

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN eNewsletter

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Patient Safety Component

Analysis Updates

Updates on the ARM & HAI Composite Measure Dashboard

A new metric to the ARM & HAI Composite Measure dashboard (previously known as the Adjusted Ranking Metric (ARM) dashboard is now available to all acute care hospitals in NHSN: ***the HAI Composite ranking!***

What You Should Know:

- The ARM Dashboard has been renamed to the ARM & HAI Composite Measure dashboard.
- **The HAI Composite:** This new metric uses the ARM scores for 6 HAI types (CLABSI, CAUTI, MRSA, CDI, SSI-COLO and SSI-HYST) to present a single overall ranking for facilities, showing their performance compared to other facilities nationwide for the same year.
- The HAI Composite is calculated using the geometric mean of your facility's ARM scores. The geometric mean is found by multiplying all eligible ARMs together and then taking the root of how many numbers were eligible (e.g., if there are 3 eligible ARMs you will multiply all 3 together and take the cubed root; if there are 6, you multiply all 6 together and take the 6th root).
- All of the available ARM scores for a facility are used to calculate the HAI composite score for the facility. Then, that score is converted to a ranking by comparing the score against other facilities nationally and presented as a percentile between 0 and 100 with a lower score meaning better outcome performance.
 - For example, a ranking of 12 means that your hospital has a better outcome than 88% of hospitals, after accounting for HAI-specific risk factors and overall volume of exposure.
- Facilities with fewer than 6 ARM rankings will still receive an HAI composite ranking.
- Like the ARM rankings, the HAI composite ranges from 0 to 100 with a lower ranking percentile, closer to 0, signifying better performance.
- The ARM & HAI Composite Measure Dashboard will be available only for acute care hospitals at this time.



Where can I find the ARM & HAI Composite Measure Dashboard?

To locate this dashboard, follow these steps:

1. From your NHSN home screen, look to the left-hand navigation menu.
2. Select **Dashboard**.
3. Once the dashboard loads, click on the “ARM & HAI Composite Measure Dashboard” option at the top. This will take you to the updated ARM & HAI Composite Measure Dashboard.

For more information on the ARM & HAI Composite Measure Dashboard, please visit the [NHSN Adjusted Ranking Metric \(ARM\) page](#).

NHSN Sepsis Program Core Elements Line List is Now Available

NHSN has created an analysis report for users to track their hospitals current implementation of the [Hospital Sepsis Program Core Elements](#).

The report is available to facilities that participate in the Patient Safety Component (PSC) and completed the [2024 PSC Hospital Annual Survey](#). NHSN adapted the core elements from the CDC guidelines to establish questions on the annual survey that maps to 28 domains split among the seven (7) Core Elements.

Each Core Element has been assigned a point value, based on the number of priority examples (or “Domains”) for the element. The facility can receive one point per Domain, based on their responses to the corresponding Annual Survey question or questions. Some Domains require a “yes” to a single question, while others require selection of a combination of multi-select options to one or more questions. The total score possible is 28 (total number of Domains).

Core Element	Points Possible
Hospital Leadership Commitment	5
Accountability	5
Multi-professional expertise	4
Action	5
Tracking	5
Reporting	1
Education	3
Total	28

The report calculates a score for each of the seven Core Elements and generates a total overall score from their sum (see example below). Eligible facilities are only required to submit the most recent annual survey for this report to be generated. As future annual surveys are released and subsequently submitted by eligible facilities, additional rows for those survey years will be added to the report to track a facility's progress.

National Healthcare Safety Network
Line Listing - Hospital Sepsis Program Core Elements
 As of: August 19, 2025 at 3:46 PM UTC
 Date Range: All SEPSISCOREELEMENTS

Facility Org ID=10018

Facility Org ID	Survey Year	Leadership	Accountability	NHSN Expertise	Action	Tracking	Reporting	Education	Overall CDC Hospital Sepsis Core Elements score
10018	2024	3	4	3	5	4	0	2	21

1. More information about the core elements of the Sepsis program can be found here: <https://www.cdc.gov/nhsn/pdfs/sepsis/Core-Elements-Guidance.pdf>
 2. A total Sepsis score of 28 can be met by the facility.
 3. Responses to the annual hospital survey were used to determine if the hospital meets one or more of the Sepsis Core Elements.
 4. Review the NHSN data dictionary for information on variable names. We recommend using variable labels when running this report.
 5. Adherence to a Core Element is achieved with a positive ("Y") response to at least one question within that element.

Sorted by surveyYear
 Data contained in this report were last generated on August 13, 2025 at 7:07 PM UTC to include data beginning August 2023.

Core Elements 
Total facility score 

Figure 1: Example of the report within the NHSN application (data is not from a real facility). For more information about the report and how to access it and interpret the results, please see the [NHSN Hospital Sepsis Program Core Elements Line List Guide](#).

