

GASTROINTESTINAL SYSTEM INFECTION (GI)

CDI – *Clostridium difficile* Infection

(Revised January 1, 2016)

DEFINITION: *Clostridium difficile* infection must meet at least **ONE** ☐ of the following criteria:

☐ **Criterion 1:** (Revised January 1, 2016)

- Patient has positive test for toxin-producing *C. difficile* on an unformed stool specimen (conforms to the shape of the container)

☐ **Criterion 2:** (Revised January 1, 2016)

- Patient has evidence of pseudomembranous colitis on **ONE** ☐ of the following:
 - ☐ gross anatomic exam (includes endoscopic exams)
 - ☐ histopathologic exam

REPORTING INSTRUCTIONS: (Revised January 1, 2016)

- The date of event for CDI Criterion 1, will always be the specimen collection date of the unformed stool, i.e., not the date of onset of unformed stool.
- Report the CDI and the GE or GIT ***if additional*** enteric organisms are identified and criteria are met for GE or GIT.
- Report each new GI-CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs (see Additional Information checklist for further details and guidance).
- CDI laboratory-identified event (LabID Event) categorizations ***do not*** apply to HAIs; including *C. difficile*-associated gastrointestinal infections (GI-CDI).
(*e.g., recurrent CDI assay, incident CDI assay, healthcare facility-onset, community-onset, community-onset healthcare-facility associated*)
- Cohen SH, Gerding DN, Johnson S, Kelly CP, Loo VG, McDonald LC, et al. Clinical practice guidelines for *Clostridium difficile* infections in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infection Control and Hospital Epidemiology* 2010; 31:431-455.

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GE – Gastroenteritis (excluding *C. difficile* infections)

(Revised January 1, 2016)

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

☐ Criterion 1: (Revised January 1, 2016)

- ☐ Patient has an acute onset of diarrhea (liquid stools for > 12 hours)

AND

- ☐ Patient has no likely noninfectious cause

(e.g., diagnostic tests, therapeutic regimen other than antimicrobial agents, acute exacerbation of a chronic condition, or psychological stress information)

☐ Criterion 2: (Revised January 1, 2016)

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

☐ nausea*

☐ vomiting*

☐ abdominal pain*

☐ fever (>38.0°C)

☐ headache*

AND

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

☐ an enteric pathogen is identified from **ONE** ☐ of the following:

☐ stool[#]

☐ rectal swab[#]

☐ an enteric pathogen is detected by microscopy on stool

☐ an enteric pathogen is detected by **ONE** ☐ of the following:

☐ antigen assay on **ONE** ☐ of the following:

☐ blood

☐ feces

☐ antibody assay on **ONE** ☐ of the following:

☐ blood

☐ feces

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△ evidence of an enteric pathogen is detected by cytopathic changes in tissue culture on stool

△ **ONE** ☐ of the following:

- ☐ diagnostic single antibody titer (IgM) for organism
- ☐ 4-fold increase in paired sera (IgG) for organism

[#]by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)).

REPORTING INSTRUCTIONS: (Revised January 1, 2016)

- The reference to “enteric pathogens” describes pathogens that are not considered to be normal flora of the intestinal tract. Enteric pathogens identified on culture or with the use of other diagnostic laboratory tests include but are not limited to *Salmonella*, *Shigella*, *Yersinia*, *Campylobacter*, *Giardia*.
- Report only GI-GIT using the event date as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT.

GASTROINTESTINAL SYSTEM INFECTION (GI)**GIT – Gastrointestinal Tract Infection
(Esophagus, Stomach, Small and Large Bowel, and
Rectum,
Excluding Gastroenteritis, Appendicitis, and *C. difficile*
infection)***(Revised January 1, 2016)*

DEFINITION: Gastrointestinal tract infections, excluding gastroenteritis and appendicitis, must meet at least **ONE** ☐ of the following criteria:

☐ **Criterion 1:** *(Revised January 1, 2016)*

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

- ☐ an abscess seen during **ONE** ☐ of the following:

- ☐ gross anatomic exam of gastrointestinal tract
 - ☐ histopathologic exam of gastrointestinal tract

- ☐ other evidence of infection during **ONE** ☐ of the following:

- ☐ gross anatomic exam of gastrointestinal tract
 - ☐ histopathologic exam of gastrointestinal tract

