

APIC Surveillance SIG Surveillance Answers September 2017

In the following scenarios, use the Infection Window Period, Date of Event, and BSI Secondary Attribution Period to determine what type of HAI criteria are met.

Scenario #1

- 5/20 44 year old woman admitted to med/surg; Foley and central line inserted
- 5/21 Temp 99
- 5/22 Temp 100.1
- 5/23 Temp 100.4
- 5/24 Blood culture E.coli; Urine culture E.coli >100,000 and Candida albicans>100,000; Temp 100.3
- 5/25 Temp 99.8
- 5/26 Temp 99.1
- 5/27 Temp 98.6
- 5/28 Foley and central line removed; patient discharged

Does the patient have a CAUTI? Yes

Does the patient have a CLABSI? No

What would be reported to NHSN? 5/24 CAUTI (ABUTI) with E.coli

What is the infection window period, date of event, RIT, and if applicable the secondary BSI attribution period?

IWP? 5/21-5/27

DOE? 5/24

RIT? 5/24-6/6

Secondary BSI attribution time frame? 5/21-6/6

Admit date: 5/20/2017

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
2. - 5/21/2017		<input type="checkbox"/>			
3. - 5/22/2017		<input type="checkbox"/>			
4. - 5/23/2017		<input type="checkbox"/>			
5. - 5/24/2017	✓	<input checked="" type="checkbox"/> urine culture: E.coli >100k; blood culture: E.coli	- HAI		
6. - 5/25/2017		<input type="checkbox"/>			
7. - 5/26/2017		<input type="checkbox"/>			
8. - 5/27/2017		<input type="checkbox"/>			
9. - 5/28/2017					
10. - 5/29/2017					
11. - 5/30/2017					
12. - 5/31/2017					
13. - 6/1/2017					
14. - 6/2/2017					
15. - 6/3/2017					
16. - 6/4/2017					
17. - 6/5/2017					
18. - 6/6/2017					

Figure 3 on page 7-14 on the bottom right, you'll see that if it meets ABUTI and there is a foley in place, then it's reported as a CAUTI

<https://www.cdc.gov/nhsn/pdfs/pscmanual/7pscCAUTICurrent.pdf>



Scenario #2

4/4 54 year old male with colon cancer admitted from the OR to ICU after undergoing a colectomy. Patient arrives with a central line and is receiving pain medication through the line.

4/9 Patient has an increase in abdominal pain; Blood culture grows *Candida albicans*

4/10 Patient continues to complain of abdominal pain. CT of abdomen shows a rim-enhancing air and fluid collection along the anterior and lateral margins of the liver and extending inferiorly in the right paracolic gutter region. Patient goes to Interventional Radiology where a needle was advanced into the collection and pus was aspirated and sent for culture. Abdominal fluid culture grows *Candida albicans*.

Does the patient have a CLABSI? No

What would be reported to NHSN? 4/9 O/S COLO SSI with *C. albicans*; meets O/S b & c and IAB 1& 2b

What is the infection window period, date of event, RIT, and if applicable the secondary BSI attribution period?

IWP? N/A

DOE? 4/9

RIT? N/A

Secondary BSI attribution time frame? 4/6-4/22

Hospital Day/Date	First Diagnostic Test	Infection Window Period	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
3. - 4/6/2017		<input type="checkbox"/>			
4. - 4/7/2017		<input type="checkbox"/>			
5. - 4/8/2017		<input type="checkbox"/>			
6. - 4/9/2017	✓	<input checked="" type="checkbox"/> Blood culture: C.albicans	HAI		
7. - 4/10/2017		<input checked="" type="checkbox"/> CT: rim-enhancing fluid; IR needle aspiration of pus; Abdominal fluid culture: C.albicans			
8. - 4/11/2017		<input type="checkbox"/>			
9. - 4/12/2017		<input type="checkbox"/>			
10. - 4/13/2017					
11. - 4/14/2017					
12. - 4/15/2017					
13. - 4/16/2017					
14. - 4/17/2017					
15. - 4/18/2017					
16. - 4/19/2017					
17. - 4/20/2017					
18. - 4/21/2017					
19. - 4/22/2017					

We can use the criteria for IAB 2b based on the 2017 NHSN training and the updated 2017 FAQs <https://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs-ssi.pdf>

Gross Anatomical Exam: Evidence of infection elicited or visualized on physical examination or observed during an invasive procedure. Includes physical examination of a patient during admission or subsequent assessments of the patient, may include findings noted during a medical/invasive procedure dependent upon the location of the infection as well as the NHSN infection criterion.

Examples:

- An intraabdominal abscess will require an invasive procedure to actually visualize the abscess.
- Visualization of pus or purulent drainage from drains within an abscess is acceptable.
- Abdominal pain elicited on physical exam post CSEC or hysterectomy, is sufficient evidence of infection detected without an invasive procedure for the general Organ Space SSI criteria.

Chapter 2, page 2-3, table 1 for information about the IWP and RIT for SSIs https://www.cdc.gov/nhsn/pdfs/pscmanual/2psc_identifyinghais_nhsncurrent.pdf

Table 1: Exceptions to Application of Definitions

	SSI	LabID [^]	VAE [^]	BSI
Infection Window Period	N/A	Not Applicable	Not Applicable	Yes
Date of Event	Yes			Yes
POA	N/A			Yes
HAI	N/A			Yes
Repeat Infection Timeframe (RIT)	N/A			Yes
Secondary BSI Attribution Period	*			N/A

*See SSI surveillance protocol

[^]See LabID and VAE surveillance protocols

N/A=Not Applicable

Chapter 9, page 9-5 (on the bottom) for information about the Secondary BSI Attribution Period for SSI <https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscsscurrent.pdf>

Secondary BSI Attribution Period for SSI: The secondary BSI attribution period for SSI is a 17-day period that includes the date of event, 3 days prior, and 13 days after. For detailed instructions on determining whether identification of an organisms from a blood specimen represents a secondary BSI, refer to the Secondary BSI Guide (Appendix B of the [BSI Event Protocol](#)).