

**Consensus Recommendations from the Methicillin-Resistant *Staphylococcus aureus*  
Reporting Subcommittee of the California Department of Public Health Healthcare-Associated  
Infections Advisory Committee**

**January 29, 2008**

1. California acute care hospitals shall report all laboratory-confirmed methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections identified in hospital inpatients to the California Department of Public Health (CDPH). The trigger for reporting is a result of one or more blood cultures positive for MRSA related or unrelated to infection at another site.
2. California acute care hospitals shall classify each reportable MRSA bloodstream infection into one of the two following categories:
  - Community-onset MRSA: infection present on admission or having an onset within the first three days after hospital admission (hospital day 1,2 or 3);
  - Hospital-onset MRSA: onset of infection after three days of admission (hospital day 4 or greater).
3. California hospitals shall report rates of hospital-onset MRSA bloodstream infections by using the number of reportable hospital-onset MRSA bloodstream infections (numerator) over 1000 inpatient days for that facility (denominator).

If possible, CDPH shall obtain denominator data from a state agency that already reports these data, e.g., the Office of Statewide Health Planning and Development.

4. CDPH shall publicly report the number of community-onset MRSA bloodstream infections and the rate of hospital-onset MRSA bloodstream infections identified in California acute care hospitals. Information will be included in the report to interpret and clarify these data for the public.
5. California acute care hospitals shall begin reporting these data by July 1, 2008, having been given at least sixty days notification of the reporting methodology that is established and disseminated by CDPH.
6. Further characterization of reported community-onset MRSA bloodstream infections as presumptively community-associated or healthcare-associated should not be required at this time.

**HAI-AC is requested to validate further subcommittee tasks:**

1. How should additional positive blood cultures from the same patient reflecting the same BSI be addressed?
2. How often should hospitals report data to CDPH, e.g., monthly, quarterly, annually; and what should the data reporting deadlines be, e.g., within 10 days of individual events, within 30 days of month-end, etc.?
3. Should any additional data elements be reported, e.g., risk factors for infection, demographic characteristics, etc.?
4. How should data be reported from hospitals to CDPH, e.g., via the National Healthcare Safety Network, Confidential Morbidity Report, or other method?
5. What data should be reported to the public?
6. How often should data be reported to the public?
7. How should reporting data be disseminated to the public, e.g., newspapers, website, etc.