**Patient Name:** **MRN:** **Location:**

**Date of Infection:**  **Date of Review:**  **Reviewed by:**

**UTI: □** evaluated □ criteria met **RTI: □** evaluated □ criteria met **SSTI:** **□** evaluated □ criteria met  **GITI: □** evaluated □ criteria met

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| Table 1. Constitutional Criteria for Infection |
| Fever | **Leukocytosis** | **Acute Mental Status Change** | **Acute Functional Decline** |
| Single oral temp >37.8 ⁰C (100 ⁰F),*OR*Repeated oral temp >37.2 ⁰C (99 ⁰F), *OR*Repeated rectal temp >37.5 ⁰C (99.5 ⁰F),*OR*Single temp >1.1 ⁰C (2 ⁰F) from baseline from any site | >14,000 WBC / mm3, *OR*>6% band, *OR*≥1,500 bands / mm3 | Acute onset, *AND*Fluctuating course,*AND*Inattention,*AND*Either disorganized thinking, OR altered level of consciousness | 3-point increase in baseline ADL score according to the following items: 1. Bed mobility2. Transfer3. Locomotion within LTCF4. Dressing5. Toilet use6. Personal hygiene7. Eating[Each scored from 0 (independent) to 4 (total dependence)] |

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| Table 2. Urinary Tract Infection (UTI) Surveillance Definitions |
| Syndrome | **Criteria** | **Selected Comments\*** |
| UTI without indwelling catheter  | ***Must fulfill both 1 AND 2.***□ 1. At least one of the following sign or symptom □ Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate □ Fever or leukocytosis, and ≥ 1 of the following: □ Acute costovertebral angle pain or tenderness □ Suprapubic pain □ Gross hematuria □ New or marked increase in incontinence □ New or marked increase in urgency □ New or marked increase in frequency □ If no fever or leukocytosis, then ≥ 2 of the following: □ Suprapubic pain □ Gross hematuria □ New or marked increase in incontinence □ New or marked increase in urgency □ New or marked increase in frequency□ 2. At least one of the following microbiologic criteria □ ≥ 105 cfu/mL of no more than 2 species of organisms in a voided urine sample □ ≥ 102 cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter | The following 2 comments apply to both UTI with or without catheter:* UTI can be diagnosed without localizing symptoms if a blood isolate is the same as the organism isolated from urine and there is no alternate site of infection
* In the absence of a clear alternate source of infection, fever or rigors with a positive urine culture result in the non-catheterized resident or acute confusion in the catheterized resident will often be treated as UTI. However, evidence suggests that most of these episodes are likely not due to infection of a urinary source.
* Urine specimens for culture should be processed as soon as possible, preferably within 1-2 h
* If urine specimens cannot be processed within 30 min of collection, they should be refrigerated and used for culture within 24 h
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| UTI with indwelling catheter | ***Must fulfill both 1 AND 2.***□ 1. At least one of the following sign or symptom □ Fever, rigors, or new-onset hypotension, with no alternate site of infection □ Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis □ New-onset suprapubic pain or costovertebral angle pain or tenderness □ Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate □ 2. Urinary catheter specimen culture with ≥ 105 cfu/mL of any organism(s)  | * Recent catheter trauma, catheter obstruction, or new onset hematuria are useful localizing signs that are consistent with UTI but are not necessary for diagnosis
* Urinary catheter specimens for culture should be collected after replacement of the catheter if it has been in place >14 d
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|  □ UTI criteria met □ UTI criteria NOT met |

\* Refer to original article (Stone ND, *et al*. Infect Control Hosp Epidemiol 2012;33:965-77) for full comments

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| Table 3. Respiratory Tract Infection (RTI) Surveillance Definitions |
| Syndrome | **Criteria** | **Selected Comments\*** |
| Common cold syndrome or pharyngitis  | ***Must fulfill at least 2 criteria.***□ Runny nose or sneezing□ Stuffy nose or nasal congestion□ Sore throat, hoarseness, or difficulty in swallowing□ Dry cough□ Swollen or tender glands in the neck (cervical lymphadenopathy) | * Fever may or may not be present
* Symptoms must be new and not attributable to allergies

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| Influenza-like illness | ***Must fulfill both 1 AND 2.***□ 1. Fever□ 2. At least three of the following criteria □ Chills □ New headache or eye pain □ Myalgias or body aches  □ Malaise or loss of appetite  □ Sore throat □ New or increased dry cough  | * If both criteria for influenza-like illness and another upper or lower RTI are met, only record diagnosis of influenza-like illness
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| Pneumonia | ***Must fulfill 1, 2, AND 3.***□ 1. Chest X-ray with pneumonia or a new infiltrate□ 2. At least one of the following criteria □ New or increased cough □ New or increased sputum production □ O2 sat <94% on room air, or >3% decrease from baseline O2 sat □ New or changed lung exam abnormalities □ Pleuritic chest pain □ Respiratory rate ≥25 breaths/min□ 3. At least one of the following criteria □ Fever □ Leukocytosis □ Acute mental status change  □ Acute functional decline  | * Conditions mimicking the presentation of RTI (e.g., congestive heart failure or interstitial lung diseases) should be excluded
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| Bronchitis or Tracheo-bronchitis | ***Must fulfill 1, 2, AND 3.***□ 1. Chest X-ray not performed, or negative for pneumonia or a new infiltrate□ 2. At least two of the following criteria □ New or increased cough □ New or increased sputum production □ O2 sat <94% on room air, or >3% decrease from baseline O2 sat  □ New or changed lung exam abnormalities □ Pleuritic chest pain □ Respiratory rate >25 breaths/min□ 3. At least one of the following criteria □ Fever □ Leukocytosis □ Acute mental status change  □ Acute functional decline  | * Conditions mimicking the presentation of RTI (e.g., congestive heart failure or interstitial lung diseases) should be excluded
 |
|  □ RTI criteria met □ RTI criteria NOT met |

