Third Case of VRSA Isolated in United States Prompting Changes in Screening Methods

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In the April 23, 2004 issue of the Morbidity and Mortality Weekly Report, the Centers for Disease Control and Prevention (CDC) reported the third known case of *vanA*-mediated vancomycin-resistant *Staphylococcus aureus* (VRSA) in the United States (New York). This isolate, which was obtained from the urine of a patient that resided at a long-term health care facility, had no genetic relatedness to the first two VRSA isolated in 2003 from Michigan and Pennsylvania. Unfortunately, this isolate, in a similar manner to the VRSA isolate from Pennsylvania, was not detected using automated susceptibility testing systems (i.e. Vitek® or Microscan®) and was only detected using E-test, broth microdilution, agar dilution, or vancomycin screen agar (agar containing 6 μg/ml vancomycin). Due to the public health implications of VRSA isolation, the CDC has recommended that clinical microbiology laboratories add a vancomycin screen agar plate (BHIA with 6 μg/ml vancomycin) to their primary testing procedure (http://www.cdc.gov/ncidod/hip/vanco/vanco.htm). An updated flow chart for VRSA detection and reporting is shown in figure 1 (adapted from CDC flow chart). If you have any questions regarding VRSA/VISA testing, please call Dr. Paul Fey at (402) 559-2122.

Figure 1