Communicable Disease Case Reporting and Investigation Protocol
VANCOMYCIN INTERMEDIATE AND VANCOMYCIN RESISTANT
STAPHYLOCOCCUS AUREUS INFECTIONS

I. IDENTIFICATION AND DEFINITION OF CASES
A. Clinical Description:
*Staphylococcus aureus* causes a variety of syndromes, including skin and soft tissue infections, empyema, bloodstream infections, sepsis, pneumonia, osteomyelitis, septic arthritis, endocarditis, and meningitis. Some individuals may carry *S. aureus* with no symptoms of illness.

B. Laboratory Criteria:
Isolation of *S. aureus* from any body site, AND the isolate tests intermediate or resistant to vancomycin, (MIC 4-8 ug/ml for Vancomycin Intermediate *Staphylococcus aureus* (VISA) and MIC ≥ 16 for Vancomycin Resistant *Staphylococcus aureus* (VRSA)), detected and defined according to the Clinical and Laboratory Standards Institute approved standards and recommendations.

C. Wisconsin Surveillance Case Definition:
Confirmed: An isolate of *S. aureus* confirmed to meet laboratory criteria by testing at the Wisconsin State Laboratory of Hygiene (WSLH).

II. REPORTING
A. Wisconsin Notifiable Disease Category I – Methods for Reporting: VRSA infections shall be reported IMMEDIATELY BY TELEPHONE to the patient’s local health officer or to the local health officer’s designee upon identification of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (a). In addition to the immediate report, complete and fax, mail or electronically report an Acute and Communicable Disease Case Report (DHS F-44151) to the address on the form, or enter the data into the Wisconsin Electronic Disease Surveillance System, within 24 hours.

Wisconsin Disease Surveillance Category II – Methods for Reporting: VISA infections shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

Laboratories must submit isolates of *S. aureus* with vancomycin susceptibility test results of MIC ≥ 16 ug/ml to the WSLH for confirmatory testing.

B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

C. Clinical Criteria for Reporting: None.

D. Laboratory Criteria for Reporting: Isolation of *S. aureus* from any body site, AND the isolate tests intermediate or resistant to vancomycin, (MIC 4-8 ug/ml for VISA and MIC ≥ 16 for VRSA), detected and defined according to the Clinical and Laboratory Standards Institute approved standards and recommendations.

III. CASE INVESTIGATION
A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.
No case investigation required for VISA. For VRSA: Confirmatory testing of suspect isolates, evaluation of institution infection control measures, and assessment of transmission risk to contacts and health care workers to determine need for testing of contacts.

B. **Required Documentation:**
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.

**IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES**


B. Patients should be managed according to recommendations described in the Division of Public Health (DPH) “Guidelines for prevention and control of antibiotic resistant organisms in health care settings,” and the Centers for Disease Control and Prevention (CDC) “Management of multi-drug resistant organisms in health care settings, 2006.” Special attention should be given to restriction of vancomycin use.

**V. CONTACTS FOR CONSULTATION**

A. Local health departments and tribal health agencies:

B. Division of Public Health, Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003

C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

**VI. RELATED REFERENCES**


