FoodNet Survey of Clinical Laboratory Practices, 2000

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Completed by: ___________________________ Laboratory ID  ____

please print name

Position: 9 laboratory supervisor 9 microbiology supervisor
9 other (describe __________________________)

Phone number ( ____ ) ____ - _________ E-mail: _________

Fax number ( ____ ) ____ - _________

Date form completed: ____ / ____/ 2000
mon  day
Section A: Specimen Sending and Receiving for Bacterial Testing

1. For **bacterial** testing, what was the total number of fecal specimens including whole stools and rectal swabs (excluding *Clostridium difficile*), submitted to your laboratory for enteric screening in 1999? Please include specimens screened on-site and off-site. ________________

   **If no** fecal specimens were submitted to your laboratory for **bacterial** screening, skip to q. 12.

2. Concerning specimens screened for **bacterial** organisms, how often are specimens for enteric screening **received** by your laboratory in the following manner:

   **Note: routinely = >80%, sometimes = 20-80%, rarely = <20%, never = 0%**

   2a) As feces in a container not in transport media ........ 9 routinely 9 sometimes 9 rarely 9 never
   2b) As feces in transport media .......................... 9 routinely 9 sometimes 9 rarely 9 never
   2c) As feces on ice/refrigerated ......................... 9 routinely 9 sometimes 9 rarely 9 never
   2d) As a rectal swab not in transport media ............. 9 routinely 9 sometimes 9 rarely 9 never
   2e) As a rectal swab in transport media .................. 9 routinely 9 sometimes 9 rarely 9 never
   2f) As a rectal swab on ice/refrigerated ................. 9 routinely 9 sometimes 9 rarely 9 never
   2g) Other .............................................. 9 routinely 9 sometimes 9 rarely 9 never

   please describe: ________________

3. Does your laboratory send any specimens off-site for **bacterial** enteric screening?
   9 Yes 9 No **[skip to q. 5]**

   **If yes**, when utilizing an off-site reference facility for **bacterial** enteric screening, how often are specimens **sent from** your laboratory, to that off-site facility:

   3a) As feces in a container not in transport media ........ 9 routinely 9 sometimes 9 rarely 9 never
   3b) As feces in transport media .......................... 9 routinely 9 sometimes 9 rarely 9 never
   3c) As feces on ice/refrigerated .......................... 9 routinely 9 sometimes 9 rarely 9 never
   3d) As a rectal swab not in transport media ............. 9 routinely 9 sometimes 9 rarely 9 never
   3e) As a rectal swab in transport media .................. 9 routinely 9 sometimes 9 rarely 9 never
   3f) As a rectal swab on ice/refrigerated ................. 9 routinely 9 sometimes 9 rarely 9 never
   3g) Other .............................................. 9 routinely 9 sometimes 9 rarely 9 never

   please describe: ________________

4. Has your laboratory’s routine use of off-site reference testing for **bacterial** pathogen screening changed significantly **in the past 2 years**?
   9 Yes, our routine utilization of off-site reference facilities for bacterial pathogen screening has **increased**
   9 Yes, our routine utilization of off-site reference facilities for bacterial pathogen screening has **decreased**
   9 No, our routine utilization of off-site reference facilities for bacterial pathogen screening has **not changed**

Section B: *Salmonella* Testing

5. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for *Salmonella*?
   9 Yes 9 No **[skip to q. 6]**

   5a. Where are specimens cultured for *Salmonella*?
       9 On-site 9 Off-site (where: ________________________) **[skip to q. 6]**

   5b. Is *Salmonella* part of your routine enteric screen? 9 Yes 9 No

   5c. How many fecal specimens were cultured on-site for *Salmonella* in 1999? ________________
Section C: *Shigella* Testing

6. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for *Shigella*?
   - Yes ☐, No ☐ [skip to q. 7]

6a. Where are specimens cultured for *Shigella*?
   - On-site ☐, Off-site (where: ________________) [skip to q. 7]

6b. Is *Shigella* part of your routine enteric screen?  Yes ☐, No ☐

6c. How many fecal specimens were cultured on-site for *Shigella* in 1999? _________

Section D: *Campylobacter* Testing

7. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for *Campylobacter*?
   - Yes ☐, No ☐ [skip to q. 8]

7a. Where are specimens cultured for *Campylobacter*?
   - On-site ☐, Off-site (where: ________________) [skip to q. 8]

