VHPSS No.
(MDU Use Only)

VHPSS Blood Stream Infection & Meningitis Surveillance

In collaboration with the Victorian Advisory Committee on Infection Control (VACIC)

Patient data

Name **Surname** **Given**

First 2 letters of: ☐☐ ☐☐

Date of Birth: _ _ / _ _ / _ _ _ _
dd / mm / yyyy

Sex: (circle): *F* *M*

Residential Postcode: ☐☐☐☐

Specimen data

Laboratory Code:

Laboratory Specimen Number:

Specimen Type: (circle) *Blood* *CSF*

Date of specimen collection: _ _ / _ _ / _ _ _ _
dd / mm / yyyy

Hospital data

Hospital Name/Code:

UR Number:

Date of Admission: _ _ / _ _ / _ _ _ _
dd / mm / yyyy

Unit: (tick one only)

- ☐ Emergency
- ☐ Outpatient/Not hospitalised
- ☐ Haematology/Oncology
- ☐ Paediatrics/Neonatal
- ☐ ICU - Adult
- ☐ Renal
- ☐ ICU- Paediatric/Neonatal
- ☐ Surgery
- ☐ Internal Medicine
- ☐ Urology
- ☐ Obstetrics/Gynaecology
- ☐ Other (specify)_____

Underlying Clinical Condition:

Isolate data

Organism: (your identification)

Typing: (where applicable)

Is this isolate going to MDU? (circle) *Yes* *No*

(MDU use only)

MDU Sample ID _____

Genus/Species ☐☐☐☐ ☐☐☐☐

Qualifier ☐☐☐

Type1 ☐☐☐☐☐ Type2 ☐☐☐☐☐

ESBL ☐ mecA ☐ van ☐☐☐☐

Date received: _ _ / _ _ / __ _ _

Sensitivity data

Method: (circle) Disc diffusion Agar dilution Broth dilution E-test Vitek MIcroscan Other

[Fill in S (sensitive), I (intermediate), R (resistant) if drug was tested]

Antimicrobial	S, I, R	MIC* (mg/l)	Antimicrobial	S, I, R	MIC* (mg/l)	Antimicrobial	S, I, R	MIC* (mg/l)
Amikacin			Gentamicin			Tetracycline		
Ampicillin/Amoxicillin			Gentamicin high			Ticarcillin+Clavulanate		
Amoxicillin+Clavulanate			Imipenem			Trimethoprim		
Aztreonam			Linezolid			Tobramycin		
Cefazolin			Meropenem			Vancomycin		
Cefotaxime			Methicillin					
Ceftazidime			Metronidazole					
Ceftriaxone			Nitrofurantoin					
Cephalothin			Norfloxacin			Other antimicrobial 1		
Chloramphenicol			Oxacillin					
Ciprofloxacin			Penicillin			Other antimicrobial 2		
Clindamycin			Piperacillin					
Co-trimoxazole			Piperacillin+Tazobactam			Other antimicrobial 3		
Daptomycin			Rifampicin					
Erythromycin			Sulphonamide			ESBL present (circle)	Pos	Neg
Fusidic Acid			Teicoplanin			PCR MecA-gene (circle)	Pos	Neg

***MIC Method:**(circle) Broth dilution Agar dilution E-test

Guidelines for completing the VHPSS form

Aims

The aim of the scheme is to monitor bacterial/fungal causes of bloodstream and CSF infections in Victoria by collecting, analysing and disseminating data from primary diagnostic laboratories on clinically significant isolates from human bloodstream and CSF specimens. In addition, the scheme aims to monitor antibiotic resistance in invasive pathogens and to actively enhance this surveillance in key pathogens from time to time.

When to complete this form

Please complete this form when you isolate bacteria or fungi from a blood or CSF specimen and there is microbiological and/or clinical evidence that the isolation represents a clinically significant infection. Do not complete the form when the isolate is clearly considered a contaminant organism. However, if there is uncertainty about the significance of a positive blood/CSF culture please complete a form. We are happy to receive reports of repeat isolations of the same species from the same patient on subsequent days. If your laboratory can automate the flagging of all positive blood/CSF cultures this will ensure high and consistent case ascertainment.

Episode definition

For the purposes of surveillance and analyses, an episode of bacteraemia or meningitis is defined as: the first isolation of a species of bacteria/fungi from a blood or CSF specimen from a patient within a 14 day period. Isolations of more than one different species of bacteria/fungi from the same patient irrespective of time period are counted as separate episodes (if deemed to be clinically significant).

Antimicrobial sensitivity data

Report sensitivities as resistant (R), intermediate (I) or sensitive (S) according to the testing method and guidelines used by your laboratory. Please report on all antimicrobials tested even if these were not reported to the requesting doctor. Please report the MIC (in mg/l) if this was performed. Report antifungal susceptibilities and any other antimicrobial not listed on the card in the space provided under "Other antimicrobial". Reporting sensitivities as less sensitive (LS), relatively resistant (RR) and sensitivity dose dependent (SDD) is acceptable for the following organisms: *N. meningitidis, S. pneumoniae* and yeasts. The presence of ESBL may be confirmed by testing a third generation cephalosporin in the presence of clavulanic acid or another beta-lactamase inhibitor. If your laboratory performs a PCR to detect mecA gene for *S. aureus* please report the PCR result.

Hospital Name/Code

Please report which hospital the patient was admitted to at time of specimen collection. Your laboratory may need to provide the VHPSS with a list of hospitals (and hospital codes) that your laboratory services.

Hospital Unit

Please indicate which hospital unit the patient was admitted to at the time of collection of the specimen. If the patient was not admitted at the time of collection please tick outpatient/not hospitalised. Provision of this data to VHPSS will mean that the scheme will be able to monitor trends in important pathogens by type of hospital unit.

Underlying Clinical Condition

Please report the principal underlying clinical condition(s) of the patient if this is known.

Date of Admission

Collection of date of admission is a key field. Date of admission is used as a marker of whether the infection is likely to be hospital or community acquired. Hospital acquired infections are those in which a bacterium/fungus was isolated 48 hours or more after the patient was admitted to hospital. Please provide the most recent date of admission that is relevant to the date of specimen collection.

Electronic/semi automated reporting

Some laboratories have implemented semi automated reporting to VHPSS. If your laboratory is interested in doing this please contact the VHPSS Co-ordinator.

Forwarding isolates to MDU Public Health Laboratory

MDU Public Health Laboratory offers a number of services for further phenotypic and genotypic identification of key pathogens. Please telephone the Director, Professor Ben Howden, to discuss these services. Ph: (03) 8344 5701/5713 or email: bhowden@unimelb.edu.au.

Please mail forms/specimens to Microbiological Diagnostic Unit Public Health Laboratory, Department of Microbiology & Immunology, The University of Melbourne, The Peter Doherty Institute for Infection and Immunity VIC 3010.

Direct deliveries can be made to 792 Elizabeth Street, Melbourne VIC 3000