

**RESPIRATORY TRACT INFECTION****Common cold syndromes/pharyngitis**

The resident must have **at least two** of the following signs or symptoms:

- Runny nose or sneezing
- Stuffy nose (i.e. congestion)
- Sore throat or hoarseness or difficulty in swallowing
- Dry cough
- Swollen or tender glands in the neck (cervical lymphadenopathy)

(Note: Fever may or may not be present. Symptoms must be new and care must be taken to ensure symptoms are not caused by allergies)

**Influenza-like illness (Manitoba Health 2006)**

- Acute onset of respiratory illness with **cough and fever and one or more** of the following symptoms: (Note: fever or feverishness with chills may not be prominent in the elderly)
- Sore throat
- Arthralgia
- Myalgia
- Prostration

**Pneumonia**

**Both** of the following criteria must be met:

- Interpretation of a chest radiograph as demonstrating pneumonia, probable pneumonia, or the presence of an infiltrate. If a previous radiograph exists for comparison, the infiltrate should be new.
- The resident must have a least two of the signs and symptoms described under "other lower respiratory tract infections."

**Other lower respiratory tract infection (bronchitis, tracheobronchitis)**

The resident **must have at least three** of the following signs or symptoms:

- New or increased cough
- New or increased sputum production
- Fever ( $\geq 38^{\circ}\text{C}$ )
- Pleuritic chest pain
- New or increased physical findings on chest examination (rales, rhonchi, wheezes, bronchial breathing)
- One of the following indications of change in status or breathing difficulty: new/increased shortness of breath or respiratory rate  $>25$  per minute or worsening mental or functional status.

**URINARY TRACT INFECTION**

Urinary tract infection includes only symptomatic urinary tract infections. Surveillance for asymptomatic bacteriuria (defined as the presence of a positive urine culture in the absence of new signs and symptoms or urinary tract infection) is not recommended, as this represents baseline status for many residents.

**Symptomatic urinary tract infection**

**One** of the following criteria must be met:

- The resident **does not have** an indwelling urinary catheter and has **at least three** of the following signs and symptoms:
  - Fever ( $\geq 38^{\circ}\text{C}$ ) or chills
  - New or increased burning pain on urination, frequency or urgency
  - May be new or increased incontinence
  - New flank or suprapubic pain or tenderness
  - Change in character of urine [may be clinical (e.g., bloody urine) or as reported by the laboratory (new pyuria or microscopic hematuria). For laboratory changes a previous urinalysis must have been negative].
  - Worsening of mental or functional status
- The resident **has** an indwelling catheter and has **at least two** of the following signs or symptoms:
  - Fever ( $>38^{\circ}\text{C}$ ) or chills
  - New flank or suprapubic pain or tenderness
  - Change in character of urine [may be clinical (e.g., bloody urine) or as reported by the laboratory (new pyuria or microscopic hematuria). For laboratory changes a previous urinalysis must have been negative]
  - Worsening of mental or functional status

**EYE, EAR, NOSE AND MOUTH INFECTION****Conjunctivitis**

**One** of the following criteria must be met:

- Pus appearing from one or both eyes, present for at least 24 hours.
- New or increased conjunctival redness, with or without itching or pain, present for at least 24 hours (also known as "pink eye")

**Ear Infection**

**One** of the following criteria must be met:

- Diagnosis by a physician or nurse practitioner of any ear infection
- New drainage from one or both ears. (Non-purulent drainage must be accompanied by additional symptoms, such as ear pain or redness).

**Mouth and perioral infection**

- Oral and perioral infections, including oral candidiasis, must be diagnosed by a physician or a dentist.

**Sinusitis**

- Diagnosis of sinusitis must be made by a physician.

**SKIN AND SOFT TISSUE INFECTION****Cellulitis/soft tissue/wound infection**

**One** of the following criteria must be met:

- Pus present at a wound, skin, or soft tissue site.
- The resident **must have four or more** of the following signs or symptoms:
  - fever ( $>38^{\circ}\text{C}$ ) or worsening mental/functional status; and/or the presence of new or increasing (at the affected site):
    - heat
    - redness
    - swelling
    - tenderness or pain
    - serous drainage

**Fungal skin infection**

The resident **must have both**:

- Maculopapular rash
- Either physician diagnosis or
- Laboratory confirmation.

**Herpes simplex and herpes zoster infection**

The resident **must have both**:

- Vesicular rash and
- Either physician diagnosis or
- Laboratory confirmation.

**Scabies**

The resident **must have both**:

- Maculopapular and/or itching rash and
- Physician diagnosis.

**Gastrointestinal Tract Infection****Gastroenteritis**

**One** of the following criteria must be met:

- Two or more loose or watery stools above what is normal for the resident within a 24 hour period.
- Two or more episodes of vomiting in a 24-hour period.
- Both of the following:
  - Stool culture positive for a pathogen (*Salmonella*, *Shigella*, *verotoxigenic E. coli*, *Campylobacter*) or a toxin assay positive for *C difficile* toxin and
  - at least one symptom or sign compatible with gastrointestinal tract infection (nausea, vomiting, abdominal pain or tenderness, diarrhea).

**SYSTEMIC INFECTION****Primary bloodstream infection**

**One** of the following criteria must be met:

- Two or more blood cultures positive for 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 ( $\geq 38^{\circ}\text{C}$ )
  - new hypothermia ( $<34.5^{\circ}\text{C}$ , or does not register on the thermometer being used)
  - a drop in systolic blood pressure of  $> 30\text{mm Hg}$  from baseline
  - worsening mental or functional status

**Unexplained febrile episode**

- The resident must have documentation in the medical record of fever ( $>38^{\circ}\text{C}$ ) on **two or more** occasions at least 12 hours apart in any 3-day period, with no known infectious or non-infectious cause.