☐ **Criterion 2:** *(Revised January 1, 2016)*

- ☐ Patient has at least **TWO** ☐ of the following localized signs or symptoms compatible with infection of the organ or tissue involved: (* **with no other recognized cause**)

- ☐ fever (>38.0°C)

- ☐ nausea*

- ☐ vomiting*

- ☐ pain* or tenderness*

- ☐ odynophagia*

- ☐ dysphagia*

AND

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

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△ organisms identified from **ONE** □ of the following:

- drainage obtained during an invasive procedure[#]
- drainage obtained from aseptically placed drain[#]
- tissue obtained from invasive procedure #

△ **ONE** □ of the following:

- organisms seen on Gram stain obtained from **ONE** ○ of the following:
 - drainage obtained during an invasive procedure
 - drainage obtained from aseptically placed drain
 - tissue obtained from an invasive procedure

□ fungal elements seen on KOH stain obtained from **ONE** ○ of the following:

- drainage obtained during an invasive procedure
- drainage obtained from aseptically placed drain
- tissue obtained from an invasive procedure

□ multinucleated giant cells seen on microscopic examination from **ONE** ○ of the following

- drainage obtained during an invasive procedure
- drainage obtained from aseptically placed drain
- tissue obtained from an invasive procedure

△ organisms identified from blood[#] in a patient with imaging test evidence suggestive of gastrointestinal infection (e.g., MRI, CT scan), which if equivocal is supported by clinical correlation[^]

△ imaging test evidence suggestive of infection (e.g., MRI, CT scan), which if equivocal is supported by clinical correlation[^]

△ evidence of infection on endoscopic examination

(e.g. *Candida esophagitis*, *proctitis*)

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#by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST).

^i.e., physician documentation of antimicrobial treatment for gastrointestinal tract infection

REPORTING INSTRUCTIONS: *(Revised January 1, 2016)*

- Report only GI-GIT using the event data as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT

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HEP – Hepatitis

(Revised January 1, 2016)

DEFINITION: Hepatitis must meet the following criterion:**□ Criterion:** (Revised January 1, 2016)

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

- △** fever (>38.0°C)

- △** anorexia*

- △** nausea*

- △** vomiting*

- △** abdominal pain*

- △** jaundice*

- △** history of transfusion within the previous 3 months*

AND

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

- △** positive laboratory test for **ONE** **□** of the following:

- acute hepatitis A*

- acute hepatitis B*

- acute hepatitis C*

- acute delta hepatitis *

*and duration of hospital stay consistent with healthcare acquisition

- △** cytomegalovirus (CMV) detected in **ONE** **□** of the following:

- urine

- oropharyngeal secretions

GASTROINTESTINAL SYSTEM INFECTION (GI)**REPORTING INSTRUCTIONS:** *(Revised January 1, 2016)*

- Do not report hepatitis or jaundice of noninfectious origin (alpha-1 antitrypsin deficiency, etc.)
- Do not report hepatitis or jaundice that result from exposure to hepatotoxins (alcoholic or acetaminophen-induced hepatitis, etc.)
- Do not report hepatitis or jaundice that result from biliary obstruction (cholecystitis)

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**IAB – Intraabdominal Infection, Not Specified Elsewhere
(Including Gallbladder, Bile Ducts, Liver [Excluding Viral Hepatitis],
Spleen, Pancreas, Peritoneum, Subphrenic or Subdiaphragmatic Space,
or Other Intraabdominal Tissue or Area Not Specified Elsewhere)**

(Revised January 1, 2016)

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

☐ Criterion 1: (Revised January 1, 2016)

- Patient has organisms identified from at least **ONE** ☐ of the following:
 - ☐ abscess from intraabdominal space[#]
 - ☐ purulent material from intraabdominal space[#]

☐ Criterion 2: (Revised January 1, 2016)

- Patient has **ONE** ☐ of the following:
 - ☐ an abscess seen during **ONE** ☐ of the following:
 - ☐ gross anatomic exam
 - ☐ histopathologic exam
 - ☐ other evidence of intraabdominal infection on **ONE** ☐ of the following:
 - ☐ gross anatomic exam
 - ☐ histopathologic exam
- Patient has **BOTH** ☐ of the following:
 - ☐ Patient has **ONE** ☐ of the following:
 - ☐ an abscess seen during **ONE** ☐ of the following:
 - ☐ gross anatomic exam
 - ☐ histopathologic exam
 - ☐ other evidence of intraabdominal infection on **ONE** ☐ of the following:
 - ☐ gross anatomic exam
 - ☐ histopathologic exam

☐ Organism(s) identified from blood[#].

