

SECTION 5: IDENTIFYING HEALTHCARE-ASSOCIATED INFECTIONS (HAI) IN VICNISS

Any infection reported to VICNISS must meet the definition of a VICNISS healthcare-associated infection (HAI), that is, a localised or systemic condition resulting from adverse reaction to the presence of an infectious agent(s) or its toxin(s).

There must be no evidence that the infection was present or incubating at the time of hospital admission. *Exception:* CDI and SAB module when the infection may have existed prior to admission, this is then reported accordingly e.g. community associated.

Clinical evidence may be derived from direct observation of the infection site or review of information in the patient chart or other clinical records.

For certain infection sites, a physician's or surgeon's diagnosis of infection derived from direct observation during a surgical operation, endoscopic examination, or other diagnostic studies or from clinical judgment may be an acceptable criterion for a VICNISS infection, unless there is compelling evidence to the contrary. NOTE: Physician's diagnosis of pneumonia alone is not an acceptable criterion for ventilator associated pneumonia.

The following special considerations are important when identifying HAIs:

- Infections occurring in infants that result from passage through the birth canal are considered HAIs.
- The following infections are not considered healthcare-associated:
 - Infections associated with complications or extensions of infections already present on admission, unless a change in pathogen or symptoms strongly suggests the acquisition of a new infection.
 - Infections in infants that have been acquired transplacentally (e.g., herpes simplex, toxoplasmosis, rubella, cytomegalovirus, or syphilis) and become evident \leq 48 hours after birth.
 - Reactivation of a latent infection (e.g., herpes zoster [shingles], herpes simplex, syphilis, or tuberculosis).
- The following conditions are not infections:
 - Colonisation, which means the presence of microorganisms on skin, on mucous membranes in open wounds, or in excretions or secretions but are not causing adverse clinical signs or symptoms.
 - Inflammation that results from tissue response to injury or stimulation by noninfectious agents, such as chemicals.

Before a HAI is reported to VICNISS, the person performing surveillance must decide that the clinical, laboratory, and other diagnostic information gathered on the patient satisfy the criteria for a particular HAI. To assist surveillance personnel in making these decisions consistently, each module in this manual contains a listing of specific infection sites used in the module and the criteria for determining the presence of an infection at each of those sites. The definitions used in this manual are the only criteria that should be used when identifying and reporting VICNISS events. Whenever possible, generally accepted criteria are used; however, where clear consensus is lacking, the criteria are based on the best information available, and, in some cases, somewhat arbitrary decisions.

Reference

1. Centers for Disease Control and Prevention. The National Healthcare Safety Network (NHSN) Manual. Patient Safety Component Protocol. 2010 www.cdc.gov/nhsn/TOC_PSCManual.html (last accessed Nov 2010)