## 2021 NHSN Skin and Soft Tissue (SST) Infection Checklist

### BRST-Breast infection or mastitis

A breast abscess or mastitis must meet at least **one** of the following criteria:

1. Patient has organism(s) identified from affected breast tissue or fluid obtained by invasive procedure by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).

2. Patient has a breast abscess or other evidence of infection on gross anatomic or histopathologic exam.

3. Patient has fever (>38.0°C) and local inflammation of the breast **AND** Physician initiates antimicrobial therapy within 2 days of onset or worsening of symptoms.

**Reporting instructions:**
- For SSI after a BRST procedure: if the infection is in the subcutaneous region report as a superficial incisional SSI, and if the infection involves the muscle/fascial level report as a deep incisional SSI.
- BRST Criterion 3, above, cannot meet organ/space Surgical Site Infections.

### BURN-Burn infection

Burn infections must meet the following criteria:

1. Patient has a change in burn wound appearance or character, such as rapid eschar separation, or dark brown, black, or violaceous discoloration of the eschar **AND** Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).

**Reporting instruction:**
- Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
- In the setting of a permanent skin graft (autograft) over a burn wound, use the SKIN or ST criteria.
**CIRC-Newborn circumcision infection**

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Circumcision infection in a newborn (≤ 30 days old) must meet at least one of the following criteria:

1. Newborn has purulent drainage from circumcision site.

2. Newborn has at least one of the following signs or symptoms at circumcision site:
   - Erythema*
   - Swelling*
   - Tenderness*
   AND
   - Pathogen identified from circumcision site by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).

3. Newborn has at least one of the following signs or symptoms at circumcision site:
   - Erythema*
   - Swelling*
   - Tenderness*
   AND
   - Common commensal is identified from circumcision site by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST)
   AND
   - Physician initiates antimicrobial therapy within two days on onset or worsening of symptoms.

*With no other recognized cause
SST-SKIN AND SOFT TISSUE INFECTION

SKIN-Skin infection (skin and/or subcutaneous) excluding decubitus ulcers, burns, and infections at vascular access sites (see VASC definition)

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Skin infections must meet at least **one** of the following criteria:

1. Patient has at least **one** of the following:
   - Purulent drainage ☐
   - Pustules ☐
   - Vesicles ☐
   - Boils (excluding acne) ☐

2. Patient has at least **two** of the following localized signs or symptoms:
   - Pain* or tenderness* ☐
   - Swelling* ☐
   - Erythema* ☐
   - Heat* ☐

AND at least **one** of the following:

a. Organism(s) identified from aspirate or drainage from affected site by a culture or non-culture based testing method, which is performed for purposes of clinical diagnosis and treatment for example, not Active Surveillance Culture/Testing (ASC/AST). Identification of 2 or more common commensal organisms without a recognized pathogen is not eligible for use. Common Commensal organisms include, but not are not limited to, diphtheroids (*Corynebacterium* spp. not *C. diphtheria*), *Bacillus* spp. (not *B. anthracis*), *Propionibacterium* spp., coagulase-negative staphylococci (including *S. epidermidis*), viridans group streptococci, *Aerococcus* spp., *Micrococcus* spp., and *Rhodococcus* spp. For a full list of Common Commensals see the Common Commensal tab of the NHSN organisms list.

b. Multinucleated giant cells seen on microscopic examination of affected tissue. ☐

c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism. ☐

*With no other recognized cause

**Reporting instructions:**

- Do not report acne as a skin/soft tissue HAI.
- Report SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn wound.
- Apply the site-specific definition (not SKIN) for the following:
  - Report omphalitis in infants as UMB.
  - Report infections of the circumcision site in newborns as CIRC.
  - For decubitus ulcers, apply the DECU infection.
  - Report infected burns as BURN.
  - Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
  - Report breast abscesses or mastitis as BRST.
- Report localized infection at a vascular access site as a VASC unless there is an organism identified from blood, meeting LCBI criteria, which should instead be reported as an LCBI (see VASC definition).
ST-Skin and Soft Tissue Infection

ST-Soft tissue infection (muscle and/or fascia [for example, necrotizing fasciitis, infectious gangrene, necrotizing cellulitis, infectious myositis, lymphadenitis, lymphangitis, or parotitis]) excluding decubitus ulcers, burns, and infections at vascular access sites (see VASC)

Element | Element Met | Date
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Soft tissue infections must meet at least **one** of the following criteria:

1. Patient has organism(s) identified from tissue or drainage from affected site by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).

2. Patient has purulent drainage at affected site.

3. Patient has an abscess or other evidence of infection on gross anatomic or histopathologic exam.

Reporting instructions:
- Report SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn wound.
- Apply the site-specific definitions identified below (not ST) for the following:
  - Report infected decubitus ulcers as DECU.
  - Report infected burns as BURN.
  - Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
  - Report infection of deep pelvic tissues as OREP.
  - Report localized infection at a vascular access site as a VASC unless there is an organism identified from blood, then it should be reported as an LCBI (see VASC definition).

DECU-Decubitus ulcer infection (also known as pressure injury infection), including both superficial and deep infections

Element | Element Met | Date
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Decubitus ulcer infections must meet the following criterion:

1. Patient has at least **two** of the following signs or symptoms:
   - Erythema*  
   - Tenderness*  
   - Swelling of decubitus wound edges*  

   **AND**

   Organism(s) identified from needle aspiration of fluid or biopsy of tissue from ulcer margin by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).

*With no other recognized cause
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<td>Omphalitis in a newborn (≤ 30 days old) must meet at least <strong>one</strong> of the following criteria:</td>
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<td>1. <strong>Patient has erythema or drainage from umbilicus</strong></td>
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<td><strong>AND</strong> at least <strong>one</strong> of the following:</td>
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<tr>
<td>a. <strong>Organism(s) identified from drainage or needle aspirate by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).</strong></td>
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<td>b. <strong>Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).</strong></td>
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<td>2. <strong>Patient has erythema and purulence at the umbilicus.</strong></td>
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**Reporting instructions:**
- Report infection of the umbilical artery or vein related to umbilical catheterization as VASC if there is no accompanying organism identified from blood specimen.
- If the patient meets criteria for LCBI, report as a LCBI (see VASC definition).