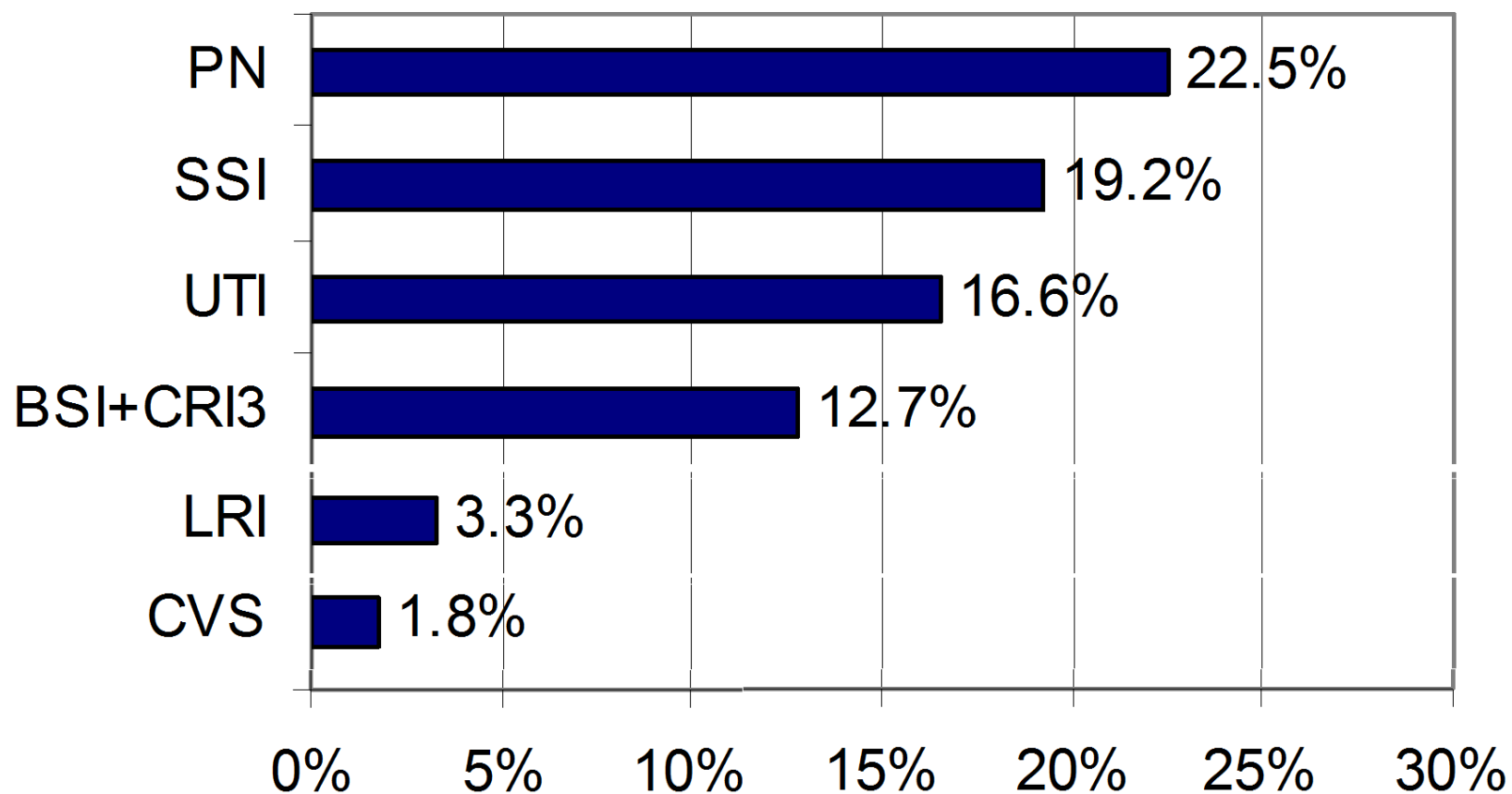


PPS METHODOLOGIE PRAKTISCH



Most frequent HAI (pilot data)

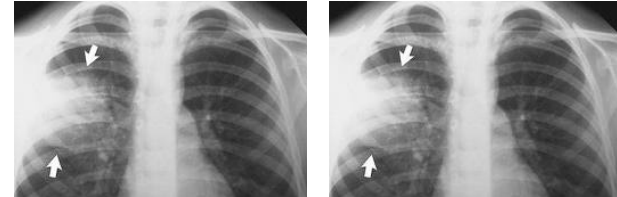


Pneumonie (PN)



2 +RX

! 1 +RX indien geen onderliggende
aandoeningen van hart of longen



&



leucopenie ($<4 \times 10^6/l$)

leucocytose ($\geq 12 \times 10^6/l$)

&

microbiologie

- PN1 kwantitatieve cultuur +, **minimaal** gecontamineerd LRT staal
- PN2 kwantitatieve cultuur +, **mogelijk** gecontamineerd LRT staal
- PN3 andere microbiologisch methode +
- PN4 sputumcultuur + of niet-kwantitatief LRT staal +
- PN5 microbiologie - of niet gedaan

