Revised McGeer Criteria for Infection Surveillance Checklist [Facility Logo]

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^3, *OR* >6% band, *OR* ≥1,500 bands / mm^3	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	***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 □ ≥ 10^5 cfu/mL of no more than 2 species of organisms in a voided urine sample □ ≥ 10^2 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 ≥ 10^5 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 <u>NOT</u> met**

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

ASAP
in conjunction with UNMC, NM, and Nebraska DHHS Epidemiology Unit

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 □ O_2 sat <94% on room air, or >3% decrease from baseline O_2 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 □ O_2 sat <94% on room air, or >3% decrease from baseline O_2 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 <u>NOT</u> met**

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

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 <u>NOT</u> 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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