The following definitions have been taken from the original document “*Surveillance Definitions of Infections in LTCF: Revisiting the McGeer Criteria*,” released in October of 2012.

**Constitutional Criteria:**

**Fever**

* Single oral temperature of >100o F, or
* Repeated oral temperatures of >99 o F or rectal temps of >99.5 o F, or
* Single temperature of >2 degrees Fahrenheit over baseline from any site

**Leukocytosis**

* Neutrophilia (>14,000 WBC) or
* Left shift (>6% bands or >1500 bands/mm3)

**Acute change in mental status from baseline** (all criteria must be present)

* Acute onset
* Fluctuating course
* Inattention (unable to focus), and
* Either disorganized thinking or altered level of consciousness

**Acute functional decline**

* A new 3-pt increase in total activities of daily living score (range 0-28) from baseline based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence).
* Bed mobility
* Transfer
* Locomotion within facility
* Dressing
* Toilet use
* Personal hygiene
* Eating

**Confusion Assessment:**

**Acute Onset** — Evidence of acute change in resident’s mental status 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 thinking** — Resident’s thinking is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)

**Altered level of consciousness** — Resident’s level of consciousness is described as different from baseline (e.g., hyper-alert, sleepy, drowsy, difficult to arouse, nonresponsive)

**Respiratory Tract Infections (RTI):**

* Common cold syndrome/ or pharyngitis (at least 2 criteria must be present) Symptoms must be new and not due to allergies
* 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)
* Influenza or influenza-like illness (ILI) –**both criteria 1 and 2** must be present (seasonality no longer needed to meet criteria)
* Fever
* At least 3 of the following ILI sub-criteria
* Chills
* New headache or eye pain
* Myalgia or body aches
* Malaise or loss of appetite
* Sore throat
* New or increased dry cough
* Pneumonia (all 3 criteria must be present)
* Interpretation of a CXR as demonstrating pneumonia or presence of a new infiltrate
* At least one (1) of the following respiratory sub-criteria

1. New or increased cough
2. New or increased sputum production
3. O2 saturation <94% on room air or a reduction in O2 saturation of >3% from baseline
4. New or changed lung examination abnormalities
5. Pleuritic chest pain
6. Respiratory rate of >25 breaths/minute

* At least one (1) of the constitutional criteria

**Respiratory Tract Infections (RTI) (continued):**

* Lower Respiratory tract (bronchitis or tracheobronchitis) all 3 criteria must be present
* Chest radiograph not performed or negative results for pneumonia or new infiltrate
* At least two (2) of the respiratory subcriteria above (a-f)
* At least one (1) constitutional criteria

**NOTE: For both pneumonia and lower RTI, the presence of underlying conditions that could mimic the presentation of RTI (i.e., CHF or interstitial lung diseases) should be excluded by a review of clinical records and an assessment of presenting signs and symptoms.**

**Urinary Tract Infections (UTIs):**

* Residents without an indwelling catheter (**both criteria 1 and 2 must be present)**
* At least one of the following sign or symptom sub-criteria:
* Acute dysuria or acute pain, swelling, or tenderness of the testes, epididymis, or prostate
* Fever OR leukocytosis (see definition in constitutional criteria) AND at **least one (1) of the following localizing urinary tract subcriteria**
* 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
* In the absence of fever or leukocytosis, **then two (2) or more of the following localizing urinary tract subcriteria**
* Suprapubic pain
* Gross hematuria
* New or marked increase in incontinence
* New or marked increase in urgency
* New or marked increase in frequency
* **One (1) of the following microbiologic** subcriteria:
* At least 100,000 cfu/ml of no more than 2 species of microorganisms in a voided urine sample or
* At least 100 cfu/ml of any number of organisms in a specimen collected by in-and-out catheter
* For residents with an indwelling catheter **(both criteria 1 and 2 must be present)**
  1. Note: this does not include suprapubic catheters
* At least one (1) of the following sign or symptom subcriteria:
* 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

**Urinary Tract Infections (UTIs) (continued):**

* 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
* Urinary catheter specimen culture with at least 100,000 cfu/ml of any organism(s).

