



UK Health
Security
Agency

The national point prevalence survey of healthcare-associated infections and antimicrobial use in England 2023

Flowcharts

LRI: Lower respiratory tract infection, other than pneumonia

Patient has no clinical or radiographic evidence of pneumonia (or only one abnormal CXR when requires 2 abnormal CXR for PN)

and

At least 2 of the following:

- fever (>38°C)
- cough
- new/ increased sputum production
- rhonchi
- wheezing

and

At least one of the following:

- positive culture obtained by deep tracheal aspirate or bronchoscopy
- positive antigen test on respiratory secretions

LRI-BRON
Bronchitis, tracheobronchitis,
bronchiolitis, tracheitis, without evidence
of pneumonia

Note: Do not report chronic bronchitis in a patient with chronic lung disease as an infection unless there is evidence of an acute secondary infection, manifested by change in organism.

Patient has at least one of the following:

Organisms seen on smear or cultured from lung tissue or fluid, including pleural fluid

or

A lung abscess or empyema seen during a surgical operation or histopathologic examination

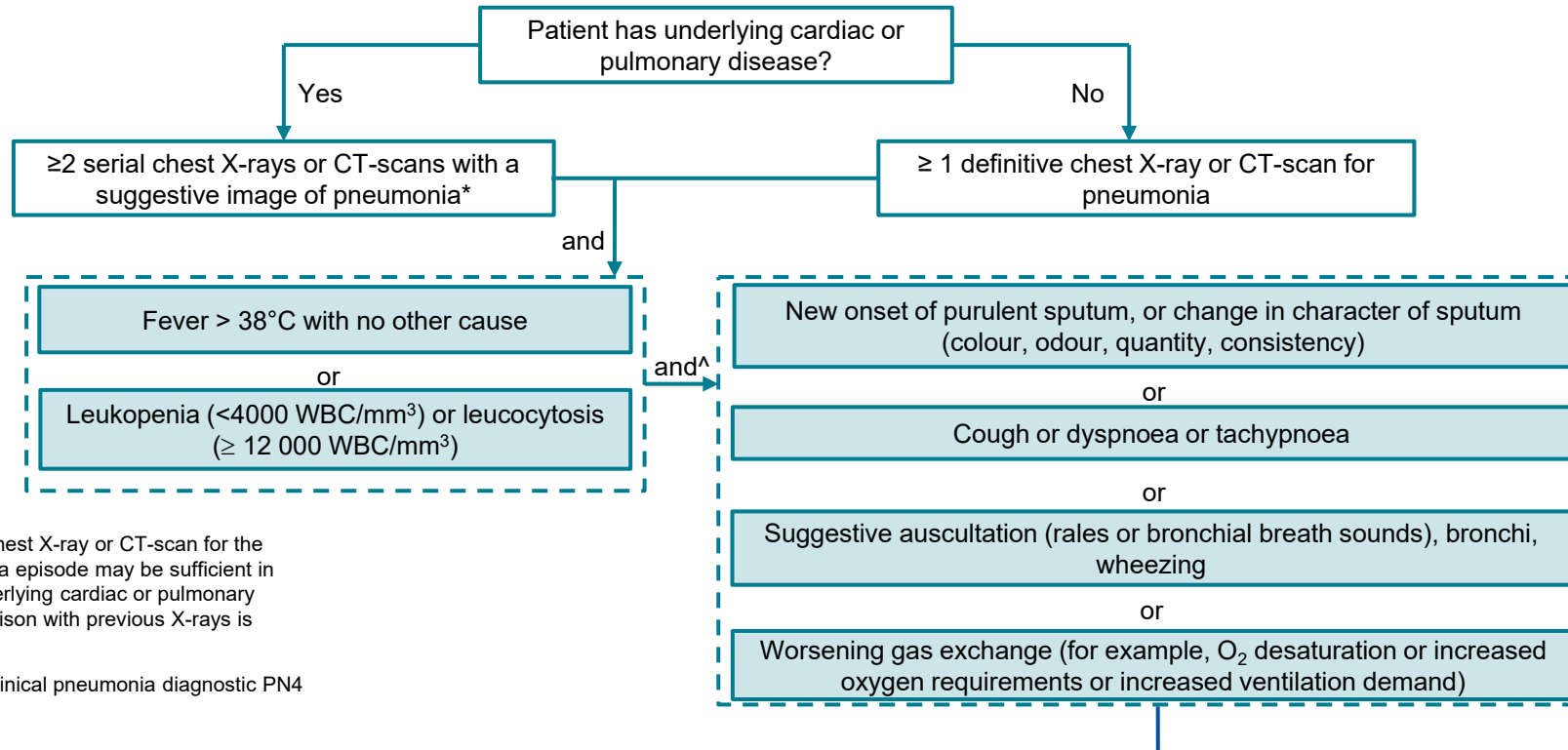
or

An abscess cavity seen on radiographic examination of lung

LRI-LUNG
Other infections of the lower respiratory tract

Note: Report lung abscess or empyema without pneumonia as LRI-LUNG.

