

Nebraska Health and Human Services System
Department of Regulation and Licensure
Antimicrobial Resistance Surveillance Monthly Report

Name of Hospital/Laboratory:		
Address:		
Phone #:	Fax #:	E-mail address:
Reported by (please indicate name and official designation of person reporting): <input type="checkbox"/> Laboratory supervisor _____ <input type="checkbox"/> Other _____		
Surveillance period: Month (1 st to last day)		Year
Reported for county/region:		
Date submitted report: (mm/dd/yyyy)		

Please complete the following tables (include isolates from all body sites).

1) *Streptococcus pneumoniae*, penicillin-intermediate and penicillin-resistant

NCCLS interpretive standards:

Resistant: MIC \geq 2.0 $\mu\text{g/mL}$

Intermediate: MIC = 0.12-1.0 $\mu\text{g/mL}$

Susceptible: MIC \leq 0.06 $\mu\text{g/mL}$

	No. of isolates
Penicillin-resistant <i>S. pneumoniae</i>	
Penicillin-intermediate <i>S. pneumoniae</i>	
Total <i>S. pneumoniae</i> tested for susceptibility to penicillin	

2) *Enterococcus* spp., vancomycin-resistant (VRE) and vancomycin-intermediate

NCCLS interpretive standards:

Resistant: MIC \geq 32 $\mu\text{g/mL}$ and/or resistant by disk diffusion

Intermediate: MIC = 8-16 $\mu\text{g/mL}$

Susceptible: MIC \leq 4 $\mu\text{g/mL}$

	No. of isolates
VRE	
Vancomycin-intermediate <i>Enterococcus</i> spp.	
Total <i>Enterococcus</i> spp. tested for susceptibility to vancomycin	

3) *Staphylococcus aureus*, methicillin-resistant (MRSA)

NCCLS interpretive standards to oxacillin:

Resistant: MIC \geq 4 $\mu\text{g/mL}$ and/or resistant by disk diffusion

Susceptible: MIC \leq 2 $\mu\text{g/mL}$

	No. of isolates
MRSA	
Total <i>S. aureus</i> tested for susceptibility to oxacillin	

4) *S. aureus*, vancomycin-intermediate/resistant (VISA/VRSA)*

NCCLS interpretive standards:

Intermediate/Resistant: MIC $>$ 4 $\mu\text{g/mL}$

Susceptible: MIC \leq 4 $\mu\text{g/mL}$

	No. of isolates
VISA/VRSA	

* Report immediately