7b. Is *Campylobacter* part of your routine enteric screen for all fecal specimens?  Yes ☐, No ☐

7c. How many fecal specimens were cultured on-site for *Campylobacter* in 1999? _________

7d. Does your laboratory use direct non-culture methods to test for *Campylobacter*?
   - Yes ☐, No ☐ [skip to q. 8]

   **If yes, which tests?**
   a) Prospect *Campylobacter* Microplate Assay (Alexon-Trend) .......................... 9 Yes, 9 No
   b) Campyslide (Becton Dickinson/BBL) ..................................................... 9 Yes, 9 No
   c) *C. jejuni* BioProbe (Enzo diagnostics) .................................................. 9 Yes, 9 No
   d) AccuProbe *Campylobacter* Culture Identification Test (GenProbe) ............... 9 Yes, 9 No
   e) Campy PCR kit (Vita-Tech) ...................................................................... 9 Yes, 9 No
   f) Enteric PCR kit (Vita-Tech) ...................................................................... 9 Yes, 9 No
   g) Other ........................................................................................................ 9 Yes, 9 No
   
   *if other, please describe: ____________________________*

   h) Was this technology adopted by your laboratory within the last 2 years?  Yes ☐, No ☐

   i) How many fecal specimens were tested by non-culture methods in 1999? _________

   j) Does your laboratory routinely perform culture-based testing when a specimen is positive
      with a direct non-culture method for *Campylobacter*? ................................. 9 Yes, 9 No
Section E: *E. coli* O157 and STEC Testing

8. Does your laboratory test fecal specimens (either on-site or off-site) for *E. coli* O157 or other STEC (using either culture or non-culture methods)?
   - Yes
   - No [skip to q. 9]

8a. When does your lab test for *E. coli* O157/STEC?
   - all specimens routinely, or
   - under certain circumstances [check all that apply]
     - when a physician specifically requests testing for *E. coli* O157/STEC
     - when specimen appears bloody
     - when the patient has history of bloody stools
     - when the patient is in a certain age group, specify: ________________________________
     - during certain seasons (e.g., summer), specify: ________________________________
     - when the patient has hemolytic uremic syndrome (HUS)
     - other, specify: _______________________________________________________________

8b. Where are specimens tested for *E. coli* O157/STEC?
   - Off-site only (where: ____________________________)
   - Are specimens “batched” before sending? ......................................................... Yes  No 
   - Please estimate the average number of days between specimen arrival in the laboratory and mailing _________ [skip to q. 9]
   - On-site

8c. How many fecal specimens were tested on-site for *E. coli* O157/STEC in 1999? _________

8d. When testing for *E. coli* O157, what media/methods does your laboratory use? [check all that apply]
   - Sorbitol-MacConkey agar (SMAC)
   - BCM O157:H7 agar
   - CT Sorbitol-MacConkey agar (CT-SMAC)
   - Rainbow agar
   - MacConkey agar
   - Enrichment broth, please specify: ______________________________________________
   - Immunomagnetic beads
   - Other, please describe: ________________________________________________________

8e. When sorbitol negative colonies are detected, which of the following are performed in your laboratory? [check all that apply]
   - A test to detect the O157 antigen (such as agglutination)
   - A test to detect the H7 antigen
   - A biochemical test to identify the organism as *E. coli*
   - Send the isolate to a reference lab or the state laboratory
   - Other, please describe: ________________________________________________________

8f. Does your laboratory use non-culture methods to screen for *E. coli* O157/STEC?  
   - Yes
   - No

   If no, will your laboratory have adopted these methods in the next 6 months??  
   - Yes
   - No. ........ [skip to q. 9]

   If yes, which tests?
   a) Shiga toxin immunoassay (e.g., Meridian Premier EHEC, Alexon-Trend Prospect STEC) .... Yes  No
   b) Immunoassay for O157 antigen (e.g., Meridian Immunocard STAT O157, Universal HealthWatch QUIX O157) ......................................................... Yes  No
   c) Other ............................................................ Yes  No
   - if other, please describe: ______________________________________________________

8g. What year were non-culture methods adopted by your laboratory? ...................... __ __ __ __
8f. How many fecal specimens were tested in your lab by non-culture methods for *E. coli O157/STEC* in 1999? ______

