

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.