IC2:0110 Appendix I Surveillance Definitions

COMPLETE ONE FORM FOR EACH INFECTION and send completed form to _____

DATE		**FISCAL PERIOD**		**YEAR**	
SITE		**UNIT**		**ROOM**	

Date infection first noted: _____ Date of (re)admission if < 1 month: _____

Was there evidence of this infection at time of admission? ☐ No ☐ Yes

Risk Factors: ☐ Non-ambulatory ☐ Assist to transfer ☐ Bed bound ☐ Non-Intact Skin ☐ Ulcer/wound present

Age: ☐ < 60 ☐ 60–69 ☐ 70–79 ☐ 80–89 ☐ 90 or above

NOTE: Fever is defined as ≥ 38°C.

INFECTION CATEGORY

(check category box only after criteria have been met)

	INFECTION SITE (must meet criteria indicated)	CRITERIA Check all that apply.
☐	**Respiratory Tract**	
	☐ **Common cold syndrome** ***(Upper Respiratory Tract)*** ***At least 2 criteria*** **Comment:** fever may not be present, symptoms must be new, rule out allergies	☐ runny nose or sneezing ☐ sore throat or hoarseness or difficulty swallowing ☐ nasal or sinus congestion ☐ swollen or tender glands in neck (cervical lymphadenopathy)
	☐ **Pneumonia** ***Must have Chest x-ray plus 2 other criteria*** **Comment:** rule out other noninfectious causes	☐ Chest x-ray demonstrating pneumonia; (probable pneumonia, or infiltrate) ☐ New or worse cough ☐ Fever ☐ New or increased sputum ☐ Pleuritic pain ☐ New or increased chest sounds, Rales, rhonchi, wheezes, bronchial breathing on chest exam ☐ one or more of: new shortness of breath, increased respiratory rate (>25/min), worsening of mental or functional status
	☐ **Lower Respiratory Tract** (bronchitis, tracheobronchitis, probable pneumonia) ***At least 3 criteria*** **Comment:** only make this diagnosis if no chest x ray or no confirmation of pneumonia on chest x-ray	☐ New or worse cough ☐ Fever ☐ New or increased sputum ☐ Pleuritic pain ☐ New or increased chest sounds, rales, rhonchi, wheezes bronchial breathing on chest exam ☐ one or more of: new shortness of breath, increased respiratory rate (>25/min), worsening of mental or functional status
☐	**Urinary Tract** (includes only symptomatic UTI)	
	☐ **UTI <u>without</u> catheter** ***At least 3 criteria***	☐ Fever or chills ☐ New or increased burning pain on urination, frequency or urgency ☐ New flank or suprapubic pain or tenderness ☐ Change in character of urine **clinical:** new bloody urine, foul smell or amount of sediment **lab;** new pyuria or microscopic hematuria ☐ Worsening of mental or functional status (may be new or increased incontinence)
	☐ **UTI <u>with</u> catheter** ***At least 2 criteria***	☐ Fever or chills ☐ New flank or suprapubic pain or tenderness ☐ Change in character of urine

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	clinical: new bloody urine, foul smell or amount of sediment **lab;** new pyuria or microscopic hematuria ☐ worsening of mental or functional status (may be new or increased incontinence)
☐ Gastrointestinal Tract	
☐ **Gastroenteritis** ***At least first 2 criteria*** ***Or last criterion*** **Comment:** rule out noninfectious causes of symptoms	☐ 2 or more loose watery stools above what is normal for resident within a 24 hr period ☐ 2 or more episodes of vomiting within a 24 hr period ☐ Stool culture positive for a pathogen (Salmonella, Shigella, E.coli O157:H7, Campylobacter) or toxin assay positive for C.difficile toxin;) **AND** at least one of: nausea, vomiting, diarrhea, abdominal pain or tenderness.

INFECTION CATEGORY

(check category box only after criteria have been met)

INFECTION SITE (must meet criteria indicated)	**CRITERIA** Check all that apply.
☐ Skin Infections	
☐ **Cellulitis/ soft tissue/ wound** ***At least 1 criterion***	☐ pus at a wound, skin or soft tissue site Or 4 or more of the following: ☐ fever > 38 °C taken at any site ☐ worsening mental/functional status new or increasing signs /symptoms at the affected site ☐ heat at site ☐ redness at site ☐ swelling at site ☐ tenderness or pain at site ☐ serous drainage from site
☐ **Fungal** ***Must have BOTH criteria***	☐ maculopapular rash, and ☐ either physician diagnosis or lab confirmation
☐ **Herpes Simplex** ***Must have BOTH criteria***	☐ vesicular rash; and ☐ either physician diagnosis or lab confirmation
☐ **Herpes zoster** (shingles) ***Must have BOTH criteria***	☐ vesicular rash; and ☐ either physician diagnosis or lab confirmation
☐ **Scabies** ***Must have BOTH criteria***	☐ maculopapular and/or itching rash, and ☐ either physician diagnosis or lab confirmation
☐ Eye, Ear, Nose and Mouth	
☐ **Conjunctivitis** ***At least 1 criterion*** **Comment:** rule out allergies or trauma	☐ pus from one or both eyes, present for ≥ 24 hrs ☐ new or increased conjunctival redness, with or without itching or pain, present for ≥ 24 hrs (pink eye)
☐ **Ear Infection** ***At least 1 criterion***	☐ diagnosis by physician or nurse practitioner of ear infection ☐ drainage from one or both ears (non purulent drainage must be accompanied by additional symptoms such as ear pain or redness)
☐ **Mouth or peri-oral** (including oral candidiasis)	☐ diagnosis by physician or dentist
☐ **Sinusitis**	☐ diagnosis by physician
☐ Systemic Infections	

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☐ **Primary Bloodstream** ***At least 1 criterion*** **Comment:** Bloodstream infections related to infection at another site are reported as secondary infections and are not included as a separate infection	☐ 2 or more blood cultures positive with the same organism ☐ a single blood culture documented with an organism thought not to be a contaminant And at least one of the following: Fever New hypothermia (less than 34.5° C or does not register on the thermometer) Drop in systolic BP of 0.30 mmHg from baseline Worsening mental or functional status

TO BE COMPLETED POST INFECTION

1. Was resident transferred to Acute Care due to this infection? ☐ Yes ☐ No

2. Was culture done? ☐ Yes ☐ No
   If Yes**; Date**: _____ **Sites**: _____ **Organisms**: _____

3. Final **outcome**: at end of infection, resident was:
   - ☐ In same or better condition as at onset
   - ☐ More dependent than at onset
   - ☐ Transferred to another facility or home
   - ☐ Deceased

References

Provincial Infectious Diseases Advisory Committee. Best practice for surveillance of health care associated infections. Second revision October 2011
http://www.publichealthontario.ca/en/eRepository/Surveillance_3-3_ENGLISH_2011-10-28%20FINAL.pdf

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