## Methicillin-resistant Staphyloccocus aureus in hospitalized children (MRSA)

#### CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

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# 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.

SECT	ION 1 – DEMOGRAPHIC INFORMATION					
1.1	Date of birth: / / 1.2 Sex: Male Fem	ale				
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				
SECT	ION 2 – PAST HISTORY, INCLUDING RISK FACTORS					
2.1	What is the total number of people living in the household, including the child	d? or h	nomeles	s		
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 weekl	у	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	t?	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 provided	vider?	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)			
SECT	TION 3 – CLINICAL PRESENTATION UPON ADMISSION (check	all that apply)		
3.1	Boils Cellulitis Fasciitis Muscle infection	Bacteremia _	Pneumonia	ı
	Empyema Osteomyelitis Septic arthritis Endo	carditis N	leningitis	
	Cervical adenitis/abscess Mastoiditis Other, specify			
3.2	Date of admission://			
	DD MM YYYY			
SECT	TION 4 – INVESTIGATIONS			
4.1	Date of MRSA clinical specimen collection://			
4.2		/		
4.2	Site(s) of culture isolate (check all that apply)	1-:	Constant	
	Skin Fascia Muscle Deep tissue Bone			
	Respiratory secretions Blood CSF Other, spec	CIIY		
4.3	MRSA antimicrobials susceptibility:	Danistant	Niet en ellelele	NI-4-I
	Trimethoprim-sulfamethoxazole (TMP-SMX)	Resistant	Not available	Not done
	Clindamycin			
	Erythromycin			
	Ciprofloxacin			
	Rifampin			
	Mupirocin			
	Fusidic acid			
	Doxycyline			
	<del></del>			
4.4	Presence of other pathogens (i.e., influenza virus) from specimen			sion?
	Yes No Unknown If yes, specify			

### **SECTION 5 – MANAGEMENT**

5.1	Antimicrobial(s) used before MRSA was diagnosed (check all that apply):				
	Trimethoprim-sulfamethoxazole (TMP-SMX) Cefazolin Cloxacillin Clarithromycin				
	Azithromycin Clindamycin Ciprofloxacin Cefotaxime Ceftriaxone				
	Vancomycin None Other, please specify				
5.2	Please indicate when the child was first put in contact isolation precautions:				
	Upon admission When MRSA culture results were known				
5.3	Surgery performed for management of infection? Yes No Unknown				
	If yes, please specify type: Debridement or drainage Amputation Plastic surgery				
SECT	TION 6 – OUTCOME				
6.1	Hospitalization: Total length of stay (days) Intensive care units length of stay (days)				
	Discharged recovering from MRSA infection Date / DD MM YYYY				
	Discharged to rehabilitation facility Date/				
	Died of MRSA infection				
6.2	Please indicate, to the best of your knowledge (based on history) if this infection was:				
	Acquired in the community				
	Acquired in hospital (nosocomial)				
	Acquired from another health care institution				
SECT	TION 7 – REPORTING PHYSICIAN				
First	nameSurname				
	ess				
	Province Postal code				
	phone number Fax number				
	ilDate completed				
CE C=	TONG FOLLOWIN				
	TION 8 – FOLLOW-UP				
8.1	Are you willing to be contacted for further information? Yes No				

Thank you for completing this form.

(MRSA 2008-09)