&

symptomen (1 igv PN1, PN2, PN3; 2 igv PN4, PN5)

- etterig sputum / veranderingen in sputum
- hoest / dyspnee / tachypnee
- suggestieve auscultatie / ronchi / wheezing
- verslechterde gasuitwisseling



PN

Pneumonia

- ≥ 2 serial chest **X-rays / CT-scans** (in case of underlying cardiac/pulmonary disease) or 1 (no underlying cardiac/pulmonary disease) serial chest X-ray / CT-scan **with signs of pneumonia**

AND AT LEAST ONE OF THESE

- $>38^{\circ}\text{C}$
- leucopenia or leucocytosis

AND AT LEAST ONE OF THESE (2 IN CASE OF PN4, PN5)

- new or change in sputum
- cough or dyspnea or tachypnea
- suggestive auscultation
- worsening gas exchange

AND

- extra criteria according to diagnostic method (see next slides)

PN

Pneumonia

- PN1 + quantitative culture from minimally contaminated LRT specimen
- PN2 + quantitative culture from possibly contaminated LRT specimen
- PN3 microbiological diagnosis by alternative microbiology methods
- PN4 + sputum culture or non-quant. culture from LRT specimen
- PN5 clinical signs without + microbiology

PN1

Microbiology : + quantitative culture
from **minimally contaminated LRT specimen**

- BAL
 - $\geq 10^4$ CFU/ml or
 - $\geq 5\%$ of cells contain intracellular bacteria
- protected brush
 - $\geq 10^3$ CFU/ml
- distal protected aspirate
 - $\geq 10^3$ CFU/ml

PN2

Microbiology : + quantitative culture
from possibly contaminated LRT specimen

- quantitative culture of LRT specimen
 - $\geq 10^6$ CFU/ml

PN3

Microbiology : alternative microbiology methods

- + blood culture
- + growth in culture of pleural fluid
- pleural/pulmonary abscess with + needle aspiration
- histologic pulmonary exam shows evidence of pneumonia
- + exams for pneumonia with virus or particular germs
(*Legionella*, *Aspergillus*, mycobacteria, mycoplasma, *Pneumocystis carinii*)

PN4

Microbiology : + sputum culture or
non-quantitative LRT specimen culture

PN5

No positive microbiology

NOTE :

report PN4 and PN5 even if a microbiological exam was reported and yielded negative results !

LRI

Lower Respiratory Tract Infection (except pneumonia)

- BRON
 - bronchitis, tracheobronchitis, bronchiolitis, tracheitis
 - without evidence of PN !
- LUNG
 - other infections of the LRT

Results Limesurvey respiratoir

1) Purulent sputum, fever, Rx thorax shows consolidation in left lobe, pneumococcal urinary antigen is positive



2) Admitted with pulmonary oedema, Rx thorax shows new changes in the upper left lobe, wheezing, white blood cell count above normal, BAL grows *Aspergillus* spp (>10 E4).



Results Limesurvey

3) Purulent sputum, wheezing, Rx thorax not conclusive, BAL grows *E. coli*.



4) Fever, Rx thorax shows cavity with fluid level. No other symptoms.



SSI

Surgical Site Infection

- SSI-S superficial incisional
- SSI-D deep incisional
- SSI-O organ/space

SSI-S

Superficial Incisional SSI

- <30 days after operation

AND

- only skin & soft tissue of the incision

AND AT LEAST ONE OF THESE :

- purulent drainage
- organisms isolated
- AT LEAST ONE OF THESE: pain, tenderness, local swelling, redness, heat
AND opened by surgeon
- diagnosis by surgeon / attending physician

SSI-D

Deep Incisional SSI

- <30 days after operation / <1 year in case of implant

AND

- infection related to operation

AND

- involves deep soft tissue (e.g. fascia, muscle)

AND AT LEAST ONE OF THESE :

- purulent drainage
- spontaneously dehisces or opened by surgeon when patient has at least one of these symptoms : $>38^{\circ}\text{C}$, localized pain/tenderness
- abscess
- diagnosis by surgeon / attending physician

SSI-O

Organ/Space SSI

- <30 days after operation / <1 year in case of implant

AND

- infection related to operation

AND

- involves organs/spaces opened or manipulated during operation

AND AT LEAST ONE OF THESE :

- purulent drainage from drain
- organisms isolated
- abscess
- diagnosis by surgeon / attending physician

UTI

Urinary Tract Infection

- UTI-A MB confirmed symptomatic UTI
- UTI-B not MB confirmed symptomatic UTI

NOTE : asymptomatic UTI is excluded from PPS !

