

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Fridkin SK, Hageman JC, Morrison M, et al. Methicillin-resistant *Staphylococcus aureus* disease in three communities. N Engl J Med 2005;352:1436-44.

Table 1W. Source and Susceptibility of Isolates from Cases of CA-MRSA Disease, as Reported From Clinical Microbiology Laboratories, by Confirmation Status, Atlanta, Baltimore, and Minnesota ABCs CA-MRSA Surveillance Study, 2001-2002

Source if isolates	Status*				P-value
	Confirmed (N=575)		Probable (N=1072)		
	No.	%	No.	%	
Sterile site**	23	4.0	73	6.8	0.21
Surgical	28	4.9	49	4.6	0.80
Skin	388	67.4	740	69.0	0.45
Sputum	17	3.1	38	3.6	0.55
Urine	40	7.3	81	7.6	0.77
Ear	17	2.7	25	2.3	0.63
Eye	8	1.4	9	0.8	0.21
Susceptibility of isolates †					
Ciprofloxacin	233	65.3	327	64.9	0.91
Clindamycin	415	85.4	714	87.6	0.25
Erythromycin	99	21.8	120	15.4	0.004
Gentamicin	235	96.3	444	96.7	0.77
Rifampin	347	97.5	520	97.9	0.65
Tetracycline	348	88.8	584	87.0	0.40
TMP/Sulfa	460	96.4	718	96.9	0.66
Vancomycin‡	479	100.0	864	99.8	0.29

Linezolid	6	85.7	18	100.0	0.10
Levofloxacin	70	63.6	190	62.5	0.83

Note: TMP/Sulfa = trimethoprim-sulfamethoxazole

* Confirmed=absence of established MRSA risk factors confirmed by patient interview,
 Probable = absence of established MRSA risk factors by medical record review and
 unsuccessful interview attempts.

** blood, cerebral spinal fluid, pleural fluid, peritoneal fluid, synovial fluid, and bone.

† % = (no. susceptible / no. tested for agent) * 100

‡ 1 isolate tested non-susceptible by automated testing methods but was not confirmed as
 non-susceptible as recommended.^{37,38}