Patient Safety Component
MRSA and *C. difficile* LabID Event Reporting

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Learning Objectives

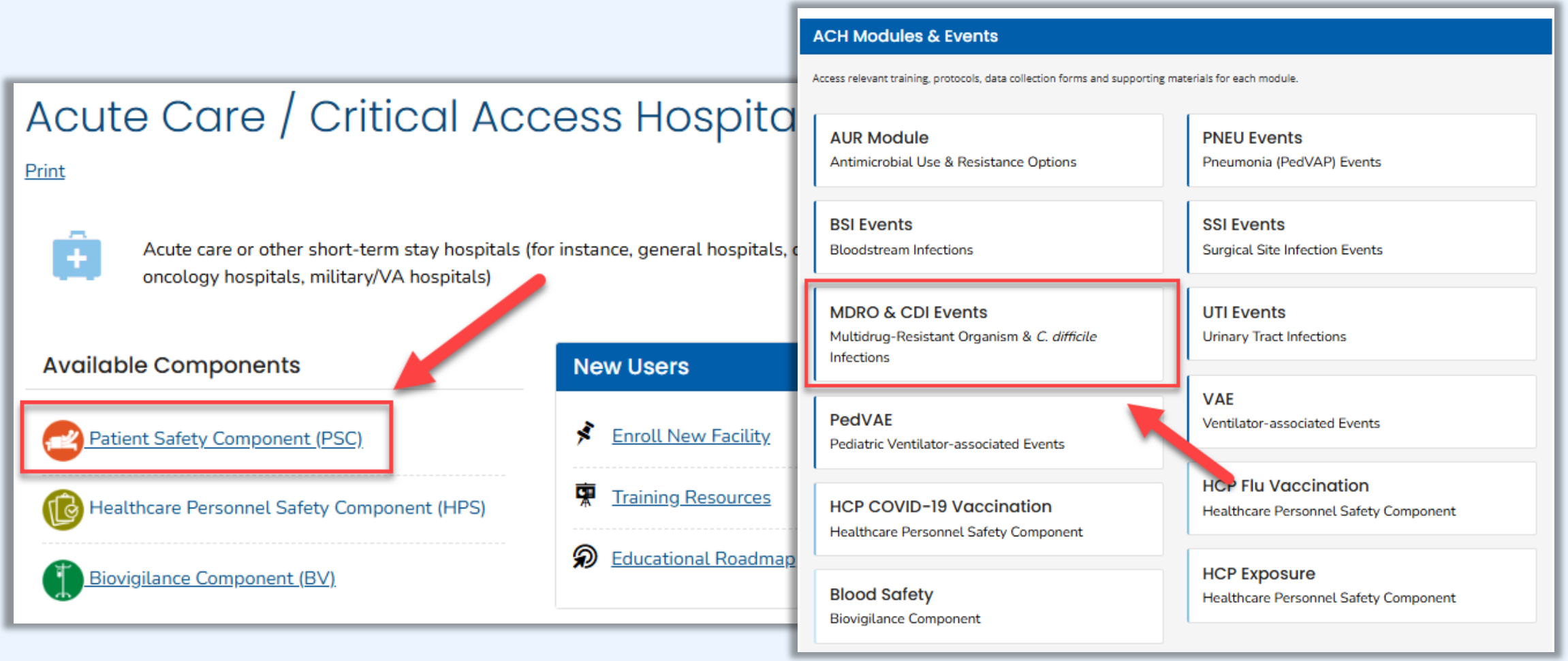
At the conclusion of this presentation, you will be able to:

- Explain key concepts of MDRO and CDI LabID Events
- Describe the process of MDRO and CDI LabID Event data collection and reporting
- Describe the process of FacWideIN summary denominator data collection and reporting
- Locate apply secondary BSI concepts for MDRO and CDI LabID Event reporting
- Apply MDRO and CDI LabID Event reporting concepts to case scenarios

MDRO & CDI Surveillance – Resources

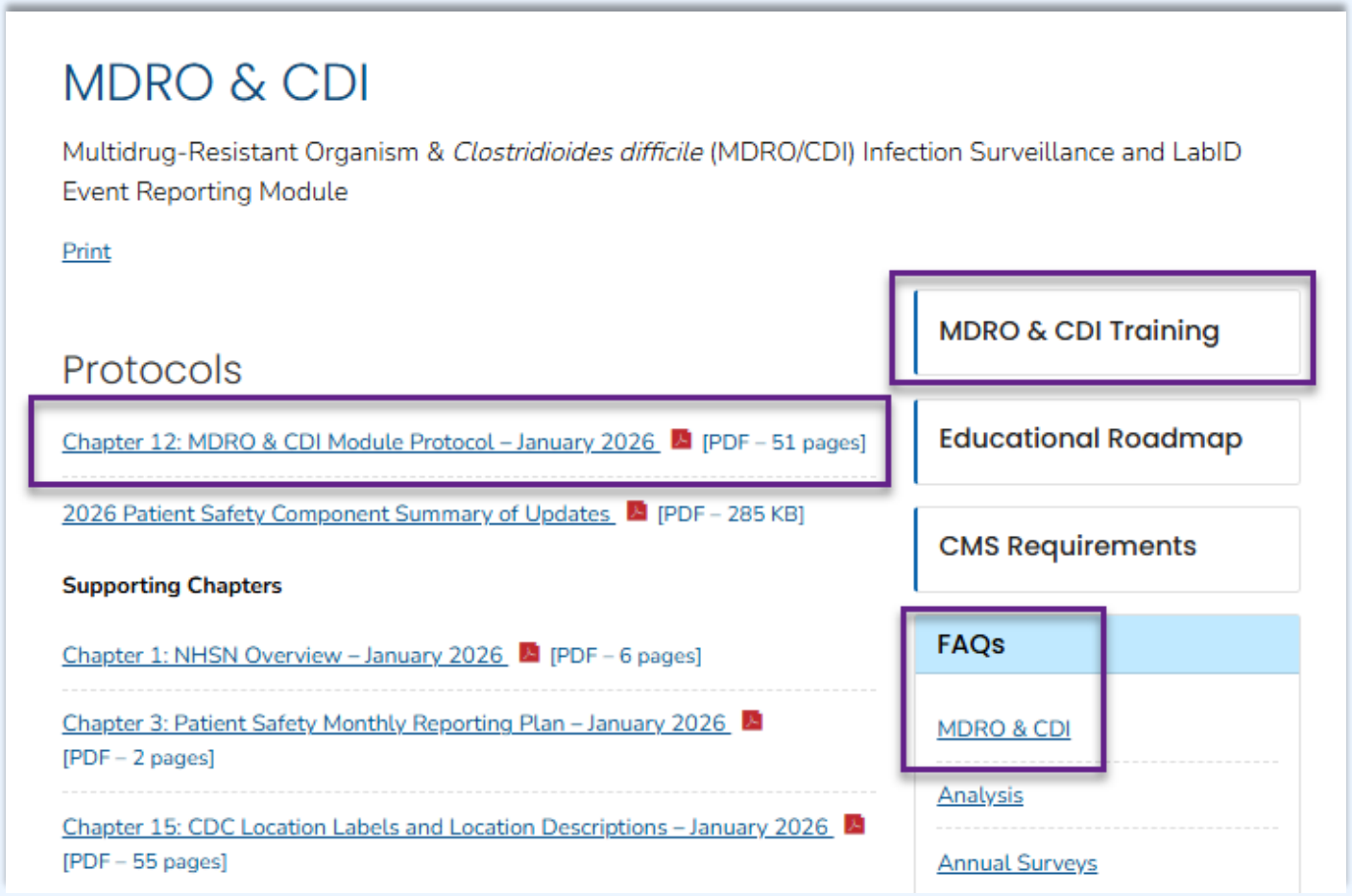
Where do I find the MDRO & CDI Surveillance Guidance?

https://www.cdc.gov/nhsn/index.html



Where do I find the MDRO & CDI Surveillance Guidance?

https://www.cdc.gov/nhsn/psc/cdiff/index.html



LabID Event vs. Infection Surveillance

- Two core reporting options for MDRO and *C. difficile* – **Laboratory Identified (LabID) Event reporting** and **Infection Surveillance** reporting. These reporting options function as two separate and independent reporting methods, one focused on laboratory-based reporting and the second on infection criteria-based surveillance reporting.

- Today's presentation will focus on **LabID Event reporting**.

Appendix 3: Differentiating Between LabID Event and Infection Surveillance

	LabID Event	Infection Surveillance (using HAI surveillance definitions)
Protocol	LabID Event protocol in Chapter 12 of NHSN manual	Infection Surveillance protocol in Chapter 12 of NHSN manual and HAI site-specific definitions in NHSN manual (for example, BSI, UTI, SSI, PNEU, VAE, and GI-CDI and other HAI definitions)
Signs & Symptoms	NONE. Laboratory and admission data, without clinical evaluation of patient	Combination of laboratory data and clinical evaluation of patient (signs/symptoms)
Surveillance Rules	• HAI and POA do **NOT** apply • Transfer Rule does **NOT** apply • Location = location of patient at time of specimen collection • Event date = specimen collection date	• HAI and POA **do** apply • Transfer Rule applies • See NHSN protocol for details regarding location and date of event
Denominator Reporting	• Number of patient days and admissions • Can be reported by specific location or facility-wide, depending on reporting option(s) selected • Inpatient and/or outpatient	• Device days and patient days must be collected separately for each monitored location • Inpatient reporting only

Categorization of Infections	• Events categorized based on inpatient or outpatient location and admission and specimen collection dates
	  ◦ Healthcare Facility-Onset (HO)
	  ◦ Community-Onset (CO)
	  ◦ Community-Onset Healthcare Facility-Associated (CO-HCFA) for *C. difficile* only
	• HO, CO, and CO-HCFA (if applicable) LabID Events must be reported to NHSN
	• Additional categorizations are applied to *C. difficile*, which include Incident CDI event and Recurrent CDI event. Both must be reported to NHSN.
		• HAI protocols used
		• Events are either HAI or not, therefore LabID Event categorizations **do not** apply
		• Only HAIs are reported to NHSN

Reporting Methods

- Today's presentation will focus on:
  - **Overall facility-wide reporting for *C. difficile***
  - **Overall facility-wide: *Blood Specimens Only* for MRSA**

Reporting Method (must choose to monitor by LabID Event or Infection Surveillance reporting before supplemental methods can also be used for monitoring):

A: **Facility-wide by location.** Report for each location separately and includes all locations in a facility. This reporting method requires the most effort but provides the most detail for local and national statistical data.

B: **Selected locations within the facility (1 or more).** Report separately for one or more specific locations within a facility. This includes reporting individual events and denominator data for each of the selected locations. This reporting method is ideal for use in targeted prevention programs.

Note: *MDRO "Blood Specimens Only" monitoring is the only MDRO LabID event reporting option for IRF, ED, and 24-hr Observation locations. For Inpatient locations other than IRF, ED, and 24-hr Observation (examples: IPF, Medical, Surgical, etc.) "All Specimens" monitoring is the only MDRO LabID event reporting option.*

C: **Overall facility-wide.** Report individual LabID events from each inpatient location and total denominator counts for the entire facility. Options include:

(1) Overall Facility-wide Inpatient (FacWideIN) to include all inpatient locations where denominator data are collected. When using FacWideIN reporting, facilities must also include location specific reporting for outpatient emergency department (adult and pediatric) and 24-hr Observation location(s).