UTI-A

MB confirmed symptomatic UTI

ONE OF THESE

- $>38\text{ }^{\circ}\text{C}$,
- urgency, frequency, dysuria
- suprapubic tenderness

AND

- + urine culture : $\geq 10^5$ MO/ml, ≤ 2 species

UTI-B

MB unconfirmed symptomatic UTI

≥2 OF FOLLOWING

- >38 °C, urgency, frequency, dysuria, suprapubic tenderness

AND ≥ 1 OF FOLLOWING

- + dipstick
- pyuria (≥ 10WBC/ml)
- organisms seen on Gram stain of unspun urine
- ≥ 2 urine cultures with same uropathogen (G- or *S. sapr.*) ≥ 10² colonies/ml (unvoided specimen)
- ≤ 10⁵ colonies/ml of a single uropathogen (G- or *S. sapr.*) in a patient being treated with effective antimicrobial agent for a urinary infection
- physician diagnosis of UTI
- physician institutes therapy for UTI

Asymptomatic bacteriuria

NOT TO BE REPORTED FOR PPS !

BSI

Laboratory Confirmed Bloodstream Infection

- 1 + blood culture for a recognized pathogen

OR

- AT LEAST ONE OF THESE : $>38^{\circ}\text{C}$, chills, hypotension

AND

- 2 + blood cultures for a common skin contaminant

BSI

Bloodstream Infection

	HAI 1	HAI 2	HAI 3
Case definition code	BSI		
Relevant device in situ before onset ⁽³⁾	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Present at admission	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of onset ⁽⁴⁾	___ / ___ / ____	___ / ___ / ____	___ / ___ / ____
Origin of infection	<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk	<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk	<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk
If BSI: source ⁽⁵⁾			

Catheter Related BSI

- Clinical evidence (e.g. symptoms improve < 48h after catheter removal)
 - C-CVC
 - C-PVC
- same MO cultured from catheter → CRI3 !

Secondary BSI

- same MO isolated from other infection site

OR

- strong clinical evidence that infection is secondary to
 - ❖ another infection site
 - ❖ invasive diagnostic procedure
 - ❖ foreign body

CRI

Catheter Related Infection

- CRI1 local catheter related infection
no + blood culture
- CRI2 general catheter related infection
no + blood culture
- CRI3 MB confirmed catheter related BSI

CRI1

Local Catheter Related Infection

- + catheter culture
 - quantitative catheter culture $\geq 10^3$ CFU
 - semi-quantitative SVC culture > 15 CFU

AND

- pus/inflammation at insertion site

WITHOUT positive blood culture

Coding: If CVC \rightarrow CRI1-CVC
 If PVC \rightarrow CRI1-PVC

CRI2

General Catheter Related Infection

- + catheter culture
 - quantitative catheter culture $\geq 10^3$ CFU
 - semi-quantitative SVC culture > 15 CFU

AND

- clinical signs improve ≤ 48 h after catheter removal

WITHOUT positive blood culture

Coding: If CVC \rightarrow CRI2-CVC
 If PVC \rightarrow CRI2-PVC

CRI3-CVC

MB Confirmed Catheter Related BSI

- BSI \leq 48h before or after catheter removal

AND

- positive culture with same MO
 - quant. CVC culture $\geq 10^3$ CFU/ml OR semi-quant. CVC culture > 15 CFU **OR**
 - quant. CVC blood culture ratio CVC blood/peripheral blood > 5 **OR**
 - ≥ 2 h delay of + blood cultures **OR**
 - same MO from pus at insertion site

NOTE : when CRI3 is reported, BSI should not be reported

CRI3-PVC

MB Confirmed Catheter Related BSI

- BSI \leq 48h before or after catheter removal

AND

- positive culture with same MO
 - quant. PVC culture $\geq 10^3$ CFU/ml OR semi-quant. PVC culture > 15 CFU **OR**
 - same MO from pus at insertion site



- when CRI3 is reported, BSI should not be reported
- colonization of CVC or PVC is not reported

Results Limesurvey

3) Patient has fever, his CVC was removed yesterday and teicoplanin started. Blood culture grows coagulase negative staphylococci today (1 bottle). CVC tip is positive microbiologically, patient has improved since yesterday.



4) Patient has no fever, his CVC was removed yesterday. Blood culture results are not yet known. CVC tip is positive. There is pus at the CVC site.



Results Limesurvey

5) Patient has sepsis symptoms, his CVC was removed yesterday. Blood culture results were not done, CVC tip was not analysed. There is pus at the CVC site.



6) Patient has sepsis symptoms, his CVC was removed yesterday and AB started. Blood cultures are negative. CVC tip is negative, patient has improved since yesterday.



