

## Surveillance Infection Criteria And Constitutional Criteria

**Insert facility name** uses a combination of CDC's National Healthcare Safety Network (NHSN) and McGeer criteria for surveillance case definitions to identify and document infections for surveillance purposes. The facility will use CDC case definitions for surveillance for [urinary tract infection, \(UTI\) catheter-associated urinary tract infection \(CAUTI\), C. difficile, and central-line associated bloodstream infections \(CLABSI\)](#). [McGeer criteria](#) will be used for surveillance of pneumonia, lower respiratory infection (LRI), upper respiratory infection (URI), skin soft tissue (SST) infection including fungal infections, eye infections, and gastrointestinal infections other than *C. difficile*.

CDC updated the leukocytosis definition in January of 2021 and **insert facility name** has formally adopted CDC's updated definition. Leukocytosis is now defined as >10,000 cells/mm<sup>3</sup> instead of > 14,000 cells/mm<sup>3</sup>. CDC reviews and updates surveillance case definitions annually as needed, where as the McGeer criteria has not been updated since 2012. This definition of leukocytosis will be used for all surveillance case definitions that include constitutional criteria for leukocytosis. This means that infections identified using McGeer criteria, that include leukocytosis, will be determined based on >10,000 cells/mm<sup>3</sup> instead of > 14,000.

Constitutional Criteria
Fever = <ul style="list-style-type: none"> <li>• Single temperature <math>\geq 37.8^{\circ}\text{C}</math> (<math>&gt;100^{\circ}\text{F}</math>), or</li> <li>• <math>&gt;37.2^{\circ}\text{C}</math> (<math>&gt; 99^{\circ}\text{F}</math>) on repeated occasions (more than once), or</li> <li>• an increase of <math>&gt;1.1^{\circ}\text{C}</math> (<math>&gt;2^{\circ}\text{F}</math>) over baseline</li> </ul>
Leukocytosis (per CDC NHSN) = <ul style="list-style-type: none"> <li>➤ 10,000 cells/mm<sup>3</sup>, or</li> <li>• Left shift (<math>&gt; 6\%</math> or 1,500 bands/mm<sup>3</sup>)</li> </ul>
Acute change in mental status from baseline all criteria must be present: <ol style="list-style-type: none"> <li>1. Acute onset</li> <li>2. Fluctuating course</li> <li>3. Inattention AND</li> <li>4. Either disorganized thinking or altered level of consciousness</li> </ol>
Acute functional decline = A new 3-point increase in total activities of daily living (ADL) score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence) <ul style="list-style-type: none"> <li>• Bed mobility</li> <li>• Transfer</li> <li>• Locomotion within LTCF</li> <li>• Dressing</li> <li>• Toilet use</li> <li>• Personal hygiene</li> <li>• Eating</li> </ul>

**Surveillance Infection Criteria Met or Not Met Review Form**  
**Respiratory Tract Infections**

Resident Name \_\_\_\_\_ Date \_\_\_\_\_  
 Unit \_\_\_\_\_ Room \_\_\_\_\_ Date of most recent admission \_\_\_\_\_

**Upper and Lower Respiratory Tract Infections**

Symptoms of respiratory tract infection may also prompt a COVID test. If appropriate, ensure the resident was tested for COVID and it is documented in the COVID tracker.

Resident tested for COVID? \_\_ Yes \_\_ No Resident confirmed positive for COVID? \_\_ Yes \_\_ No

Comments: \_\_\_\_\_

<b>Common Cold or Pharyngitis Infection Criteria</b>	<b>Yes</b>	<b>No</b>
<b>Two</b> of the following criteria must be present: <input type="checkbox"/> Runny nose <input type="checkbox"/> Stuffy nose (i.e., congestion) <input type="checkbox"/> Sore throat or hoarseness or difficulty in swallowing <input type="checkbox"/> Swollen or tender glands in the neck (cervical lymphadenopathy)	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

