

## DEFINITIONS OF INFECTION SEVERITY

### Life-threatening/Fatal:

1. Septic shock
2. Any infection clearly linked to death within 2 weeks
3. Life-threatening/fatal infections include:
  - Any proven/probable pulmonary or disseminated mold infection
  - CMV pneumonitis (CXR infiltrate + recovery of virus in BAL specimen or lung biopsy evidence)
  - Disseminated CMV
  - Respiratory virus pneumonitis Influenza/RSV/Parainfluenza virus of lung (CXR infiltrate + recovery)
  - Disseminated aspergillus
  - HHV-6 in central nervous system (CNS)
  - Toxoplasma in brain or CNS
  - PCP in lung

### Severe:

1. Deep tissue (invasive) infection requiring IV or oral antibiotics used to treat infection
2. Any infection requiring hospitalization, if outpatient at onset
3. Any infection leading to need for oxygen, pressors or fluids to support BP, or intubation
4. Severe infections include:
  - Any proven or probable sinus (limited) mold infection
  - Pulmonary nodules that decrease in size after a minimum 4 week course of antifungal medications active against Aspergillus
  - Any Bacteremia, catheter-related bloodstream infection (excluding Coagulase negative staphylococcus and Diptheroids which are MODERATE infections)
  - Any infection that requires adjunctive surgical intervention
  - Any Pneumonia not requiring ventilatory support (see life-threatening/fatal category for specific viral pneumonias)
  - Upper airway (limited) respiratory viruses (firm diagnosis)
  - CMV antigenemia or PCR positivity treated with an 8 week course of antiviral therapy
  - Hemorrhagic cystitis due to BK virus
  - Pseudomembranous colitis due to C. difficile
  - Typhlitis
  - Osteomyelitis
  - Meningitis
  - Disseminated or complicated zoster (i.e., ophthalmic)

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### **Moderate:**

1. IV or Oral antibiotics used to treat infection with complete resolution within 14 days
2. No need for hospitalization specifically to treat infection
3. If already hospitalized, no need for supplemental oxygen, pressors or fluids to support BP, or intubation
4. Moderate infections include:
  - Many gram positive Bacteremias (Coagulase negative staphylococcus, Corynebacterium, Propionibacterium acnes)
  - Any catheter site infection
  - Urinary tract infection
  - Soft tissue infection/infected wound (not extensive, not necrotizing)
  - Localized/dermatomal zoster
  - Oral HSV
  - Esophagitis due to HSV or candida
  - Sinusitis, bacterial
  - Infectious diarrhea, including uncomplicated C. difficile

### **Disseminated Infections:**

1. Two or more non-contiguous sites with the SAME organism
2. A disseminated infection can occur at any level of severity

### **Recurrence Intervals to Determine Whether an Infection is the Same or New:**

1. CMV, HSV: 2 months ( $\leq 60$  days)
2. VZV, HZV: 2 weeks ( $\leq 14$  days)
3. Bacterial, non-C. difficile: 1 week ( $\leq 7$  days)
4. Bacterial, C. difficile: 1 month ( $\leq 30$  days)
5. Yeast: 2 weeks ( $\leq 14$  days)
6. Molds: 3 months ( $\leq 90$  days)
7. Helicobacter: 1 year ( $\leq 365$  days)
8. Adenovirus, Enterovirus, Influenza, RSV, Parainfluenza, Rhinovirus: 2 weeks ( $\leq 14$  days)
9. Polyomavirus: 2 months ( $\leq 60$  days)

For infections coded as “Disseminated,” any previous infection with the same organism but different site within the recurrence interval for that organism will be counted as part of the disseminated infection.

### **The Following Should NOT be Reported as an Infection:**

1. Fever of undetermined origin
2. Upper respiratory infections, presumed viral
3. Potential infections where antibiotics were given but no infectious etiology identified
4. Stool candida

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