Methodology

- TTP
- Patient Counter
- Forms

Form A: Patient-based Data



European Prevalence Survey of Healthcare-Associated Infections and Antimicrobial Use Form A. Patient-based data (standard protocol)

Patient data (to collect for all patients)

Hospital code

Ward name (abbr.)/Unit Id Ward specialty

Survey date: ___ / ___ / ___ (dd/mm/yyyy)

Patient Counter: _____

Age in years: ___ yrs; Age if <2 year old: ___ months

Sex: M F Date of hospital admission: ___ / ___ / ___
dd / mm / yyyy

Consultant/Patient Specialty:

Surgery since admission:

No surgery Minimal invasive/non-NHSN surgery

NHSN surgery Unknown

McCabe score: Non-fatal disease

Ultimately fatal disease

Rapidly fatal disease

Unknown

Central vascular catheter: No Yes Unk

Peripheral vascular catheter: No Yes Unk

Urinary catheter: No Yes Unk

Intubation: No Yes Unk

Patient receives antimicrobial(s)⁽¹⁾: No Yes

Patient has active HAI⁽²⁾: No Yes

Antimicrobial (generic or brand name)	Route	Indication	Diagnosis (site)	Reason in notes

Route: P: parenteral, O: oral, R: rectal, I: inhalation; Indication: CI - LI - HI: treatment intention for community-acquired (CI), long/intermediate-term care-acquired (LI) or acute hospital-acquired infection (HI); surgical prophylaxis: S1: single dose, S2: one day, S3: >1day; M: medical prophylaxis; O: other; U: Unknown; Diagnosis: see site list, only for treatment intention Reason in notes: Y/N

	HAI 1	HAI 2	HAI 3
Case definition code			
Relevant device in situ before onset⁽³⁾	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Present at admission	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of onset⁽⁴⁾	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Origin of infection	<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk	<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk	<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk
If BSI: source⁽⁵⁾			
	MO-code R ⁽⁶⁾	MO-code R ⁽⁶⁾	MO-code R ⁽⁶⁾
Microorganism 1			
Microorganism 2			
Microorganism 3			

(1) since 00:00 on the day of the survey, except for surgical prophylaxis 24h before time of the survey; if yes, fill antimicrobial use data; (2) [infection with onset ≥ Day 3, OR SSI criteria met (surgery in previous 30d/1yr), OR discharged from acute care hospital <48h ago, OR CDI and discharged from acute care hospital < 28 days ago OR onset < Day 3 after invasive device/procedure on D1 or D2] AND [HAI case criteria met on survey day OR patient is receiving (any) treatment for HAI AND case criteria are met between D1 of treatment and survey day]; if yes, fill HAI data

(3) relevant device use (intubation for PN, CVC for BSI, urinary catheter for UTI) in 48 hours before onset of infection (even intermittent use), 7 days for UTI; (4) Only for infections not present/active at admission (dd/mm/yyyy); (5) C-CVC, C-PER, S-PUL, S-UTI, S-DIG, S-SSI, S-SST, S-OTH, UO, UNK; (6) AMR marker 0,1,2 or 9, see table

Form A: Patient Data

Patient data (to collect for all patients)

Hospital code	<input type="text"/>
Ward name (abbr.)/Unit Id	<input type="text"/>
Ward specialty	<input type="text"/>
Survey date:	___ / ___ / _____ (dd/mm/yyyy)
Patient Counter:	_____
Age in years:	___ yrs; Age if < 2 year old: _____ months
Sex: M F	Date of hospital admission: ___ / ___ / _____ dd / mm / yyyy
Consultant/Patient Specialty:	<input type="text"/>
Surgery since admission:	
	<input type="radio"/> No surgery <input type="radio"/> Minimal invasive/non-NHSN surgery
	<input type="radio"/> NHSN surgery <input type="radio"/> Unknown
McCabe score:	<input type="radio"/> Non-fatal disease
	<input type="radio"/> Ultimately fatal disease
	<input type="radio"/> Rapidly fatal disease
	<input type="radio"/> Unknown
Central vascular catheter:	<input type="radio"/> No , <input type="radio"/> Yes <input type="radio"/> Unk
Peripheral vascular catheter:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Urinary catheter:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Intubation:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Patient receives antimicrobial(s) ⁽¹⁾ :	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/>
Patient has active HAI ⁽²⁾ :	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/>

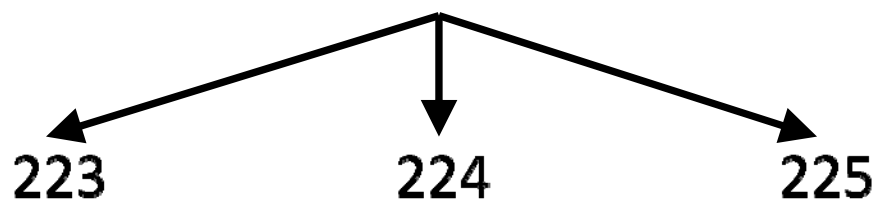
TTP

Ziekenhuis 1 site



123

Ziekenhuis fusie



Data invoer per site → gebruik de codes apart

- 223
- 224
- 225

Data invoer per fusie → gebruik samengestelde code

- 223224225

Patient data (to collect for all patients)

Form A: Patient Data

Hospital code

Ward name (abbr.)/Unit Id Ward specialty

Survey date: 01 / 10 / 2011 (dd/mm/yyyy)

Patient Counter: _____

Age in years: ____ yrs; Age if < 2 year old: ____ months

Sex: M F Date of hospital admission: ____ / ____ / ____
dd / mm / yyyy

Consultant/Patient Specialty:

Surgery since admission:

No surgery Minimal invasive/non-NHSN surgery

NHSN surgery Unknown

McCabe score:

Non-fatal disease

Ultimately fatal disease

Rapidly fatal disease

Unknown

Central vascular catheter: No , Yes Unk

Peripheral vascular catheter: No Yes Unk

Urinary catheter: No Yes Unk

Intubation: No Yes Unk

Patient receives antimicrobial(s)⁽¹⁾: No Yes

Patient has active HAI⁽²⁾: No Yes

IF YE.

