Revised McGeer Criteria for Infection Surveillance Checklist

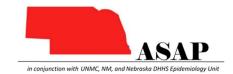
[Facility Logo]

| Patient Name: | MRN: | Location: | _ 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 / mm³, OR >6% band, OR ≥1,500 bands / mm³ | 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)] |

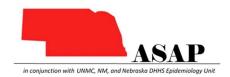
| | Table 2. Urinary Tract Infection (UTI | |
|---------------------------------------|--|---|
| Syndrome | Criteria | Selected Comments* |
| JTI without indwelling catheter | Must fulfill both 1 AND 2. □ 1.At least one of the following sign or symptom □ Acute dysuria or pain, swelling, or tenderness 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 incontinence □ New or marked increase in urgency □ New or marked increase in frequency | The following 2 comments apply to both UTI with or without catheter: UTI can be diagnosed without localizing symptoms if a blood isolate if 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 cacute 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. |
| | □ 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 | 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 | 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 |
| | organism(s) | replacement of the catheter if it has been in place >14 d |

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



| | Table 3. Respiratory Tract Infection (R | II) 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 □ O₂ sat <94% on room air, or >3% decrease from baseline O₂ 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 □ O₂ sat <94% on room air, or >3% decrease from baseline O₂ 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* |
| | 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) | |
| | 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 |

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



| | Table 5. Gastrointestinal Tract Infection (| |
|------------------------------|--|--|
| 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 |
| | 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 <i>C difficile</i> may continue to be colonized even after symptoms resolve 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 |
| | ☐ GITI criteria met | □ GITI criteria <u>NOT</u> met |

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