8h. When a specimen is **Shiga toxin positive** by non-culture method, does your laboratory routinely...
   - perform culture-based testing to isolate *E. coli O157*? 9 Yes 9 No
   - plate out and test individual colonies to obtain Shiga toxin-positive isolates? 9 Yes 9 No
   - send the specimen or isolate to the state laboratory? 9 Yes 9 No

   **If yes to send specimen or isolate,** under what circumstances? [check all that apply],
   - specimen/broth/plate sent routinely without further testing
   - isolate(s) sent routinely without further testing
   - isolate sent when *E. coli O157* identified
   - specimen sent when *E. coli O157* tested for but not identified
   - isolate sent, when non-O157 STEC identified
   - other, specify ________________________________

Section F: Vibrio Testing

9. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for *Vibrio*? 9 Yes 9 No [skip to q. 10]

9a. Where are specimens cultured for *Vibrio*?
   - On-site 9
   - Off-site (where: ________________________) [skip to q. 10]

9b. Is *Vibrio* part of your routine enteric screen? 9 Yes [skip to q. 9c] 9 No

   **If no,** when specifically requested by a physician, are fecal specimens cultured for *Vibrio*? 9 Yes 9 No [skip to q. 10]

9c. How many fecal specimens were cultured on-site for *Vibrio* in 1999? ______

9d. When testing for *Vibrio*, what media/agar does your laboratory use?
   - Blood plate 9 Yes 9 No
   - MacConkey plating media 9 Yes 9 No
   - SS 9 Yes 9 No
   - XLD 9 Yes 9 No
   - TCBS 9 Yes 9 No
   - MSA (mannitol salt agar) 9 Yes 9 No
   - Other 9 Yes 9 No

   If g, please describe: ___________________________________________________________________

Section G: Yersinia Testing

10. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for *Yersinia*? 9 Yes 9 No [skip to q. 11]

10a. Where are specimens cultured for *Yersinia*?
   - On-site 9
   - Off-site (where: ________________________) [skip to q. 11]

10b. Is *Yersinia* part of your routine enteric screen? 9 Yes [skip to q. 10c] 9 No

   **If no,** when specifically requested by a physician, are fecal specimens cultured for *Yersinia*? 9 Yes 9 No [skip to q. 11]

10c. How many fecal specimens were cultured on-site for *Yersinia* in 1999? ______
10d. When testing for *Yersinia*, what media/agar does your laboratory use?  
   a) MacConkey plating media ............................................ 9 Yes 9 No  
   b) SS ................................................................. 9 Yes 9 No  
   c) XLD ............................................................... 9 Yes 9 No  
   d) CIN ................................................................. 9 Yes 9 No  
   e) Other ..................................................................... 9 Yes 9 No  
If e, please describe: _____________________________

Section H: Other Bacterial Testing

11. Does your laboratory have PCR-based testing capacity for enteric bacterial pathogens other than *Campylobacter* or *E. coli*?  
   9 Yes. Please describe: _____________________________  
   9 No  
If *yes*, does your laboratory follow-up PCR-based testing with confirmatory culturing of pathogens?  
   9 Yes 9 No

Section I: Specimen Sending and Receiving for Parasitic Testing

12. For parasitic testing, what was the total number of fecal specimens, including whole stools and rectal swabs, submitted to your laboratory for enteric screening in 1999?  
   Please include specimens screened on-site and off-site. _____________________________

   If no fecal specimens were submitted to your laboratory for parasitic screening, skip to q. 34.

13. Concerning specimens screened for parasitic organisms, how often are specimens for enteric screening received by your laboratory in the following manner:

   Note: routinely = >80%, sometimes = 20-80%, rarely = <20%, never = 0%

   13a) As feces in a container not in transport media ............ 9 routinely 9 sometimes 9 rarely 9 never  
   13b) As feces in transport media .................................. 9 routinely 9 sometimes 9 rarely 9 never  
   13c) As feces on ice/refrigerated .................................. 9 routinely 9 sometimes 9 rarely 9 never  
   13d) As feces in preservative for O&P .......................... 9 routinely 9 sometimes 9 rarely 9 never  
   13e) As a rectal swab ............................................... 9 routinely 9 sometimes 9 rarely 9 never  
   13f) As a rectal swab in transport media ....................... 9 routinely 9 sometimes 9 rarely 9 never  
   13g) As a rectal swab not in transport media ................. 9 routinely 9 sometimes 9 rarely 9 never  
   13h) As a rectal swab on ice/refrigerated .................... 9 routinely 9 sometimes 9 rarely 9 never  
   13i) Other ............................................................. 9 routinely 9 sometimes 9 rarely 9 never  
   please describe: ____________________________________