Patient Counter

Patient counter	Patient internal code
456789	A19780507GA
456790	B19700508BC
+1	A19601112JB
+1	
....	

Patient data (to collect for all patients)

Form A: Patient Data

Hospital code	<input type="text" value="123"/>
Ward name (abbr.)/Unit Id	<input type="text" value="ICU1"/> Ward specialty <input type="text" value="Code"/>
Survey date:	<input type="text" value="01/10/2011"/> (dd/mm/yyyy)
Patient Counter:	<input type="text" value="A19780507GA"/>
Age in years:	<input type="text" value="80"/> yrs; Age if < 2 year old: _____ months
Sex:	<input checked="" type="radio"/> M F Date of hospital admission: <input type="text" value="08/09/2011"/> (dd/mm/yyyy)
Consultant/Patient Specialty:	<input type="text" value="Code"/>
Surgery since admission:	
<input type="radio"/> No surgery	<input checked="" type="radio"/> Minimal invasive/non-NHSN surgery
<input type="radio"/> NHSN surgery	<input type="radio"/> Unknown
McCabe score:	<input type="radio"/> Non-fatal disease
	<input checked="" type="radio"/> Ultimately fatal disease
	<input type="radio"/> Rapidly fatal disease
	<input type="radio"/> Unknown
Central vascular catheter:	<input checked="" type="radio"/> No , <input type="radio"/> Yes <input type="radio"/> Unk
Peripheral vascular catheter:	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Unk
Urinary catheter:	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Intubation:	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Unk
Patient receives antimicrobial(s) ⁽¹⁾ :	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="checkbox"/> IF YE.
Patient has active HAI ⁽²⁾ :	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="checkbox"/> IF YE.

Antimicrobial use

Antimicrobial (generic or brand name)	Route	Indication	Diagnosis (site)	Reason in notes
Amoxicilline	O	CI	PNEU	Y

Route: P: parenteral, O: oral, R: rectal, I: inhalation

Indication: CI - LI - HI: where the infection started

SP1: single dose, SP2: one day, SP3: >1day surgical prophylaxis

MP: medical prophylaxis; O: other; UI: Unknown UNK:Unknown

Diagnosis: see site list, only for treatment intention

Reason in notes: Y/N

Active HAI

	HAI 1		HAI 2	
Case definition code	PN1			
Relevant device in situ before onset ⁽³⁾	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Present at admission	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Date of onset ⁽⁴⁾	<u>18 / 09 2011</u>		___ / ___ / ____	
Origin of infection	<input checked="" type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk		<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk	
If BSI: source ⁽⁵⁾				
	MO-code	R ⁽⁶⁾	MO-code	R ⁽⁶⁾
Microorganism 1	STAAUR			
Microorganism 2				

Antimicrobial resistance codes

Microorganisms	Codes			
	0	1	2	9
<i>Staphylococcus aureus</i>	Oxa- S (MSSA)	Oxa R (MRSA)		Unknown
<i>Enterococcus spp.</i>	Gly-S	Gly-R (VRE)		Unknown
<i>Escherichia coli</i> <i>Klebsiella spp.</i> <i>Enterobacter spp.</i> <i>Proteus spp.</i> <i>Citrobacter spp.</i> <i>Serratia spp.</i> <i>Morganella spp.</i>	Cef3-S + Car-S	Cef3-R + Car-S	Cef3-R + Car-R	Unknown
<i>Pseudomonas spp.</i> <i>Acinetobacter spp.</i>	Car-S	Car-R		Unknown

Active HAI

	HAI 1		HAI 2	
Case definition code	PN1			
Relevant device in situ before onset ⁽³⁾	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Present at admission	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Date of onset ⁽⁴⁾	<u>18 / 09 2011</u>		___ / ___ / ____	
Origin of infection	<input checked="" type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk		<input type="radio"/> current hospital <input type="radio"/> other hospital <input type="radio"/> other origin/ unk	
If BSI: source ⁽⁵⁾				
	MO-code	R ⁽⁶⁾	MO-code	R ⁽⁶⁾
Microorganism 1	STAAUR	1		
Microorganism 2				

HELICSwin.NET





HELICSwin.NET



- Installatie
- Gebruik



HELICSwin.NET Installatie

- Ga naar de webpagina : <http://www.nsih.be/pps/index.html>
- Onder de rubriek 'HELICSwin.NET', klik op de link **HELICSwin.NET software**

Resultaat: U kan het bestand opslaan.

