Alert Form for Reporting Emerging AMR Resistance of Public Health Concern

A. Laboratory Information
1. Name of the reporting laboratory: Name and Contact Information of Microbiologist:

B. Patient Demographic Information
3. Patient ID: 4. Specimen ID:
5. Completed Age (in years/ month/ week/days): Sex (Tick one box): Male ☐ Female ☐ Other ☐
7. District: Village (rural) / Locality (urban):

C. Admission Information
9. Date of Hospital Admission
10. Location of patient at the time of sample collection (Tick one box) ICU ☐ IPD ☐ OPD ☐ Other ☐

D. Specimen Type and Pathogen Isolated
11. Specimen Collection Date
12. Type of Specimen (Tick one box)
   a. Blood ☐
   b. Urine ☐
   c. Stool ☐
   d. Pleural Fluid ☐
   e. CSF ☐
   f. Pus Aspirate (specify location:___________)
   g. Other Sterile Body Fluid (specify:______) 13. Isolated Pathogen (Tick one box)
   1. *Staphylococcus aureus* ☐
   2. *Escherichia coli* ☐
   3. *Klebsiella* species ☐ specify species if known:
   4. *Acinetobacter* species ☐ specify species if known:
   5. *Pseudomonas* species ☐ specify species if known:
   6. *Enterococcus* species ☐ specify species if known:
   7. *Salmonella enterica* ☐ specify serotype if known:

E. Detected/ Suspected Resistance Pattern
F. Method of Detection (Tick all that apply)
G. AST details
1. Suspected VISA (Vancomycin Intermediate *S. aureus*)
   ☐ Growth on Vancomycin Screen Agar
   ☐ MIC ≥ 4 μg/ml by automated AST
   ☐ MIC ≥ 4 μg/ml by broth microdilution
2. Suspected VRSA (Vancomycin Resistant *S. aureus*)
   ☐ Growth on Vancomycin Screen Agar
   ☐ MIC ≥ 16 μg/ml by automated AST
   ☐ MIC ≥ 16 μg/ml by broth microdilution
3. Suspected Colistin resistance (Enterobacteriaceae & Non fermenters)
   ☐ MIC > 2 μg/ml by broth microdilution
4. Suspected Linezolid resistance (in VREs and *S. aureus*)
   (When testing linezolid using disk diffusion, zones should be examined using transmitted light. Organisms with resistant results by disk diffusion should be confirmed using MIC method)
   ☐ Zone diameter ≤ 20 mm by disc diffusion
   ☐ MIC ≥ 8 μg/ml by automated AST
   ☐ MIC ≥ 8 μg/ml by broth microdilution
5. Suspected Ceftriaxone resistance in *Salmonella enterica* serovar Typhi
   ☐ Zone diameter ≤ 19 mm by disc diffusion
   ☐ MIC ≥ 4 μg/ml by automated AST
   ☐ MIC ≥ 4 μg/ml by broth microdilution
6. Suspected ceftriaxone intermediate sensitivity in *Salmonella enterica* serovar Typhi

☐ Zone diameter 20-22 mm disc diffusion

7. Suspected Azithromycin resistance in *Salmonella enterica* serovar Typhi

☐ Zone diameter ≤ 12 mm by disc diffusion
☐ MIC ≥ 32 μg/ml by automated AST
☐ MIC ≥ 32 μg/ml by broth microdilution

8. Suspected Imipenem or Meropenem resistant *Salmonella enterica* serovar Typhi

☐ Zone diameter ≤ 19 mm by disc diffusion
☐ MIC ≥ 4μg/ml by automated AST
☐ MIC ≥ 4μg/ml by broth microdilution

9. Other significant resistance

Pathogen:

(If other than listed in E 1-8)

Drug 1: ___________________

☐ Zone diameter ____ by disc diffusion
☐ MIC ____ μg/ml by automated AST
☐ MIC ____ μg/ml by broth microdilution

Drug 2: ___________________

☐ Zone diameter ____ by disc diffusion
☐ MIC ____ μg/ml by automated AST
☐ MIC ____ μg/ml by broth microdilution

Drug 3: ___________________

☐ Zone diameter ____ by disc diffusion
☐ MIC ____ μg/ml by automated AST
☐ MIC ____ μg/ml by broth microdilution

Drug 4: ___________________

☐ Zone diameter ____ by disc diffusion
☐ MIC ____ μg/ml by automated AST
☐ MIC ____ μg/ml by broth microdilution

H. Clinical Notes

Date of Reporting: ____________________________

Reported by: ____________________________

(Name, signature & seal)