Update to the SUR Guide: Central Line Days in Acute Care Hospitals (NICU Locations)

A recent update to the Standardized Utilization Ratio (SUR) Guide for Central Line Days in Acute Care Hospitals provides important clarification for Neonatal Intensive Care Unit (NICU) locations. The CDC Location Code parameter estimate for “Neonatal Critical Care Level III” has been updated in the guide to explicitly state “Neonatal Critical Care Level III and Level IV.” While Level IV NICUs were always included in the parameter estimate, this update ensures clear

guidance for facilities and users of the SUR guide.

Summary of Change

In the revised Table 2 (page 16), the CDC Location Code parameter now reads “Neonatal Critical Care Level III and Level IV,” clarifying that both levels are represented in the SUR calculations. This update is intended to improve transparency and support accurate reporting for facilities with Level IV NICUs.

Table 2. Central Line Days in Acute Care Hospitals (NICU locations)

Parameter	Parameter Estimate	Standard Error	P-value
Intercept	-1.7745	0.0547	<0.0001
CDC Location Code: Neonatal Critical Care Level III and Level IV	0.1781	0.0297	<0.0001
CDC Location Code: Neonatal Critical Care Level II/III	REFERENT	-	-
Medical school affiliation*: Major	0.1538	0.0320	<0.0001
Medical school affiliation*: Non-Major	REFERENT	-	-
Facility bed size*: ≥460	0.2783	0.0473	<0.0001
Facility bed size*: 325-459 beds	0.1770	0.0452	<0.0001
Facility bed size*: 212-324 beds	0.0987	0.0463	0.0330
Facility bed size*: 36-211	REFERENT	-	-
Birthweight A: ≤ 750 grams	1.3932	0.0392	<0.0001
Birthweight B: 751-1000 grams	1.0765	0.0392	<0.0001
Birthweight C: 1001-1500 grams	0.6519	0.0400	<0.0001
Birthweight D & E: 1501-2500 grams and > 2500 grams	REFERENT	-	-
Facility type**:	-0.5650	0.0447	<0.0001
General			
Facility type**:			
Children's			
Military			
Surgical			
Women's			
Women and Children's	REFERENT	-	-

* Facility bed size and medical school affiliation are taken from the [Annual Hospital Survey](#). Major medical school affiliation is defined as a facility that trains medical students, nursing students, and post-graduate residents. Non-major medical school affiliation is defined as anything other than major (including non-teaching facilities).

** Facility type is based on the information reported by the facility during enrollment.

Questions?

For questions or further clarification, please contact the NHSN helpdesk. If you have NHSN access, you may create a case in [ServiceNow](#). For those without NHSN access, please email NHSN@cdc.gov.

Now Available: New 2022 Baseline Reports!

The NHSN Team released a new set of [2022 Baseline](#) SIR reports in June, July, and August 2025. These new reports allow facility and group users to generate 2022 baseline SIRs for the

following data: below is a table of available reports by facility type:

Newly Released Reports					
Report Type	HAI Type	Acute Care Hospitals (ACHs)	Critical Access Hospitals (CAHs)	Long-Term Acute Care Hospitals (LTACHs)	Inpatient Rehabilitation Facilities (IRFs)
SIR Report	MRSA Blood LabID Event	X	X	X	X
	CLABSI	X	X	X	X
	CAUTI	X	X	X	X
	CDI LabID Event	X	X	X	X
	MBI-LCBI	X	*	*	*
Rate Table	MBI-LCBI	X	X	X	X

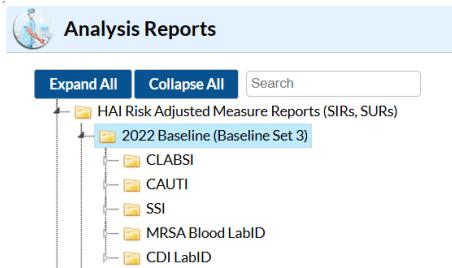
Additionally, the new reports allow users to generate SIRs meeting CMS reporting requirements for the following data:

CMS SIR Reports					
HAI Type	Acute Care Hospitals (ACHs)	Critical Access Hospitals (CAHs)**	Long-Term Acute Care Hospitals (LTACHs)	Inpatient Rehabilitation Facilities (IRFs)	PPS Exempt Cancer Hospitals (PCH)
SSI (COLO and HYST; Complex 30-day)	X	X	*	*	X
MRSA Blood LabID Event	X	X	*	*	X
CLABSI	X	X	X	*	X
CAUTI	X	X	X	X	X
CDI LabID Event	X	X	X	X	X

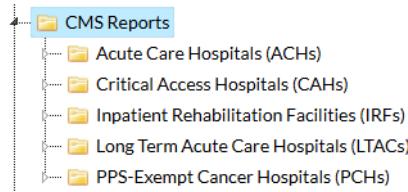
*Grayed out boxes indicate no report will be created.

**CAH reports are not mandated by CMS but available for facilities to track data.

Details regarding the new risk adjustment models used in these reports are contained in [NHSN's Guide to the 2022 Baseline SIRs](#). Available 2022 baseline reports can be accessed from the Patient Safety Component Analysis Reports [treeview](#). In the “HAI Risk Adjusted Measure Reports (SIRs, SURs)” parent folder, a sub-folder titled “2022 Baseline (Baseline Set 3)” contains all currently available analysis reports using the 2022 baseline.



