# Delta Document (Delta) Revisions

April 2024

Alberta Health Services
Infection Prevention & Control

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| Protocol Specific Changes | | |
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| **Organism** | **Major changes** | **Minor changes / other details** |
| ALL PROTOCOLS | | Clarified relevant encounter types in Appendix B<br>Removed reference to ProvSurv – used "provincial surveillance platform"<br>Reference to supporting documentation in the "Introduction" changed to a bulleted list<br>Updated references<br>Removed definition for infection window period from General surveillance definitions and into Protocol-specific definitions |
| **MRSA** | | Added "For procedures performed at a Contracted Surgical facility, the Initial MRSA record will be entered as healthcare associated at the facility where the SSI was found" in the MRSA identified in surgical site infections section.<br><br>Removed "clinical isolate that represents the first episode of infection AFTER an Initial MRSA from colonized specimen" as mandatory data entry in the data collection and entry section. |
| **VRE** | | Updated language in Methodology section to clarify which cases are mandatory data entry.<br>Added "historic" when talking about "Initial" record type in the case definition section.<br>Updated VRE data entry table to include exclusion of "sputum" for data entry of clinical specimens colonized before the first inpatient VRE infection specimen.<br>Added "unknown case severity is reserved for patients with a previous First Infection record" in the minimum case information section. |
| **CPO** | Updated language for On Admission **to** "Initial CPO on calendar day one or two of admission…" **instead of** "on the day of admission and/or the day after admission". | Clarified language for hospital-acquired case classification – removed "using a case".<br>Added in information about having discussion between sending and receiving facility ICP to determine case classification when there has been a direct transfer between facilities.<br>Added to "Acquired carbapenemases" definition: CPO surveillance uses the organism as the unit of surveillance, not the CPO gene detected. A surveillance case is the first time an organism is detected with a CPO gene. If the organism has a different CPO gene (either a new one or loses a gene), it is not counted as a new case.<br>This may be reviewed if whole genome sequencing becomes the primary gene detection method. |

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| **CDI** | Changed insufficient info language **from** "In other words, there is a belief that the patient meets definition for infection at the time of testing, but there is a lack of evidence in the chart to support the call." **to** "In other words, based on ICP investigation (discussions with frontline staff, review of physician notes and other documentation), there is evidence the patient was symptomatic, but this was not properly charted." | Improved the language in the introduction for ease of understanding<br>Moved these two statements out of the "insufficient info" definition and into a box below the primary CDI definition<br>• "Documentation of antibiotic treatment of CDI cannot be used as a proxy for physician diagnosis or symptom documentation. Also, the use of stool softeners/laxatives/enemas by a patient does not alter the case definition for CDI and cannot be used as a reason to discount CDI as the cause of diarrhea"<br>Provided an example of what could be assessed for ostomy bags.<br>Added "and discussions with frontline staff," to part of the for info SNMD definition.<br>Changed the introductory statement in the case classification section **from** "Each primary CDI case is classified independently from previous Primary CDI cases. Positive C. difficile tests not meeting CDI case definition are not used to classify Primary CDI cases" **to** "The case classification of a primary CDI is independent of any previous positive C. difficile tests or Primary CDI cases – e.g, an hospital-acquired case classification for a Primary CDI case cannot be ruled out due to the presence of a prior positive C. difficile test or Primary CDI case (see Appendix D.)<br>Added a reference to Appendix B for LTC definition in HCA case classification<br>In minimum case information clarified what to include for evidence related to CDI<br>Clarified how adverse outcomes are followed and moved administrative linkage process to follow the table on adverse outcomes |
| **BSI** | Updated "common commensal" hyperlink to link the NHSN Terminology browser webpage https://www.cdc.gov/nhsn/cdaportal/terminology/index.html<br><br>Clarified that Primary BSI with MBI should also be determined prior to determining if CLABSI . | Clarified definition for critical care and adding definition to Appendix A: removed critical care unit list and added in a footnote to see Appendix A.<br>Added in clarification for identification of multiple organisms in blood.<br>Aligned inclusion criteria to be consistent with other modules by adding all included case types.<br>Moved "Relapse vs. new BSI" section to after the exclusion criteria. |

