

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

Table 1. Constitutional Criteria for Infection			
Fever	Leukocytosis	Acute Mental Status Change	Acute Functional Decline
Single oral temp >37.8 °C (100 °F), OR Repeated oral temp >37.2 °C (99 °F), OR Repeated rectal temp >37.5 °C (99.5 °F), OR Single temp >1.1 °C (2 °F) from baseline from any site	>14,000 WBC / mm <sup>3</sup> , OR >6% band, OR ≥1,500 bands / mm <sup>3</sup>	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)]

Table 2. Urinary Tract Infection (UTI) Surveillance Definitions		
Syndrome	Criteria	Selected Comments*
UTI without indwelling catheter	<p><b>Must fulfill both 1 AND 2.</b></p> <p><input type="checkbox"/> 1. At least one of the following sign or symptom</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate</li> <li><input type="checkbox"/> Fever or leukocytosis, and ≥ 1 of the following:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Acute costovertebral angle pain or tenderness</li> <li><input type="checkbox"/> Suprapubic pain</li> <li><input type="checkbox"/> Gross hematuria</li> <li><input type="checkbox"/> New or marked increase in incontinence</li> <li><input type="checkbox"/> New or marked increase in urgency</li> <li><input type="checkbox"/> New or marked increase in frequency</li> </ul> </li> <li><input type="checkbox"/> If no fever or leukocytosis, then ≥ 2 of the following:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Suprapubic pain</li> <li><input type="checkbox"/> Gross hematuria</li> <li><input type="checkbox"/> New or marked increase in incontinence</li> <li><input type="checkbox"/> New or marked increase in urgency</li> <li><input type="checkbox"/> New or marked increase in frequency</li> </ul> </li> </ul> <p><input type="checkbox"/> 2. At least one of the following microbiologic criteria</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ≥ 10<sup>5</sup> cfu/mL of no more than 2 species of organisms in a voided urine sample</li> <li><input type="checkbox"/> ≥ 10<sup>2</sup> cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter</li> </ul>	<p>The following 2 comments apply to both UTI with or without catheter:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> </ul> <ul style="list-style-type: none"> <li>• Urine specimens for culture should be processed as soon as possible, preferably within 1-2 h</li> <li>• If urine specimens cannot be processed within 30 min of collection, they should be refrigerated and used for culture within 24 h</li> </ul>
UTI with indwelling catheter	<p><b>Must fulfill both 1 AND 2.</b></p> <p><input type="checkbox"/> 1. At least one of the following sign or symptom</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever, rigors, or new-onset hypotension, with no alternate site of infection</li> <li><input type="checkbox"/> Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis</li> <li><input type="checkbox"/> New-onset suprapubic pain or costovertebral angle pain or tenderness</li> <li><input type="checkbox"/> Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate</li> </ul> <p><input type="checkbox"/> 2. Urinary catheter specimen culture with ≥ 10<sup>5</sup> cfu/mL of any organism(s)</p>	<ul style="list-style-type: none"> <li>• Recent catheter trauma, catheter obstruction, or new onset hematuria are useful localizing signs that are consistent with UTI but are not necessary for diagnosis</li> </ul> <ul style="list-style-type: none"> <li>• Urinary catheter specimens for culture should be collected after replacement of the catheter if it has been in place &gt;14 d</li> </ul>
<p><input type="checkbox"/> UTI criteria met</p>		<p><input type="checkbox"/> UTI criteria <b><u>NOT</u></b> met</p>