PN: Pneumonia (includes VAP)

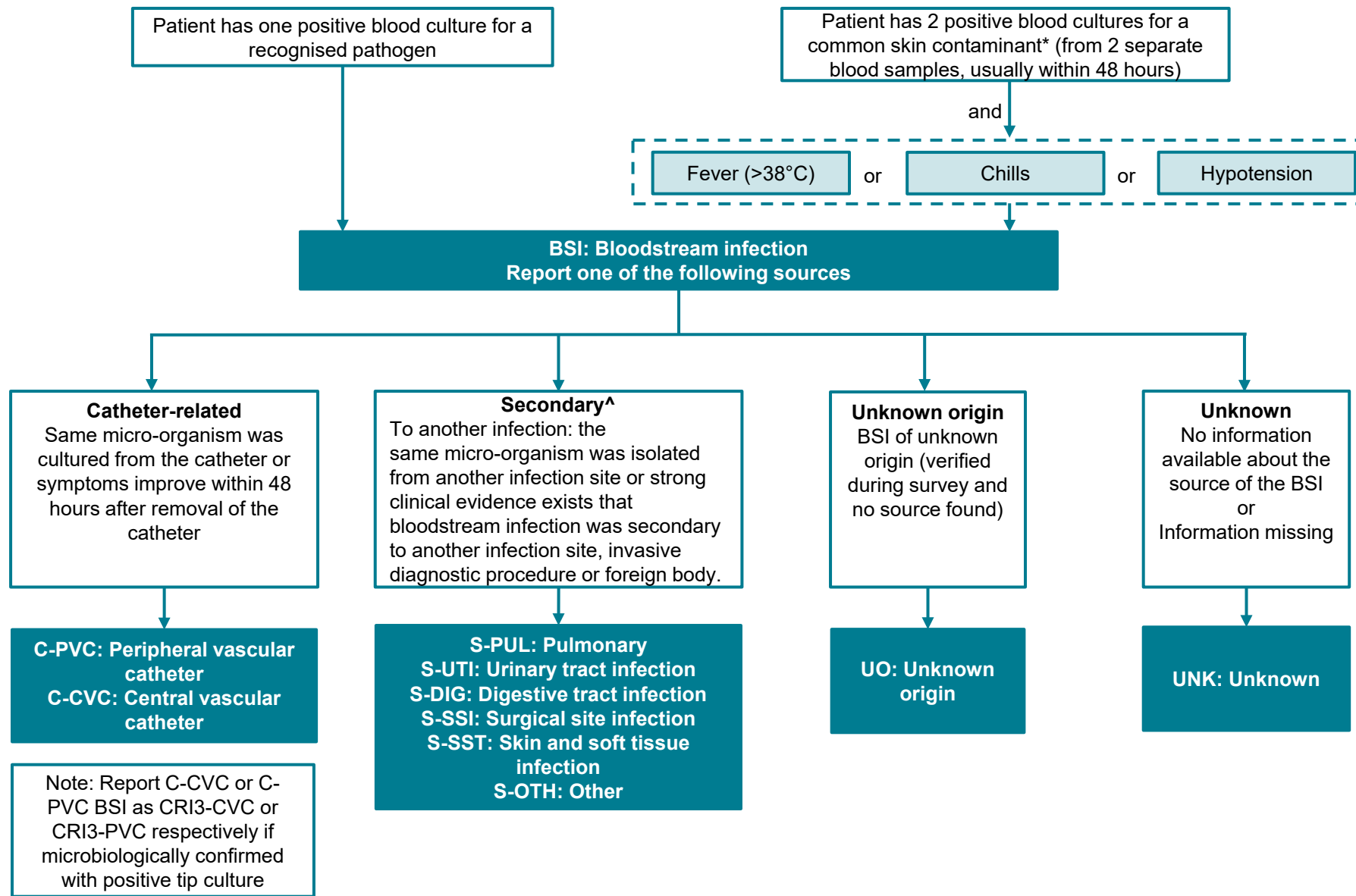


* One definitive chest X-ray or CT-scan for the current pneumonia episode may be sufficient in patients with underlying cardiac or pulmonary disease if comparison with previous X-rays is possible

^ ≥ 2 required if clinical pneumonia diagnostic PN4 and PN5

and has the following diagnostics				
<p>Positive quantitative culture from minimally contaminated LRT specimen</p> <ul style="list-style-type: none"> - Broncho-alveolar lavage (BAL) with a threshold of $> 10^4$ CFU/ml or $\geq 5\%$ of BAL obtained cells contain intracellular bacteria on direct microscopic exam - Protected brush (PB Wimberley) with a threshold of $>10^3$ CFU/ml - Distal protected aspirate (DPA) with a threshold of $> 10^3$ CFU/ml 	<p>Quantitative culture from possibly contaminated LRT specimen (that is ETA)</p> <ul style="list-style-type: none"> - Quantitative culture of LRT specimen (for example endotracheal aspirate) with a threshold of 10^6 CFU/ml 	<p>Alternative microbiology methods</p> <ul style="list-style-type: none"> - Positive BC not related to other source - Positive growth in pleural fluid culture - Pleural/ pulmonary abscess with positive needle aspiration - Histologic pulmonary exam = pneumonia - Positive detection of viral antigen or antibody from respiratory secretions - Positive direct exam or positive culture from bronchial secretions or tissue - Seroconversion - Detection of antigens in urine 	<p>Positive sputum culture or non-quantitative LRT specimen culture</p>	<p>No positive microbiology</p>
PN1	PN2	PN3	PN4	PN5