14. Does your laboratory send any specimens off-site for parasitic enteric screening?  
   9 Yes 9 No [skip to q. 16]

   If *yes*, when utilizing an off-site reference facility for parasitic enteric screening, how often are specimens sent from your laboratory to that off-site facility:

   14a) As feces in a container not in transport media ............ 9 routinely 9 sometimes 9 rarely 9 never  
   14b) As feces in transport media .................................. 9 routinely 9 sometimes 9 rarely 9 never  
   14c) As feces on ice/refrigerated .................................. 9 routinely 9 sometimes 9 rarely 9 never  
   14d) As feces in preservative for O&P .......................... 9 routinely 9 sometimes 9 rarely 9 never  
   14e) As a rectal swab ............................................... 9 routinely 9 sometimes 9 rarely 9 never  
   14f) As a rectal swab in transport media ....................... 9 routinely 9 sometimes 9 rarely 9 never  
   14g) As a rectal swab not in transport media ................. 9 routinely 9 sometimes 9 rarely 9 never  
   14h) As a rectal swab on ice/refrigerated .................... 9 routinely 9 sometimes 9 rarely 9 never  
   14i) Other ............................................................. 9 routinely 9 sometimes 9 rarely 9 never  
   please describe: ____________________________________

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15. Has your laboratory’s routine use of off-site reference testing for parasitic pathogen screening changed significantly in the past 2 years?
9 Yes, our routine utilization of off-site reference facilities for parasitic pathogen screening has increased
9 Yes, our routine utilization of off-site reference facilities for parasitic pathogen screening has decreased
9 No, our routine utilization of off-site reference facilities for parasitic pathogen screening has not changed

Section J: Ova and Parasite Testing

16. Do personnel in your laboratory perform the following procedures:
16a) Wet mounts, before concentration or sedimentation .............. 9 Yes 9 No
16b) Formalin-ethyl acetate concentration ................................... 9 Yes 9 No
16c) Other concentration method .............................................. 9 Yes 9 No
   Specify: ____________________________
16d) Wheatley trichrome stain .............................................. 9 Yes 9 No
16e) Other permanent stain method ........................................ 9 Yes 9 No
   Specify: ____________________________
16f) Modified Kinyoun’s acid fast ........................................... 9 Yes 9 No
16g) Parasitologic examination of other tissues or fluids .............. 9 Yes 9 No
16h) Antigen detection tests (e.g., EIA, FA) .............................. 9 Yes 9 No
16i) Serologic tests for parasites (antibody detection) ................. 9 Yes 9 No
16j) Molecular diagnostic tests (e.g., PCR) .............................. 9 Yes 9 No
16k) Parasite culture or inoculation in experimental animals .......... 9 Yes 9 No

Section K: Cryptosporidium Testing

17. Under what circumstances does your laboratory test for Cryptosporidium? [mark one]
9 All liquid fecal specimens, even if submitted for C&S testing
9 All liquid fecal specimens submitted for O&P
9 All fecal specimens submitted for O&P
9 All fecal specimens submitted for O&P from known HIV-positive persons
9 All fecal specimens submitted for O&P from hospitalized persons
9 All fecal specimens where Cryptosporidium testing is requested
9 No stool testing for Cryptosporidium is done on-site [skip to q. 21]
9 Other, specify: ____________________________

18. What was the total number of fecal specimens examined by your laboratory for Cryptosporidium in 1999? ____________________________

19. How many were positive for Cryptosporidium in 1999? ____________________________

20. What type(s) of stains or techniques does your laboratory use for Cryptosporidium testing? Note: mark either routinely (i.e., all stools tested for Cryptosporidium) OR confirmatory (i.e., only those that are or may be positive from a Cryptosporidium screening test) for those tests. Do not mark both routinely and confirmatory.
9 Wet mount, not stained ................................................. 9 Routinely 9 Confirmatory
9 Wet mount, iodine or other temporary stain ............................................. 9 Routinely 9 Confirmatory
9 Acid fast stain .............................................................. 9 Routinely 9 Confirmatory
9 FA (direct immunofluorescence) ........................................ 9 Routinely 9 Confirmatory
9 ELISA ................................................................. 9 Routinely 9 Confirmatory
9 PCR ................................................................. 9 Routinely 9 Confirmatory
9 Other 1, .......................................................... 9 Routinely 9 Confirmatory
   specify: ____________________________
9 Other 2, .......................................................... 9 Routinely 9 Confirmatory
   specify: ____________________________
Section L: Cyclospora Testing