Note: *When following FacWideIN, facilities must include denominators for all inpatient locations physically located in the hospital. Totals reported should not include facilities affiliated with the hospital that are enrolled separately in NHSN ('sister' facilities, facilities with 'shared' CCN). Additionally, separate denominator data is required to capture encounters for each mapped emergency department and 24-hr observation location.*

(2) Overall Facility-wide Outpatient (FacWideOUT) to include all outpatient locations affiliated with the facility where encounters are captured. Facilities may choose to monitor FacWideOUT in addition to FacWideIN monitoring.

D: **Overall facility-wide: *Blood Specimens* Only.** This method is available for MDRO LabID Events only and targets the most invasive events. Report individual LabID events from each inpatient location and total denominator counts for the entire facility. Options include:

(1) Overall Facility-wide Inpatient (FacWideIN) to include all inpatient locations. Using this option, facilities must also include location specific reporting for each outpatient emergency department (specifically, adult and pediatric) and 24-hr observation location(s).

Note: *When following FacWideIN, facilities must enter denominators for all inpatient locations physically located in the hospital, as well as denominators for all inpatient locations minus any inpatient rehabilitation facility (IRF) and inpatient psychiatric facility (IPF) locations with separate CCNs. Totals reported should not include facilities affiliated with the hospital that are enrolled separately in NHSN. Additionally, separate denominator data will be required to capture encounters for each mapped emergency department and 24-hr observation location.*

(2) Overall Facility-wide Outpatient (FacWideOUT) to include all outpatient locations affiliated with the facility. Facilities may choose to monitor FacWideOUT in addition to FacWideIN monitoring.

MDRO Reporting

Today's presentation will focus on

MRSA Blood Specimen LabID Event reporting

MDRO Definitions: MDROs included in this module are defined below.

MRSA: Includes ***S. aureus*** cultured from any specimen that tests oxacillin-resistant, cefoxitin-resistant, or methicillin-resistant by standard susceptibility testing methods, or any laboratory finding of MRSA (includes but not limited to PCR or other molecular based detection methods).

MSSA: ***S. aureus*** cultured from a specimen testing susceptible to oxacillin, cefoxitin, or methicillin by standard susceptibility testing method.

VRE: ***Enterococcus faecalis, Enterococcus faecium,*** or ***Enterococcus species unspecified*** *(only those not identified to the species level)* that is resistant to vancomycin, by standard susceptibility testing methods or a laboratory finding of VRE (includes but not limited to PCR or other molecular based detection methods).

CephR-*Klebsiella*: ***Klebsiella oxytoca or Klebsiella pneumoniae*** testing non-susceptible (specifically, either resistant or intermediate) to ceftazidime, cefotaxime, ceftriaxone, cefepime, ceftazidime/avibactam, or ceftolozane/tazobactam.

CRE: Any ***Escherichia coli***, ***Klebsiella oxytoca, Klebsiella pneumoniae***, ***Klebsiella aerogenes*** or ***Enterobacter* spp**. testing resistant to imipenem, meropenem, doripenem, ertapenem, meropenem/vaborbactam, or imipenem/relebactam by standard susceptibility testing methods (specifically, minimum inhibitory concentrations of ≥4 mcg/mL for doripenem, imipenem, meropenem, meropenem/vaborbactam, and imipenem/relebactam or ≥2 mcg/mL for ertapenem) OR by production of a carbapenemase (specifically, KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (examples: polymerase chain reaction, metallo-β-lactamase test, modified-Hodge test, Carba-NP). **Note**: For in-plan CRE surveillance, facilities must conduct surveillance for all three organisms CRE-*E.coli*, CRE-*Enterobacter*, **and** CRE-*Klebsiella (Klebsiella oxytoca, Klebsiella aerogenes* and *Klebsiella pneumoniae*).

MDR-*Acinetobacter:* Any ***Acinetobacter*** spp. testing non-susceptible (specifically, either resistant or intermediate) to at least one agent in at least 3 antimicrobial classes of the following 6 antimicrobial classes:

Class	Antimicrobial	Class	Antimicrobial
Aminoglycosides:	Amikacin Gentamicin Tobramycin	**β-lactam/β-lactam β-lactamase inhibitor combination:**	Piperacillin/tazobactam Sulbactam/Durlobactam
Carbapenems:	Imipenem Meropenem Doripenem	**Cephalosporins:**	Cefepime Ceftazidime Cefotaxime Ceftriaxone
Fluoroquinolones:	Ciprofloxacin Levofloxacin	**Sulbactam:**	Ampicillin/sulbactam

MDRO & CDI Surveillance – Definitions

- **MRSA**
  - Includes ***S. aureus*** cultured from any specimen that tests oxacillin-resistant, cefoxitin-resistant, or methicillin-resistant by standard susceptibility testing methods, or any laboratory finding of MRSA (includes but not limited to PCR or other molecular based detection methods).

- ***C. difficile*-positive laboratory assay:**
  - A positive laboratory test result for *C. difficile* toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays) tested on an unformed stool specimen (must conform to the container).

    OR

  A toxin-producing *C. difficile* organism detected by culture or other laboratory means performed on an unformed stool sample (must conform to the container).

MDRO & CDI Surveillance – Key Concepts

MDRO & CDI LabID Event Reporting: Unique within NHSN

- HAI rules and definitions in Chapter 2 do not apply to LabID events – including the Transfer Rule.
- LabID Events are identified strictly from the positive laboratory test without clinical evaluation of the patient. This allows for a much less labor-intensive method to track C. difficile and MDROs, such as MRSA.
  - This method was chosen to standardize electronic reporting and decrease the burden of data collection.

Location, Location, Location

- LabID Events are attributable to the location where the positive specimen is collected. There is no time requirement for ‘how long’ the patient must be housed on the unit to be eligible for reporting.
- LabID events are identified by patient and location at the individual facility, based on the NHSN orgID.
  - A prior positive at Facility A would have no impact on LabID Event reporting or categorization at Facility B.
- The first positive specimen for the patient in the location meeting the definition is submitted as a LabID event. Each time a patient moves to a new location, reporting resets.

Facility-wide Inpatient (FacWideIN) Surveillance

- This option is for LabID reporting only.
- The first positive specimen for the patient AND the location is submitted as a LabID event.
  - > 14 days between positive specimens *in this location* before a new LabID event is submitted.
  - If the patient moves to a new location, reporting resets and the first positive specimen in the new location is submitted as a LabID event.
- Includes inpatient locations PLUS outpatient emergency departments and 24-hour observation locations.
- **Events are attributed to the location where the positive specimen is collected.**

LabID Event Reporting 14-day Rule

- The 14-day rule within LabID Event Reporting states that no new LabID events are submitted for the patient in the same location until there is greater than 14 days from a prior positive specimen.
  - The 14-day rule is a “rolling” 14-day timeframe which resets each time a new positive specimen is collected in the same location.
    - The 14-day timeframe is between positive *specimens* in the location (not 14 days between *events*).
  - The 14-day rule is applicable across admissions.

Date Admitted to Facility

- The calendar date that the patient physically locates to an inpatient location.
  - Status within the electronic system or written orders (waiting for an inpatient bed, holding, etc.) is not considered inpatient admission if the patient is not physically located in an inpatient unit.
  - NHSN does not consider the patient “admitted” until the inpatient location is reached.

- Date of admission = Hospital Day 1
  - Important for categorization of LabID events

LabID Event Categorization

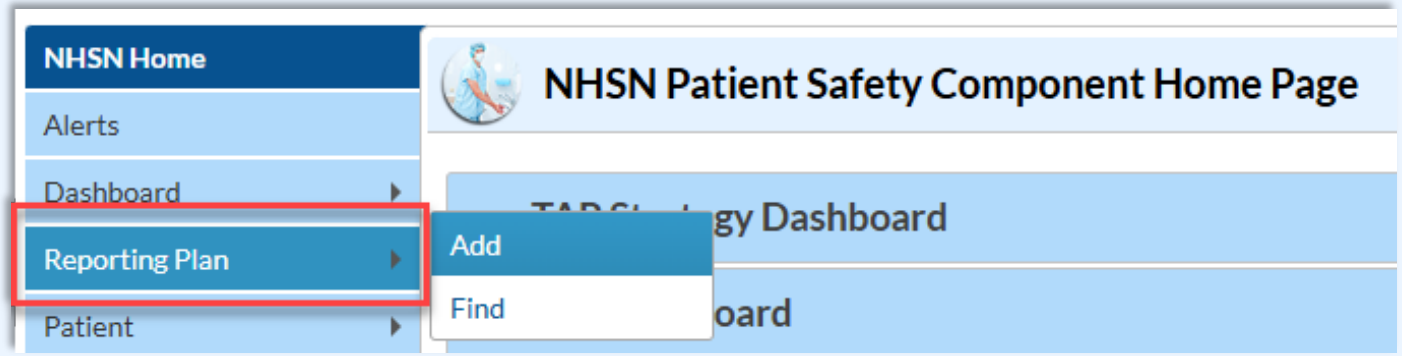
- **Community-onset (CO)**
  - Events occurring in outpatient locations (such as the ED).
  - Events occurring on Hospital Day 1 (the day of admission), HD 2, or HD 3
- **Healthcare-onset (HO)**
  - Events occurring on or after HD 4

When events are entered into NHSN, they are **automatically** categorized as Community-onset (CO) or Healthcare-onset (HO) by the NHSN application.

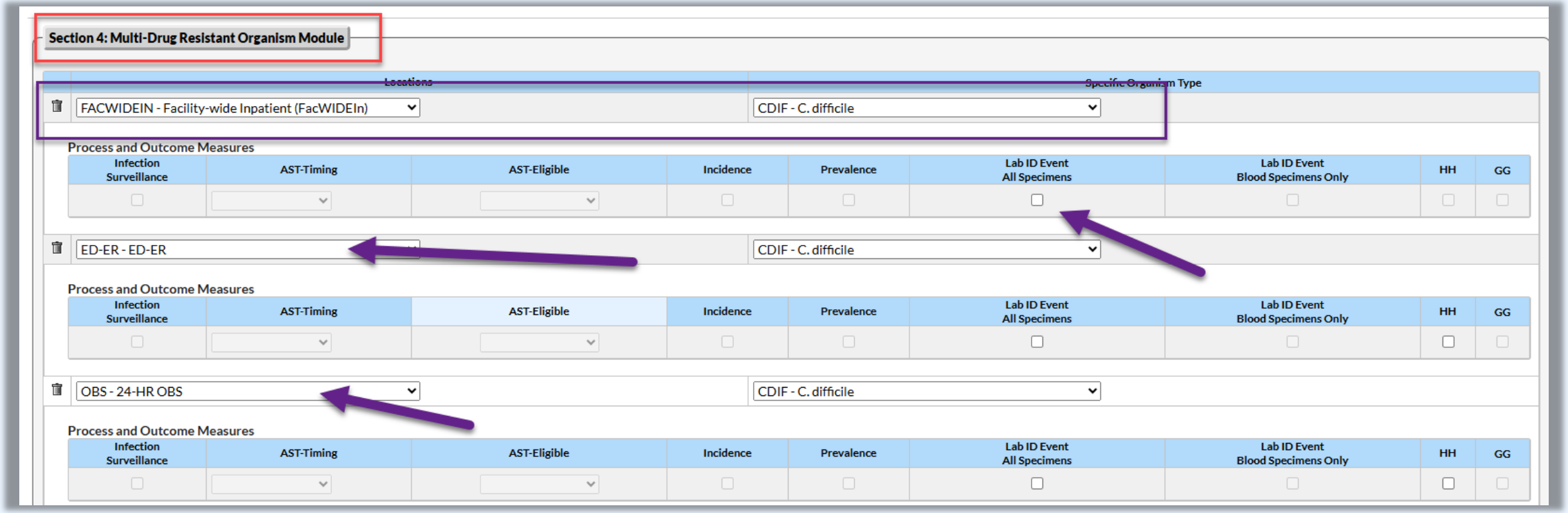
Monthly Reporting Plan

The **Monthly Reporting Plan (MRP)** informs NHSN which modules a facility follows during a given month ("in-plan" data).