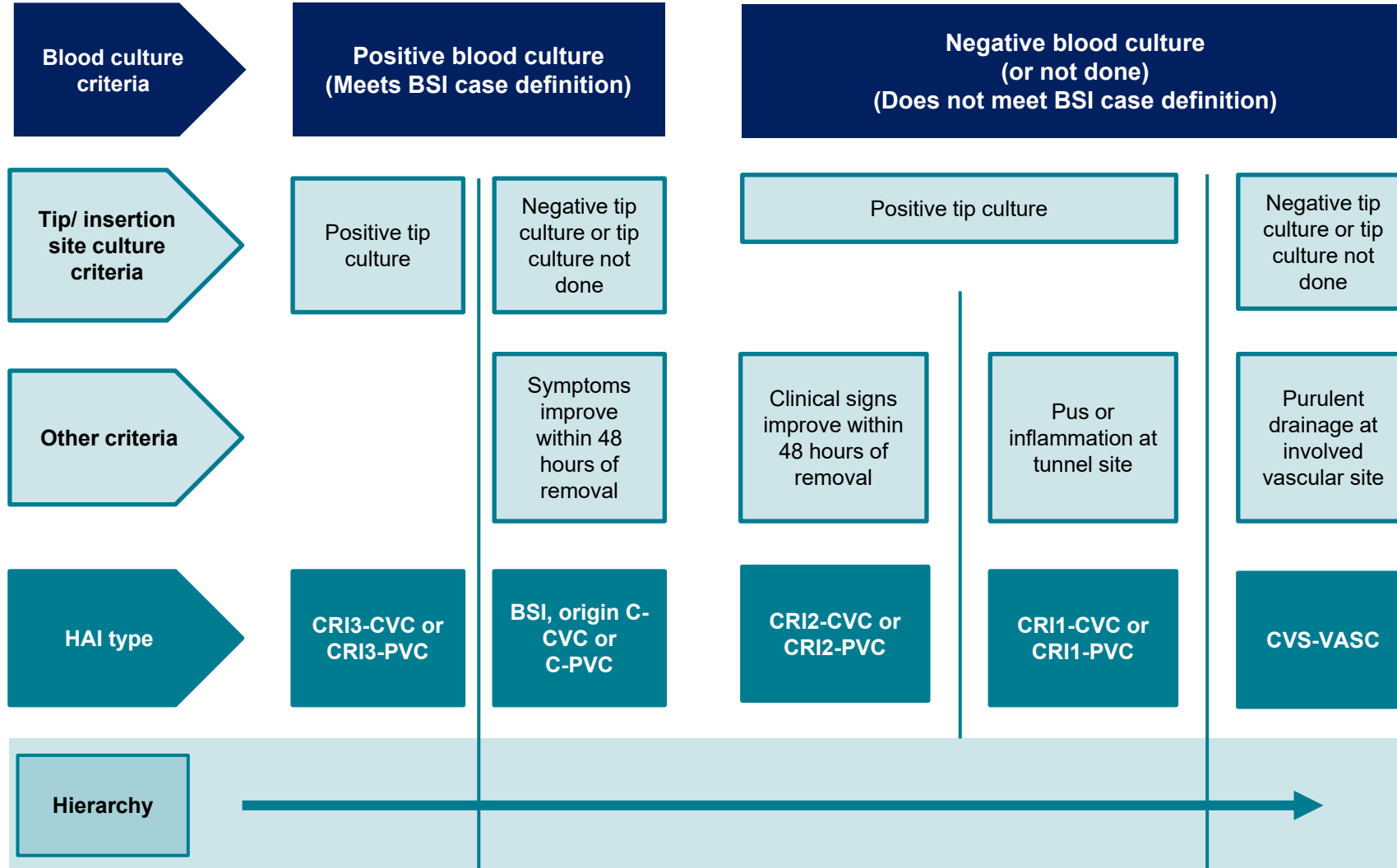
BSI: Bloodstream infection



* Skin contaminants = coagulase-negative staphylococci, *Micrococcus* sp., *Propionibacterium acnes*, *Bacillus* sp., *Corynebacterium* sp.

