Methicillin-Resistant *Staphylococcus aureus* (MRSA)
Reporting from NJ Acute-Care Hospitals – 2011

Executive Summary

*N.J.S.A* 26:2H-12.35 *et seq.* (2007) required that general hospitals implement an infection prevention program in their hospitals. One aspect of the infection prevention program was the mandatory reporting of MRSA data from a single intensive care unit (ICU) to the NJ Department of Health (NJDOH). All patients admitted to the selected ICU also had a nasal swab performed to test for MRSA. Starting in 2011, hospitals had to report all MRSA positive blood specimens from all in-patient units. Prior to 2011, in order to put the new requirements into practice, only those patients with positive blood cultures from one ICU, who had been in the hospital greater than three days, were counted. Beginning in 2011, all positive blood cultures, regardless of duration of admission or patient location, are now being reported. Thus, both those infections acquired prior to hospitalization (community-onset), and those acquired as an in-patient (hospital-onset) are now being counted. New Jersey now meets CDC data reporting requirements. It is important to note that community-onset cases of MRSA are classified solely based upon the date of admission, and not where the person was admitted from (i.e., the patient may have been a transfer from another medical facility and not been admitted directly from home).

2011 Data Results – Hospitals Reported:

- **0.095 hospital-onset blood MRSA infections per 1000 patient days** hospital-wide
- **1.01 community-onset MRSA infections per 1000 in-patient admissions** (defined as a positive culture in a patient hospitalized less than 4 days)
- **95.9% average monthly compliance in performing nasal swab**

Limitations/Caveats:

- Reporting requirements for MRSA LabID events were different for 2011 than in previous years (see above).
- Changes in reporting requirements for 2011 created some confusion, which may have led hospitals to under-report MRSA cases.
- For the above reasons, MRSA LabID data reported for 2011 cannot be directly compared to data for 2009 and 2010 – and data for 2009 and 2010 are not included in this summary.
- The MRSA bloodstream infections reported were based on positive laboratory tests, not clinical evaluations. Therefore it is not possible to know whether all patients were, in fact, infected. These results are a “proxy” for true healthcare-acquired infections.

Future Plans:

- Hospitals will continue reporting hospital-wide MRSA bloodstream infections.
- Hospitals have been trained in MRSA case definitions and data entry into the national system. This means that NJ’s data will now be comparable with other states that report MRSA.
- The Centers for Medicare & Medicaid Services (CMS) will require reporting across the country (2013) resulting in new benchmarks that will be useful in comparing hospitals and states nationwide.