21. Under what circumstances does your laboratory test for Cyclospora? [mark one]
   9 All liquid fecal specimens, even if submitted for C&S testing
   9 All liquid fecal specimens submitted for O&P
   9 All fecal specimens submitted for O&P
   9 All fecal specimens submitted for O&P from known HIV-positive persons
   9 All fecal specimens submitted for O&P from hospitalized persons
   9 All fecal specimens where Cyclospora testing is requested
   9 No stool testing for Cyclospora is done on-site [skip to q. 25]
   9 Other, specify: ____________________________

22. What was the total number of fecal specimens examined by your laboratory for Cyclospora in 1999? _________

23. How many were positive for Cyclospora in 1999? ____________________________

24. What type(s) of stains or techniques does your laboratory use for Cyclospora testing? Note: mark either routinely (i.e., all stools tested for Cyclospora) OR confirmatory (i.e., only those that are or may be positive from a Cyclospora screening test) for those tests. Do not mark both routinely and confirmatory.
   9 Wet mount, not stained .................................. 9 Routinely 9 Confirmatory
   9 Wet mount, iodine or other temporary stain ............ 9 Routinely 9 Confirmatory
   9 Acid fast stain .......................................... 9 Routinely 9 Confirmatory
   9 Safranin stain ........................................... 9 Routinely 9 Confirmatory
   9 UV fluorescence ......................................... 9 Routinely 9 Confirmatory
   9 PCR ...................................................... 9 Routinely 9 Confirmatory
   9 Other 1, specify: ________________________________ 9 Routentially 9 Confirmatory
   9 Other 2, specify: ________________________________ 9 Routentially 9 Confirmatory

Section M: Microsporidia Testing

25. Under what circumstances does your laboratory test on-site for Microsporidia? [mark one]
   ~ all liquid fecal specimens, even if submitted for C&S testing
   ~ all liquid fecal specimens submitted for O&P
   ~ all fecal specimens submitted for O&P from known HIV-positive persons
   ~ all fecal specimens submitted for O&P from hospitalized persons
   ~ all fecal specimens where Microsporidia testing is requested
   ~ no stool testing for Microsporidia is done on-site [skip to q. 29]
   ~ other, specify: ________________________________

26. What was the total number of fecal specimens examined by your laboratory for Microsporidia in 1999? ________________

27. How many were positive for Microsporidia in 1999? ________________

28. What type(s) of stains/techniques does your laboratory use for Microsporidia testing? If more than one stain/technique is used, please indicate (by marking the appropriate box) whether the particular stain/technique is used Routinely (i.e., to examine all stools tested for Microsporidia) OR is used only as a Confirmatory test (i.e., to examine only those stools that are or may be positive with a screening test).

<table>
<thead>
<tr>
<th>Type of Stain/technique used</th>
<th>How is stain/technique used</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Read all and mark ALL that apply]</td>
<td>[Mark either, not both]</td>
</tr>
<tr>
<td>~ Chromotrope stain ............. ~ Routinely ~ Confirmatory</td>
<td></td>
</tr>
<tr>
<td>~ Calcofluor white .............. ~ Routinely ~ Confirmatory</td>
<td></td>
</tr>
<tr>
<td>~ PCR ............................................. ~ Routinely ~ Confirmatory</td>
<td></td>
</tr>
<tr>
<td>~ Other 1, please specify ...... ~ Routinely ~ Confirmatory</td>
<td></td>
</tr>
<tr>
<td>~ Other 2, please specify ...... ~ Routinely ~ Confirmatory</td>
<td></td>
</tr>
</tbody>
</table>
Section N: Toxoplasma Testing

29. Does your laboratory offer on-site serology tests for Toxoplasma?
   9 On-site
   9 Another laboratory (specify: ______________________) [skip to q. 34]

30. Which of the following specimens are acceptable for Toxoplasma testing in your laboratory? [mark all that apply]
   9 Serum or plasma
   9 CSF
   9 Amnionic fluid
   9 Tissue

