Invasive Methicillin-Resistant \textit{Staphylococcus Aureus} (MRSA) Reporting in Tennessee

2008

**Executive Summary**

- Tennessee is a leader in collecting and reporting on antibiotic resistant infections by having made invasive methicillin-resistant \textit{Staphylococcus aureus} (MRSA) cases reportable to the Department of Health’s Communicable and Environmental Disease Services section in June 2004.

- Reporting is at the case or patient level. Reported information includes patient demographics (name, age, gender, race, address), body-site location such as blood, and who first reported it to the state health department, e.g., laboratory, hospital, nursing home or private physician.

- Data is collected by who first reported the case versus assigning the source. Therefore, individual facility level comparisons are not available or valid. In 2006, 70\% of cases were first reported by hospitals, 29\% by laboratories, 0.2\% by private physicians.

- There are currently no national standards on the most meaningful way to report rates of resistant organisms such as MRSA by individual healthcare facility. Tennessee experts are participating in national work groups discussing this topic.

- The following report describes current findings on invasive MRSA in Tennessee, both community-acquired and healthcare-associated infections. Invasive MRSA infections are a major public health problem across the country including Tennessee. Nearly 2,000 cases of invasive MRSA are reported each year to the TDH. The incidence for 2006 was 33 per 100,000, making MRSA the most common reportable communicable disease in Tennessee after chlamydia and gonorrhea. There was no change in the incidence between 2006 and 2005. The incidence for Tennessee is similar to findings for other states in our region and other recently published studies.

- Recent media reports highlight the fact that MRSA is a community health challenge no longer confined to healthcare facilities.

- The Department of Health is working with healthcare organizations and providers to implement evidence based strategies to prevent infections through the recent statute on reporting, changes to the licensure rules and regulations, and statewide education and awareness campaigns. The Department of Health has established an infections taskforce with representation of healthcare facilities, associations and infection control experts.
• Tennessee hospitals are engaged in numerous voluntary initiatives to reduce infections including MRSA. These include the Institute of Healthcare Improvement (IHI) 5 Million Lives Campaign and the Tennessee Center for Patient Safety collaborative on reducing infections. The Department of Health is one of the partner organizations working with the Center on MRSA reduction strategies.

• Tennessee now has the infrastructure in place for the reporting and monitoring of healthcare associated infections and partnering with providers to significantly improve care. The report includes additional recommendations to strengthen these partnerships and implement targeted intervention strategies based on local risk assessments for their community.

• The Department and infections taskforce will monitor the efficacy of these strategies and issue a report to the General Assembly on the state’s progress