The organism(s) identified in the blood must contain at least one of the following organisms: *Bacteroides spp.*, *Candida spp.*, *Clostridium spp.*, *Enterococcus spp.*, *Fusobacterium spp.*, *Peptostreptococcus spp.*, *Prevotella spp.*, *Veillonella spp.*, or *Enterobacteriaceae*

GASTROINTESTINAL SYSTEM INFECTION (GI)**□ Criterion 3:** (Revised January 1, 2016)

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

- △** fever ($>38.0^{\circ}\text{C}$)

- △** nausea*

- △** vomiting*

- △** abdominal pain*

- △** jaundice*

AND

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

- △ ONE** **□** of the following:

- organisms identified from **ONE** **○** of the following:

- drainage obtained during an invasive procedure[#]

- drainage obtained from aseptically placed drain^{*#}

- tissue obtained from an invasive procedure[#]

- organisms seen on Gram stain from **ONE** **○** of the following:

- drainage obtained during an invasive procedure[#]

- drainage obtained from aseptically placed drain^{*#}

- tissue obtained from an invasive procedure[#]

(* e.g., closed suction drainage system, open drain, T-tube drain, CT guided drainage)

- △ BOTH** **□** of the following:

- organisms identified from blood[#]

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- imaging test evidence suggestive of infection**, which if equivocal is supported by clinical correlation[^]. The organism(s) identified in the blood must contain at least one of the following organisms: Bacteroides spp., Candida spp., Clostridium spp., Enterococcus spp., Fusobacterium spp., Peptostreptococcus spp., Prevotella spp., Veillonella spp., or Enterobacteriaceae *

(**e.g., *ultrasound, CT scan, MRI, radiolabel scans [gallium, technetium, etc.] or on abdominal x-ray*)

*With no other recognized cause






[#]by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)).

[^]i.e., physician documentation of antimicrobial treatment for gastrointestinal tract infection





REPORTING INSTRUCTIONS: (Revised January 1, 2016)

- Use criterion 1 for reporting organisms identified from purulent or abscess material in the intraabdominal space (e.g. JP or CT guided drainage of pus/abscess can be applied to this criteria)
- Use criterion 3a for reporting organisms identified from the intraabdominal space that were not from an abscess or purulent material.
- Do not report pancreatitis (an inflammatory syndrome characterized by abdominal pain, nausea, and vomiting associated with high serum levels of pancreatic enzymes) unless it is determined to be infectious in origin.

GASTROINTESTINAL SYSTEM INFECTION (GI)**NEC – Necrotizing Enterocolitis***(Revised January 1, 2016)***DEFINITION:** Necrotizing enterocolitis in infants (≤ 1 year of age) must meet the following criterion:**□ Criterion 1:** *(Revised January 1, 2016)*

- Infant has at least **ONE**  clinical finding:
 -  bilious aspirate** (see note)
 -  vomiting
 -  abdominal distention
 -  occult or gross blood in stools (with no rectal fissure)







AND

- Infant has at least **ONE**  imaging test finding:
 -  Pneumatosis intestinalis
 -  portal venous gas (hepatobiliary gas)
 -  pneumoperitoneum

Note: *(Last updated January 1, 2016)*

Bilious aspirate as a result of transpyloric placement of nasogastric tube should be excluded.

□ Criterion 2: *(Revised January 1, 2016)*

- Surgical NEC: Infant has at least **ONE**  of the following surgical findings:
 -  surgical evidence of extensive bowel necrosis (>2cm of bowel affected)
 -  surgical evidence of pneumatosis intestinalis with **ONE**  of the following:
 -  with intestinal perforation
 -  without intestinal perforation

Reporting instruction:

- Necrotizing enterocolitis (NEC) criteria include neither a site specific specimen nor organism identified from blood specimen, however an **exception** for assigning a BSI secondary to NEC is provided. A BSI is considered secondary to NEC if the patient meets one of the two NEC criteria **AND** an organism identified from blood specimen collected during the secondary BSI attribution period is an LCBI pathogen, or the same common commensal is identified from two or more blood specimens drawn on separate occasions collected on the same or consecutive days.