\* Refer to original article (Stone ND, *et al*. Infect Control Hosp Epidemiol 2012;33:965-77) for full comments

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| Table 4. Skin and Soft Tissue Infection (SSTI) Surveillance Definitions |
| Syndrome | **Criteria** | **Selected Comments\*** |
| Cellulitis, soft tissue, or wound infection  | ***Must fulfill at least 1 criteria.***□ Pus at wound, skin, or soft tissue site□ At least four of the following new or increasing sign or symptom □ Heat (warmth) at affected site □ Redness (erythema) at affected site □ Swelling at affected site □ Tenderness or pain at affected site □ Serous drainage at the affected site □ At least one of the following □ Fever □ Leukocytosis □ Acute changed in mental status □ Acute functional decline  | * More than 1 resident with streptococcal skin infection from the same serogroup (e.g., A, B, C, G) may indicate an outbreak
* Positive superficial wound swab culture is not sufficient evidence to establish a wound infection

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| Scabies | ***Must fulfill both 1 AND 2.***□ 1. Maculopapular and/or itching rash□ 2. At least one of the following criteria □ Physician diagnosis □ Lab confirmation (scraping or biopsy) □ Epidemiologic linkage to a case of scabies with lab confirmation  | * Must rule out rashes due to skin irritation, allergic reactions, eczema, and other non-infectious skin conditions
* Epidemiologic linkage refers to geographic proximity, temporal relationship to symptom onset, or evidence of common source of exposure
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| Oral candidiasis | ***Must fulfill 1 AND 2.***□ 1. Presence of raised white patches on inflamed mucosa or  plaques on oral mucosa□ 2. Medical or dental diagnosis |  |
| Fungal skin infection | ***Must fulfill 1 AND 2.***□ 1. Characteristic rash or lesions□ 2. Physician diagnosis or lab confirmation of fungal pathogen from skin scraping or biopsy) |  |
| Herpes simplex or Herpes zoster infection | ***Must fulfill 1 AND 2.***□ 1. A vesicular rash□ 2. Physician diagnosis or lab confirmation | * Reactivation of herpes simplex (cold sore) or herpes zoster (shingles) is not considered a healthcare-associated infection
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| Conjunctivitis | ***Must fulfill at least 1 criteria.***□ Pus from one or both eyes for ≥ 24 h□ New or increased conjunctival erythema +/- itching□ New or increased conjunctival pain for ≥ 24 h | * Conjunctivitis symptoms (pink eye) should not be due to allergy or trauma
 |
|  □ SSTI criteria met □ SSTI criteria NOT met |

\* Refer to original article (Stone ND, *et al*. Infect Control Hosp Epidemiol 2012;33:965-77) for full comments

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| Table 5. Gastrointestinal Tract Infection (GITI) Surveillance Definitions |
| Syndrome | **Criteria** | **Selected Comments\*** |
| Gastroenteritis  | ***Must fulfill at least 1 criteria.***□ Diarrhea: ≥ 3 liquid or watery stools above what is normal for the resident within 24 h□ Vomiting: ≥ 2 episodes in 24 h□ Both of the following sign or symptom □ Stool specimen positive for a pathogen (e.g., *Salmonella*, *Shigella, E coli* O157:H7, *Campylobacter* species, rotavirus) □ At least one of the following criteria □ Nausea □ Vomiting □ Abdominal pain or tenderness  □ Diarrhea | * Exclude non-infectious causes of symptoms such as new medications causing diarrhea, nausea, or vomiting or diarrhea resulting from initiation of new enteral feeding
* Presence of new GI symptoms in a single resident may prompt enhanced surveillance for additional cases
* In the presence of an outbreak, stool specimens should be sent to confirm the presence of norovirus or other pathogens (e.g., rotavirus, *E coli* O157:H7)

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| Norovirus gastroenteritis | ***Must fulfill both 1 AND 2.***□ 1. At least one of the following criteria □ Diarrhea: ≥ 3 liquid or watery stools above what is normal for the resident within 24 h □ Vomiting: ≥ 2 episodes in 24 h □ 2. A stool specimen positive for norovirus detected by electron microscopy, enzyme immunoassay, or molecular diagnostic testing  | * In the absence of lab confirmation, a norovirus gastroenteritis outbreak (≥ 2 cases in a LTCF) may be assumed if all of the Kaplan Criteria are present
	+ Vomiting in >50% of affected persons
	+ A mean or median incubation period of 24-48 h
	+ A mean or median duration of illness of 12-60 h, and
	+ No bacterial pathogen is identified in stool culture
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| *Clostridium difficile* infection | ***Must fulfill 1 AND 2.***□ 1. At least one of the following criteria □ Diarrhea: ≥ 3 liquid or watery stools above what is normal for the resident within 24 h □ Presence of toxic megacolon (radiologic finding of abnormal large bowel dilatation) □ 2. At least one of the following diagnostic criteria □ Stool sample positive for *C difficile* toxin A or B, or detection of toxin-producing *C difficile* by culture or PCR in stool sample  □ Pseudomembranous colitis identified in endoscopic exam, surgery, or histopathologic exam of biopsy specimen | * Individual previously infected with *C difficile* may continue to be colonized even after symptoms resolve
* In the setting of an outbreak of GI infection, individuals could be *C difficile* toxin positive because of ongoing colonization and also be co-infected with another pathogen. Other surveillance criteria should be used to differentiate between infections in this scenario
 |
|  □ GITI criteria met □ GITI criteria NOT met |

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