

Subject: Changes to Surveillance for Urinary Tract Infections (UTI) (Sent: April 5, 2012)

Good morning,

After consideration of communications from our NHSN users participating in CAUTI surveillance, we have decided to amend the protocol in the following ways. These changes should be implemented from April 1, 2012 forward. We believe that these changes will streamline and simplify CAUTI surveillance without sacrificing data usefulness. Updates to the NHSN manual are in process and will be shared as soon as they are available.

1. It is difficult for Infection Preventionists to distinguish irrigated urinary catheters from non-irrigated urinary catheters. Additionally, irrigation of urinary catheters represents a risk for UTI and, therefore, such patients should be included in CAUTI surveillance. The exclusion of continuously irrigated indwelling urinary catheters from the CAUTI data should be discontinued. Instead, ALL indwelling urinary catheter days should be included in the CAUTI data and ALL patients with indwelling urinary catheters are eligible for CAUTIs, regardless of whether the catheter has been irrigated in ANY way.

2. Laboratories at many facilities do not report white blood cell counts lower than 5 for urinalyses performed. Therefore, all references of pyuria included in the UTI definitions are now changed from "...or  $\geq 3$  WBC/high power field of spun urine" to "...or  $> 5$  WBC/high power field of spun urine". This change involves UTI criteria 2a, 2b, and 4 and includes non-catheter-associated UTI as well as CAUTI.

Thank you for your continued participation in NHSN,  
The NHSN Team