<b>Influenza-like Illness Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> Fever <b>AND</b> <input type="checkbox"/> At least <b>3</b> of the following sub 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>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

Pneumonia Infection Criteria	Yes	No
<p>All <b>3</b> criteria must be present:</p> <p><input type="checkbox"/> X-ray with interpretation of pneumonia or the presence of a new infiltrate</p> <p>AND</p> <p><input type="checkbox"/> At least <b>1</b> of the following subcriteria</p> <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> saturation &lt;94% on room air or a reduction in O<sub>2</sub> saturation of &gt; 3% from baseline</li> <li><input type="checkbox"/> New or changed lung examination abnormalities</li> <li><input type="checkbox"/> Pleuritic chest pain</li> <li><input type="checkbox"/> Respiratory rate of ≥25 breaths/minute</li> </ul> <p>AND</p> <p><input type="checkbox"/> At least <b>1</b> of the constitutional criteria</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Leukocytosis</li> <li><input type="checkbox"/> Acute change in mental status from baseline</li> <li><input type="checkbox"/> Acute functional decline</li> </ul>	<p><input type="checkbox"/> Meets Criteria</p>	<p><input type="checkbox"/> Does Not Meet Criteria</p>

Lower Respiratory Tract Infection (bronchitis or tracheobronchitis) Criteria	Yes	No
<p>All criteria <b>3</b> must be present:</p> <p><input type="checkbox"/> X-ray not performed or negative results for pneumonia or new infiltrate</p> <p>AND</p> <p><input type="checkbox"/> At least <b>2</b> of the following sub criteria</p> <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> saturation &lt;94% on room air or a reduction in O<sub>2</sub> saturation of &gt; 3% from baseline</li> <li><input type="checkbox"/> New or changed lung examination abnormalities</li> <li><input type="checkbox"/> Pleuritic chest pain</li> <li><input type="checkbox"/> Respiratory rate of ≥25 breaths/minute</li> </ul> <p>AND</p> <p><input type="checkbox"/> At least 1 of the constitutional criteria</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Leukocytosis</li> <li><input type="checkbox"/> Acute change in mental status from baseline</li> <li><input type="checkbox"/> Acute functional decline</li> </ul>	<p><input type="checkbox"/> Meets Criteria</p>	<p><input type="checkbox"/> Does Not Meet Criteria</p>

**Surveillance Infection Criteria Met or Not Met Review Form**  
**Gastrointestinal Tract Infections**

Resident Name \_\_\_\_\_ Date \_\_\_\_\_  
 Unit \_\_\_\_\_ Room \_\_\_\_\_ Date of most recent admission \_\_\_\_\_

**Gastroenteritis**

There are specific case definitions for Norovirus and C. difficile. Do not use the gastroenteritis criteria for either of these pathogens.

<b>Gastroenteritis Infection Criteria</b>	<b>Yes</b>	<b>No</b>
At least one of the following criteria must be present: <input type="checkbox"/> Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within 24 h period OR <input type="checkbox"/> Vomiting: 2 or more episodes in a 24-hour period OR <input type="checkbox"/> Both of the following sub criteria ___ A stool specimen testing positive for pathogen AND ___ At least 1 of the following <ul style="list-style-type: none"> <li>○ Nausea</li> <li>○ Vomiting</li> <li>○ Abdominal pain or tenderness</li> <li>○ Diarrhea</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

<b>Norovirus Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> At least 1 of the following sub criteria <ul style="list-style-type: none"> <li>○ Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within 24 h period</li> <li>○ Vomiting: 2 or more episodes in a 24h period</li> </ul> AND <input type="checkbox"/> Stool specimen for which norovirus is positively detected by laboratory test (EIA, PCR)	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

**Surveillance Infection Criteria Met or Not Met Review Form**  
***Clostridioides difficile* (formerly known as *Clostridium difficile*)**

Resident Name \_\_\_\_\_ Date \_\_\_\_\_  
 Unit \_\_\_\_\_ Room \_\_\_\_\_ Date of most recent admission \_\_\_\_\_

The most current case definition from the CDC's NHSN is used for *C. difficile* surveillance.

