 In the past year:

2.11.1 Non-injection drug use (e.g., crack)? Yes ___ No ___ Unknown ___

2.11.2 Injection drug use? Yes ___ No ___ Unknown ___

2.11.3 "Street involvement" (no permanent address) at any point? Yes ___ No ___ Unknown ___

2.11.4 Incarceration? Yes ___ No ___ Unknown ___

2.11.5 Attendance at a child care centre or family daycare? Yes ___ No ___ Unknown ___

2.11.6 "Non-water" contact sports? Specify _____ Yes ___ No ___ Unknown ___

2.12 Known household member with MRSA infection? Yes ___ No ___ Unknown ___2.13 Known household member who has worked as a healthcare provider? Yes ___ No ___ Unknown ___

2.14 Has the child/youth traveled out of their province/territory in the past year? Yes ___ No ___ Unknown ___

If yes, Canada (specify province/territory) _____ USA ___

Other (specify country) _____

SECTION 3 – CLINICAL PRESENTATION UPON ADMISSION (check all that apply)

3.1 Boils ___ Cellulitis ___ Fasciitis ___ Muscle infection ___ Bacteremia ___ Pneumonia ___
 Empyema ___ Osteomyelitis ___ Septic arthritis ___ Endocarditis ___ Meningitis ___
 Cervical adenitis/abscess ___ Mastoiditis ___ Other, specify _____

3.2 Date of admission: ____/____/____
 DD MM YYYY

SECTION 4 – INVESTIGATIONS

4.1 Date of MRSA clinical specimen collection: ____/____/____
 DD MM YYYY

4.2 Site(s) of culture isolate (check all that apply)

Skin ___ Fascia ___ Muscle ___ Deep tissue ___ Bone ___ Joint ___ Sputum ___
 Respiratory secretions ___ Blood ___ CSF ___ Other, specify _____

4.3 MRSA antimicrobials susceptibility:

	Susceptible	Resistant	Not available	Not done
Trimethoprim-sulfamethoxazole (TMP-SMX)	___	___	___	___
Clindamycin	___	___	___	___
Erythromycin	___	___	___	___
Ciprofloxacin	___	___	___	___
Rifampin	___	___	___	___
Mupirocin	___	___	___	___
Fusidic acid	___	___	___	___
Doxycycline	___	___	___	___

4.4 Presence of other pathogens (i.e., influenza virus) from specimens taken within 72 hours of admission?

Yes ___ No ___ Unknown ___ If yes, specify _____