31. Which of the following Toxoplasma tests does your laboratory perform? [mark all that apply]
   IFA
   a) Ig ....... 9 Yes 9 No 9 Yes 9 No
   b) IgG ....... 9 Yes 9 No 9 Yes 9 No
   c) IgM ....... 9 Yes 9 No 9 Yes 9 No
   d) IgA ....... 9 Yes 9 No 9 Yes 9 No
   e) PCR ............ 9 Yes 9 No

32. If your laboratory wanted to confirm Toxoplasma results, to what laboratory(ies) are specimens sent?

33. In 1999, how many serum or CSF specimens did you test for antibodies to Toxoplasma?
   Ig/IgG
   IgM
   Total number tested: ____________
   Total number positive: ____________
Section O: Specimen Sending and Receiving for Viral Testing

34. For **viral** organisms, what was the total number of fecal specimens including whole stools and rectal swabs, submitted to your laboratory for enteric screening in 1999? Please include specimens screened on-site and off-site. 

   If no fecal specimens were submitted to your laboratory for **viral** screening, skip to q. 40.

35. Concerning specimens screened for **viral** organisms, how often are specimens for enteric screening received by your laboratory in the following manner:

   **Note:** routinely = >80%, sometimes = 20-80%, rarely = <20%, never = 0%

   a) As feces in a container not in transport media ........................... 9 routinely 9 sometimes 9 rarely 9 never
   b) As feces in transport media ................................................. 9 routinely 9 sometimes 9 rarely 9 never
   c) As feces on ice/refrigerated ................................................ 9 routinely 9 sometimes 9 rarely 9 never
   d) As a rectal swab .............................................................. 9 routinely 9 sometimes 9 rarely 9 never
   e) As a rectal swab not in transport media ................................ 9 routinely 9 sometimes 9 rarely 9 never
   f) As a rectal swab on ice/refrigerated .................................... 9 routinely 9 sometimes 9 rarely 9 never
   g) Other ................................................................................. 9 routinely 9 sometimes 9 rarely 9 never

   Please describe:

36. Does your laboratory send any specimens off-site for **viral** enteric screening?
   9 Yes  9 No [skip to q. 38]

   **If yes,** when utilizing an off-site reference facility for **viral** enteric screening, how often are specimens sent from your laboratory, to that off-site facility:

   a) As feces in a container not in transport media ........................... 9 routinely 9 sometimes 9 rarely 9 never
   b) As feces in transport media ................................................. 9 routinely 9 sometimes 9 rarely 9 never
   c) As feces on ice/refrigerated ................................................ 9 routinely 9 sometimes 9 rarely 9 never
   d) As a rectal swab .............................................................. 9 routinely 9 sometimes 9 rarely 9 never
   e) As a rectal swab not in transport media ................................ 9 routinely 9 sometimes 9 rarely 9 never
   f) As a rectal swab on ice/refrigerated .................................... 9 routinely 9 sometimes 9 rarely 9 never
   g) Other ................................................................................. 9 routinely 9 sometimes 9 rarely 9 never

   Please describe:

37. Has your laboratory’s routine use of off-site reference testing for **viral** pathogen screening changed significantly in the past 2 years?
   9 Yes, our routine utilization of off-site reference facilities has increased
   9 Yes, our routine utilization of off-site reference facilities has decreased
   9 No, our routine utilization of off-site reference facilities has not changed

Section P: Viral Testing

38. Please indicate the primary method of detection for the following viral agents:

   a) Rotaviruses .................................................... 9 EM 9 EIA 9 RT-PCR 9 PAGE 9 No testing
   b) Astroviruses .................................................. 9 EM 9 EIA 9 RT-PCR 9 No testing
   c) Enteric Adenoviruses ........................................... 9 EIA 9 RT-PCR 9 No testing
   d) Other, describe: ..................................................

