

Discontinuation of Requirements for Matching Antibiograms for Laboratory-Confirmed Bloodstream Infection (LCBI) Criterion 2 and 3 and for Secondary Bloodstream Infection

Good afternoon,

NHSN is updating the notes that provide guidance for reporting Laboratory-confirmed Bloodstream Infection (LCBI). The following change to the notes regarding blood cultures that are positive for common skin commensals takes effect immediately and should be applied to all LCBI meeting criterion 2 or 3 reported **beginning January 1, 2011**:

- **There is no longer a requirement that antibiograms, if available, for common skin commensals, must match (i.e., Notes 4b, c, and d, of the LCBI definition and Table 2 of Chapter 4 and Table 3 of Chapter 17 of the NHSN Patient Safety Component Manual have been deleted). The requirement that the organism must match by available genus and species information, remains (i.e., Note 4a of the LCBI definition and Table 1 are retained).**

On a related issue, when determining if a bloodstream infection is the primary infection site or secondary to an infection at another site, there will be no requirement for the antibiograms of the blood culture isolate(s) and antibiograms of the isolate(s) from the primary infection site culture to match. The isolate(s) must only match at the genus/species level for the bloodstream infection to be considered secondary to the primary infection site.

These changes have been made to address the following concerns which have arisen with the advent of pay- for -reporting programs in which the need to “level the playing field” and for a simplified surveillance process are increasingly important:

1. Microbiologic cultures are polyclonal. While colonies should be selected for susceptibility testing based on differing morphologies, this does not assure a complete antibiotic susceptibility profile of the entire culture, therefore differing antibiograms for the same genus and species within a culture is not uncommon.
2. There is variation between facilities in the level of identification of isolates reported for second and subsequent positive cultures of the same organism from the same patient. This variability can create a scenario where one facility may be forced to identify 2 organisms as matching when another facility in the same situation would have susceptibility information allowing them to identify the organisms as different.

Chapter 4, Central Line-associated Bloodstream Infection Event, and Chapter 17, CDC/NHSN Surveillance Definition of Healthcare-Associated Infection and Criteria for Specific Types of Infections in the Acute Care Setting of The NHSN Patient Safety Component Manual will be updated to reflect these changes and posted to the NHSN website with the next NHSN version release, expected in March, 2011. Please share this information with other NHSN users.

Thank you for your understanding and your continued work in the prevention of healthcare-associated infections.

The NHSN Team