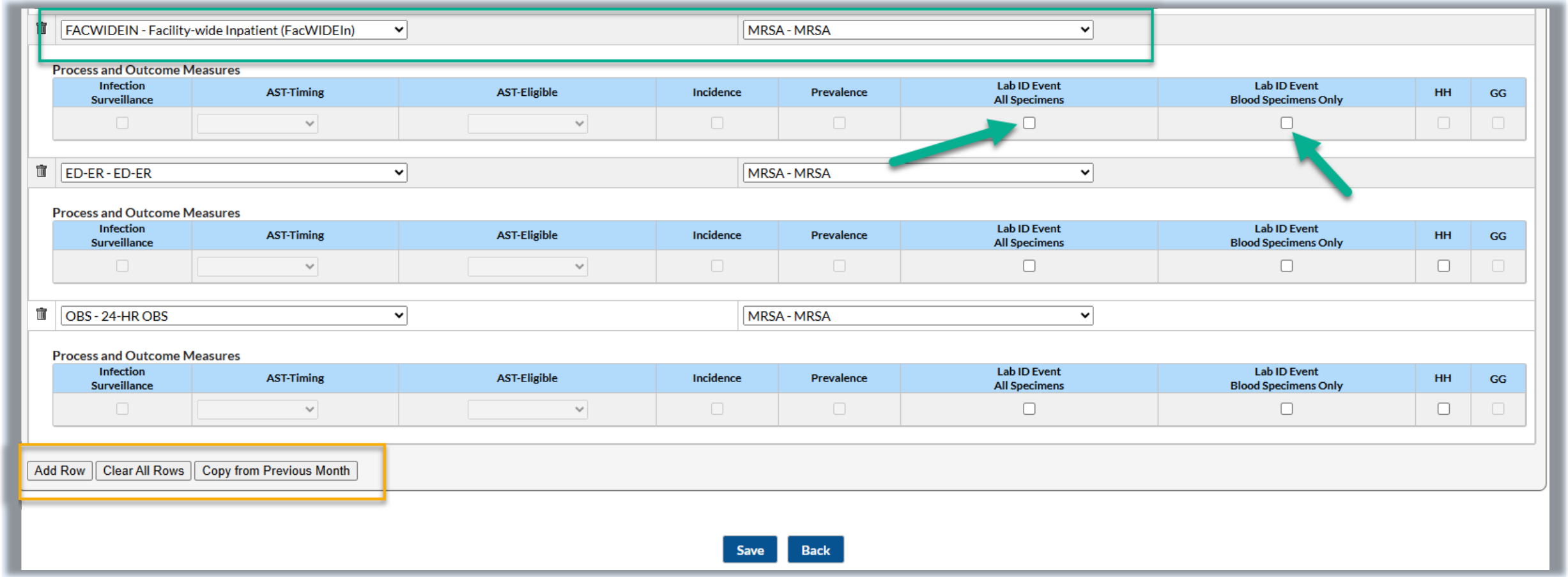
- Add facility-wide inpatient reporting for MRSA bacteremia and *C. difficile* LabID events to your MRP using the "**FACWIDEIN**" location. Emergency departments and 24-hour observation location are automatically included for reporting.



MONTHLY REPORTING PLAN



MONTHLY REPORTING PLAN



MRSA Bacteremia LabID Event Reporting

MRSA Bacteremia LabID Event Definition

- Any **MRSA** blood specimen obtained for clinical decision-making purposes (excludes screening cultures, such as those used for active surveillance testing)

- **LabID Event:** First MRSA+ blood for the patient in the location with no prior MRSA positive blood specimen result collected **within 14 days** for the patient in this location

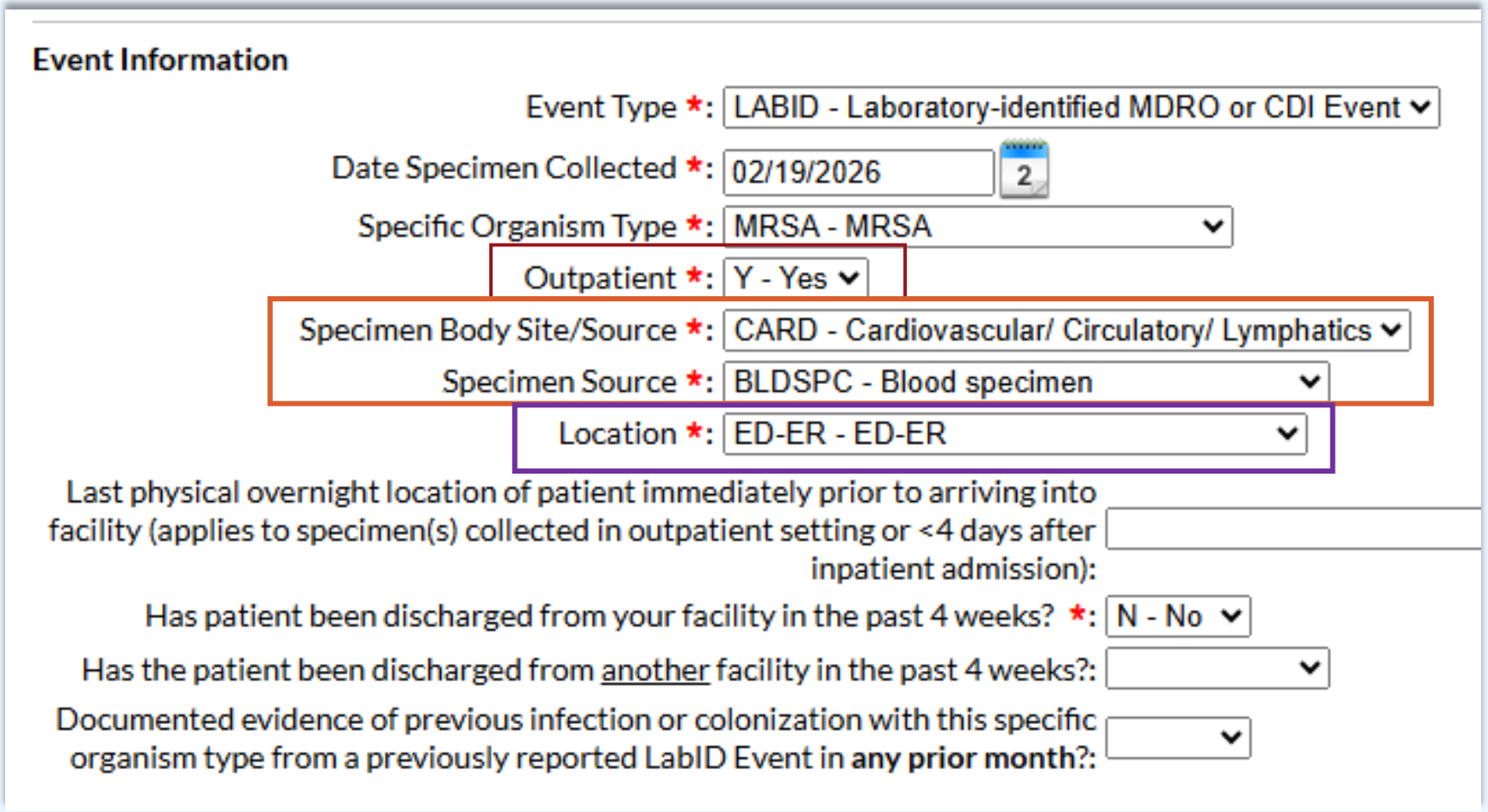
ChatGPT Generated Image|3.5.26|
Create a graphic for MRSA blood specimen

Unique Blood Source

- First MRSA positive for the patient and location or first positive >15 days since a prior MRSA positive is identified.
- There should be a full 14 days with no MRSA positive blood cultures for the patient and location before another MRSA Blood LabID Event is entered into NHSN for the patient and location.
- Blood isolates collected within 14 days for the same patient and location are not reportable (14-day rule).

Reminder: All unique blood source isolates must be reported to NHSN (if your facility chooses this type of surveillance); however, not all unique blood source isolates will be counted in the FacWideIN SIR. See protocol page 12-19: https://www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf

