CNISP Project	MRSA/MSSA (CORE Surveillance)		VRE (CORE Surveillance)		CDI (CORE Surveillance)		СРО	
Surveillance Information	See 2019 Surveillance Protocol for Methicillin- Resistant and Methicillin-Susceptible Staphylococcus aureus Bloodstream Infections in CNISP Hospitals		See Surveillance of Vancomycin Resistant Enterococci Bloodstream Infections in CNISP Hospitals		See Surveillance for Clostridium difficile infection (CDI)		See Surveillance Protocol for Carbapenemase- Producing Organisms (CPO) in CNISP Healthcare Facilities	
Data and Isolate/Specimen Submission Dates	Surveillance Period	Data/Lab Submission Deadline	Surveillance Period Data/Lab Submission Deadline	Surveillance Period	Data Submission Deadline	Send eligible isolates to the NML as soon as possible. Send shipment at least once every three months. Patient specimens with eligible Enterobacterales and/or Acinetobacter spp. (as per Appendix A) will be identified by the hospital microbiology laboratory and sent to the NML with a minimum data set (Appendix B)		
	Jan. 01 – Mar. 31, 2019	June 30, 2019		Jan. 01 – Mar. 31, 2019 NOT LATER THAN June 30, 2019 Apr. 01 – June 30, 2019 NOT LATER THAN Sept. 30, 2019	Jan. 01 – Mar. 31, 2019		NOT LATER THAN June 30, 2019	
	Apr. 01 – June 30, 2019				Apr. 01 – June 30, 2019		NOT LATER THAN Sept. 30, 2019	
	July 01 - Sep. 30, 2019	NOT LATER THAN Dec. 31, 2019	July 01 - Sep. 30, 2019	NOT LATER THAN Dec. 31, 2019	July 01 – Sep. 30, 2019	NOT LATER THAN Dec. 31, 2019	for detection or confirmation of carbapenemase production.	
	Oct. 01 - Dec. 31, 2019	NOT LATER THAN Mar. 31, 2020	Oct. 01 - Dec. 31, 2019	NOT LATER THAN Mar. 31, 2020	Oct. 01 – Dec. 31, 2019	NOT LATER THAN Mar. 31, 2020	A patient questionnaire (Appendix C) should be completed for all carbapenemase-producing	
					Adult CDI stools to be submitted to NML by July 31 of each year. Pediatric CDI stools to be submitted to NML by the data submission deadlines above and NO LATER THAN March 31 the following year.		Enterobacterales and/or Acinetobacter spp. Please ensure that data submitted on Appendix B matches data submitted on the patient questionnaire (Appendix C) (e.g. age, sex, pathogen, site of isolation, etc.).	
							All patient questionnaires should be submitted on a quarterly basis by email to CNISP at phac.cnisp-pcsin.aspc@canada.ca	
Laboratory Surveillance	One blood isolate is required for every eligible MRSA BSI case. Please do NOT send MSSA isolates to the NML. In the case of a new infection in the same patient in the same calendar year, please indicate the patient's previous unique ID on the shipping form (Appendix 2).		One blood isolate is required for every eligible VRE BSI case. In the case of a new infection in the same patient in the same calendar year, please indicate the patient's previous unique ID on the shipping form (<i>Appendix 4</i>).		Adult – Targeted: (≥ 18 years): will run from Mar 01 to Apr 30 of each year. Pediatric – Targeted: (≥12 months and <18 years): will run from Jan 01 to Dec 31 of each year. One stool sample is required for every lab eligible CDI case.		All Enterobacterales and Acinetobacter spp. that meet at least one of the three laboratory testing criteria for confirmation of carbapenem resistance or carbapenemase production (see Appendix A). If there are multiple isolates from one patient and laboratories are only sending one isolate, please submit the isolate from the most invasive specimen, otherwise please submit all isolates. Environmental Sampling: If possible, consider screening drains at discharge for CPO positive patients. Swab all drains in the patient room and bathroom before a cleaning protocol is implemented. Complete and send Appendix B to the NML along with the CPO positive environmental swab(s).	
CHEC ID or Unique Patient Identifier (UPI) Format	19 (CHEC site #) (year) (case #) e.g. 01C19001		19 (CHEC site #) (year) (case #) e.g. 01C19001		19 (CHEC site #) (year) (case #) e.g. 01C19001		19 (CHEC site #) (year) (case #) e.g. 01C19001 When multiple isolates are submitted for the same patient in the same surveillance year, please indicate by adding a suffix A or B etc. to the case number (e.g. 01C19001A and 01C19001B). Environmental Sampling: Use the same unique PID assigned to the patient whose room was swabbed and add a suffix E1 or E2 etc. to the case number (e.g. 01C19001E1 and	
Shipping Requirements	Eligible MRSA isolates are to be properly labelled (in indelible ink/marker) with the assigned CHEC ID and as MRSA. Ensure that the assigned CHEC ID corresponds with the UPI on the patient questionnaire (See protocol - Appendix 3). Isolates can be collected for bulk shipment to the NML at the end of each next quarter. The standardized shipping form (see protocol – Appendix 2) must be included in the parcel.		Eligible VRE isolates are to be properly labelled (in indelible ink/marker) with the assigned CHEC ID and as VRE. Ensure that the assigned CHEC ID corresponds with the UPI on the patient questionnaire (see protocol - Appendix 2). Isolates can be collected for bulk shipment to the NML at the end of each next quarter. The standardized shipping form (see protocol - Appendix 4) must be included in the parcel.		Ensure that the assigned CHEC ID on the specimen vial corresponds with the UPI on the patient questionnaire. The standardized shipping form (see protocol - Appendix 7) must be included in the parcel.		etc. to the case fulfible (e.g. of Crisorie and of 1019001E2). Eligible CRGN isolates are to be properly labelled (in indelible ink/marker) with the assigned UPI. Send isolates to the NML and include the data collection form (Appendix B) in the parcel. To avoid receiving duplicate isolates at the NML, please alert the NML if the shipped isolate(s) were sent to your provincial laboratory as they may have also sent these isolates to the NML for testing. These isolates would have been assigned an NML number (e.g. N19-01234). If you have an NML number, please include it on Appendix B with the CNISP PID.	