**NOTE: Urinary catheter specimens for culture should be collected following replacement of the catheter if current catheter has been in place for more than 14 days.**

**Skin, soft tissue and mucosal infections:**

* Cellulitis, soft tissue or wound infection (**at least one (1)** of the following criteria must be present)
* Pus present at wound, skin or soft tissue site
* New or increasing presence of at least four (4) of the following sign or symptom subcriteria:
* Heat at the affected site
* Redness at the affected site
* Swelling at the affected site
* Tenderness or pain at the affected site
* Serous drainage at the affected site
* One (1) constitutional criteria
* Scabies (**both criteria 1 and 2** must be present)
* A maculopapular and/or itching rash
* At least one (1) of the following scabies subcriteria:
* Physician diagnosis
* Laboratory confirmation (scraping or biopsy)
* Epidemiologic linkage to a case of scabies with laboratory confirmation
* Fungal oral or perioral and skin infections
* Oral candidiasis (**both criteria a and b must** be present)
* Presence of raised white patches on inflamed mucosa or plaques on oral mucosa
* Diagnosis by a medical or dental provider
* Fungal skin infection (**both criteria a and b** must be present)
* Characteristic rash or lesions
* Either a diagnosis by a medical provider or a laboratory-confirmed fungal pathogen from a scraping or a medical biopsy
* Herpesvirus skin infections
* Herpes Simplex infection (**both criteria a and b** must be present)
* A vesicular rash
* Either physician diagnosis or laboratory confirmation

**Skin, soft tissue and mucosal infections (continued):**

* Herpes Zoster infection (**both criteria a and b** must be present)
* A vesicular rash
* Either physician diagnosis or laboratory confirmation
* Conjunctivitis (**at least one (1)** of the following criteria must be present):
* Pus appearing from one or both eyes, present for at least 24 hours
* New or increased conjunctival erythema with or without itching
* New or increased conjunctival pain, present for at least 24 hours

**NOTE: Conjunctival symptoms (“pink eye”) should not be due to allergic reaction or trauma.**

**Gastro-intestinal (GI) Tract Infections:**

* Gastroenteritis (**at least one (1)** of the following criteria must be present):
* Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24-hour period
* Vomiting: 2 or more episodes in a 24-hour period
* **Both** of the following sign or symptom subcriteria
* A stool specimen testing positive for a pathogen (i.e., *Salmonella*, *Shigella*, *Campylobacter* species, rotavirus, or *Escherichia coli* 0157:H7
* At least one of the following GI subcriteria:
* Nausea
* Vomiting
* Abdominal pain or tenderness
* Diarrhea
* Norovirus gastroenteritis (**both criteria 1 and 2** must be present)
* At least one of the following GI subcriteria:
* Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24-hour period
* Vomiting: 2 or more episodes of vomiting in a 24-hour period
* A stool specimen for which norovirus is positively detected by electron microscopy, enzyme immunoassay, or molecular diagnostic testing such as PCR (polymerase chain reaction)
* *Clostridium difficile* infection (**both criteria 1 and 2** must be present)
* One of the following subcriteria:
* Diarrhea: 3 or more liquid or watery stools above what is normal for the resident within a 24-hour period
* Presence of toxic megacolon (abnormal dilatation of the large bowel, documented radiologically)
* One of the following diagnostic subcriteria:
* A stool sample yields a positive laboratory test result for *C. difficile* toxin A or B, or a toxin-producing *C. difficile* organism is identified from a stool sample culture or by a molecular diagnostic test such as PCR
* Pseudomembranous colitis is identified during endoscopic examination or surgery or in histopathologic examination of a biopsy specimen

**NOTE: For Infection surveillance purposes, infections should be attributed to a LTCF onset, referred to as HAI, if:**

* **There is no evidence of an incubating infection at the time of admission to the facility (on the basis of clinical documentation of appropriate signs and symptoms and not solely on screening microbiologic data)**
* **Onset of clinical manifestation occurs >2 calendar days after admission**

Reference:

Stone N, MD, Ashraf M, MD, Calder J, PHD, Crnich CJ, MD, et al. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infec Contr Hosp Epid, Vol.33 No 10 (October 2012), pp.965-977.