



Revised (Summarised) Definitions of Targeted Infections:

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VAP: Ventilator-associated pneumonia:

Pneumonia occurring in a patient

- requiring continuous assisted ventilation through either a tracheostomy or endotracheal tube;
- where the infection occurs at the time of or within 48 hours of the removal of the assist device.

Diagnosis of pneumonia is based on radiological features as well as clinical features of infection.

There is no minimum period of time that the ventilator must be in place in order for the pneumonia to be considered ventilator-associated. There must be no evidence that the infection was present or incubating at the time of intubation.

This (summarised) definition must be read together with the full CDC/NHSN surveillance criteria in order to diagnose a VAP in practice.

A ventilator is defined as:

- a device to assist or control respiration continuously
- through a tracheostomy or by endotracheal intubation

Lung expansion devices like: intermittent positive pressure breathing (IPPB) or nasal positive end-expiratory pressure (PEEP) or continuous nasal positive airway pressure (CPAP or hypoCPAP) are NOT considered ventilators unless delivered via tracheostomy or endotracheal intubation (e.g. ET-CPAP)

CLABSI: Central line-Associated Bloodstream Infection:

Primary bloodstream infection occurring in a patient

- with a central line in situ
OR
- where infection occurs within 48 hours of the removal of the central line
- where no other possible source of the bloodstream infection is identified (i.e. does not include secondary bloodstream infections)

There is no minimum period of time that the central line must be in place in order for the bloodstream infection to be considered central line-associated.

There must be no evidence that the infection was present or incubating at the time of insertion.

This (summarised) definition must be read together with the full CDC/NHSN surveillance criteria in order to diagnose a CLABSI in practice.

A Central line is defined as:

- an intravascular catheter that terminates at or close to the heart or in one of the great vessels (aorta, pulmonary artery, superior & inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins and common femoral veins; neonates: umbilical artery or vein)
- must be a lumened device through which fluids are infused, pushed or withdrawn.
- may be temporary or permanent (e.g. dialysis tunneled or implanted catheters, including ports).

SSI: Surgical site infection:

An infection related to a surgical intervention

- that occurs within thirty days of surgery;
- OR
- within one year of surgery if an implantable device is placed.

SSI's are further differentiated as superficial, deep incisional or organ/ space, depending on the location of the infection within the wound.

There must be no evidence that the infection was present or incubating at the time of incision.

This (summarised) definition must be read together with the full CDC/NHSN surveillance criteria in order to diagnose a SSI in practice.

An operation:

- takes place in an operating room (O.R.)
- during a single trip to the operating room
- where the surgeon makes at least one incision through the skin or mucous membrane,
- and closes the incision before the pt leaves the operating room
- includes laparoscopy

- Debridement of burns or pressure ulcers and skin grafts are NOT included
- An O.R. includes an operating room/theatre, C-section room, interventional radiology room, cardiac catheterisation lab
- An implant includes any non-human foreign body that is permanently placed in a patient, including screws, mesh, wires that are left permanently.

CAUTI: Catheter-associated urinary tract infection:

Urinary tract infection in a patient

- where the patient had an indwelling urinary catheter at the time of or within 48 hours before onset of the event, where a positive urine culture is available;
- OR
- the patient has signs and symptoms of a UTI with no other possible cause and a positive urine culture of >100 000 CFU/ml (not > 2 species of uropathogen)
- OR
- a positive urinalysis on dipstick or laboratory specimen examination.
- OR

* The patient has no signs or symptoms of UTI, but does have a positive urine culture of >100 000 CFU/ml with no more than 2 species of uropathogen and has a positive blood culture with at least one matching uropathogen.

There is no minimum period of time that the catheter must be in place in order for the UTI to be considered catheter-associated.

There must be no evidence that the infection was present or incubating at the time of catheterization.

This (summarised) definition must be read together with the full CDC/NHSN surveillance criteria in order to diagnose a CAUTI in practice.

Uropathogens are: Gram-negative bacilli, *Staphylococcus* spp., yeasts, beta-hemolytic *Streptococcus* spp., *Enterococcus* spp., *G. vaginalis*, *Aerococcus urinae*, and *Corynebacterium* (urease positive).

In-dwelling catheter:

A drainage tube

- that is inserted into the urinary bladder
- through the urethra (does **not include** suprapubic or sheath or condom catheter or in-and-out catheterizations)
- AND is left in place
- AND is connected to a closed drainage system.

Straight in-and-out catheters, condom catheters and supra-pubic catheters are not included in the definition