



LOWER RESPIRATORY INFECTION, OTHER THAN PNEUMONIA (LRI)

BRON – Bronchitis, Tracheobronchitis, Bronchiolitis, Tracheitis, Without Evidence of Pneumonia

DEFINITION: Tracheobronchial infections must meet at least **ONE** ☐ of the following criteria:

☐ Criterion 1: *(Last updated June, 2008)*

- ☐ Patient has *no* clinical or radiographic evidence of pneumonia

AND

- ☐ Patient has at least **TWO** ☐ of the following signs or symptoms with no other recognized cause:

- ☐ fever ($>38^{\circ}\text{C}$)

- ☐ cough

- ☐ sputum production characterized by **ONE** ☐ of the following:

- ☐ new sputum production

- ☐ increased sputum production

- ☐ rhonchi

- ☐ wheezing

AND

- ☐ Patient has at least **ONE** ☐ of the following:

- ☐ positive culture obtained by **ONE** ☐ of the following:

- ☐ deep tracheal aspirate

- ☐ bronchoscopy

- ☐ positive antigen test on respiratory secretions.

☐ Criterion 2: *(Last updated June, 2008)*

- ☐ Patient ≤ 1 year of age that has **BOTH** ☐ of the following:

- ☐ *no* clinical evidence of pneumonia

- ☐ *no* radiographic evidence of pneumonia

AND

- ☐ Patient has at least **TWO** ☐ of the following signs or symptoms with no other recognized cause:

- ☐ fever ($>38^{\circ}\text{C}$ rectal)



TENNESSEE DEPARTMENT OF HEALTH
HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL RESISTANCE PROGRAM
Surveillance Definitions



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- △ cough
- △ new or increased sputum production
- △ rhonchi
- △ wheezing
- △ respiratory distress
- △ apnea
- △ bradycardia

AND

- Patient has at least **ONE** △ of the following:
 - △ organisms cultured from material obtained by deep tracheal aspirate or bronchoscopy
 - △ positive antigen test on respiratory secretions
 - △ Choose **ONE** □ of the following:
 - diagnostic single antibody titer (IgM) for pathogen
 - 4-fold increase in paired sera (IgG) for pathogen

REPORTING INSTRUCTIONS: *(Last updated June, 2008)*

- Do not report chronic bronchitis in a patient with chronic lung disease as an infection unless there is evidence of an acute secondary infection, manifested by change in organism.
- Primary vs. secondary attribution: Because a fever is a non-specific sign of infection, it is possible that an individual may run a fever due to more than one infection at a time. It would be impossible to determine which infection (if not both) was the cause of the fever. Therefore, if all other criteria besides fever are met, both infections would be reported if surveillance for both of these events were being performed. (Source: NHSN September 2011 Newsletter, URL: www.cdc.gov/nhsn/PDFs/Newsletters/newsletter-Sept-2011.pdf)

NOTE: Although CDC provided interpretive guidance related to primary vs. secondary attribution in the September NHSN Newsletter, TDH has asked that IPs apply this interpretive guidance starting January 2011 to ensure a full calendar year of comparable data.



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LUNG – Other Infections of the Lower Respiratory Tract

DEFINITION: Other infections of the lower respiratory tract must meet at least **ONE** ☐ of the following criteria:

☐ Criterion 1: *(Last updated January 1, 2011)*

☐ Patient has organisms seen on **ONE** ☐ of the following:

☐ smear from **ONE** ☐ of the following:

☐ lung tissue

☐ fluid (including pleural fluid)

☐ culture from **ONE** ☐ of the following:

☐ lung tissue

☐ fluid (including pleural fluid)

☐ Criterion 2: *(Last updated June, 2008)*

☐ Patient has **ONE** ☐ of the following:

☐ lung abscess seen during **ONE** ☐ of the following:

☐ surgical operation

☐ histopathologic examination

☐ empyema seen during **ONE** ☐ of the following:

☐ surgical operation

☐ histopathologic examination

☐ Criterion 3: *(Last updated June, 2008)*

☐ Patient has an abscess cavity seen on radiographic examination of lung.

REPORTING INSTRUCTIONS: *(Last updated June, 2008)*

- Do not report chronic bronchitis in a patient with chronic lung disease as an infection unless there is evidence of an acute secondary infection, manifested by change in organism.
- Primary vs. secondary attribution: Because a fever is a non-specific sign of infection, it is possible that an individual may run a fever due to more than one infection at a time. It would be impossible to determine which infection (if not both) was the cause of the fever. Therefore, if all other criteria besides fever are met, both infections would be reported if surveillance for both of these events were being performed. (Source: NHSN September 2011 Newsletter, URL: www.cdc.gov/nhsn/PDFs/Newsletters/newsletter-Sept-2011.pdf)

NOTE: Although CDC provided interpretive guidance related to primary vs. secondary attribution in the September NHSN Newsletter, TDH has asked that IPs apply this interpretive guidance starting January 2011 to ensure a full calendar year of comparable data.