

GASTROINTESTINAL SYSTEM INFECTION (GI)

CDI – *Clostridium difficile* Infection

(Revised January 1, 2018)

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

☐ **Criterion 1:** (Revised January 1, 2018)

- 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, 2018)

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

Note: When using a multi-testing methodology for CD identification, the result of the last test finding, which is placed onto the patient medical record, will determine if GI-CDI criterion 1 is met.

Comments: (Revised January 1, 2018)

- The date of event for CDI Criterion 1, will always be the specimen collection date of the unformed stool, specifically, not the date of onset of unformed stool.
- A positive test for toxin-producing *C. difficile* and an unformed stool specimen is a single element and both are required to meet criterion.

REPORTING INSTRUCTIONS:

- Report the CDI and the GE or GIT if additional enteric organism(s) 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 (for example, recurrent CDI assay, incident CDI assay, healthcare facility-onset, community-onset, community-onset healthcare-facility associated) **do not** apply to HAIs; including *C. difficile*-associated gastrointestinal infections (GI-CDI).

GASTROINTESTINAL SYSTEM INFECTION (GI)**GE – Gastroenteritis (excluding *C. difficile* infections)***(Revised January 1, 2018)***DEFINITION:** Gastroenteritis must meet at least **ONE** □ of the following criteria:□ **Criterion 1:** *(Revised January 1, 2018)*

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

AND

- Patient has no likely noninfectious cause

(for example, diagnostic tests, therapeutic regimen other than antimicrobial agents, acute exacerbation of a chronic condition, or psychological stress information)□ **Criterion 2:** *(Revised January 1, 2018)*

- 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
- △ choose **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 (for example, not Active Surveillance Culture/Testing (ASC/AST)).

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Comments: (Revised January 1, 2018)

- 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*, *Listeria*, *Vibrio*, *Enteropathogenic* or *Enterohemorrhagic E. coli* or *Giardia*.

REPORTING INSTRUCTIONS:

- 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, 2018)*

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

□ **Criterion 1:** *(Revised January 1, 2018)*

- 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

OR

- Patient has **BOTH** △ of the following:

- △ **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

AND

- △ organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism.

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□ **Criterion 2:** *(Revised January 1, 2018)*

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

△ organism(s) 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:

- ◇ organism(s) 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

△ **BOTH** ◇ of the following:

- ◇ organism(s) identified from blood.[#] The organism(s) identified in the blood

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must contain at least one MBI organism.

- ◇ Imaging test evidence suggestive of gastrointestinal infection (for example, endoscopic exam, MRI, CT scan), which if equivocal is supported by clinical correlation^

- △ imaging test evidence suggestive of infection (for example, endoscopic exam, MRI, CT scan), which if equivocal is supported by clinical correlation^

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

^specifically, physician documentation of antimicrobial treatment for gastrointestinal tract infection

REPORTING INSTRUCTIONS: (Revised January 1, 2018)

- 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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IAB – Intraabdominal Infection, Not Specified Elsewhere Including Gallbladder, Bile Ducts, Liver (Excluding Viral Hepatitis), Spleen, Pancreas, Peritoneum, Retroperitoneal, Subphrenic or Subdiaphragmatic Space, or Other Intraabdominal Tissue or Area Not Specified Elsewhere
(Revised January 1, 2018)

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

□ **Criterion 1:** (Revised January 1, 2018)

- Patient has organism(s) identified from at least **ONE** △ of the following:
 - △ abscess from intraabdominal space[#]
 - △ purulent material from intraabdominal space[#]

□ **Criterion 2:** (Revised January 1, 2018)

- Patient has at least **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

OR

- 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

AND

- △ Organism(s) identified from blood[#]. The organism(s) identified in the blood must contain at least one MBI organism.

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□ **Criterion 3:** *(Revised January 1, 2018)*

- Patient has at least **TWO** △ of the following signs or symptoms:

** with no other recognized cause*

- △ fever (>38.0°C)
- △ hypotension
- △ nausea*
- △ vomiting*
- △ abdominal pain or tenderness*
- △ elevated transaminase level(s)
- △ jaundice*

AND

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

△ **ONE** ◇ of the following:

- ◇ organism(s) identified from **ONE** + of the following:

- + intraabdominal fluid obtained during an invasive procedure[#]
- + intraabdominal fluid obtained from aseptically placed drain^{**}
- + intraabdominal tissue obtained from an invasive procedure[#]

- ◇ organism(s) seen on Gram stain from **ONE** + of the following:

- + intraabdominal fluid obtained during an invasive procedure[#]
- + intraabdominal fluid obtained from aseptically placed drain^{**}
- + intraabdominal tissue obtained from an invasive procedure[#]

** for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage*

△ **BOTH** ◇ of the following:

- ◇ Organism(s) identified from blood[#]. The organism(s) identified in the blood must contain at least one MBI organism.
- ◇ imaging test evidence suggestive of infection^{**}, which if equivocal is supported by clinical correlation[^]

***for example, ultrasound, CT scan, MRI, ERCP 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



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diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)).

^specifically, physician documentation of antimicrobial treatment for intraabdominal infection, biliary ductal dilatation is considered an equivocal finding for cholangitis

REPORTING INSTRUCTIONS: (Revised January 1, 2018)

- Biliary ductal dilatation is considered an equivocal finding for cholangitis.
- 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.

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NEC – Necrotizing Enterocolitis

(Revised January 1, 2018)

DEFINITION: Necrotizing enterocolitis in infants (≤ 1 year of age) must meet the following criteria:

Criterion 1: (Revised January 1, 2018)

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

AND

- Infant has at least **ONE** Δ imaging test finding[^]
 - Δ Pneumatosis intestinalis
 - Δ Portal venous gas (hepatobiliary gas)
 - Δ Pneumoperitoneum

[^]*which if equivocal is supported by clinical correlation (specifically, physician documentation of antimicrobial treatment for NEC.*

Note: (Last updated January 1, 2018)

Bilious aspirate from a transpyloric feeding tube should be excluded

Criterion 2: (Revised January 1, 2018)

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

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REPORTING INSTRUCTIONS:

- 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.