39. Does your laboratory perform testing for **Norwalk-like virus**?
   9 Yes. How does your laboratory test for this agent?
   9 EM 9 EIA 9 RT-PCR
   Is testing performed on-site or in another laboratory?
   9 On-site 9 Another laboratory (specify: .................................)
   9 No. Do you think that these methods would be valuable for your laboratory to incorporate?
   9 Yes  9 No
Section Q: *Streptococcus pneumoniae* Susceptibility Testing

40. Does your laboratory have any type of susceptibility testing performed on *Streptococcus pneumoniae* (pneumococcal) isolates, either in your laboratory or at a reference laboratory?
   9 Yes, some or all testing is done in our laboratory
   9 Yes, but all testing done at a reference laboratory [skip to q. 42]
   9 No [skip to q. 51]

41. Under which agencies is your laboratory certified to perform antimicrobial susceptibility testing (AST)?
   (mark all that apply) 9 CLIA 9 CAP 9 Other, specify __________________________

41a. Has your laboratory participated in proficiency surveys which included challenges for *S. pneumoniae* AST?
   9 Yes 9 No [skip to q. 42] 9 Unknown [skip to q. 42]

41b. If yes, have you performed a challenge including *S. pneumoniae* AST within last 5 years?
   9 Yes, specify year ________ 9 No

42. For each of the following sources, how are pneumococcal isolates initially selected for susceptibility testing in your laboratory or at a reference laboratory?
   - Blood ................. 9 Always tested 9 Tested on request 9 Not tested
   - CSF ..................... 9 Always tested 9 Tested on request 9 Not tested
   - Other sterile sources .... 9 Always tested 9 Tested on request 9 Not tested
   - Sputum .................. 9 Always tested 9 Tested on request 9 Not tested

43. Does your laboratory perform oxacillin disk screening of pneumococcal isolates from blood, CSF, or other sterile sources?
   9 Yes [skip to q. 43a] 9 No [skip to q. 43b]

43a. If yes, how are sterile source isolates chosen for other susceptibility testing (either MIC testing or non-oxacillin disk diffusion tests)? (mark only one)
   9 All sterile source isolates undergo additional susceptibility testing [skip to q. 44]
   9 Only isolates with an oxacillin zone of <= _____ mm undergo further testing [skip to q. 44]
   9 Isolates undergo further susceptibility testing only upon physician request [skip to q. 44]
   9 Other, describe __________________________ [skip to q. 44]
   9 No further susceptibility testing is done [skip to q. 43b]

43b. If no, how are sterile source isolates selected for other susceptibility testing? (mark only one)
   9 Perform MIC or disk diffusion testing on all isolates
   9 Perform MIC or disk diffusion testing by physician request only
   9 Other, describe __________________________
   9 No further testing done [skip to q. 51]

44. Where is MIC or disk diffusion testing (other than oxacillin disk) of sterile source isolates performed? (mark all that apply)
   9 In your laboratory
   9 Isolates sent to a reference laboratory; specify lab(s) __________________________
   9 Other, describe __________________________

45. What susceptibility testing is requested for sterile site *S. pneumoniae* isolates sent to a reference lab? (mark all that apply)
   9 Referred for oxacillin screening
   9 Referred for MIC testing
   9 Referred for non-oxacillin disk diffusion testing
   9 Isolates not sent to reference laboratory

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46. For each of the following antimicrobial agents, regardless if MIC or disk diffusion susceptiblity testing is performed either in your laboratory or at a reference laboratory, indicate whether the agent is tested, which testing methods are used, and if results are reported for sterile source pneumococcal isolates.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug Tested?</th>
<th>Testing method(s) used (mark all that apply)</th>
<th>Results put in patient report?</th>
</tr>
</thead>
</table>
| Penicillin (not oxacillin)  | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Cefotaxime or Ceftriaxone   | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Cefuroxime                  | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Meropenem                   | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Vancomycin                  | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Erythromycin                | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Clindamycin                 | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Fluoroquinolones, specify   | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Trimethoprim-sulfamethoxazole | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Rifampin                    | 9 In your lab
9 At reference lab
9 Not usually tested | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Chloramphenicol             | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Tetracycline                | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Synercid                    | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |
| Other, specify              | 9 Not usually tested
9 Tested in your lab
9 Tested at reference lab | 9 Kirby-Bauer disk diffusion
9 E-test
9 Broth microdilution
9 Other method* | 9 Yes
9 No |

*46b. If you marked “other” for testing method, describe the method:________________________
47. If you use broth microdilution testing for pneumococci, which type of microdilution panel is used?
   9 In-house prepared CAMHB with lysed horse blood MIC panel
   9 Pasco®
   9 MicroStrep®
   9 MicroTech®
   9 Sensititre
   9 PML
   9 Other commercial panel, specify__________________________________________
   9 Don’t know which panel is used

47a. How are broth microdilution panels read?
   9 Use an automated reader, specify type and model ____________________________
   9 Read panels manually
   9 Don’t know how panels are read