- Ga naar de locatie waar u het bestand heeft opgeslagen.
- **Decompresseer** het bestand aan de hand van WinZip, WinRar, of gelijkaardig programma.

Resultaat: U ziet nu 3 nieuwe bestanden.

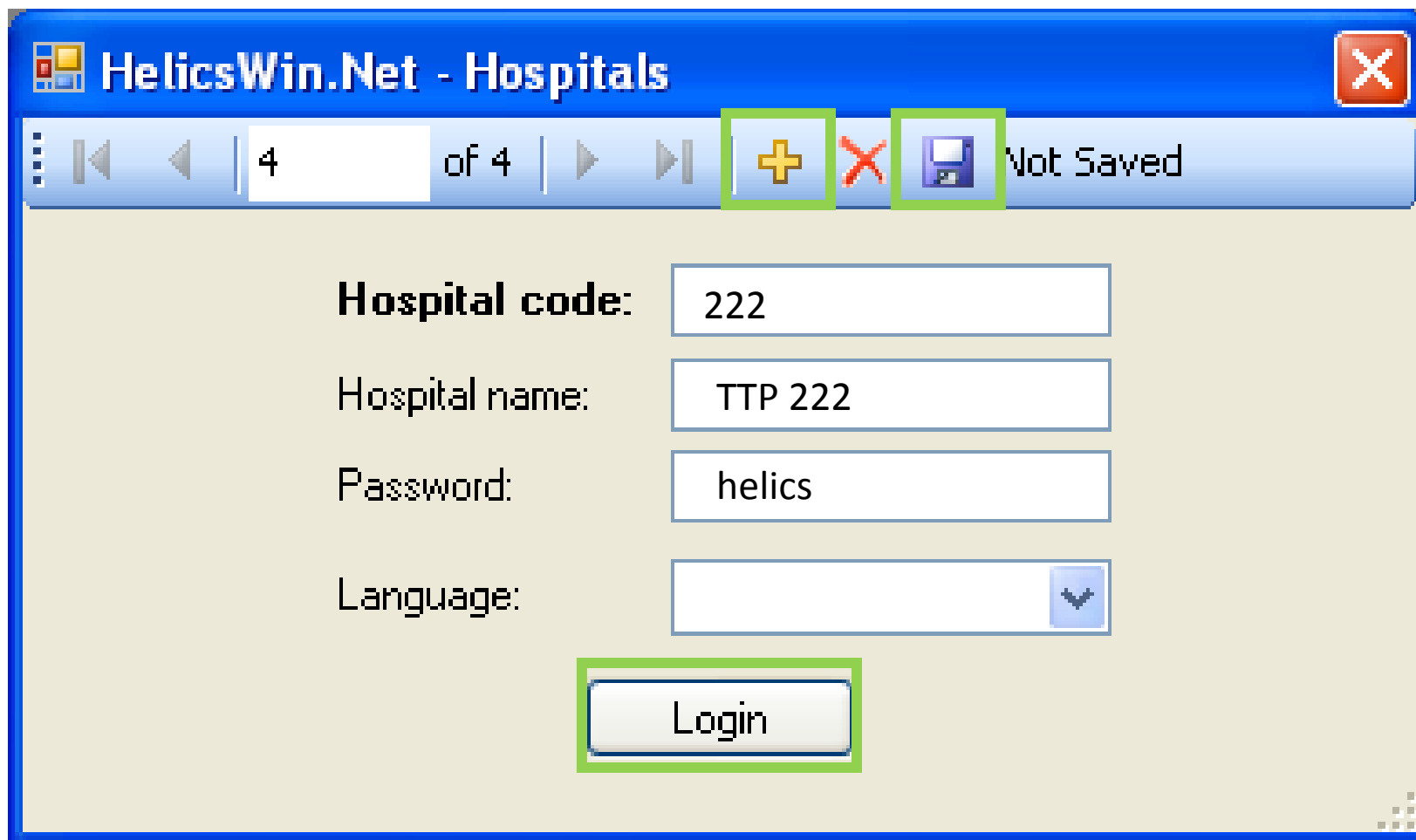
- Dubbelklik op **HelicsWinNet.msi** en doorloop de automatisch installatie.

Resultaat: Er staat een nieuw icoontje op uw bureaublad : HelicsWin.Net

Proficiat! HELICSwin.NET is nu correct geïnstalleerd.

