Type of Infection:			☐ Infection Evaluated ☐ Criteria Met
			F
Resident Name	MR#	Date of Admission	Resident Location (hall/room#)
Relevant findings (date of stool culture, urine culture, radiography etc.)		Date of ONSET of S&S	<ul> <li>         ⊆ 2 calendar days = Community Acquired     </li> <li>&gt; 2 calendar days after admit = Facility         Acquired     </li> </ul>
Date of Infection		Person completing form	m and date

Table 1: Constitutional Criteria for Infection					
Fever	Leukocytosis	Acute Mental Status Change	Acute Functional Decline		
Single oral temp > 100°F OR	>14,000 WBC/mm <sup>3</sup> <u><b>OR</b></u>	Acute onset AND	3-point increase in baseline ADL score		
Repeated oral temp > 99°F OR	>6% band <u><b>OR</b></u>	Fluctuating course <b>AND</b>	according to the following items:		
Repeated rectal temp > 99.5°F OR	≥15,00 bands/mm <sup>3</sup>	Inattention AND	Bed mobility     Dressing		
Single temp > 2°F from baseline		Either disorganized thinking <b>OR</b>	Transfer     Toilet use		
from any site		altered level of consciousness	Locomotion     Personal hygiene		
			within LTCF • Eating		
			[Each scored from 0 (independent) to 4 (total		
			dependence)]		

Table 2: Other Term Definitions Required for McGeer Criteria		
Word	Definition	
Acute Onset	Evidence of acute change in the mental status of the resident from baseline	
Fluctuating	Behavior fluctuating (e.g., coming and going or changing in severity during the assessment)	
Inattention	Resident has difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted)	
Disorganized	The thinking of the resident is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in	
thinking	subject)	
Altered level of	The level of consciousness of the resident is different from baseline (e.g., hyper-alert, sleepy, drowsy, difficult to arouse,	
consciousness	nonresponsive)	

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## Revised McGeer Criteria for Gastrointestinal Tract Infection Surveillance Checklist



Table 3: Gastrointestinal Tract Infection (GITI) Surveillance Definitions			
Infection Type	Signs and Symptoms	Comments	
□ C. difficile	<ul> <li>Must have both 1 AND 2</li> <li>1. MUST HAVE at least 1 of the following criteria:  Diarrhea: ≥ 3 liquid or water stools above what is normal for the resident within a 24-hour period</li> <li>Vomiting: ≤ 2 episodes in a 24-hour period</li> <li>2. MUST HAVE at least 1 of the following criteria:  Stool sample yields a positive laboratory test result for <i>C. difficile</i> toxin A or B, OR detection of toxin-producing <i>C. difficile</i> by culture or PCR in stool sample</li> <li>Pseudomembranous colitis identified in endoscopic exam, surgery, or histopathologic exam of biopsy specimen</li> </ul>	"Primary episode" of <i>C. difficile</i> infection is an infection that occurs without any previous history of <i>C. difficile</i> infection or that has occurred >8 weeks after the onset of a previous episode of <i>C. difficile</i> infection.  "Recurrent episode" of <i>C. difficile</i> infection is an episode that occurs 8 weeks or soon after the onset of a previous episode, provided that the symptoms of the earlier (previous) episode have resolved. Individuals previously infected with <i>C.</i> diff may continue to remain colonized after symptoms resolve. In the setting of an outbreak of GI infection, individuals could have positive test results for <i>C.</i> diff toxin because of ongoing colonization and be co-infected with another pathogen. It is important to use other surveillance criteria to differentiate infections in this situation.	
☐ Gastroenteritis	<ul> <li>Must fulfill at least 1 criteria</li> <li>□ Diarrhea: ≥ 3 liquid or water stools above what is normal for the resident within a 24-hour period</li> <li>□ Vomiting: ≤ 2 episodes in a 24-hour period</li> <li>□ Both of the following signs or symptoms:         <ul> <li>• Stool specimen testing positive for a pathogen (e.g., Salmonella, Shigella, E. coli O157:H7, etc.)</li> <li>• At least 1 of the following:</li></ul></li></ul>	Ensure to exclude non-infectious causes of symptoms. For instances, new medications may cause diarrhea, nausea, or vomiting; initiation of new enteral feeding may associate with diarrhea; nausea or vomiting may associate with gallbladder disease.  Presence of new GI symptoms in a single resident may prompt enhanced surveillance for additional cases.  In the presence of an outbreak, sent stool specimens to confirm the presence of norovirus or other pathogen.	

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Long-term Care Facilities Revised McGeer Criteria for Gastrointestinal Tract Infection Surveillance Checklist

□ Norovirus	MUST HAVE at least 1 of the following:	In the absence of lab confirmation, an outbreak (2 or
	□ Diarrhea: ≥ 3 liquid or water stools above what is	more causes occurring in a LTCF) of acute gastroenteritis
	normal for the resident within a 24-hour period	due to norovirus infection may be assumed if all Kaplan
	□ Vomiting: ≤ 2 episodes in a 24-hour period	Criteria present:
	MUST HAVE the following:	<ul> <li>Vomiting in &gt;50% of affected persons</li> </ul>
	☐ Stool specimen for which norovirus is positively	<ul> <li>A mean or median incubation period of 24-48</li> </ul>
	detected by electron microscopy, enzyme	hours
	immunoassay, or molecular diagnostic testing such as	A mean or median duration of 12-60 hours
	PCR	No bacterial pathogen identified in stool culture
	☐ GITI criteria met	☐ GITI criteria NOT met

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