**PODACI O HOSPITALNOJ USTANOVI KOJA U SVOM SASTAVU IMA LABORATORIJU ZA KLINIČKU MIKROBIOLOGIJU**

**I KOJA UČESTVUJE**

**U STUDIJI PREVALENCIJE REZISTENCIJE NA ANTIMIKROBNE LEKOVE**

**2014.**

## WHO global (laboratory-based) survey on

**multidrug-resistant organisms (MDROs) in health care**

**DATA COLLECTION FORM**

#### Duration of survey:

**Any one continuous week between 1 and 28 March 2014**

Name of the acute health-care facility\_ Name of the laboratory City Postcode Country

#### Laboratory staff member completing the survey

Surname (Capital letter) First name (Capital letter) Email

#### Type of acute health-care facility

Public □ Private □ Not-for-profit □ General □ Teaching □

Other …………..…………

Total number of acute care inpatient beds in the facility:

≤ 200 □ 201-500 □ 501-1000 □ ≥ 1000 □

Is the facility registered for WHO SAVE LIVES: Clean Your Hands? ([http://www.who.int/gpsc/5may/en/index.html)](http://www.who.int/gpsc/5may/en/index.html)?

|  |  |  |
| --- | --- | --- |
|  | YES □ | NO □ |
| Is a Clinical Microbiologist employed in the laboratory service? | YES □ | NO □ |

#### CLINICAL LABORATORY ISOLATES FROM

**BLOOD AND URINE CULTURES OVER A ONE WEEK PERIOD**

**Instructions for completion**

* Complete this form with data related to ONE CONTINUOUS WEEK between 1 and 28 March 2014
* Include ***only first isolate*** from ***inpatients*** during the study week.
* For urine, use both **Midstream and Catheter Specimens (MSU, CSU).**

#### Dates of survey period: from ………..…………. to …………………..……..

Total no. of blood cultures set (aerobic & anaerobic) processed per year (approx.)………

Total no. of blood cultures set (aerobic & anaerobic) processed during the week of the survey ……….. Total no. of inpatient urine specimens processed per year (approx.)…………...…..………

Total no. of inpatient urine specimens processed during the week of the survey ….………



**Positive blood cultures (survey week)**

**Positive urine cultures (survey week)**

#### Total no. of all Gram positive microorganisms identified

**Total no. of *Staphylococcus aureus***

No. of MRSA

**Total no. of Enterococci spp**

No. of VRE

#### Total no. of all Gram negative microorganisms identified

Total no. of ***Enterobacteriaceae* spp**

**Total no.of *E.coli*** No.of ESBL *E.coli* No.of CRE *E.coli*

**Total no.of *Klebsiella* spp**

No.of ESBL *Klebsiella* spp



No.of CRE *Klebsiella* spp.

No.of ESBL other in *Enterobacteriaceae* spp. (excluding *E.coli* and *Klebsiella* spp) No.of CRE in other *Enterobacteriaceae* spp (excluding *E.coli* and *Klebsiella* spp)

**Total no. of *Acinetobacter*** spp

No.of *multidrug resistant Acinetobacter* spp

Total no. of fungi (including yeast)

Total no. of other non-bacterial, non fungal species

# LABORATORY IDENTIFICATION OF MDROs

**Identification of *Staphylococcus aureus***

Gram stain YES □ NO □

Slide or Tube coagulase YES □ NO □

Non-automated method YES □ NO □

If yes, state the method (API etc.) :…………………………………….....……….……… Automated method YES □ NO □

If yes, state the method (Vitek, Phoenix, MALDI-TOF etc):……………………………… Other identification methods: (molecular & non-molecular):………………………………….…

**Identification of *Enterococcus* spp**

Gram stain YES □ NO □

Streptococcal Lancefeild grouping YES □ NO □

Non-automated method YES □ NO □

If yes, state the method (API etc.) :……………………………………….……….………

Automated method YES □ NO □

If yes, state the method (Vitek, Phoenix, MALDI-TOF etc):……………………………… Other identification methods: (molecular & non-molecular):………………………………….…

**Identification of *Enterobacteriaceae* spp**

Gram stain YES □ NO □

Chromogenic Agar YES □ NO □

If yes, manufacturer’s name ………………………………………..…………….

