

Type of Infection:

 Infection Evaluated Criteria Met

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	<input type="checkbox"/> ≤ 2 calendar days = Community Acquired <input type="checkbox"/> > 2 calendar days after admit = Facility Acquired
Date of Infection		Person completing form and date	

Upper and Lower Respiratory Illness Definitions

Syndrome	Criteria	Comments
<input type="checkbox"/> Common cold syndrome or pharyngitis	Must fulfill at least 2 criteria <ul style="list-style-type: none"> <input type="checkbox"/> Runny nose or sneezing <input type="checkbox"/> Stuffy nose or nasal congestion <input type="checkbox"/> Sore throat, hoarseness, or difficulty in swallowing <input type="checkbox"/> Dry cough <input type="checkbox"/> Swollen or tender glands in the neck (cervical lymphadenopathy) 	Fever many or may not be present. Symptoms must be new and not attributable to allergies.
<input type="checkbox"/> Influenza-like illness (ILI)	Must fulfill both 1 AND 2 <ol style="list-style-type: none"> 1. Fever 2. At least 3 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Chills <input type="checkbox"/> New headache or eye pain <input type="checkbox"/> Myalgias or body aches <input type="checkbox"/> Malaise or loss of appetite <input type="checkbox"/> Sore throat <input type="checkbox"/> New or increased dry cough 	If criteria for influenza-like illness and another upper or lower respiratory tract infection (RTI) are met at the same time, ONLY the diagnosis of the influenza-like illness should be recorded. Due to increasing uncertainty surrounding the timing of the start of influenza season, the peak of influenza activity, and the length of the season, “seasonality” is no longer a criterion for definition of influenza-like illness.
<input type="checkbox"/> Pneumonia	MUST fulfill 1, 2, AND 3	

Stone, N. D., Ashraf, M. S., & et al. (2012). Surveillance definitions of infections in long-term care facilities: Revisiting the McGeer criteria. *Infection Control Hospital Epidemiology* 33(10), 965-977.

	<ol style="list-style-type: none"> 1. Chest radiograph as demonstrating pneumonia or presence of a new infiltrate 2. At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough <input type="checkbox"/> New or increased sputum production <input type="checkbox"/> O₂ saturation <94% on room air or an reduction in O₂ saturation of >3% from baseline <input type="checkbox"/> New or changed lung examination abnormalities <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Respiratory rate ≥25 breaths/min 3. At least 1 of the constitutional criteria <ul style="list-style-type: none"> <input type="checkbox"/> Fever* <input type="checkbox"/> Leukocytosis* <input type="checkbox"/> Acute change in mental status from baseline* <input type="checkbox"/> Acute functional decline* 	
<input type="checkbox"/> Lower respiratory tract (bronchitis or trachea-bronchitis)	<p>MUST fulfill 1, 2, AND 3</p> <ol style="list-style-type: none"> 1. Chest radiograph not performed OR negative results for pneumonia or new infiltrate 2. At least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough <input type="checkbox"/> New or increased sputum production <input type="checkbox"/> O₂ saturation <94% on room air or an reduction in O₂ saturation of >3% from baseline <input type="checkbox"/> New or changed lung examination abnormalities <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Respiratory rate ≥25 breaths/min 3. At least 1 of the constitutional criteria 	<p>For both pneumonia and lower respiratory tract infection (RTI), exclude the presence of underlying conditions that could mimic the presentation of a RTI (e.g., congestive heart failure or interstitial lung diseases by a review of clinical records and an assessment of presenting signs and symptoms.</p>

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Long-term Care Facilities

Revised McGeer Criteria for Respiratory Tract Infection Surveillance Checklist

	<input type="checkbox"/> Fever* <input type="checkbox"/> Leukocytosis* <input type="checkbox"/> Acute change in mental status from baseline* <input type="checkbox"/> Acute functional decline*	
	<input type="checkbox"/> RTI criteria met	<input type="checkbox"/> RTI criteria <u>NOT</u> met

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