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| | Clarified algorithms by reorganization and adding in information about pus at the VAD site. | Removed example list of common commensal organisms from Primary BSI Criterion and have added these to the common commensal definition in Appendix A.<br>Clarified CLABSI example and Secondary BSI example.<br>Added vascular access device definition in Appendix A.<br>Clarified mandatory data entry elements.<br>Added in information about CNISP reporting for NICU in the other considerations for data entry section.<br>Added "optional data entry" to outcomes and risk factors section titles.<br>Separate occasions definition updated to align with 2024 NHSN updates. |
| **NHSN updates** | Link to new NHSN terminology browser - NHSN Terminology \| NHSN \| CDC – complements excel spreadsheet for identifying if an organism is a common commensal or MBI organism – much easier to use.<br><br>Revised Pneumonia Flow diagram (page 6-10) – could create a case at forum that meets pneumonia definition and use the revised algorithm to explain the case.<br>• Pneumonia 1 – if more than one sign or symptom, they must come from separate bullets<br>• New onset or worsening applies to the sign/symptom of cough only<br>• Arrows in figures updated to dashes from colors<br>• Footnote 1 – when confirming persistence of eligible and definitive imaging findings, serial imaging test results within a 7-day timeframe must be examined | Clarification on the use of NEC (Necrotizing enterocolitis) as an exception for secondary BSI attribution<br>• NEC removed from Chapter 17 (infection definitions), but added to Chapter 2 (page 2-14) and Chapter 4 (page 4-31)<br>New format of secondary BSI attribution description (page 4-32) and reinforce Table B1<br>C.17 introduction – the term "physician" defined – this is not a change – this was previously defined within the SSI module, but now that definition is also in chapter 17<br>LUNG definition revised (page 17-24):<br>• If a pleural fluid specimen is collected after a chest tube is repositioned OR after 24 hours of chest tube placement, this pleural fluid specimen is not eligible for LUNG 1. Repositioning must be documented in the patient record by a healthcare professional. |

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| **SSI Protocol - TH/TK** | Changed terminology **from** "replacement procedure" to "arthroplasty" and used acronyms THA and TKA throughout – added terms to Appendix A<br><br>Revised methodology to include procedures performed at contracted surgical facilities. | Updated case finding methodology in Appendix D to specify that superficial SSIs are optional data entry and added reference in exclusion criteria.<br><br>Added Appendix A – protocol specific definitions, updated linkages to all Appendices.<br><br>In methodology, clarified that the orthopaedic surgeon reports would be the operative (OR) reports. |
| **SSI Protocol - CABG/Cardiac** | Still under review | |
| **SSI Protocol - Vascular** | | Updated exclusion criteria to exclude infections from procedures classified as clean-contaminated, contaminated or dirty-infected.<br>In methodology, clarified that the vascular surgeon reports would be the operative (OR) reports. |
| **VRI** | Updated Case definition titles **from** "Symptoms related to VRI – Excluding COVID-19" **to** "VRI symptomatic, excluding COVID-19" **and** "Symptoms related to COVID-19" **to** "COVID-19 symptomatic" **and** "No Symptoms or no new/worsening symptoms (COVID-19 only)" **to** "COVID-19 no symptoms or no new/worsening symptoms"<br><br>In case classification, changed from "Primary VRI" to "Meets case definition" and added a Note to clarify that symptom onset date is used for symptomatic cases and collection date is use for no new/worsening symptoms. | Removed *Chlamydophila pneumoniae, Coxiella burnetiid* and *Mycoplasma pneumoniae* from background as they are not VRI pathogens.<br>Clarified use of Connect care to identify positive labs.<br>Clarified what category the symptoms belong to as opposed to just referencing Appendix A.<br>Added clarification in the "Symptoms related to VRI – excluding COVID-19" that symptoms other than those listed above would not meet definition (i.e. gastrointestinal, expanded COVID-19, or multiple symptoms)<br>Added clarification in the "COVID-19 no symptoms or no new/worsening symptoms" that cases where symptom onset was outside of the infection window period of the collection date would be captured under this definition.<br>For clarity, improved language in outcomes, added direction on follow-up process for adverse outcomes during transfers.<br>Added clarity that community exposures do not impact case classifications.<br>Symptom table in Appendix – clarified which symptoms are only used for COVID-19<br>Added epidemiologic link to protocol specific definitions. |