

# Episode of healthcare-associated *Staphylococcus aureus* bacteraemia

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# Episode of healthcare-associated *Staphylococcus aureus* bacteraemia

## Identifying and definitional attributes

**Metadata item type:** Glossary Item

**METEOR identifier:** 590503

**Registration status:** [Health](#), Superseded 10/06/2022

**Definition:** A patient episode of *Staphylococcus aureus* bacteraemia (SAB) is a positive blood culture for *Staphylococcus aureus*.

For surveillance purposes, only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.

A SAB will be considered to be a healthcare-associated event if either:

CRITERION A: The patient's first positive *Staphylococcus aureus* blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge.

OR

CRITERION B: The patient's first *Staphylococcus aureus* positive blood culture is collected less than or equal to 48 hours after admission to hospital and the patient-episode of SAB meets at least one of the following criteria:

1. SAB is a complication of the presence of an indwelling medical device (e.g. intravascular line, haemodialysis vascular access, cerebrospinal fluid (CSF) shunt, urinary catheter)
2. SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
3. SAB was diagnosed within 48 hours of a related invasive instrumentation or incision
4. SAB is associated with neutropenia contributed to by cytotoxic therapy. Neutropenia is defined as at least two separate calendar days with values of absolute neutrophil count (ANC) or total white blood cell count (WBC)  $<500$  cells/mm<sup>3</sup> ( $0.5 \times 10^9$  / L) on or within a seven-day time period which includes the date the positive blood specimen was collected (Day 1), the 3 calendar days before and the 3 calendar days after.

If none of these criteria are met, then the episode of SAB is considered to be community-acquired for the purposes of surveillance.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Reference documents:** ACSQHC (Australian Commission on Safety and Quality in Health Care), unpublished. Endorsed amendments to the *Staphylococcus aureus* bacteraemia (SAB) Data set specification (DSS). Sydney: ACSQHC.

## Relational attributes

**Related metadata references:** Has been superseded by [Episode of healthcare-associated \*Staphylococcus aureus\* bloodstream infection](#)  
[Health](#), Standard 10/06/2022

**Metadata items which use  
this glossary item:**

[Australian Health Performance Framework: PI 2.2.2–Healthcare-associated Staphylococcus aureus bloodstream infections, 2019](#)

[Health](#), Superseded 13/10/2021

[Australian Health Performance Framework: PI 2.2.2–Healthcare-associated Staphylococcus aureus bloodstream infections, 2020](#)

[Health](#), Superseded 11/07/2023

[Australian Health Performance Framework: PI 2.2.2–Healthcare-associated Staphylococcus aureus bloodstream infections, 2021](#)

[Health](#), Standard 11/07/2023

[Establishment—number of healthcare-associated Methicillin-resistant Staphylococcus aureus \(MRSA\) bacteraemia patient episodes](#)

[Health](#), Superseded 10/06/2022

[Establishment—number of healthcare-associated Methicillin-resistant Staphylococcus aureus \(MRSA\) bacteraemia patient episodes, total episodes N\[NNNN\]](#)

[Health](#), Superseded 10/06/2022

[Establishment—number of healthcare-associated Methicillin-sensitive Staphylococcus aureus \(MSSA\) bacteraemia patient episodes](#)

[Health](#), Superseded 10/06/2022

[Establishment—number of healthcare-associated Methicillin-sensitive Staphylococcus aureus \(MSSA\) bacteraemia patient episodes, total episodes N\[NNNN\]](#)

[Health](#), Superseded 10/06/2022

[Establishment—Staphylococcus aureus bacteraemia surveillance indicator](#)

[Health](#), Superseded 10/06/2022

[Healthcare-associated infections NBEDS 2016–2021](#)

[Health](#), Superseded 10/06/2022

[National Healthcare Agreement: PI 22–Healthcare associated infections: Staphylococcus aureus bacteraemia, 2020](#)

[Health](#), Standard 13/03/2020

[National Healthcare Agreement: PI 22–Healthcare associated infections: Staphylococcus aureus bacteraemia, 2021](#)

[Health](#), Standard 16/09/2020

[National Healthcare Agreement: PI 22–Healthcare associated infections: Staphylococcus aureus bacteraemia, 2022](#)

[Health](#), Standard 24/09/2021