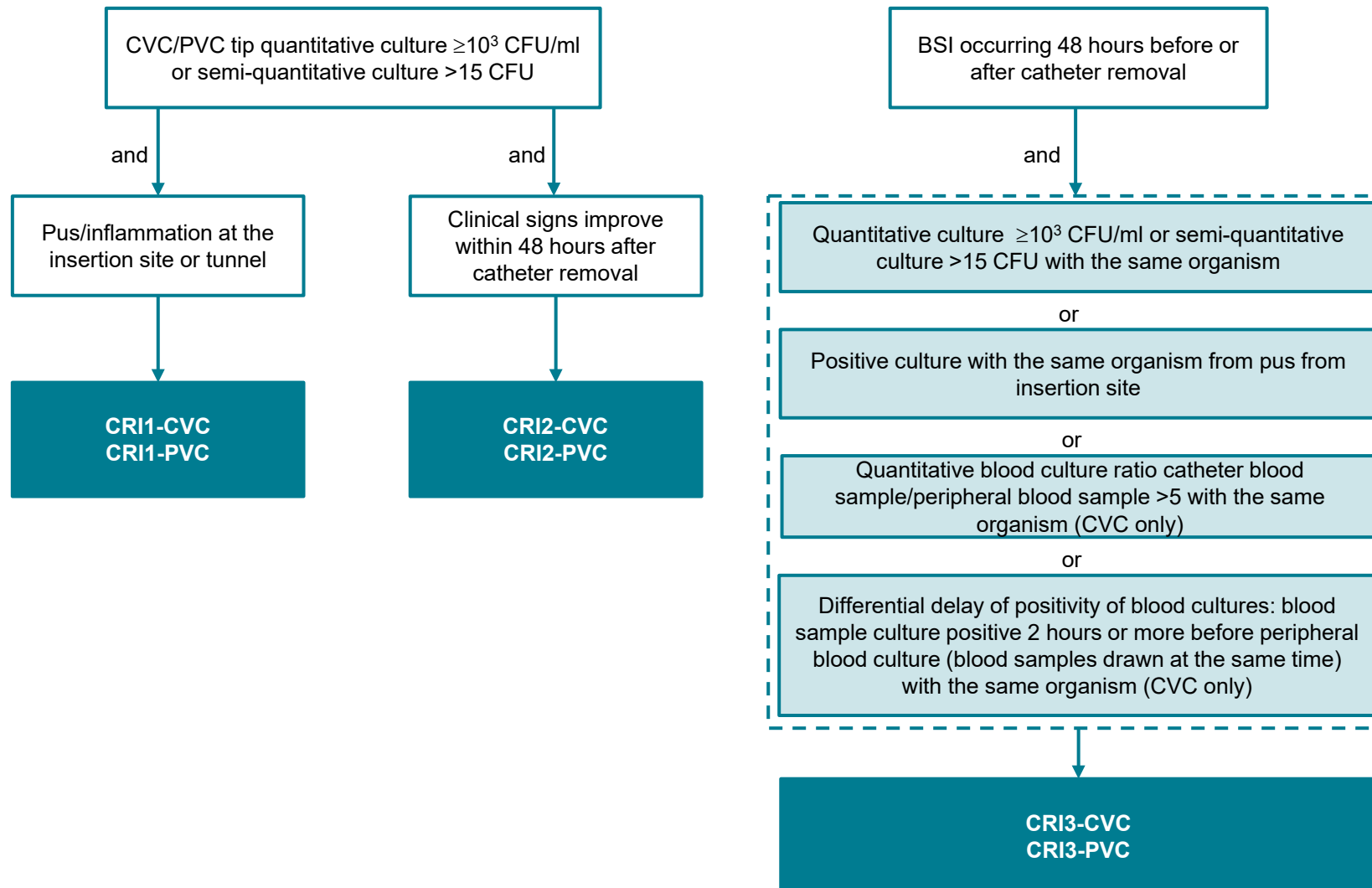
[^] Does not need to meet case definition for this to be noted. If the primary infection is an active HAI and meets a case definition, report both primary HAI and secondary BSI.

CRI: Catheter-related infection (CVC or PVC infections)