48. How are MIC or disk testing diffusion results reported? (mark all that apply)
   9 As susceptibility categories (e.g., S = susceptible, I = intermediate, R = resistant)
   9 By zone diameter (for disk testing)
   9 By exact MIC value (e.g., MIC = 0.12 µg/ml)
   9 Other, describe ____________________________________________________________________

49. Where are results for pneumococcal susceptibility testing stored (either done by your laboratory or results from a reference laboratory)? (mark all that apply)
   9 Patient medical records
   9 Laboratory computer system
   9 Held in the laboratory as a paper report
   9 Other ___________________________________________________________________________

50. How long are susceptibility testing records kept?
   ____ months OR _____ years (fill in one)

50a. Are results readily accessible to laboratory personnel? 9 Yes 9 No
50b. If yes, how long are results readily accessible? ____ months OR _____ years (fill in one)

51. Does your laboratory have any type of susceptibility testing performed on Enterobacteriaceae or Staphylococcus aureus, either in your laboratory or at a reference laboratory? (skip to q. 27)
   G Yes, some or all testing is done in our laboratory
   G Yes, but all of the testing is done in a reference laboratory (answer for reference laboratory methods)
   G No

52. For E. coli, Klebsiella pneumoniae, or K. oxytoca:
52a. Do you routinely screen for extended-spectrum ß-lactamases (ESBLs)?  G Yes  G No
52b. Do you change the susceptibility results reported to clinicians for third generation cephalosporins and aztreonam to “resistant” if ESBLs are present?  G Yes  G No

If no to both 52a. and 52b., why not? (mark only one)
   G not required or part of protocol
   G not recommended by NCCLS

If yes to either 52a. or 52b., which screening method do you use? (mark only one)
   G NCCLS MIC or disk screening breakpoints for any extended spectrum cephalosporin or aztreonam without confirmation
   G NCCLS MIC or disk screening breakpoint and confirmation test with clavulanic acid
   G NCCLS MIC or disk traditional breakpoints but change susceptibility reported to clinicians as described above if isolates “resistant” to any extended spectrum cephalosporin or aztreonam
   G Other, describe ________________________________________________________________
53. For S. aureus, how do you test for vancomycin resistance?  (mark all that apply)
   G MIC method with 24 hours incubation
   G Rapid MIC method (<24 hours incubation)
   G Disk diffusion
   G E-test
   G Send out to referral laboratory, method used is marked above

54. Do you perform or have a plan to perform confirmatory testing for S. aureus if vancomycin resistance is suspected?  G Yes  G No [skip to q. 54c]

54a. If yes, which S. aureus isolates would be selected for such confirmatory testing (mark only one)
   G All S. aureus isolates
   G All isolates with zone diameter <14 mm
   G All isolates with vancomycin MIC $4 ug/ml
   G All MRSA isolates
   G Other selection criteria____________________

54b. If yes, how will confirmatory testing be done? (mark only one)
   G MIC method with 24 hours incubation
   G Rapid MIC method (<24 hours incubation)
   G Send to State Health Department
   G Send to CDC
   G Send out to other referral laboratory, method used is marked above

54c. If no, why? (mark all that apply)
   G not required or part of protocol G primary testing is adequate, no confirmation is needed
   G proper method is unknown to you    G reagents unavailable or too costly
   G other, describe __________________________________________________

Section R: Evaluation

55. How would you characterize your level of satisfaction with FoodNet operation in the following areas?
   a) Feedback ............. 9 good 9 adequate 9 needs improvement
   b) Responsiveness ........ 9 good 9 adequate 9 needs improvement
   c) Burden of work ......... 9 light 9 manageable 9 substantial

56. Where have you seen information on FoodNet? [mark all that apply]
   9 In the professional literature
   9 In the popular press
   9 Professional meetings
   9 In the FoodNet newsletter (FoodNet News, formerly the Catchment)
   9 Other, describe:
   9 On the Internet [http://www.cdc.gov/ncidod/dbmd/foodnet]

57. Are there additional FoodNet materials that your laboratory would like receive?[mark all that apply]
   9 2000 MMWR
   9 FoodNet News (the FoodNet quarterly newsletter) subscription
   9 E. coli O157 testing video
   9 1999 FoodNet Final Report

58. How much time (in minutes) did it take to complete this questionnaire?  ______________

END. Thank you for participating, we appreciate your time.