Non-automated method YES □ NO □

If yes, state the method (API etc.) :………………………….……….………

Automated method YES □ NO □

If yes, state the method (Vitek, Phoenix, MALDI-TOF etc):………………………… Other identification methods: (molecular & non-molecular):…………………….……….…

# LABORATORY CONFIRMATION OF RESISTANCE

#### Which antibiotic interpretative criteria is used for disc diffusion, break point and MIC (Minimum Inhibitory Concentration) in your laboratory?

CLSI YES □ NO □

EUCAST YES □ NO □

BSAC YES □ NO □

Other : …………………………………………………………..……………………………

**MRSA** (Methicillin-resistant *Staphycoccus aureus*)

Disc diffusion method YES □ NO □

If Yes, which antibiotic disc is used ?

Methicillin 10μg YES □ NO □

Oxacillin 1μg YES □ NO □

Cefoxitin 10μg YES □ NO □

Cefoxitin 30μg YES □ NO □

E test YES □ NO □

MIC (Broth method or agar dilution) YES □ NO □ Non-automated susceptibility testing method YES □ NO □ If yes, state the method ………………………….……….………

Automated susceptibility testing method YES □ NO □

If yes, state the method **(**Vitek, Phoenix etc.)…………………………………….….. Other methods: (molecular & non-molecular):………………….………………………………

**VRE** (Vancomycin-resistant enterococci)

Disc diffusion method YES □ NO □

If Yes, which antibiotic disc is used:

Vancomycin 5 μg YES □ NO □

Vancomycin 30 μg YES □ NO □

Teicoplanin 30 μg YES □ NO □

E test YES □ NO □

MIC (Broth method or agar dilution) YES □ NO □

Non-automated susceptibility testing method YES □ NO □

If yes, state the method ………………………….……….………

Automated susceptibility testing method YES □ NO □

If yes, state the method **(**Vitek, Phoenix etc.)…………………………………….….. Other methods: (molecular & non-molecular):………………….………………………………

### **ESBL** (Extended-Spectrum Beta-Lactamase)

Presence of an ESBL is confirmed by :

Chromogenic ESBL agar YES □ NO □

If yes, manufacturer’s name ………………………………..……………. ESBL combi-discs YES □ NO □

If yes, manufacturer’s name ………………………………..……………. Disc approximation YES □ NO □

ESBL E-tests YES □ NO □

MIC (Broth method or agar dilution) for 3rd generation cephalosporins YES □ NO □

Non-automated susceptibility testing method YES □ NO □

If yes, state the method ………………………….……….………

Automated susceptibility testing method YES □ NO □

If yes, state the method **(**Vitek, Phoenix etc.)…………………………………….…..

Other methods: (molecular & non-molecular):………………….………………………………

### **CRE** (Carbapenem Resistant Enterobacteriaceae)

Presence of CPE is confirmed by:

Chromogenic CPE agar YES □ NO □

If YES, product and manufacturer’s name ……………………………………….. Modified Hodge Test YES □ NO □

MIC (Broth method or agar dilution) for Carbapenems YES □ NO □

Non-automated susceptibility testing method YES □ NO □

If yes, state the method ………………………….……….………

Automated susceptibility testing method YES □ NO □

If yes, state the method **(**Vitek, Phoenix etc.)…………………………………….….. Other methods: (molecular & non-molecular):………………….………………………………

# LABORATORY QUALITY CONTROL

Agar plates used in the laboratory are :

Purchased pre-poured media YES □ NO □

Prepared in the laboratory YES □ NO □

If prepared in the laboratory, do you quality control your media? YES □ NO □

Quality control organisms used or susceptability in your laboratory testing

**MRSA** NO □ ATCC □ NCTC □ other □

If other, please specify………………………………………………………..…………….

**VRE** NO □ ATCC □ NCTC □ other □

If other, please specify…………………………………………………………………….

**CRE** NO □ ATCC □ NCTC □ other □

If other, please specify………………………………………………………..…………….

**ESBL** NO □ ATCC □ NCTC □ other □

If other, please specify………………………………………………………..…………….

Does your laboratory participate in the External Quality Control Scheme? YES □NO □

Does your country have a Reference Laboratory to confirm CRE and other multidrug-resistant organisms?

YES □ NO □ Don't know □ Additional comments

#### WHO thanks you very much for your contribution to this important global survey in support of the SAVE LIVES: Clean Your Hands 5 May 2014 call to action.

***Please understand that data submitted after 31 March 2014 will not be included in the summary report that WHO will make available on 5 May 2014.***