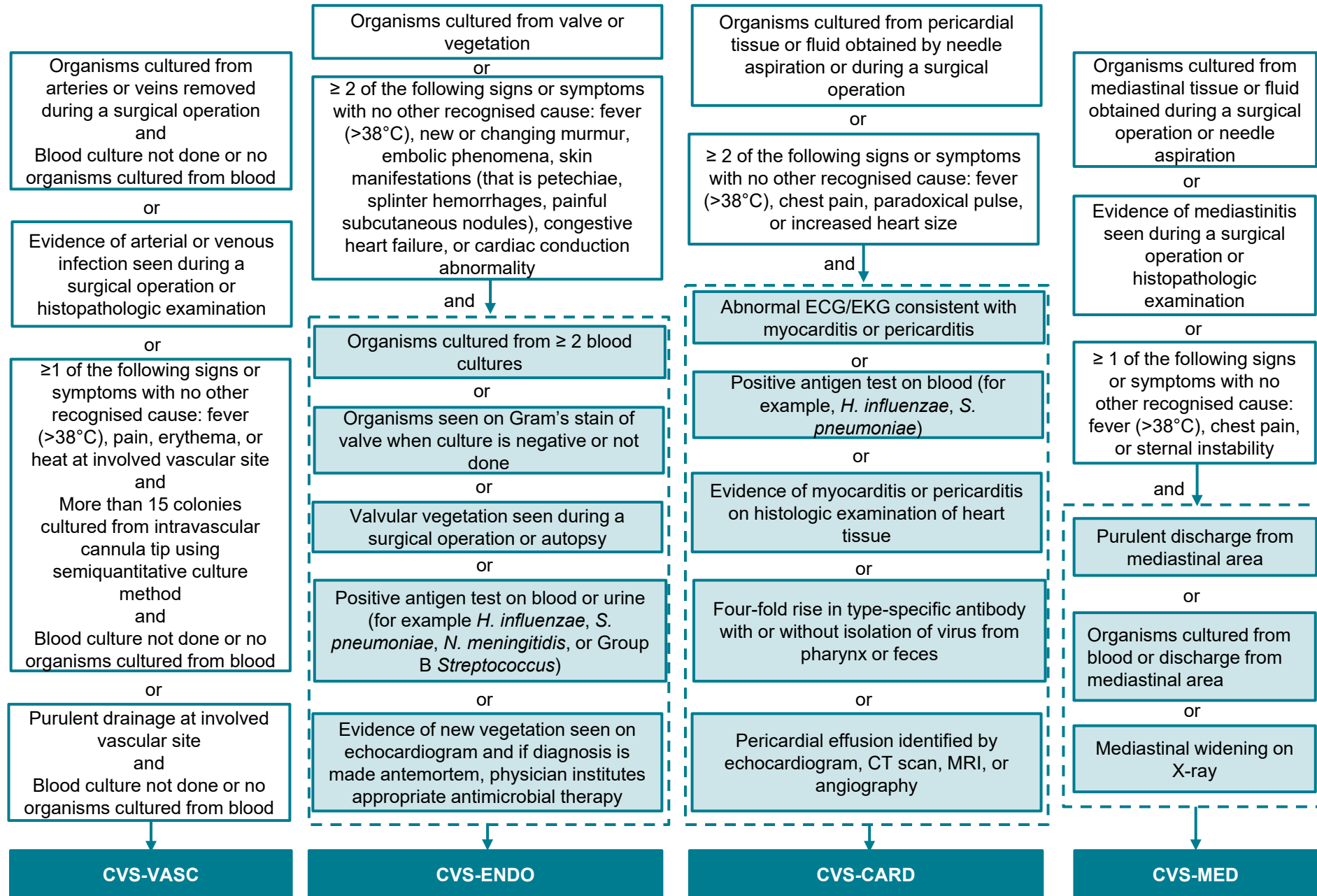


CRI: Catheter-related infection

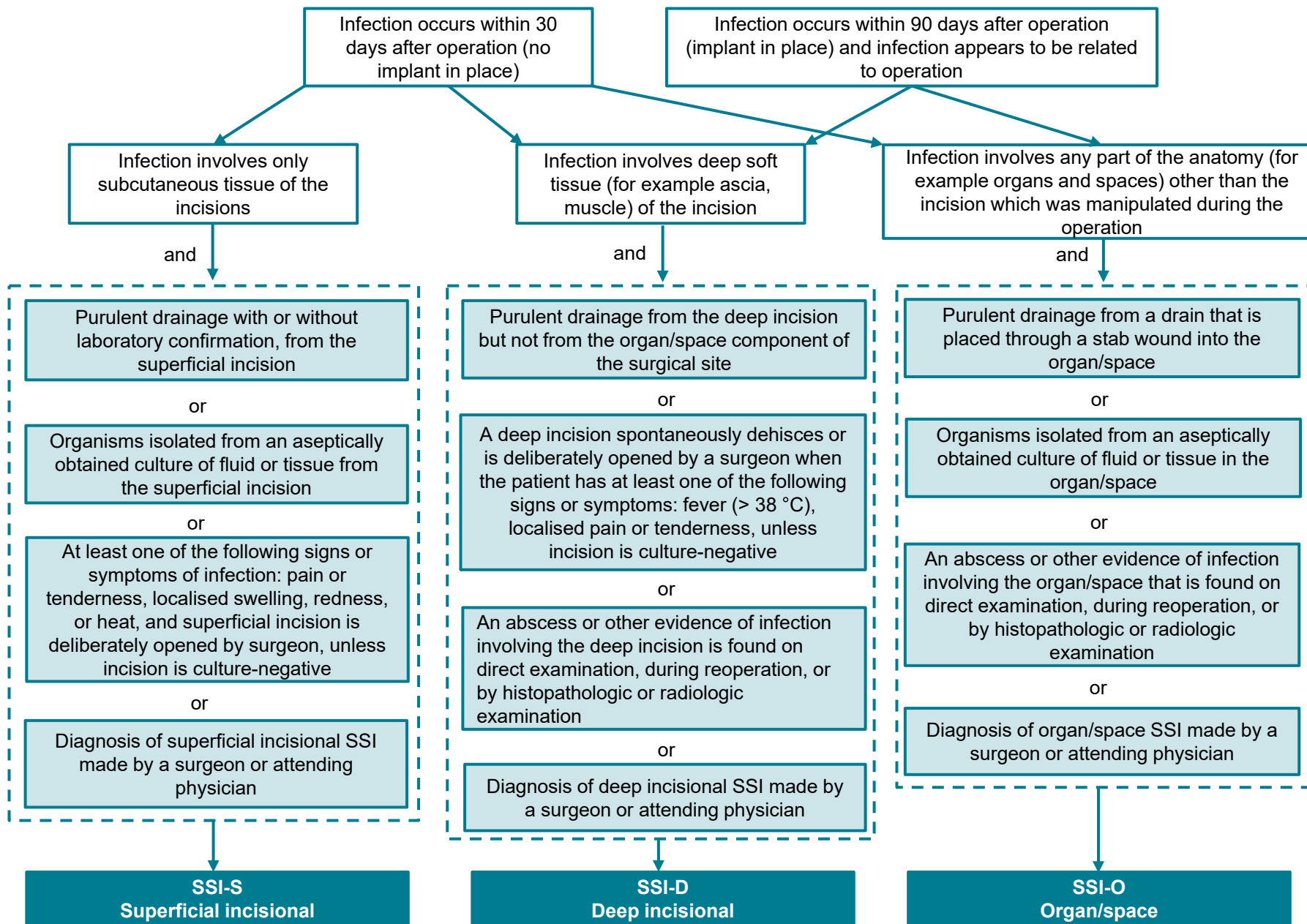
Central vascular catheter (CVC) or peripheral vascular catheter (PVC) infections