Reporting Outpatient MRSA LabID Events

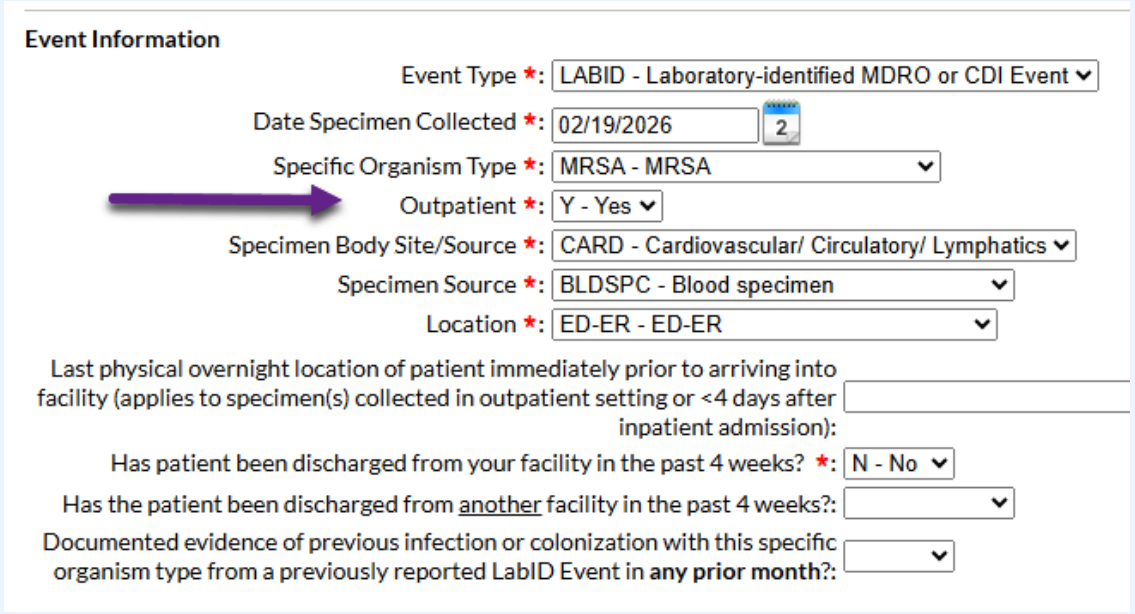


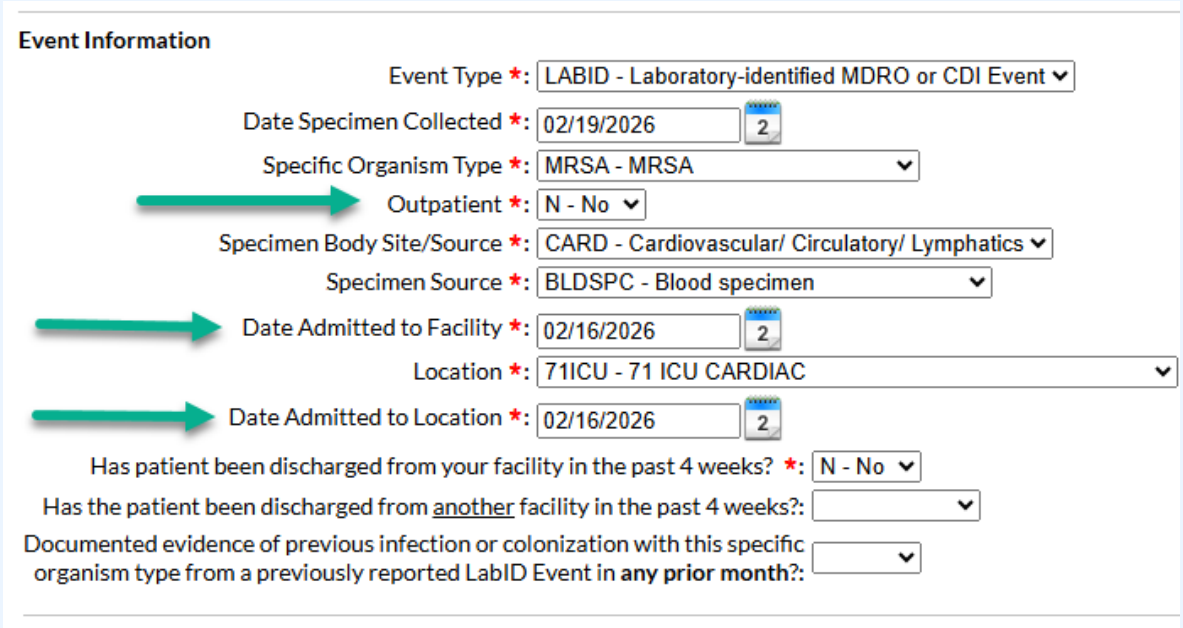
Reporting Inpatient MRSA LabID Events

Event Information

Event Type *:	LABID - Laboratory-identified MDRO or CDI Event
Date Specimen Collected *:	02/19/2026
Specific Organism Type *:	MRSA - MRSA
Outpatient *:	N - No
Specimen Body Site/Source *:	CARD - Cardiovascular/ Circulatory/ Lymphatics
Specimen Source *:	BLDSPC - Blood specimen
Date Admitted to Facility *:	02/16/2026
Location *:	71ICU - 71 ICU CARDIAC
Date Admitted to Location *:	02/16/2026
Has patient been discharged from your facility in the past 4 weeks? *:	N - No
Has the patient been discharged from another facility in the past 4 weeks?:	
Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in **any prior month**?:	

Comparison of Outpatient and Inpatient Event Forms





Categorization of MRSA LabID Events

NHSN application categorizes MRSA LabID Events as:

- **Community-Onset (CO)**: LabID Event specimen collected in an outpatient location or in an inpatient location ≤ 3 days after admission to the facility [hospital days 1 (admission), 2, or 3]
- **Healthcare Facility-Onset (HO)**: LabID Event specimen collected > 3 days after admission to the facility [on or after hospital day 4]

Categorization is automatically applied by the NHSN application based on the date of admission to the inpatient location (hospital day 1).

C. difficile LabID Event Reporting

C. difficile-positive laboratory assay:

A positive laboratory test result for *C. difficile* toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays) tested on an **unformed** stool specimen (must conform to the container)

OR

A toxin-producing *C. difficile* organism detected by culture or other laboratory means performed on an **unformed** stool sample (must conform to the container)

What if “formed” stool is tested?

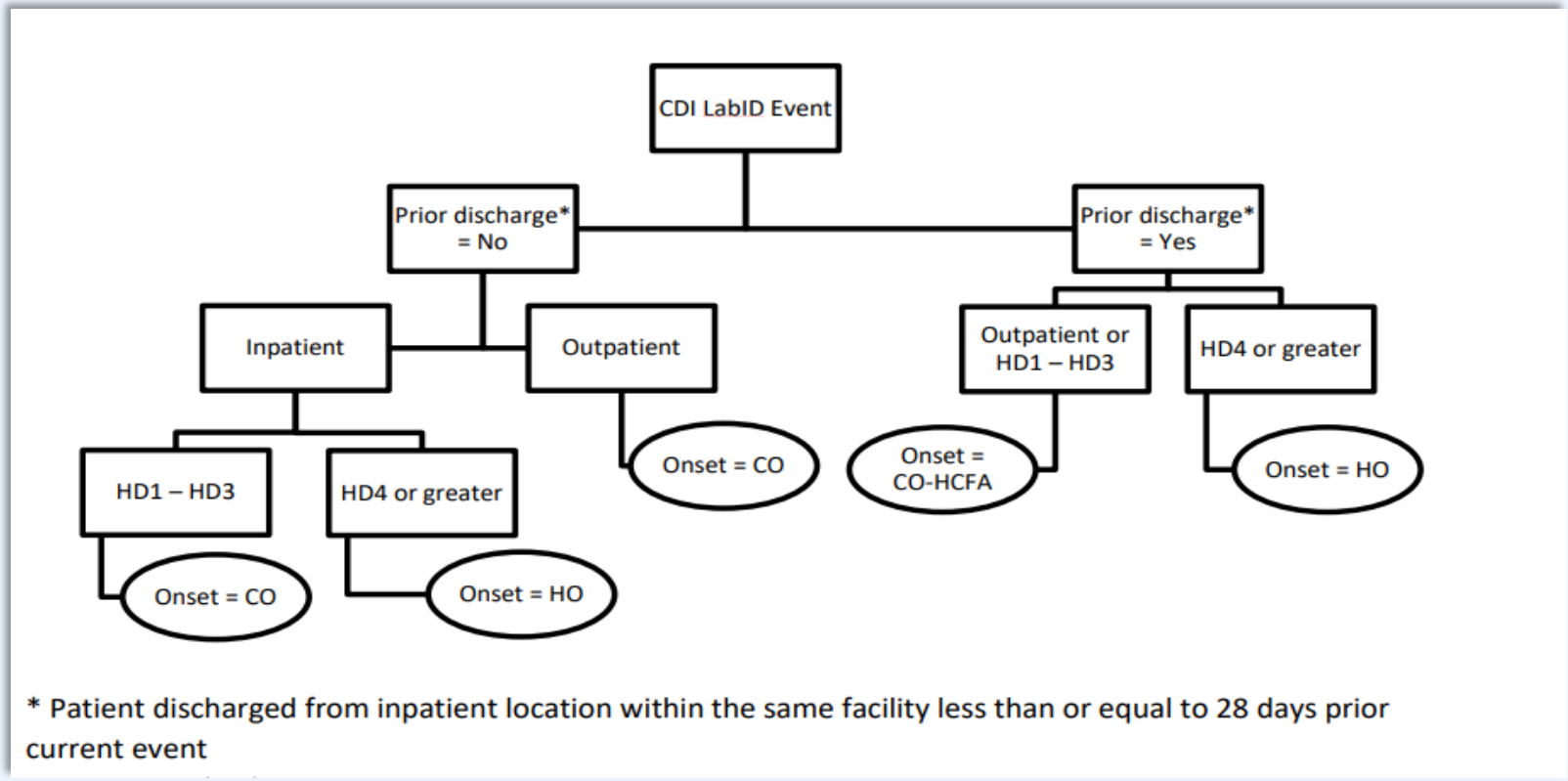
- The CDI laboratory assay definition includes the requirement for testing on unformed stool specimens.
- To ensure this requirement is met, NHSN recommends each testing laboratory have a ‘rejection’ protocol in place where inappropriate specimens submitted for CD testing – specifically, ‘formed’ stool specimens – are rejected and not tested.
- Having a rejection protocol in place at the laboratory level establishes a quality check to avoid inappropriate testing as well as making LabID event decisions more clear.
- A rejection policy involves clinical judgment so should be reflective of appropriate clinical laboratory guidance such as a criteria based on the Bristol Stool Chart algorithm.

Multi-step Testing Algorithms

- When using a multi-step testing algorithm for CDI on the same unformed stool specimen, the finding of the last test performed will determine if the CD(+) lab assay definition is met.
- Only when the final report has specific test times attached to each test method (for example, PCR and antigen/toxin) can one make a valid determination of which test is the last test performed.
- If there are no specific test times/time stamps attached to each individual testing method on the final lab report, consider the tests as performed simultaneously and any positive finding is eligible for use.

Categorization of C. diff LabID Events

- Onset categorization
  - CO
  - HO
  - CO-HCFA



Reminder: CO-HCFA is a subset of CO assignment. Only CO events are eligible for CO-HCFA categorization.

Categorization of C. diff LabID Events

- Additional categorization
  - Incident
  - Recurrent
  - cdiAssay unassigned

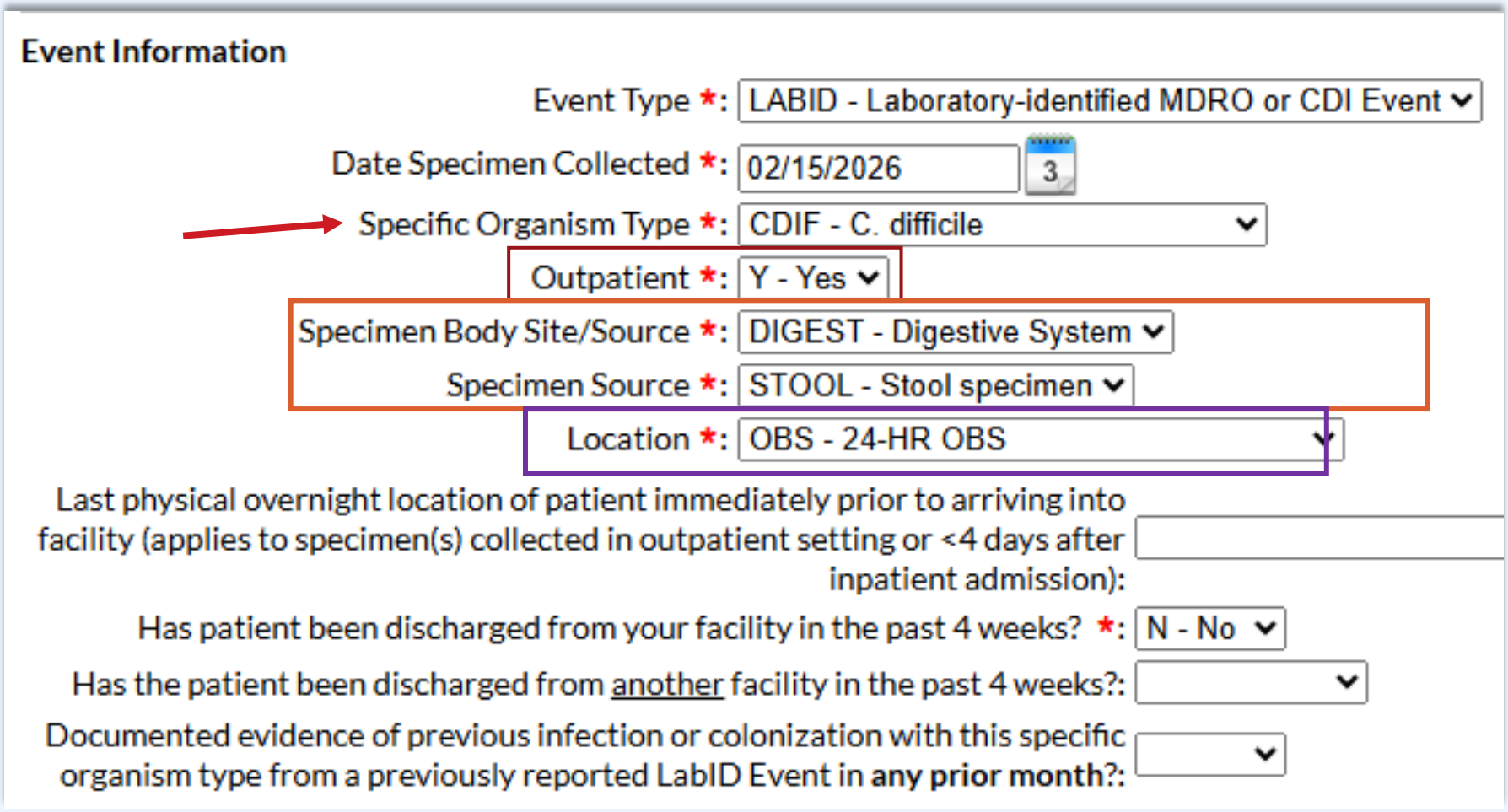
In addition to the onset categorization, CDI LabID Events are further categorized by NHSN as Incident or Recurrent. Refer to the 'cdiAssay' variable in the NHSN Line List.