HELICSwin.NET

Aanmaak ziekenhuis & login



HelicsWin.Net - Hospitals

4 of 4

+

Not Saved

Hospital code: 222

Hospital name: TTP 222

Password: helics

Language: ▼

Login

HELICSwin.NET

Gegevensinvoer

Add hospital(s)

you need to do this
only once per hospital (site)

Hospital data

enter data from the
hospital questionnaire (form H)

Wards definition

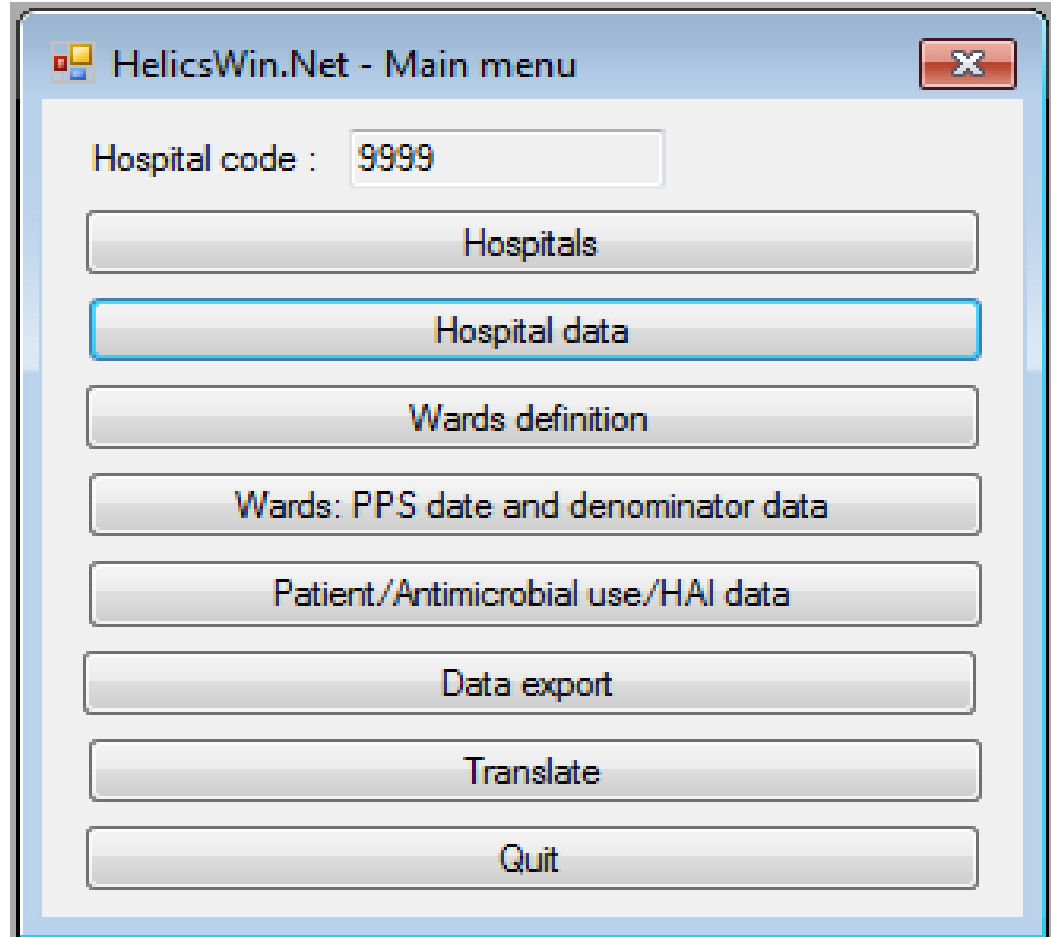
define all ward ID codes

Wards: PPS date and denominator data

for each ward that was defined before,
enter survey date and ward specialty

Patient/Antimicrobial use/HAI data

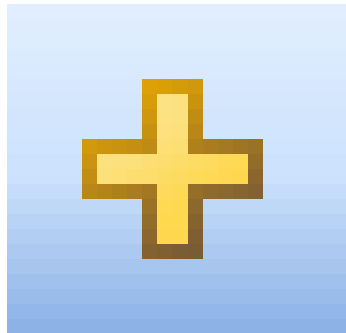
enter all patient-based data (form A)




The screenshot shows a window titled "HelicsWin.Net - Main menu" with a close button in the top right corner. Below the title bar, there is a text input field labeled "Hospital code :" containing the value "9999". Below this field are several buttons stacked vertically: "Hospitals", "Hospital data" (which is highlighted with a blue border), "Wards definition", "Wards: PPS date and denominator data", "Patient/Antimicrobial use/HAI data", "Data export", "Translate", and "Quit".

HELICSwin.NET

Data Invoer



Om data in te voeren, klik
steeds eerst op 

Deze knop maakt een nieuw
record aan, waar je de data
kan invoeren.

Indien je dit niet doet, zal je de
reeds ingevoerde gegevens
overschrijven!

