

SKIN AND SOFT TISSUE INFECTION (SST)

BRST – Breast Infection or Mastitis

(Revised January 1, 2019)

DEFINITION: A breast abscess or mastitis must meet at least **ONE** □ of the following criteria:□ **Criterion 1:** (Revised January 1, 2019)

- Patient has organism(s) identified from **ONE** △ of the following:
 - △ tissue from affected breast obtained by invasive procedure[#]
 - △ fluid from affected breast obtained by invasive procedure[#]

□ **Criterion 2:** (Revised January 1, 2019)

- Patient has **ONE** △ of the following:
 - △ breast abscess on **ONE** ◇ of the following:
 - ◇ gross anatomic exam
 - ◇ histopathologic exam
 - △ other evidence of infection on **ONE** ◇ of the following:
 - ◇ gross anatomic exam
 - ◇ histopathologic exam

□ **Criterion 3:** (Revised January 1, 2019)

- Patient has **BOTH** △ of the following:
 - △ fever (>38.0°C)
 - △ local inflammation of the breast

AND

- Physician initiates antimicrobial therapy within 2 days of the **ONE** △ of the following:
 - △ onset of symptoms
 - △ worsening of symptoms

[#] 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)).

REPORTING INSTRUCTIONS: (Revised January 1, 2019)

- For SSI after a BRST procedure: if the infection is in the subcutaneous region report as a superficial incisional SSI, and if the infection involves the muscle/fascial level report as deep incisional SSI.
- BRST Criterion 3, above, cannot meet organ/space Surgical Site Infections.

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BURN – Burn

(Revised January 1, 2019)

DEFINITION: Burn infections must meet the following criterion:

□ Criterion 1: (Revised January 1, 2019)

- Patient has **ONE** **△** of the following changes in burn wound appearance or character:
 - △** rapid eschar separation
 - △** dark brown, black, or violaceous discoloration of the eschar

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)).*

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CIRC – Newborn Circumcision

(Revised January 1, 2019)

DEFINITION: Circumcision infection in a newborn (≤ 30 days old) must meet at least **ONE** ☐ of the following criteria:

☐ **Criterion 1:** (Revised January 1, 2019)

- Newborn has purulent drainage from circumcision site

☐ **Criterion 2:** (Revised January 1, 2019)

- Newborn has at least **ONE** ☐ of the following signs or symptoms at circumcision site:

**with no other recognized cause*

- ☐ erythema*
- ☐ swelling*
- ☐ tenderness*

AND

- Newborn has a pathogen identified from circumcision site[#]

☐ **Criterion 3:** (Revised January 1, 2019)

- Newborn has at least **ONE** ☐ of the following signs or symptoms at circumcision site:

**with no other recognized cause*

- ☐ erythema*
- ☐ swelling*
- ☐ tenderness*

AND

- Newborn has a common commensal identified from circumcision site[#]

AND

- Physician initiates antimicrobial therapy within 2 days of **ONE** ☐ of the following:

- ☐ onset of symptoms
- ☐ worsening of symptoms

[#]*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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DECU – Decubitus Ulcer Infection (also known as pressure injury infection), Including both Superficial and Deep Infections




(Revised January 1, 2019)

DEFINITION: Decubitus ulcer infections must meet the following criterion:

□ Criterion: *(Revised January 1, 2019)*



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

**with no other recognized cause*

-  erythema*
-  tenderness*
-  swelling of decubitus wound edges*

AND

- Patient has organism(s) identified from **ONE**  of the following:

-  needle aspiration of fluid[#]
-  biopsy of tissue from ulcer margin[#]

[#]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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SKIN – Skin Infection (Skin and / or Subcutaneous)

excludes decubitus ulcers and burns, and infections at vascular access sites (See VASC).

(Revised January 1, 2019)

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

□ **Criterion 1:** (Revised January 1, 2019)

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

- △ purulent drainage
- △ pustules
- △ vesicles
- △ boils (excluding acne)

□ **Criterion 2:** (Revised January 1, 2019)

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

(*with no other recognized cause)

- △ pain* or tenderness*
- △ swelling*
- △ erythema*
- △ heat*

AND

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

- △ organisms identified from **ONE** ◇ of the following:
 - ◇ aspirate from affected site[#]
 - ◇ drainage from affected site[#]

[#]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)).

Note: Identification of 2 or more Common Commensal organisms without a recognized pathogen, is not eligible for use. Common Commensal organisms include, but are not limited to, diphtheroids (*Corynebacterium* spp. not *C. diphtheria*), *Bacillus* spp. (not *B. anthracis*), *Propionibacterium* spp., coagulase-negative staphylococci (including *S. epidermidis*), viridans group streptococci, *Aerococcus* spp. *Micrococcus* spp, and *Rhodococcus* spp. For a full list of Common Commensals see the Common Commensal tab of the NHSN organisms list.