Facility-associated infection is defined as the laboratory **specimen is collected** on or after day 4 of admission to the facility. Positive specimens collected on day 1, 2, or 3 of admission are considered community associated. If a resident has a positive specimen collected within 3 calendar days of going to the hospital, then it is facility-associated for the nursing home.

<b>Example: NHSN Classification of Lab ID Events as Community-onset or LTCF-onset</b>				
Admission date June 4 <sup>th</sup>	June 5 <sup>th</sup>	June 6 <sup>th</sup>	June 7 <sup>th</sup>	June 8 <sup>th</sup>
day 1	day 2	day 3	day 4	day 5
<b>Community-onset (CO)</b>			<b>Long-term Care Facility-onset (LO)</b>	

<b><i>Clostridioides difficile</i> Infection Criteria</b>	<b>Yes</b>	<b>No</b>
<input type="checkbox"/> Positive laboratory assay for <i>C. difficile</i> - (1) An unformed/loose stool that tests positive for <i>C. difficile</i> toxin A and/or B. This includes molecular assays (PCR) and/or toxin assays; or (2) A toxin-producing <i>C. difficile</i> organism detected in an unformed/loose stool sample by culture or other laboratory means.	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

**Surveillance Infection Criteria Met or Not Met Review Form**  
**Urinary Tract Infections**

Resident Name \_\_\_\_\_ Date \_\_\_\_\_  
 Unit \_\_\_\_\_ Room \_\_\_\_\_ Date of most recent admission \_\_\_\_\_

**Definitions**

Date of Event: The date when the first clinical evidence (signs/symptoms) of the UTI appeared or the date the specimen used to meet the infection criteria was collected, whichever comes first.

Indwelling urinary catheter: A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag/collection system (including leg bags); also called a Foley catheter. Indwelling urinary catheters do not include straight in-and-out catheters or suprapubic catheters.

Catheter-associated urinary tract infection (CAUTI): Event that occurs when a resident develops signs and symptoms of a CAUTI while having an indwelling urinary catheter in place for more than 2 calendar days or it was removed within 2 calendar days of the event date (i.e. symptom onset date). Day of device placement is considered calendar day 1 of having an indwelling catheter in place.

<b>Catheter-associated Urinary Tract Infection Criteria</b> Catheter in place for at least 2 calendar days OR it was removed the day of or day before onset of symptoms/specimen collected	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> At least <b>one</b> of the following sub criteria <ul style="list-style-type: none"> <li><input type="radio"/> Fever</li> <li><input type="radio"/> Rigors</li> <li><input type="radio"/> New onset hypotension, with no alternate non-infectious cause</li> <li><input type="radio"/> New onset confusion/functional decline with no alternate diagnosis AND Leukocytosis</li> <li><input type="radio"/> New or marked increase in suprapubic tenderness</li> <li><input type="radio"/> New or marked increase in costovertebral angle pain or tenderness</li> <li><input type="radio"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate</li> <li><input type="radio"/> Purulent discharge from around the catheter insertion site</li> </ul> AND <input type="checkbox"/> A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