- Incident CDI LabID Event: Any CDI LabID Event from a specimen obtained more than 56 days after the most recent CDI LabID Event (or with no previous CDI LabID Event documented) for that patient. Note: the date of first specimen collection is considered day 1.
- Recurrent CDI LabID Event: Any CDI LabID Event from a specimen obtained more than 14 days and less than or equal to 56 days after the most recent CDI LabID Event for that patient. Note: the date of first specimen collection is considered day 1.
- CdiAssay will be unassigned, or "blank", for any CDI LabID event that was collected less than or equal to 14 days after the most recent CDI LabID event for that patient.

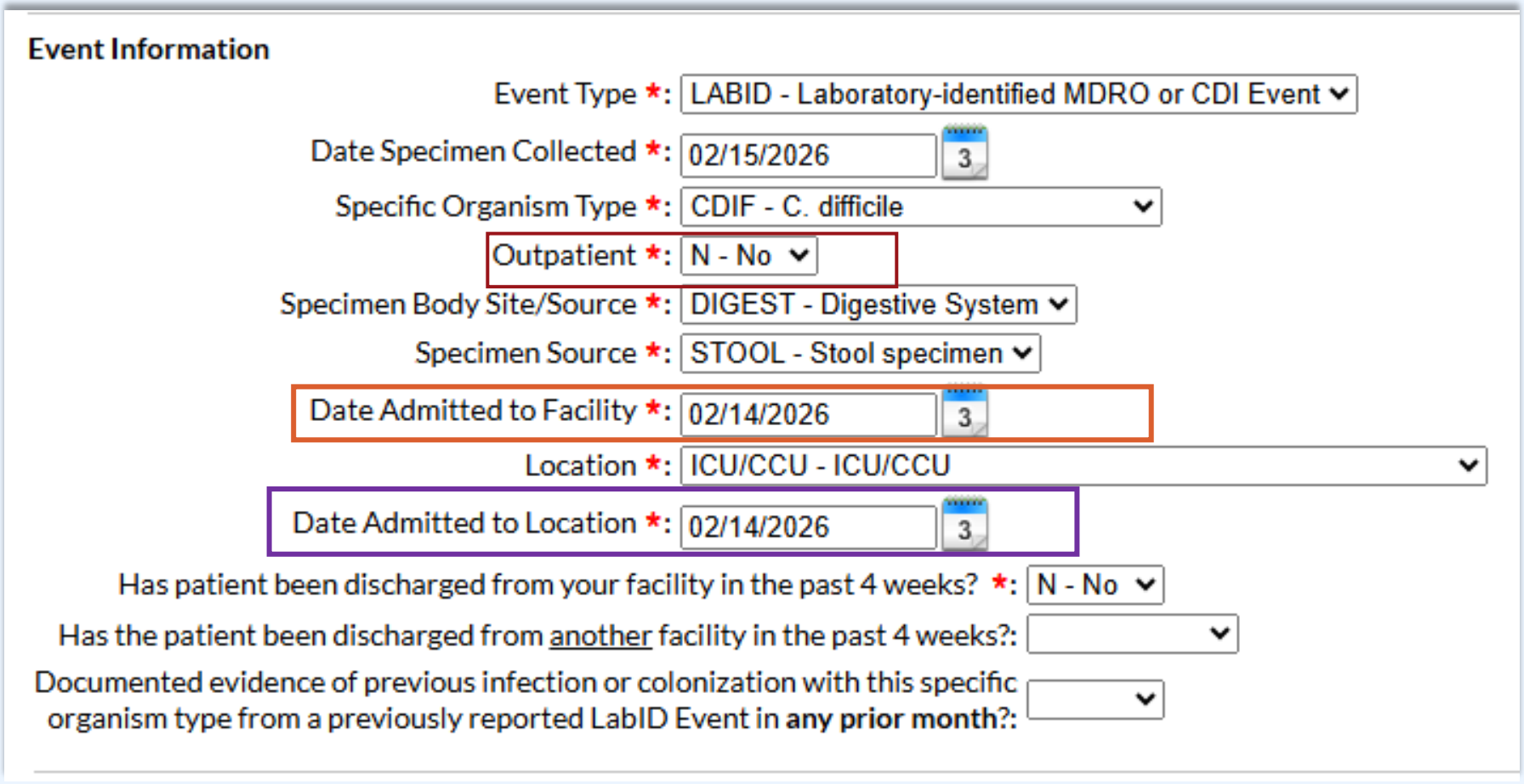
Reminder:

- Recurrent categorization is applied to any C. diff LabID Event from a specimen obtained more than 14 days and less than or equal to 56 days after the most recent C. diff LabID Event for the patient **and the facility**.
- Readmission does not factor into Incident or Recurrent categorization.

Reporting Outpatient C. diff LabID Events



Reporting Inpatient C. diff LabID Events



Event Information

Event Type *: LABID - Laboratory-identified MDRO or CDI Event

Date Specimen Collected *: 02/15/2026

Specific Organism Type *: CDIF - C. difficile

Outpatient *: N - No

Specimen Body Site/Source *: DIGEST - Digestive System

Specimen Source *: STOOL - Stool specimen

Date Admitted to Facility *: 02/14/2026

Location *: ICU/CCU - ICU/CCU

Date Admitted to Location *: 02/14/2026

Has patient been discharged from your facility in the past 4 weeks? *: N - No

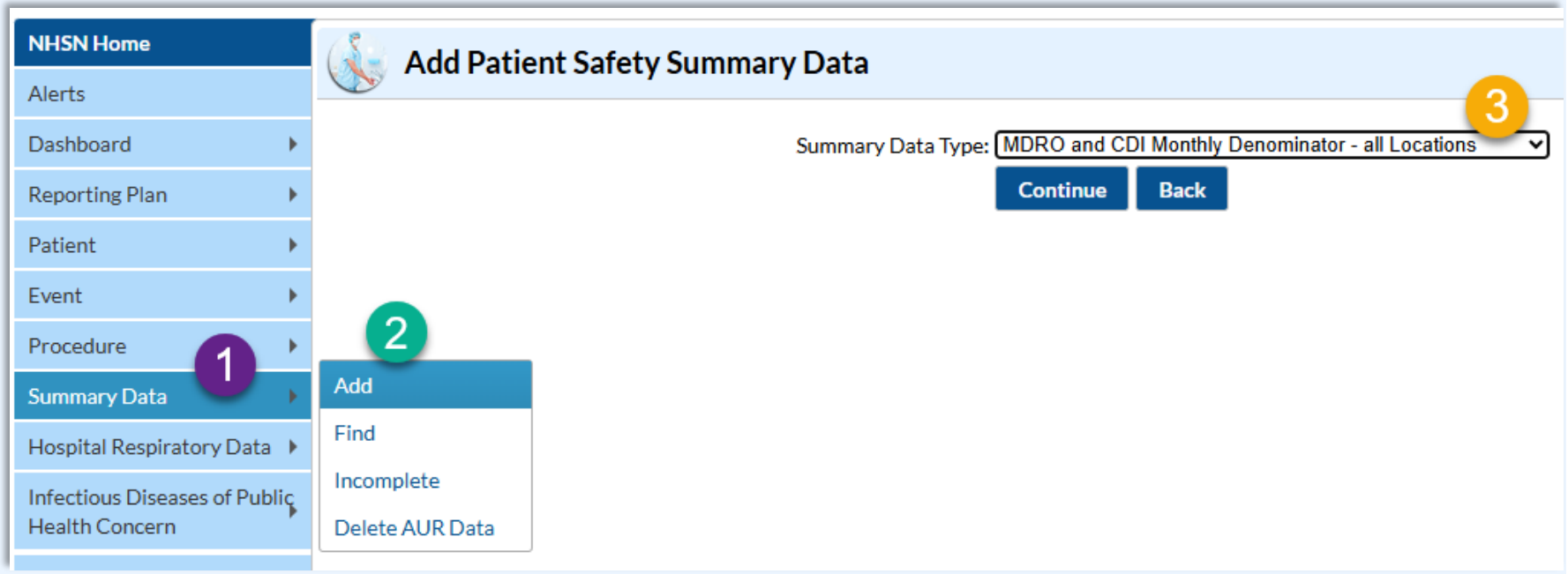
Has the patient been discharged from another facility in the past 4 weeks?:

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in **any prior month**?:

LabID Event Denominator Data

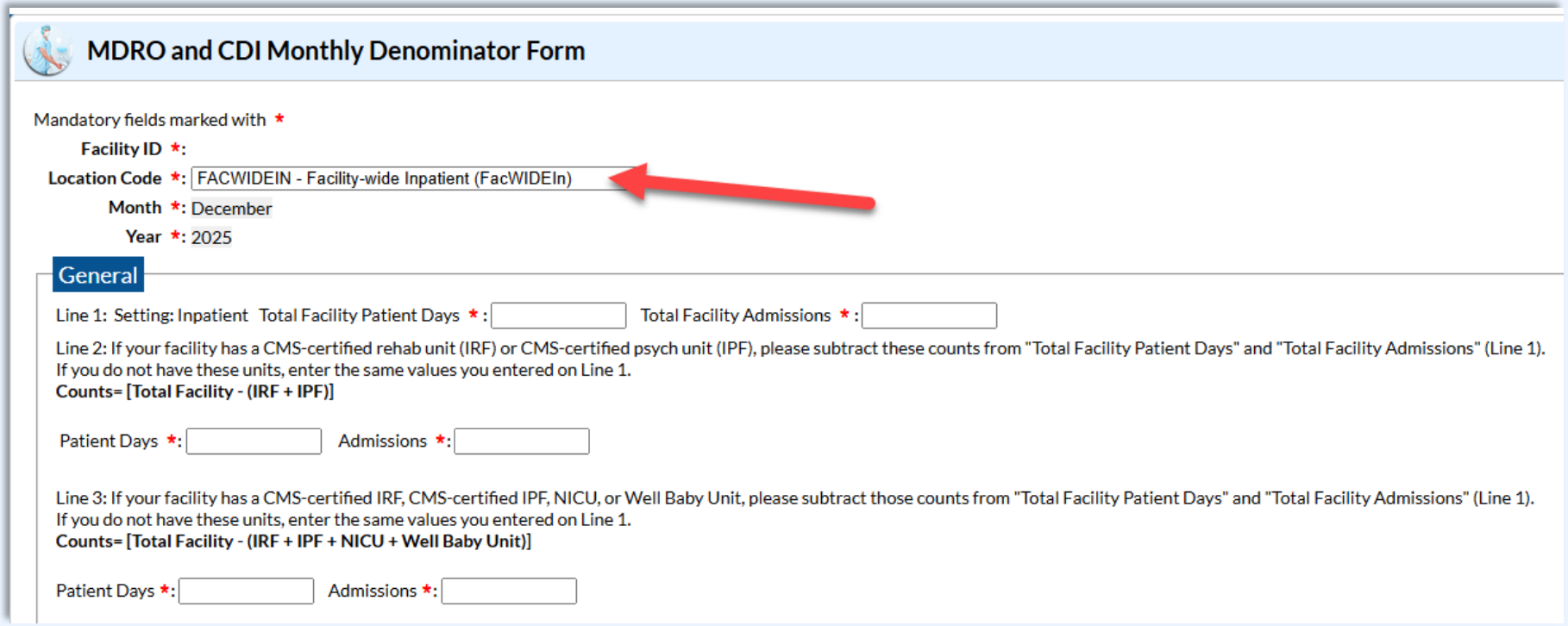
Entering Summary Denominator Data - FacWideIN

- Click on **Summary Data** then **Add** on the left navigation bar.
- Select **MDRO/ CDI Prevention Process and Outcome Measures Monthly Monitoring** from the Summary Data Type dropdown menu.