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- △ multinucleated giant cells seen on microscopic examination of affected tissue
- △ choose **ONE** ◇ of the following:
 - ◇ diagnostic single antibody titer (IgM) for organism
 - ◇ 4-fold increase in paired sera (IgG) for organism

REPORTING INSTRUCTIONS: *(Revised January 1, 2019)*

- Do not report acne as a skin/soft tissue HAI
- Apply the site specific definition (not SKIN) for the following:
 - Report omphalitis in infants as UMB.
 - Report infections of the circumcision site in newborns as CIRC.
 - For decubitus ulcers, apply the DECU infection.
 - Report infected burns as BURN.
 - Report breast abscesses or mastitis as BRST.
 - Report localized infection at a vascular access site as VASC unless there is an organism identified from blood, meeting LCBI criteria, which should instead be reported as an LCBI (see VASC definition).

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ST – Soft Tissue Infection

(Muscle and/or Fascia [for example, Necrotizing Fasciitis, Infectious Gangrene, Necrotizing Cellulitis, Infectious Myositis, Lymphadenitis, or Lymphangitis or parotitis] excluding decubitus ulcers and burns, and infections at vascular access sites (See VASC)

(Revised January 1, 2019)

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

□ **Criterion 1:** (Revised January 1, 2019)

- Patient has organism(s) identified from **ONE** △ of the following:
 - △ tissue from affected site[#]
 - △ drainage from affected site[#]

□ **Criterion 2:** (Revised January 1, 2019)

- Patient has purulent drainage at affected site

□ **Criterion 3:** (Revised January 1, 2019)

- Patient has **ONE** △ of the following:
 - △ abscess on **ONE** ◇ of the following:
 - ◇ gross anatomic exam
 - ◇ histopathologic exam
 - △ other evidence of infection on **ONE** ◇ of the following:
 - ◇ gross anatomic exam
 - ◇ histopathologic exam

[#] *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)).*

REPORTING INSTRUCTIONS: (Revised January 1, 2019)

- Apply the site-specific definitions identified below (not ST) for the following:
 - Report infected decubitus ulcers as DECU.
 - Report infected burns as BURN.
 - Report infection of deep pelvic tissues as OREP.
 - Report localized infection at a vascular access site as a VASC, unless there is an organism identified from blood, then it should be reported as an LCBI (see VASC definition).

SKIN AND SOFT TISSUE INFECTION (SST)

UMB – Omphalitis

(Revised January 1, 2019)

DEFINITION: Omphalitis in a newborn (≤ 30 days old) must meet at least **ONE** ☐ of the following criteria:

☐ **Criterion 1:** (Revised January 1, 2019)

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

- ☐ erythema

- ☐ drainage from umbilicus

AND

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

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

- ☐ drainage[#]

- ☐ needle aspirate[#]

- ☐ organism(s) identified from blood[#]

☐ **Criterion 2:** (Revised January 1, 2019)

- Patient has erythema at the umbilicus

AND

- Patient has purulence at the umbilicus

[#] *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)).*

REPORTING INSTRUCTIONS: (Revised January 1, 2019)

- Report infection of the umbilical artery or vein related to umbilical catheterization as VASC if there is no accompanying organism identified from a blood specimen.
- If the patient meets criteria for LCBI, report as LCBI (see VASC).

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USI – Urinary System Infection [Formerly OUTI] (Kidney, Ureter, Bladder, Urethra, or
Perinephric Space)

(Revised January 1, 2019)

DEFINITION: Urinary system infection must meet at least **ONE** □ of the following criteria:□ **Criterion 1:** (Revised January 1, 2019)

- Patient has microorganism(s) identified from **ONE** △ of the following:
 - △ fluid (NOT urine) from affected site[#]
 - △ tissue from affected site[#]

□ **Criterion 2:** (Revised January 1, 2019)

- Patient has **ONE** △ of the following:
 - △ abscess on **ONE** ◇ of the following:
 - ◇ gross anatomic exam
 - ◇ during invasive procedure
 - ◇ histopathologic exam
 - △ other evidence of infection on **ONE** ◇ of the following:
 - ◇ gross anatomic exam
 - ◇ during invasive procedure
 - ◇ histopathologic exam

□ **Criterion 3:** (Revised January 1, 2019)

- Patient has **ONE** △ of the following signs or symptoms:
 - △ fever (>38.0°C)
 - △ localized pain or tenderness*

AND

- Patient has at least **ONE** △ of the following:
 - △ purulent drainage from affected site
 - △ **BOTH** ◇ of the following:
 - ◇ organisms identified from blood[#]
 - ◇ imaging test evidence suggestive of infection**, ^

* **with no other recognized cause**

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Criterion 4: (Revised January 1, 2019)

- Patient ≤1 year of age has at least **ONE** **△** of the following signs or symptoms:

**with no other recognized cause*

- △** fever (>38.0°C)
- △** hypothermia (<36.0°C)
- △** apnea*
- △** bradycardia*
- △** lethargy*
- △** vomiting*

AND

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

- △** purulent drainage from affected site
- △** **BOTH** **◇** of the following:
 - ◇** Organism(s) identified from blood[#]
 - ◇** imaging test evidence suggestive of infection^{**},[^]

**** for example, ultrasound, CT scan, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium]**
[#]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)).

[^] which if equivocal is supported by clinical correlation, specifically, physician documentation of antimicrobial treatment for urinary system infection

REPORTING INSTRUCTIONS: (Revised January 1, 2019)

- Report infections following circumcision in newborns as SST-CIRC.
- If patient meets USI criteria and they also meet UTI criteria, report UTI only, unless the USI is a surgical site organ/space infection, in which case, only USI should be reported.