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

Table 3. Respiratory Tract Infection (RTI) Surveillance Definitions		
Syndrome	Criteria	Selected Comments*
Common cold syndrome or pharyngitis	<p><b>Must fulfill at least 2 criteria.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Runny nose or sneezing</li> <li><input type="checkbox"/> Stuffy nose or nasal congestion</li> <li><input type="checkbox"/> Sore throat, hoarseness, or difficulty in swallowing</li> <li><input type="checkbox"/> Dry cough</li> <li><input type="checkbox"/> Swollen or tender glands in the neck (cervical lymphadenopathy)</li> </ul>	<ul style="list-style-type: none"> <li>• Fever may or may not be present</li> <li>• Symptoms must be new and not attributable to allergies</li> </ul>
Influenza-like illness	<p><b>Must fulfill both 1 AND 2.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Fever</li> <li><input type="checkbox"/> 2. At least three of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Chills</li> <li><input type="checkbox"/> New headache or eye pain</li> <li><input type="checkbox"/> Myalgias or body aches</li> <li><input type="checkbox"/> Malaise or loss of appetite</li> <li><input type="checkbox"/> Sore throat</li> <li><input type="checkbox"/> New or increased dry cough</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If both criteria for influenza-like illness and another upper or lower RTI are met, only record diagnosis of influenza-like illness</li> </ul>
Pneumonia	<p><b>Must fulfill 1, 2, AND 3.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Chest X-ray with pneumonia or a new infiltrate</li> <li><input type="checkbox"/> 2. At least one of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> New or increased cough</li> <li><input type="checkbox"/> New or increased sputum production</li> <li><input type="checkbox"/> O<sub>2</sub> sat &lt;94% on room air, or &gt;3% decrease from baseline O<sub>2</sub> sat</li> <li><input type="checkbox"/> New or changed lung exam abnormalities</li> <li><input type="checkbox"/> Pleuritic chest pain</li> <li><input type="checkbox"/> Respiratory rate ≥25 breaths/min</li> </ul> </li> <li><input type="checkbox"/> 3. At least one of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Leukocytosis</li> <li><input type="checkbox"/> Acute mental status change</li> <li><input type="checkbox"/> Acute functional decline</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Conditions mimicking the presentation of RTI (e.g., congestive heart failure or interstitial lung diseases) should be excluded</li> </ul>
Bronchitis or Tracheo-bronchitis	<p><b>Must fulfill 1, 2, AND 3.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Chest X-ray not performed, or negative for pneumonia or a new infiltrate</li> <li><input type="checkbox"/> 2. At least two of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> New or increased cough</li> <li><input type="checkbox"/> New or increased sputum production</li> <li><input type="checkbox"/> O<sub>2</sub> sat &lt;94% on room air, or &gt;3% decrease from baseline O<sub>2</sub> sat</li> <li><input type="checkbox"/> New or changed lung exam abnormalities</li> <li><input type="checkbox"/> Pleuritic chest pain</li> <li><input type="checkbox"/> Respiratory rate &gt;25 breaths/min</li> </ul> </li> <li><input type="checkbox"/> 3. At least one of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Leukocytosis</li> <li><input type="checkbox"/> Acute mental status change</li> <li><input type="checkbox"/> Acute functional decline</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Conditions mimicking the presentation of RTI (e.g., congestive heart failure or interstitial lung diseases) should be excluded</li> </ul>
<input type="checkbox"/> RTI criteria met		<input type="checkbox"/> RTI criteria <b><u>NOT</u></b> 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	<p><b>Must fulfill at least 1 criteria.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pus at wound, skin, or soft tissue site</li> <li><input type="checkbox"/> At least four of the following new or increasing sign or symptom                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Heat (warmth) at affected site</li> <li><input type="checkbox"/> Redness (erythema) at affected site</li> <li><input type="checkbox"/> Swelling at affected site</li> <li><input type="checkbox"/> Tenderness or pain at affected site</li> <li><input type="checkbox"/> Serous drainage at the affected site</li> <li><input type="checkbox"/> At least one of the following                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Leukocytosis</li> <li><input type="checkbox"/> Acute changed in mental status</li> <li><input type="checkbox"/> Acute functional decline</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• More than 1 resident with streptococcal skin infection from the same serogroup (e.g., A, B, C, G) may indicate an outbreak</li> <li>• Positive superficial wound swab culture is not sufficient evidence to establish a wound infection</li> </ul>
Scabies	<p><b>Must fulfill both 1 AND 2.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Maculopapular and/or itching rash</li> <li><input type="checkbox"/> 2. At least one of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Physician diagnosis</li> <li><input type="checkbox"/> Lab confirmation (scraping or biopsy)</li> <li><input type="checkbox"/> Epidemiologic linkage to a case of scabies with lab confirmation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Must rule out rashes due to skin irritation, allergic reactions, eczema, and other non-infectious skin conditions</li> <li>• Epidemiologic linkage refers to geographic proximity, temporal relationship to symptom onset, or evidence of common source of exposure</li> </ul>
Oral candidiasis	<p><b>Must fulfill 1 AND 2.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Presence of raised white patches on inflamed mucosa or plaques on oral mucosa</li> <li><input type="checkbox"/> 2. Medical or dental diagnosis</li> </ul>	
Fungal skin infection	<p><b>Must fulfill 1 AND 2.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Characteristic rash or lesions</li> <li><input type="checkbox"/> 2. Physician diagnosis or lab confirmation of fungal pathogen from skin scraping or biopsy)</li> </ul>	
Herpes simplex or Herpes zoster infection	<p><b>Must fulfill 1 AND 2.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. A vesicular rash</li> <li><input type="checkbox"/> 2. Physician diagnosis or lab confirmation</li> </ul>	<ul style="list-style-type: none"> <li>• Reactivation of herpes simplex (cold sore) or herpes zoster (shingles) is not considered a healthcare-associated infection</li> </ul>
Conjunctivitis	<p><b>Must fulfill at least 1 criteria.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pus from one or both eyes for ≥ 24 h</li> <li><input type="checkbox"/> New or increased conjunctival erythema +/- itching</li> <li><input type="checkbox"/> New or increased conjunctival pain for ≥ 24 h</li> </ul>	<ul style="list-style-type: none"> <li>• Conjunctivitis symptoms (pink eye) should not be due to allergy or trauma</li> </ul>
<input type="checkbox"/> <b>SSTI criteria met</b>		<input type="checkbox"/> <b>SSTI criteria <u>NOT</u> met</b>