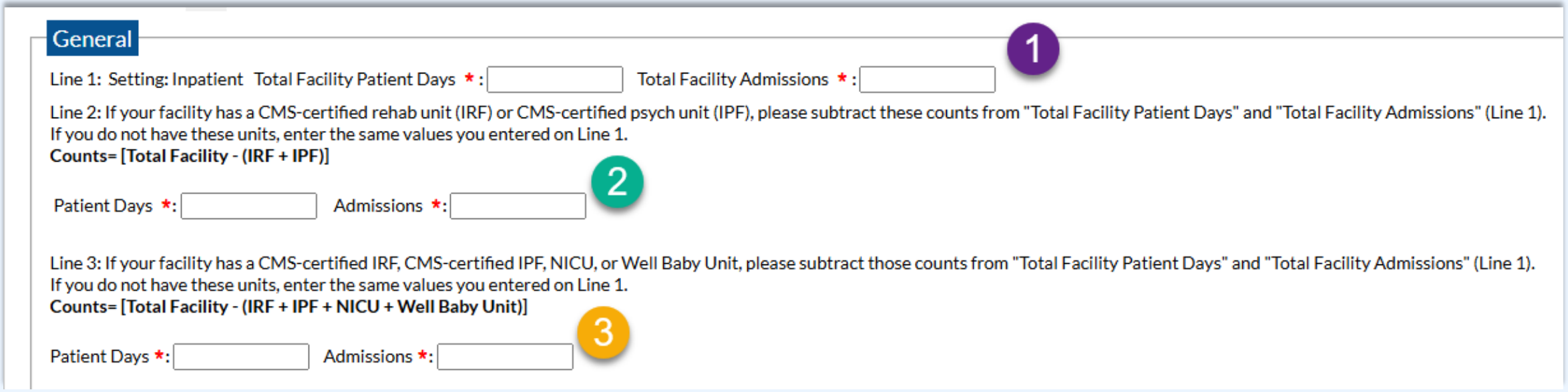
Denominator Data – FacWideIN

- On the summary data entry screen, select **FACWIDEIN** as the location for entering the summary data for the month.
- Complete the six summary data fields.



Denominator Data – FacWideIN continued

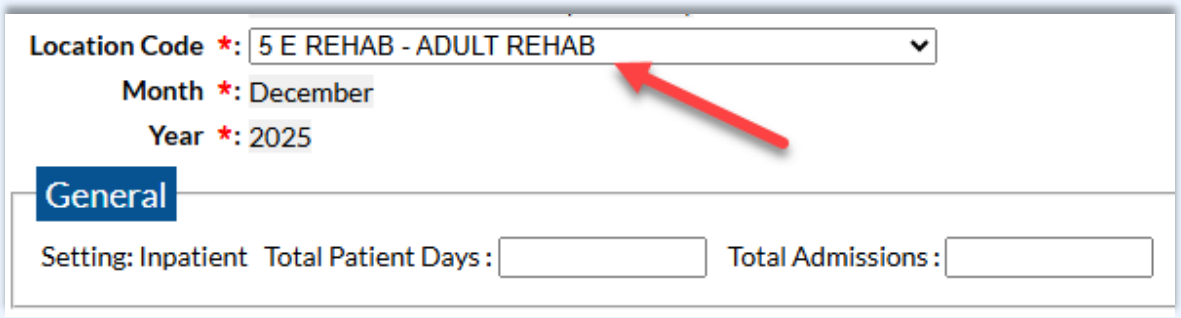
- **Line 1**: Counts from all inpatient locations in the facility
- **Line 2**: Counts from all inpatient locations in the facility except CMS-certified Rehab and Psych units
- **Line 3**: Counts from all inpatient locations in the facility except CMS-certified Rehab and Psych units, NICUs, and well-baby units



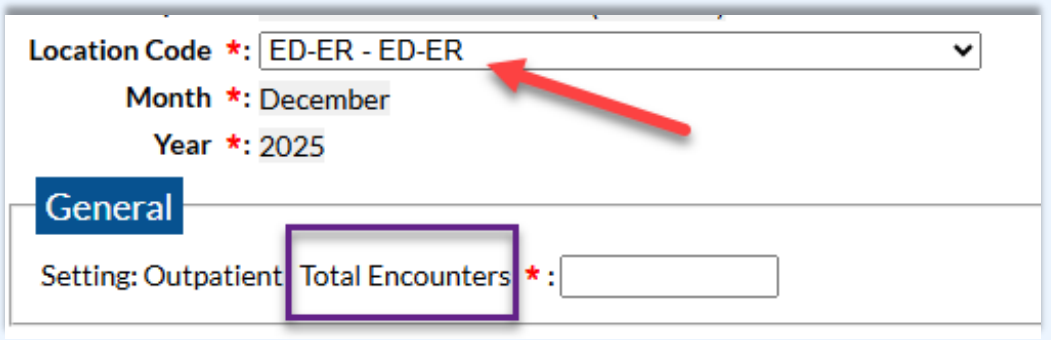
Denominator Data – FacWideIN Specific Locations

CMS-certified IRF units, Emergency Departments, and 24-hour Observation Units require submission of individual summary data forms specific to those locations.

IRF unit



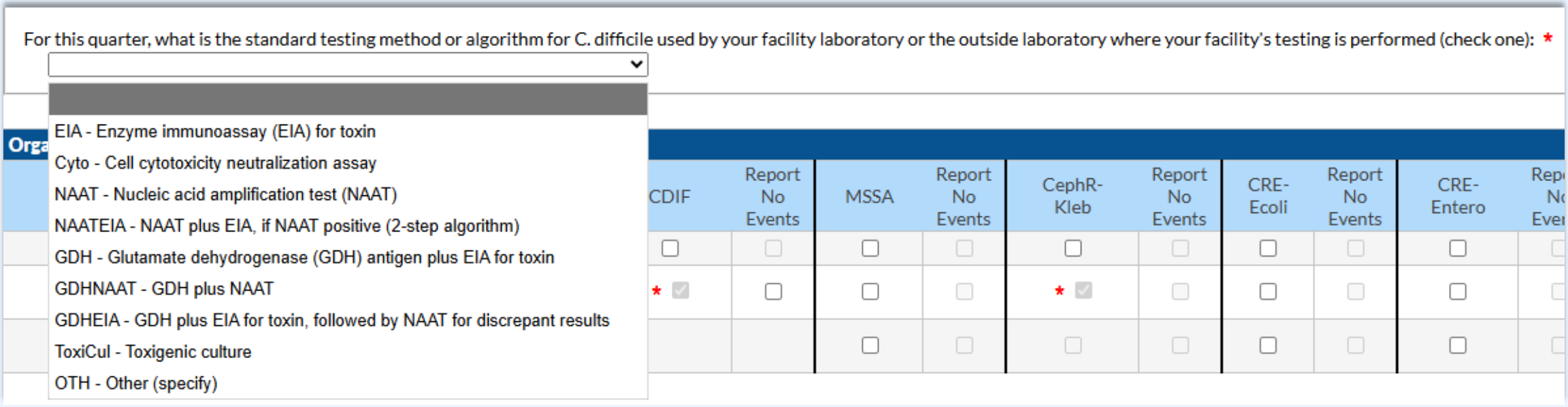
ED/ 24-hour observation



Encounter: Any patient visit to an outpatient location.

Denominator Data – Standard testing method or algorithm for *C. difficile*

- Required for FacWideIN and CMS-certified IRF Unit denominator records
- Completed quarterly—March, June, September, and December
- Reflects the testing method **routinely** performed by the testing laboratory for the quarter

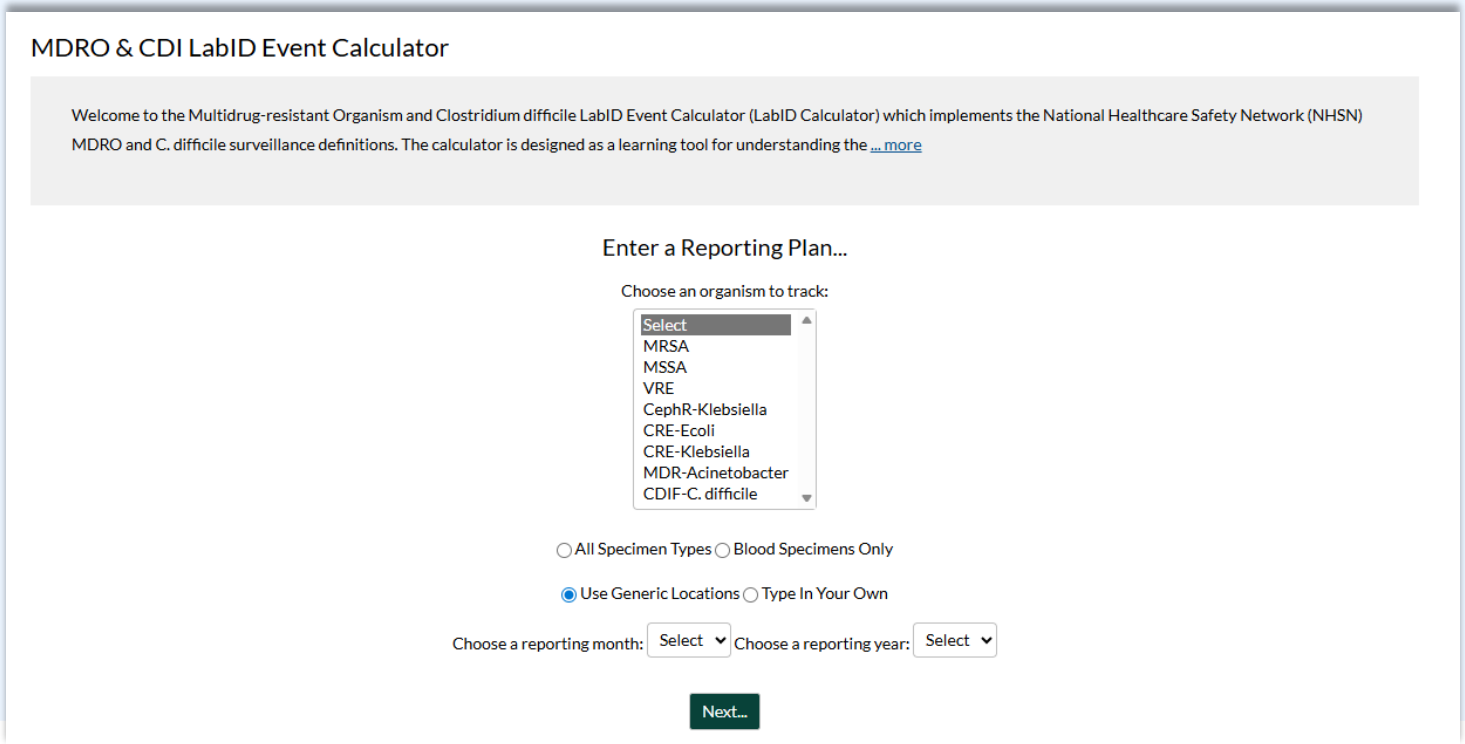


LabID Event Extras

LabID Event Calculator

https://www.cdc.gov/nhsn/labid-calculator/index.html

- Available for use with *C. difficile* and all MRDOs LabID Event reporting
- Helpful tool to assist in identifying positive specimens which meet the LabID event definition and decision making around the 14-day rule



LabID Event Case Studies

CASE STUDY 1 LABID EVENT REPORTING

Mr. Justin Case presents to the ED with significant hypotension, temperature 102.2F and impaired cognitive abilities. Code Sepsis called with TLC placed for fluid resuscitation.

