Definitions of infection for Surveillance in Long-Term Care Facilities

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**Infections**

**Eye, ear, nose and mouth infections**
- Conjunctivitis
- Ear infection
- Mouth and peri-oral infection
- Sinusitis

**Gastrointestinal tract infection**

**Respiratory tract infection**
- Common cold syndromes/ pharyngitis
- Influenza like illness
- Pneumonia
- Bronchitis/ tracheobronchitis

**Skin infection**
- Cellulitis/soft tissue/ wound infection
- Fungal skin infection
- Herpes simplex and herpes zoster infection
- Scabies

**Systemic**
- Primary bloodstream infection
- Unexplained febrile episode

**Urinary tract infection**
Eye, ear, nose and mouth infections

Conjunctivitis

One of the following criteria must be met
Symptoms must not be due to allergy or trauma to the conjunctiva

- Pus appearing from eyes, present for at least 24 hours
- New or increased conjunctival redness with or without itching or pain present for at least 24 hours (also known as pink eye)

Ear infection

One of the following criteria must be met
Non purulent drainage must be accompanied by additional symptoms, such as ear pain or redness

- New draining from one or both ears
- Diagnosis by an attending physician

Mouth and peri-oral infection

The following criterion must be met

- Diagnosis by an attending physician or dentist

Sinusitis

The following criterion must be met

- Diagnosis by an attending physician

Gastrointestinal tract infection

One of the following criteria must be met
Care must be taken to rule out non infectious causes of symptoms. For instance, new medications may cause both diarrhoea and vomiting: vomiting may be associated with gallbladder disease.

- Diarrhoea: two or more loose or watery stools within a 24 hour period
- Vomiting: two or more episodes of vomiting in a 24 hours period
- Both of the following
  1. A stool culture positive for a pathogen (Salmonella, Shigella, E.coli 0157 H7, Campylobacter, Clostridium difficile) and/or toxin assay positive for Clostridium difficile toxin
  2. At least one sign or symptom compatible with gastrointestinal infection (nausea, vomiting, abdominal pain or tenderness, diarrhoea)
Respiratory tract infection

Common cold syndromes/ pharyngitis

The resident must have at least two of the following signs or symptoms. Fever may or may not be present. Care must be taken to ensure symptoms are not caused by allergies.

- Runny nose or sneezing
- Stuffy nose (e.g. congestion)
- Sore throat or hoarseness or difficulty in swallowing
- Dry cough
- Swollen or tender glands in the neck (cervical lymphadenopathy)

Influenza like illness

Both of the following criteria must be met

- Fever (>38°C)
- At least three of the following signs and symptoms
  Chill
  New headache or eye pain
  Myalgia
  Malaise or loss of appetite
  Sore throat
  New or increased dry cough

Pneumonia

Both of the following criteria must be met
If a previous radiograph exists for comparison the infiltrate should be new.

- Interpretation of a chest radiograph as demonstrating pneumonia, probable pneumonia, or the presence of an infiltrate.
- At least two of the following signs and symptoms
  New or increased cough
  New or increased sputum production
  Fever (>38°C)
  Pleuritic chest pain
  Physical findings on chest examination (rales, rhonchi, wheezes, bronchial breathing)
  Change in status or breathing difficulty
    Shortness of breath
    Respiratory rate >25 per minute
    Worsening mental or functional status
Bronchitis/ tracheobronchitis

The resident must have at least three of the following signs or symptoms.

- New or increased cough
- New or increased sputum production
- Fever (>38°C)
- Pleuritic chest pain
- Physical findings on chest examination (rales, rhonchi, wheezes, bronchial breathing)
- Change in status or breathing difficulty
  - Shortness of breath
  - Respiratory rate >25 per minute
  - Worsening mental or functional status

Skin infection

Cellulitis/soft tissue/ wound infection

One of the following criteria must be met

- Pus present at a wound, skin or soft tissue site
- At least four of the following signs or symptoms
  - Fever (>38°C)
  - Worsening of mental or functional status
  - At the affected site, new or increasing
    - Heat
    - Redness
    - Swelling
    - Tenderness or pain
    - Serous drainage

Fungal skin infection

Both of the following criteria must be met

- Maculopapular rash
- Diagnosis by an attending physician or laboratory confirmation

Herpes simplex and herpes zoster infection

Both of the following criteria must be met

- Vesicular rash
- Diagnosis by an attending physician or laboratory confirmation
Scabies

Both of the following criteria must be met

- Maculopapular and/or itching rash
- Diagnosis by an attending physician or laboratory confirmation

Systemic

Primary bloodstream infection

One of the following criteria must be met

- Two or more blood cultures positives for the same organism
- A single blood culture documented with an organism thought not to be a contaminant and at least one of
  
  Fever (>38°C)
  
  A drop in systolic blood pressure of .30mmHg from baseline
  
  Worsening mental or functional status

Unexplained febrile episode

The resident has documentation in the medical record of fever (>38°C) on two or more occasions at least 12 hours apart in any 3 day period with no known infectious or non-infectious cause.

Urinary tract infection

If the resident does not have a urinary catheter in-situ, at least three of the following signs or symptoms must be met.

If the resident does have a urinary catheter in-situ, at least two of the following signs or symptoms must be met.

- Fever (>38°C) or chills
- New or increased burning pain, frequency or urgency on urination
- New flank or supra-pubic pain or tenderness
- Change in character of urine (clinical or laboratory)
- Worsening of mental or functional status (may be a new or increased incontinence)