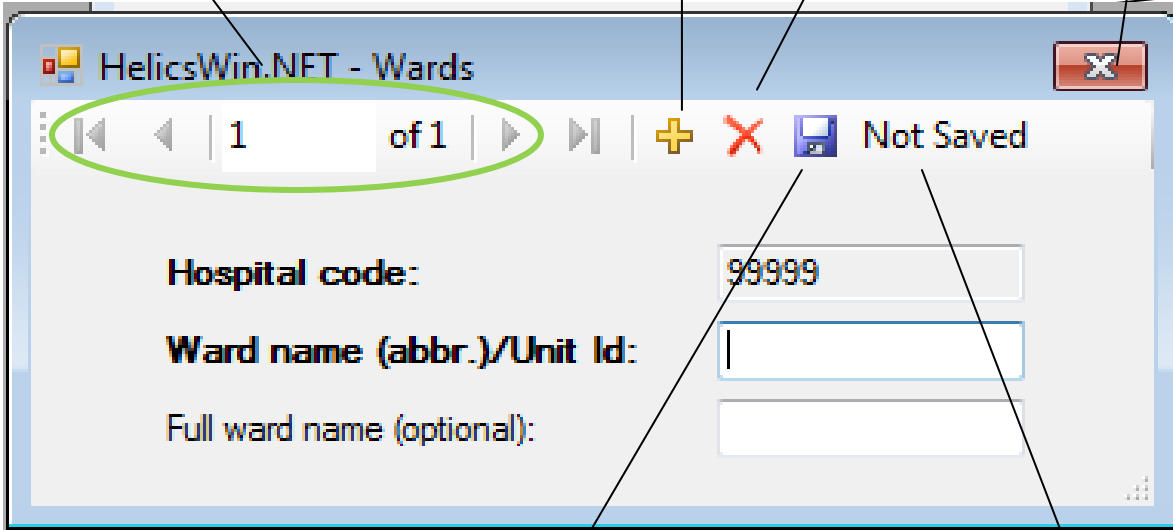
HELICSwin.NET

Close current window and return to main menu

new empty record

Delete record

Move between records



Save

'Not Saved' indicator:
disappears when record is saved

HELICSwin.NET

Send data

- No data export
- Look for the file: HELICSWinNET.mdb
normally this file is located in C:\ECDC\HelicsWinNet
- Compress the file to a .zip or .rar file
- Send file to WIV : mat.goossens@wiv-isp.be

Thank you for your attention

HELICSwin.NET



CVS

Cardiovascular System Infection

- VASC arterial/venous infection
- ENDO endocarditis
- CARD myocarditis/pericarditis
- MED mediastinitis

BJ

Bone & Joint Infection

- BONE osteomyelitis
- JNT joint or burse
- DISC disc space

BONE

Osteomyelitis

- **AT LEAST ONE OF THESE**

- organisms cultured from bone
- evidence of osteomyelitis on direct examination (surgery / histopathology)
- ≥ 2 of these :
 - >38°C, localized swelling, tenderness, heat, drainage at suspected bone infection site
- and** ≥ 1 of these :
 - organisms cultured from blood, + blood antigen test, radiographic evidence

JNT

Joint or Bursa

- **AT LEAST ONE OF THESE**

- organisms cultured from joint fluid / synovial biopsy
- evidence of joint/bursa infection on direct examination (surgery / histopathology)
- ≥ 2 of these :
 - joint pain, swelling, tenderness, heat, evidence of effusion, limitation of motion
- and** ≥ 1 of these :
 - organisms and WBC on Gram stain, + antigen test, cellular profile and chemistries, radiographic evidence

DISC

Disc Space Infection

- **AT LEAST ONE OF THESE**
 - organisms cultured from disc space tissue
 - evidence seen during surgery / histopathology
 - [$>38^{\circ}\text{C}$ or pain] and radiographic evidence
 - $>38^{\circ}\text{C}$ and pain and + antigen test on blood/urine

CNS

Central Nervous System Infection

- IC intracranial
- MEN meningitis or ventriculitis
- SA spinal abcess without meningitis

EENT

Eye, Ear, Nose or Mouth Infection

- CONJ conjunctivitis
- EYE eye (except conjunctivitis)
- EAR ear mastoid
- ORAL oral cavity (mouth, tongue, gums)
- SINU sinusitis
- UR upper RT, pharyngitis, laryngitis, epiglottitis

GI

Gastrointestinal System Infections

- CDI *Clostridium difficile* infection
- GE gastroenteritis (except *C. diff.*)
- GIT gastrointestinal tract (except GE and *C. diff.*)
- HEP hepatitis
- IAB intra-abdominal

REPR

Reproductive Tract Infections

- EMET endometritis
- EPIS episiotomy
- VCUFF vaginal cuff
- OREP other infections of the
♂ or ♀ reproductive tract

SST

Skin & Soft Tissue Infections

- SKIN skin
- ST soft tissue
 - necrotizing fasciitis, infectious gangrene, necrotizing cellulitis, infectious myositis
- DECU decubitus ulcer (superficial or deep)
- BURN burn
- BRST breast abscess or mastitis

SYS

Systemic Infections

- DI disseminated infection

NEO

Specific Neonate Case Definitions

- CSEP clinical sepsis
- LCBI laboratory confirmed BSI
- CNSB laboratory confirmed BSI with coagulase negative staphylococci
- PNEU pneumonia
- NEC necrotizing enterocolitis