Blood cultures x 2 collected in ED on 2/17. Patient stabilized, admitted to ICU for further work-up. Continued hypotension and fever – new BC x2 collected 2/18.

Noted improvement by 2/20, patient transfers to a step-down unit. Fever again noted 2/21 am with blood x1 and urine culture ordered. The step-down unit is short-staffed, patient moved to the medical ward pm 2/21.

2/21- Patient becomes lethargic with fever, BCx2 collected and patient urgently returns to ICU for closer observation. New BC x2 collected.

This facility follows FacWideIN LabID event reporting, *C. difficile* and MRSA *blood specimens only*.

CASE STUDY 1 LABID EVENT REPORTING

2/17: Presents to ED; Blood cultures x 2 collected, MRSA+
2/17: Admitted to ICU
2/18: BC x2 collected, MRSA+
2/19: transferred to a step-down unit
2/20: Blood and urine culture, MRSA+
2/21: moved to the general medical ward
2/21: BC x2 collected, MRSA+
2/21: urgently returns to ICU. BC x2 collected, MRSA+

This facility follows FacWideIN LabID event reporting, MRSA *blood specimens only*.

******ALL blood cultures result positive for MRSA**

Q1 – Is there a MRSA LabID event in the ED?

1. No – the ED is an outpatient location
2. No – only inpatient blood specimens are included for FacWideIN LabID Event Reporting
3. No - the blood cultures from ED are prior to admission
4. Yes – the first MRSA+ BC for the location and the patient is reported as a LabID event

Q1 – Is there a MRSA LabID event in the ED?

1. No – the ED is an outpatient location
2. No – only inpatient blood specimens are included for FacWideIN LabID Event Reporting
3. No – the blood cultures from ED are prior to admission
4. **Yes** – the first MRSA+ BC for the location and the patient is reported as a LabID event

Rationale: MDRO protocol pg. 12-5: A facility choosing to conduct FacWideIN surveillance for LabID Events must also follow location specific surveillance for that same organism in each outpatient emergency department (pediatric and adult) and 24-hour observation location(s). MDRO protocol pg. 12-8: all first MDRO isolates (chronologically) per patient and per location are reported as a LabID event.

Q2 – How many MRSA LabID events are reported for this patient?

1. None – this is a present on admission blood stream infection, all +BC are accounted for by this determination
2. 1 - only critical care blood specimens qualify for FacWideIN reporting
3. 2 – the transfer to the medical unit doesn't count since it was due to staffing
4. 3 – that seems like a good number of events to report
5. 4 – the first MRSA+ BC for the location is reportable as a LabID event

?

Key points: The ED is part of FacWideIN LabID Event Reporting
All first MRSA+ BC for the patient and the location are reported as LabID events

LabID Event calculator

Date	Positive for...	Specimen Body Site	Specimen Type	Location
2/16/2026	...	...	...	...
2/17/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	EMERGENCY DEPARTMENT
2/18/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	TRAUMA ICU
2/19/2026	...	...	...	...
2/20/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	STEPDOWN UNIT
2/21/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	MEDICAL WARD (4 NORTH)
[illegible]	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	TRAUMA ICU
[illegible]	...	...	...	...
2/24/2026				

Q2 – How many MRSA LabID events are reported for this patient?

1. None – this is a present on admission blood stream infection, all +BC are accounted for by this determination.
2. 1 - only critical care blood specimens qualify for FacWideIN reporting.
3. 2 – the transfer to the medical unit doesn't count since it was due to staffing.
4. 3 – that seems like a good number of events to report.
5. **4 –** the first MRSA+ BC for each unique location is reportable as a LabID event.

Rationale: The first MRSA+ BC for the unique location is reported as an event. ; if a MRSA isolate is from blood, or if monitoring Blood Specimens only, it is reported as a LabID event only if it represents a unique blood source [specifically, no prior isolation of the MDRO in blood from the same patient and location in less than or equal to 14 days (MDRO protocol pg. 12-7)

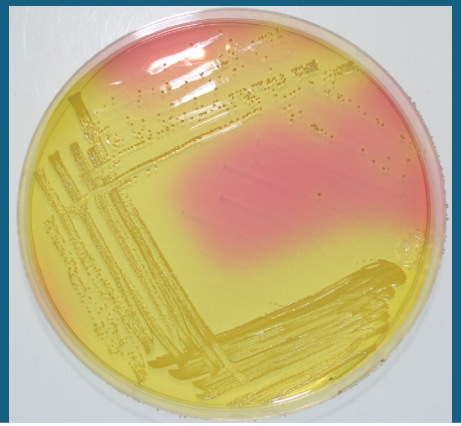
LabID Event calculator

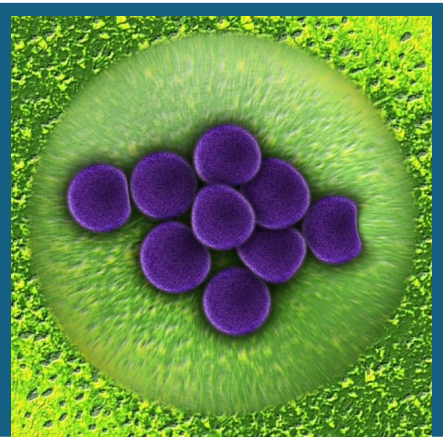
2/16/2026	...	...	...	...	
2/17/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	EMERGENCY DEPARTMENT	YES
2/18/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	TRAUMA ICU	YES
2/19/2026	...	...	...	...	
2/20/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	STEPDOWN UNIT	YES
2/21/2026	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	MEDICAL WARD (4 NORTH)	YES
[redacted]	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	TRAUMA ICU	NO

Q3 – What Unit is a MRSA LabID event assigned to?

1. FacWideIn – this is the location selected on the monthly reporting
2. ED – if that's the first location where a MRSA+ BC is identified
3. The first inpatient unit to collect a MRSA+ BC
4. The unit(s) collecting the MRSA+ BC

?





Q3 – What Unit is a MRSA LabID event assigned to?

1. FacWideIn – this is the location selected on the monthly reporting
2. ED – if that's the first location where a MRSA+ BC is identified
3. The first inpatient unit to collect a MRSA+ BC
4. **The unit(s) collecting the MRSA+ BC**

?

Rationale: All LabID Events must be reported by specific unit location. To be specific, each LabID event is assigned to the unit where the positive specimen is collected.

Q4 (Here comes the BIG question) – How is each event categorized?

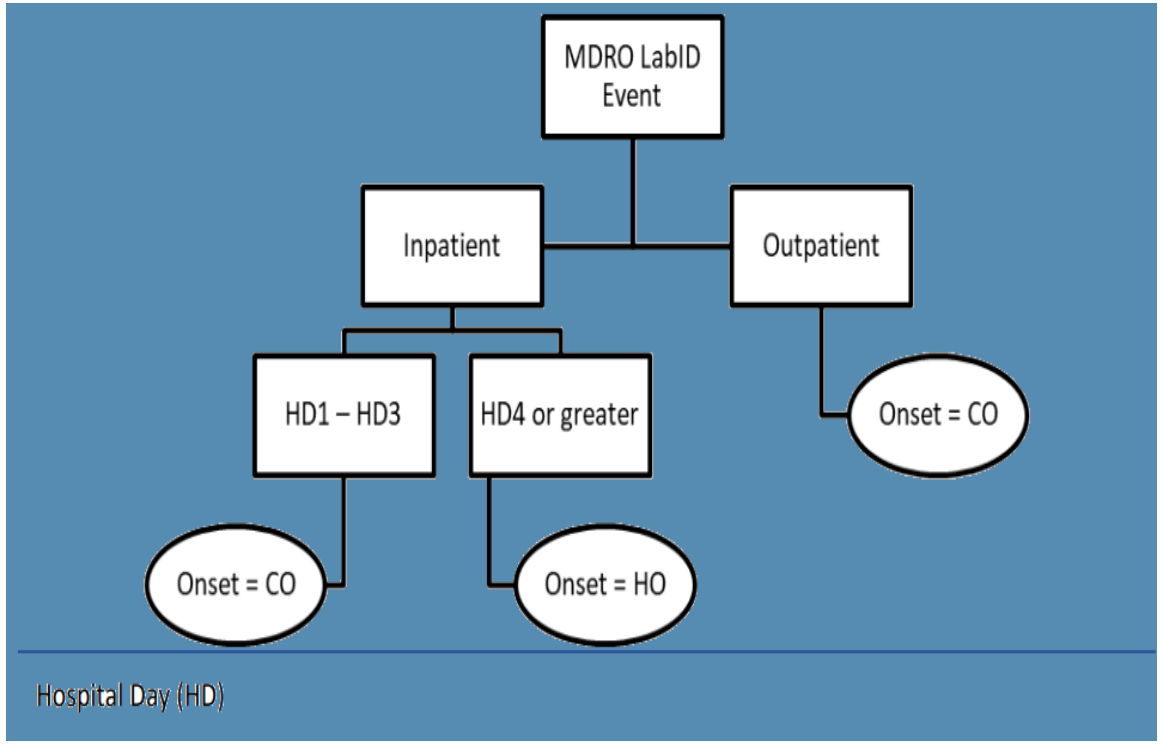
1. Community Onset (CO)
2. Community Onset Healthcare Facility Associated (CO-HCFA)
3. Healthcare Facility Onset (HO)
4. The categorization of an event will vary based on the date of event.

Q4 (Here comes the BIG question) – How is each event categorized?

1. Community Onset (CO)
2. Community Onset Healthcare Facility Associated (CO-HCFA)
3. Healthcare Facility Onset (HO)
4. **The categorization of an event will vary based on the date of event.**

?

Rationale: MDRO protocol pg. 12-15



LABID EVENT REPORTING CASE STUDY 2

Ms. Sue Yu is admitted to Facin East Hospital on 1/5/26 with 1-week history of N/V and loose stools; the patient is transferred to a sister facility, Facin West Hospital on 1/8 for surgery after diagnosis of ulcerative colitis.