Urinary Tract Infection Criteria	Yes	No
<p>Both criteria must be present:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Either acute dysuria or acute pain, swelling, or tenderness of the testes, epididymis, or prostate</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria
<p>If no to the above, then the following 3 criteria must be present:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Either fever or leukocytosis</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One or more of the following sub criteria             <ul style="list-style-type: none"> <li><input type="checkbox"/> Costovertebral angle pain or tenderness</li> <li><input type="checkbox"/> Suprapubic tenderness</li> <li><input type="checkbox"/> Visible (Gross) hematuria</li> <li><input type="checkbox"/> Incontinence</li> <li><input type="checkbox"/> Urinary urgency</li> <li><input type="checkbox"/> Urinary frequency</li> </ul> </li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria
<p>If no to the above, then both criteria below must be present:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Two or more of the following sub criteria             <ul style="list-style-type: none"> <li><input type="checkbox"/> Costovertebral angle pain or tenderness</li> <li><input type="checkbox"/> Suprapubic tenderness</li> <li><input type="checkbox"/> Visible (Gross) hematuria</li> <li><input type="checkbox"/> Incontinence</li> <li><input type="checkbox"/> Urinary urgency</li> <li><input type="checkbox"/> Urinary frequency</li> </ul> </li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml</li> </ul>		

**Surveillance Infection Criteria Met or Not Met Review Form**  
**Skin, Soft Tissue, and Mucosal Infections**

Resident Name \_\_\_\_\_ Date \_\_\_\_\_

Unit \_\_\_\_\_ Room \_\_\_\_\_ Date of most recent admission \_\_\_\_\_

**Cellulitis, Soft Tissue, or Wound Infection**

Do NOT include surgical sites, fungal or herpesvirus skin infections. Use CDC NHSN criteria for surgical site infections. See sections below for criteria for fungal and herpesvirus skin infections.

<b>Cellulitis, Soft Tissue, or Wound Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Pus present at wound, skin, or soft tissue site	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria
If no pus, then new or worsening presence of at least <b>4</b> of the following signs or symptoms must be present. <input type="checkbox"/> Heat at the affected site <input type="checkbox"/> Redness at the affected site <input type="checkbox"/> Swelling at the affected site <input type="checkbox"/> Tenderness or pain at the affected site <input type="checkbox"/> Serous drainage at the affected site <input type="checkbox"/> One of the constitutional criteria below <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Leukocytosis</li> <li><input type="checkbox"/> Acute change in mental status from baseline</li> <li><input type="checkbox"/> Acute functional decline</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria
<b>Scabies Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> Maculopapular and/or itching rash <b>AND</b> <input type="checkbox"/> At least 1 of the following sub criteria <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnosis by medical provider</li> <li><input type="checkbox"/> Laboratory confirmation (from scraping or biopsy)</li> <li><input type="checkbox"/> Epidemiologic linkage to a case of scabies with a laboratory confirmation (i.e. roommate, caregiver)</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

**Fungal Oral or Perioral and Skin Infections**

<b>Oral Candidiasis Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> Presence of raised white patches on inflamed mucosa or plaques on oral mucosa <b>AND</b> <input type="checkbox"/> Diagnosis by medical or dental provider.	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria



<b>Fungal Skin Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> Characteristic rash or lesions AND <input type="checkbox"/> At least 1 of the following sub criteria <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnosis by medical provider</li> <li><input type="checkbox"/> Laboratory confirmation (from a scraping or biopsy)</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

**Herpesvirus Skin Infection**

<b>Herpesvirus Skin Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> Vesicular rash AND <input type="checkbox"/> At least 1 of the following <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnosis by medical provider</li> <li><input type="checkbox"/> Laboratory confirmation</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

<b>Herpes Zoster (i.e., Shingles) Skin Infection Criteria</b>	<b>Yes</b>	<b>No</b>
Both criteria must be present: <input type="checkbox"/> Vesicular rash AND <input type="checkbox"/> At least 1 of the following <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnosis by medical provider</li> <li><input type="checkbox"/> Laboratory confirmation</li> </ul>	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria

**Conjunctivitis (i.e., Pink eye)**

<b>Conjunctivitis Infection Criteria</b>	<b>Yes</b>	<b>No</b>
One criterion must be present: <input type="checkbox"/> Pus appearing from 1 or both eyes, present for at least 24 h OR <input type="checkbox"/> New or increased conjunctival erythema, with or without itching OR <input type="checkbox"/> New or increased conjunctival pain, present for at least 24 hours	<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria