**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 mobility  2. Transfer  3. Locomotion within LTCF  4. Dressing  5. Toilet use  6. Personal hygiene  7. 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 |
| 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 |
| □ 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 |
| 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 |
| 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 |
| 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 | | |

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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 |
| 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 |
| 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 |
| 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 | | |

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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) |
| 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 |
| *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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