At Facin West on 1/9, the patient tests positive for C. difficile toxin and meds are initiated.

The patient returns to Facin East Hospital 1/15 and is admitted to the general medical ward; patient is afebrile and without GI symptoms. Meds are continued to 1/20; hospitalization is uneventful until 1/25 when patient is noted to have acute onset diarrhea.

Stool specimen is collected and submitted for C. difficile testing.

This facility uses a multi-step testing algorithm for CD of NATT confirmed by EIA GDH/Toxin testing. The NATT test is positive, EIA GDH/Toxin is reported as ‘indeterminate’.

Facin East Hospital includes FacWideIN *C. difficile* LabID event reporting on their monthly plan.

LABID EVENT REPORTING CASE STUDY 2

1/5: Admit to Facin East Hospital
1/8: transfer to Facin West Hospital
1/9: CD+ toxin test
1/15: Return to Facin East Hospital, admitted to medical ward
1/25: Acute onset diarrhea; stool specimen tested by standard facility CD algorithm, NATT followed by EIA GDH/Toxin testing.
The NATT test is positive
EIA GDH/Toxin is reported as ‘indeterminate’.

Facin East Hospital includes FacWideIN *C. difficile* LabID event reporting on their monthly plan.

Q1 – Is a LabID event identified for Facin East?

1. Yes – the patient NATT test is positive on 1/25
2. No – the patient was admitted with a *C. difficile* diagnosis
3. No – *C. difficile* was diagnosed at another facility
4. No – the final CDI test performed is indeterminate

Q1 – Is a LabID event identified for Facin East?

1. **Yes – the patient NATT test is positive on 1/25**
2. No – the patient was admitted with a *C. difficile* diagnosis
3. No – *C. difficile* was diagnosed at another facility
4. No – the final CDI test performed is indeterminate

Rationale: *C. difficile* events are defined by a positive lab test result for *C. difficile* toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays) tested on an unformed stool specimen (must conform to the container). When using a multi-step testing algorithm for CDI on the same unformed stool specimen, the finding of the last test performed on the specimen as shown on the final report in the patient medical record will determine if the CDI positive laboratory assay definition is met. The last test performed finding in this case is indeterminate which excludes it from use, making the NATT finding the only eligible test to use in making an event determination.

Q2 – What is the onset variable for the identified event?

1. Community Onset – because it came from outside this facility
2. Community Onset Healthcare Facility Associated (CO-HFCA) – because it came from another facility as the patient was admitted with a *C. difficile* diagnosis
3. Healthcare Facility Onset – the date of event is HD 10
4. None – I don't think it should get an onset since we don't know when it started

Note: Onset is assigned based on the location of specimen collection, the date admitted to facility, date of specimen collection, and previous discharge, as applicable. (MDRO protocol pg. 12-29)

Q2 – What is the onset variable for the identified event?

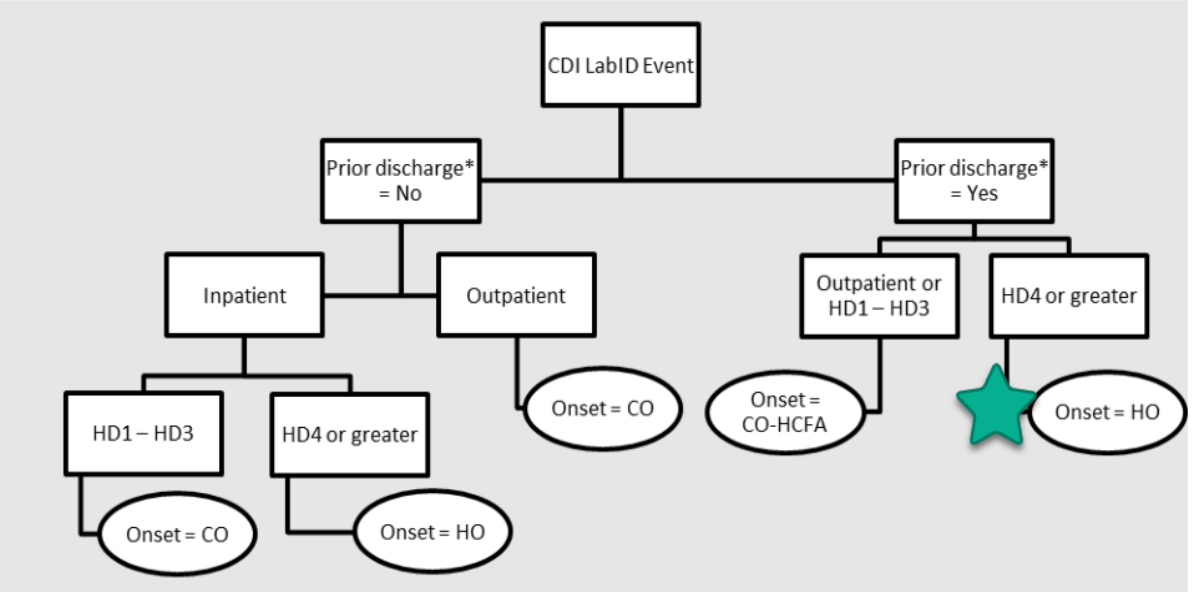
1. Community Onset – because it came from outside this facility
2. Community Onset Healthcare Facility Associated (CO-HFCA) – because it came from another the patient was admitted with a *C. difficile* diagnosis
3. **Healthcare Facility Onset – the date of event is HD 10**
4. None – I don't think it should get an onset since we don't know when it started

Note: Onset is assigned based on the location of specimen collection, the date admitted to facility, date of specimen collection, and previous discharge, as applicable. (MDRO protocol pg. 12-29)

Wait Just a Minute!! – the patient is admitted with a C. difficile diagnosis. How can an event be assigned as 'healthcare facility onset'?

1. Community Onset – because it came from outside this facility
2. Community Onset Healthcare Facility Associated (CO-HFCA) – because it came from another the patient was admitted with a *C. difficile* diagnosis
3. **Healthcare Facility Onset – the date of event is HD 10**
4. None – I don't think it should get an onset since we don't know when it started

Rationale: Onset is based on the date admitted to facility, date of specimen collection, and previous discharge (pg. 12-30). Admitting diagnosis and/or clinical opinion do not influence the onset assignment.



Q3 – Is this an Incident or a Recurrent event?

1. Incident – no previous CDI LabID Event for this patient at this facility
2. Recurrent – CD event identified within 56 days of a previous event
3. Neither – this assignment doesn't apply to CD LabID events
4. IDK – my head is spinning

Q3 – Is this an Incident or a Recurrent event?

1. **Incident – no previous CDI LabID Event for this patient at this facility**
2. Recurrent – CD event identified within 56 days of a previous event
3. Neither – this assignment doesn't apply to CD LabID events
4. IDK – my head is spinning

Rationale: Incident or Recurrent is assigned based on prior events at **a single facility** from a patient that occurred in an inpatient location, emergency department, or 24-hour observation location at that same facility. **Events do not cross different facilities**.

LABID EVENT REPORTING CASE STUDY 3

The GOLD MEDAL US Women's Hockey team returned from the Winter Olympics with latent signs of what was thought to be a Norovirus outbreak in the Olympic Village (was it really Noro or *C. diff*??). Most of the team are young and healthy but KR, a coach assistant with insulin dependent diabetes has noted continued episodes of diarrhea x 2 weeks, now dehydrated.

She presents to the ED of her local hospital on 3/2 and is admitted to 4S (medical unit) with dx of DKA. A GI stool panel to include Noro and CD testing is ordered but the specimen is 'lost'. Glucose control is achieved by 3/5, but the patient is now febrile to 101.5F – MD orders blood cultures and looks for the CD result.

An astute RN realizes *C. difficile* testing has not been done and submits a new stool specimen specifically for CD testing. This facility uses a multi-step testing algorithm of NATT with reflex to EIA toxin if NATT positive. Lab report received 3/6 shows BC with MRSA and C. diff NATT positive, GDH antigen positive, EIA toxin negative. This facility includes conducts FacWideIN *C. difficile* and MRSA *blood specimens only* LabID event surveillance.

3/2: presents to ED in DKA
3/2: admit to medical unit – GI panel ordered, specimen 'lost'
3/5: Fever 101.5F – blood culture collected; unformed stool specimen submitted for *C. difficile* test
3/6: Lab report: Blood culture reported as MRSA. This facility uses a multi-step testing algorithm for CD of NATT with reflex to EIA Toxin if NATT positive. The final lab report has a single timestamp of 1700. CD results are:

*NATT positive
*GDH antigen positive
*EIA toxin negative

Q1 – Is a *C. difficile* LabID event identified?

1. No – the final test is toxin negative.
2. No - the NATT positive is the first test performed not last.
3. Yes – the final test is GDH antigen positive.
4. Yes – the NATT positive test is performed at the same time as the GDH antigen/EIA toxin test.

?

MDRO protocol pg. 12-25. NOTE: When using a multi-step testing algorithm for CDI on the same unformed stool specimen, the finding of the last test performed on the specimen as shown on the final report in the patient medical record will determine if the CDI positive laboratory assay definition is met.

Q1 – Is a *C. difficile* LabID event identified?

1. No – the final test is toxin negative.
2. No - the NATT positive is the first test performed not last.
3. Yes – the final test is GDH antigen positive.
4. **Yes – the NATT positive test is performed at the same time as the GDH antigen/EIA toxin test.**

Rationale: Only when the final report has specific test times attached to each test method (for example, PCR and antigen/toxin) can one make a valid determination of which test is the last test performed.

- If there are no specific test times/ time stamps attached to each individual testing method on the final lab report, consider the tests as performed simultaneously and any positive finding is eligible for use.

Q2 – Is a MRSA bacteremia LabID event identified?

1. No – the MRSA+ Blood culture is a primary BSI.
2. Yes – the MRSA+ Blood culture is the first for the patient and the location during this admission.
3. No – the patient has C. diff not MRSA.
4. Yes – but it's colonization not a LabID event.

Q2 – Is a MRSA bacteremia LabID event identified?

1. No – the MRSA+ Blood culture is a primary BSI.
2. **Yes – the MRSA+ Blood culture is the first for the patient and the location during this admission.**
3. No – the patient has C. diff not MRSA.
4. Yes – but it's colonization not a LabID event.

?

Rationale: The MRSA+ blood culture is the first positive laboratory isolate during this admission for the patient and the location. This specimen represents a LabID Event since it is a unique blood source (the first MRSA blood isolate for the same patient and same location).

Q3 – what is the date of event for each LabID event?

1. 3/2 for both events given the patient is admitted with diarrhea and dehydration
2. 3/2 for the CD event since the patient has diarrhea on admission, 3/5 for MRSA event since that’s the date of + blood culture
3. 3/6 for both events given that's the date the final report is published
4. 3/5 for both events given this is the calendar day the positive specimens are collected

Q3 – what is the date of event for each LabID event?

1. 3/2 for both events given the patient is admitted with diarrhea and dehydration
2. 3/2 for the CD event since the patient has diarrhea on admission, 3/5 for MRSA event since that's the date of + blood culture
3. 3/6 for both events given that's the date the final report is published
4. **3/5 for both events given this is the calendar day the positive specimens are collected**

Rationale: The date of event for a LabID event is the calendar day the positive specimen is collected.

Thank you.

For any questions or concerns, contact the NHSN Helpdesk.

- **NHSN-ServiceNow** to submit questions to the NHSN Help Desk.
- Access new portal at **https://servicedesk.cdc.gov/nhsncsp**.
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
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