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Table 5. Gastrointestinal Tract Infection (GITI) Surveillance Definitions		
Syndrome	Criteria	Selected Comments*
Gastroenteritis	<p><b>Must fulfill at least 1 criteria.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diarrhea: ≥ 3 liquid or watery stools above what is normal for the resident within 24 h</li> <li><input type="checkbox"/> Vomiting: ≥ 2 episodes in 24 h</li> <li><input type="checkbox"/> Both of the following sign or symptom                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Stool specimen positive for a pathogen (e.g., <i>Salmonella</i>, <i>Shigella</i>, <i>E coli</i> O157:H7, <i>Campylobacter</i> species, rotavirus)</li> <li><input type="checkbox"/> At least one of the following criteria                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Nausea</li> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Abdominal pain or tenderness</li> <li><input type="checkbox"/> Diarrhea</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Exclude non-infectious causes of symptoms such as new medications causing diarrhea, nausea, or vomiting or diarrhea resulting from initiation of new enteral feeding</li> <li>• Presence of new GI symptoms in a single resident may prompt enhanced surveillance for additional cases</li> <li>• In the presence of an outbreak, stool specimens should be sent to confirm the presence of norovirus or other pathogens (e.g., rotavirus, <i>E coli</i> O157:H7)</li> </ul>
Norovirus gastroenteritis	<p><b>Must fulfill both 1 AND 2.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. At least one of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Diarrhea: ≥ 3 liquid or watery stools above what is normal for the resident within 24 h</li> <li><input type="checkbox"/> Vomiting: ≥ 2 episodes in 24 h</li> </ul> </li> <li><input type="checkbox"/> 2. A stool specimen positive for norovirus detected by electron microscopy, enzyme immunoassay, or molecular diagnostic testing</li> </ul>	<ul style="list-style-type: none"> <li>• 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                             <ul style="list-style-type: none"> <li>○ Vomiting in &gt;50% of affected persons</li> <li>○ A mean or median incubation period of 24-48 h</li> <li>○ A mean or median duration of illness of 12-60 h, and</li> <li>○ No bacterial pathogen is identified in stool culture</li> </ul> </li> </ul>
<i>Clostridium difficile</i> infection	<p><b>Must fulfill 1 AND 2.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. At least one of the following criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Diarrhea: ≥ 3 liquid or watery stools above what is normal for the resident within 24 h</li> <li><input type="checkbox"/> Presence of toxic megacolon (radiologic finding of abnormal large bowel dilatation)</li> </ul> </li> <li><input type="checkbox"/> 2. At least one of the following diagnostic criteria                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Stool sample positive for <i>C difficile</i> toxin A or B, or detection of toxin-producing <i>C difficile</i> by culture or PCR in stool sample</li> <li><input type="checkbox"/> Pseudomembranous colitis identified in endoscopic exam, surgery, or histopathologic exam of biopsy specimen</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Individual previously infected with <i>C difficile</i> may continue to be colonized even after symptoms resolve</li> <li>• In the setting of an outbreak of GI infection, individuals could be <i>C difficile</i> 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</li> </ul>
<input type="checkbox"/> <b>GITI criteria met</b>		<input type="checkbox"/> <b>GITI criteria <u>NOT</u> met</b>

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