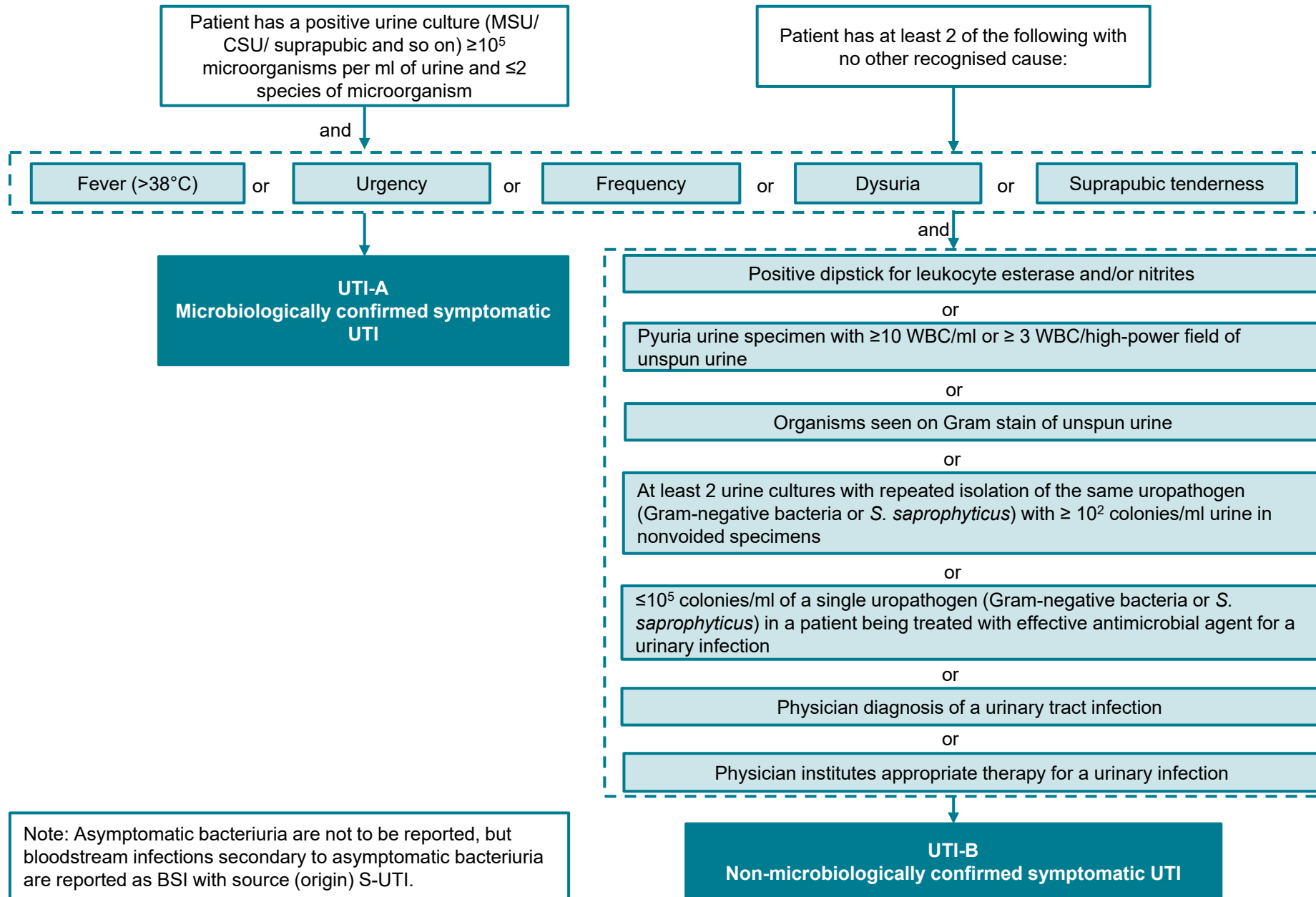
CVS: Cardiovascular system infection



SSI: Surgical site infection

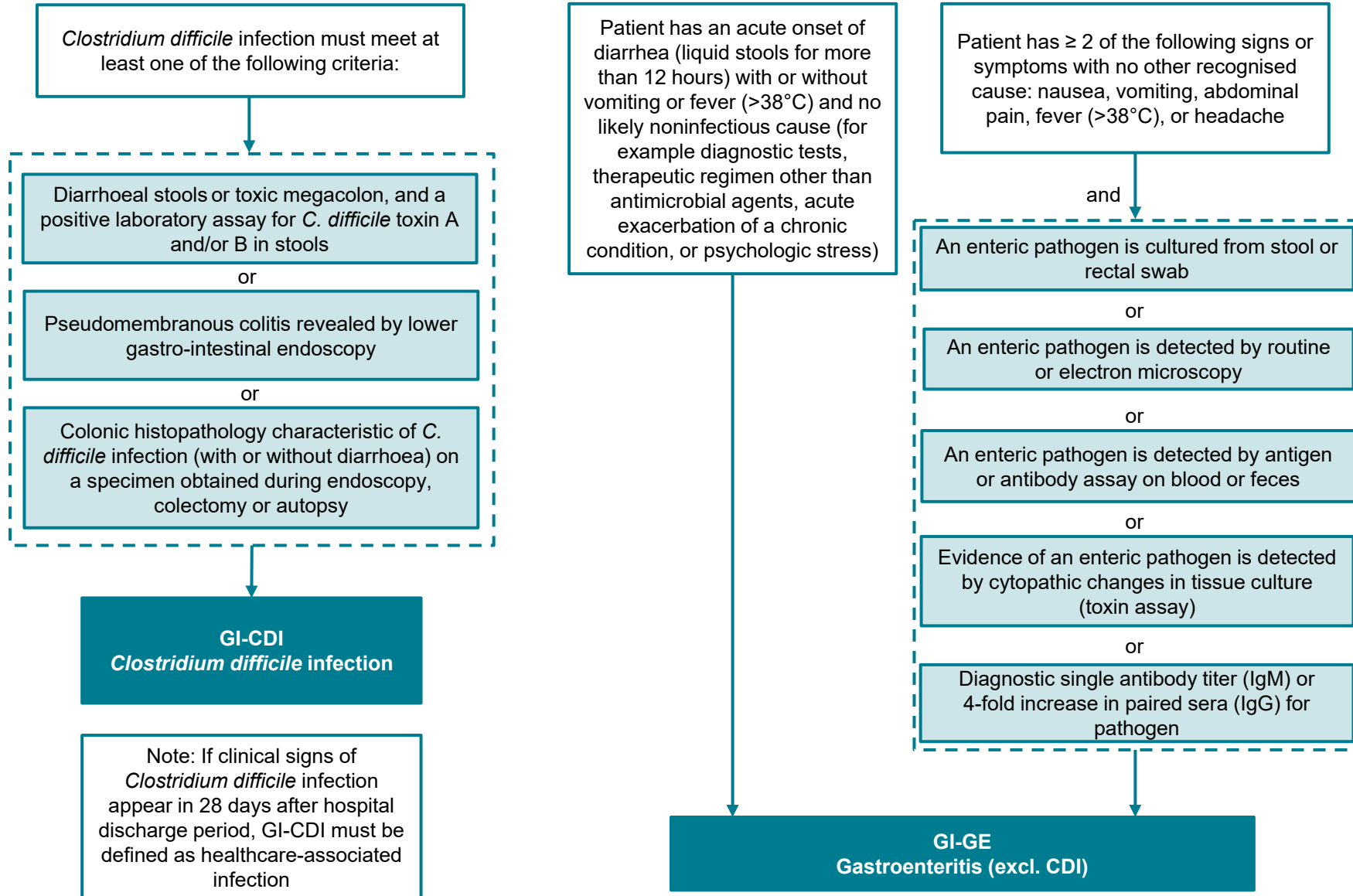


UTI: Urinary tract infection

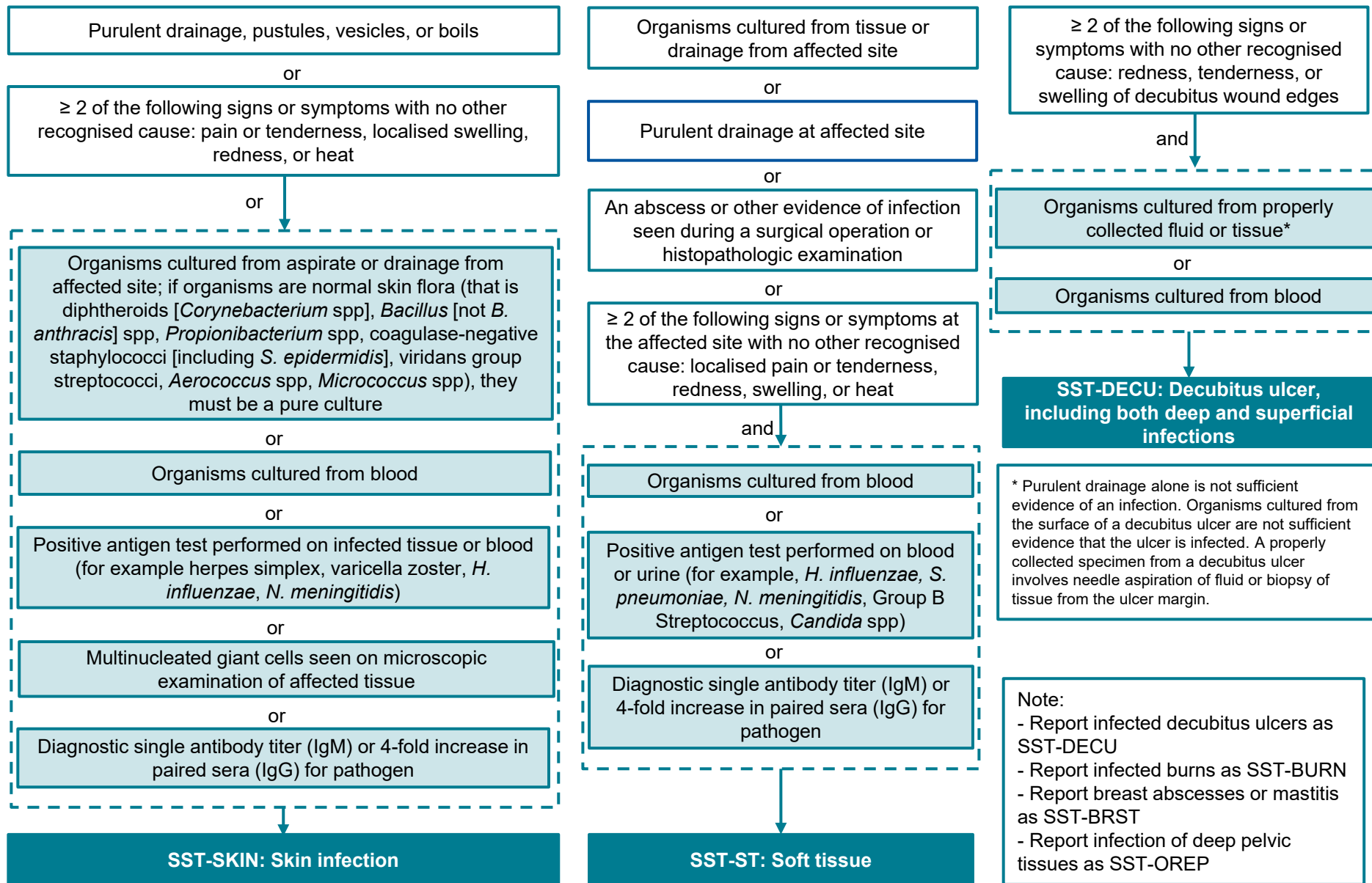


Note: Asymptomatic bacteriuria are not to be reported, but bloodstream infections secondary to asymptomatic bacteriuria are reported as BSI with source (origin) S-UTI.

GI: Gastrointestinal system infection (also GI-GIT, GI-HEP, GI-IAB)



SST: Skin and soft tissue infection (also SST-BURN and SST-BRST)



SYS: Systemic infection

Disseminated infection is infection involving multiple organs or systems, without an apparent single site of infection, usually of viral origin, and with signs or symptoms with no other recognised cause and compatible with infectious involvement of multiple organs or systems

SYS-DI
Disseminated infection

Note:

- Use SYS-DI for viral infections involving multiple organ systems (for example, measles, mumps, rubella, varicella, erythema infectiosum). These infections often can be identified by clinical criteria alone
- Report viral exanthems or rash illness as SYS-DI
- Do not use SYS-DI for healthcare-associated infections with multiple metastatic sites, such as with bacterial endocarditis; only the primary site of these infections should be reported
- Do not report fever of unknown origin (FUO) as SYS-DI

Patient has ≥ 1 of the following:

- Clinical signs or symptoms with no other recognised cause
- Fever (38°C)
- Hypotension (systolic pressure <90 mm),
- Oliguria ($20\text{ cm}^3(\text{ml})/\text{hr}$)

and

Blood culture not done or no organisms or antigen detected in blood

and

No apparent infection at another site

and

Physician institutes treatment for sepsis

SYS-CSEP
Treated unidentified severe infection