The CMS SIR reports can be found under the “CMS Reports” parent folder where facility type specific sub-folders contain the available 2022 baseline SIR reports.



For instructions on running these new reports, and for a list of differences in these new reports compared to the pre-existing 2015 baseline SIR reports, users can review the [2022 HAI Rebaseline Implementation Guide and Change Log](#). Additional guidance and training resources are available on the [NHSN Rebaseline Education](#) webpage.

These new reports are available for internal use by your facility and group to aid in HAI surveillance and prevention efforts. The 2015 baseline SIR reports continue to be available in NHSN, and the 2015 baseline SIRs continue to be used. Refer to the [Fact Sheet: Which Baseline Should I Use?](#) for considerations and recommendations related to analyzing SIRs under either the 2015 or 2022 baseline. View CMS reporting resources for each facility on the [CMS Requirements](#) webpage. The following educational resources have been newly posted or recently updated on the NHSN Rebaseline Education webpage:

- [Device-associated HAIs: CDC Location List](#) – Provides a detailed look at which CDC locations will be included in the different risk adjusted models for CLABSI and CAUTI.
- [SIR Model Explorer](#) – A web-based inventory of risk adjustment parameters included in the 2022 baseline models.
- [Updated Rebaseline Frequently Asked Questions \(FAQs\)](#) – Provides quick detailed answers to common questions asked by users.

- Rebaseline Roadmap – A structured step-by-step path for navigating and reviewing rebaseline materials and new updates.]

Additional SIR and SUR analysis reports using the 2022 baseline will continue to be built in NHSN and will be released in a phased approach. We encourage you to visit the 2022 HAI Rebaseline Progress Tracker to receive regular updates on our progress.

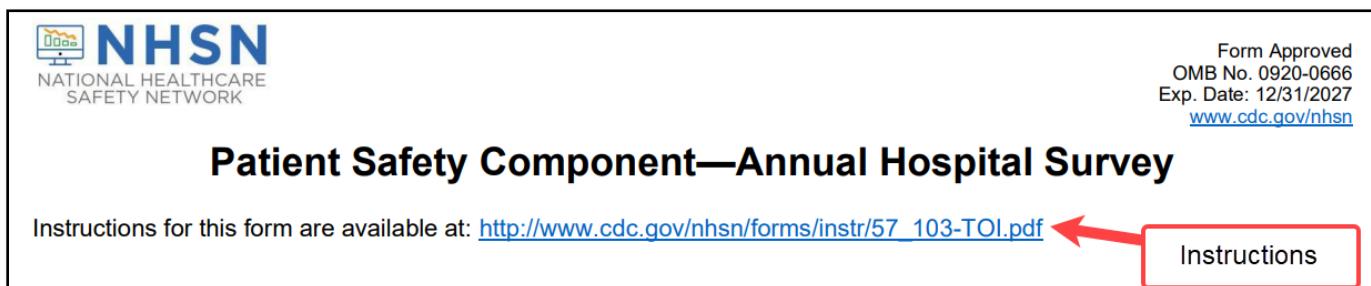
Release of the 2025 NHSN PSC Annual Facility Surveys, Tables of Instruction, and Webpage

The 2025 Patient Safety Annual Facility Survey forms along with the respective tables of instructions are available and can now be completed within NHSN. The deadline to complete the annual survey is **March 1, 2026**. We encourage those users responsible for submitting the annual survey to review the form before accessing it within NHSN, as there may be a need to consult with other members of your organization to complete certain questions.

Please see the links below to access a blank copy of each of the three annual facility surveys for the Patient Safety Component.

- [Acute Care Hospital Survey](#)
- [Long Term Acute Care \(LTAC\) Hospital Survey](#)
- [Inpatient Rehabilitation Facility \(IRF\) Survey](#)

Within each blank form, a link to the table of instructions is included, which provides guidance for each question on the survey (as per screenshot below).



The screenshot shows a survey page with the following elements:

- NHSN Logo:** National Healthcare Safety Network
- Survey Title:** Patient Safety Component—Annual Hospital Survey
- Instructions Link:** Instructions for this form are available at: http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf
- Form Approval Information:** Form Approved OMB No. 0920-0666 Exp. Date: 12/31/2027 www.cdc.gov/nhsn
- Reminder Section:** A red box highlights the 'Instructions' link with a red arrow pointing to it.

Reminder: For facilities that participate in a CMS Quality Reporting Program, responses entered on the annual surveys can impact various HAIs SIRs. The CMS deadline to submit 2025 Quarter 3 data is **February 17, 2026**. If the annual facility survey is not completed before the CMS Quarter 3 deadline, NHSN will utilize the most recently completed survey for SIR risk adjustment. It is important for the facilities that enrolled in the calendar year 2025 to submit their PSC Annual survey by the February 17th deadline because no other prior year survey is available for these facilities for SIR risk adjustment. Your facility data would not be shared with CMS if 2025 survey not submitted by the deadline.

Accessing Annual Facility Surveys

Annual facility surveys can be found by looking under your facility's list of alerts and selecting the 2025 Survey or by using the left navigation banner and selecting "Add" found in the "Surveys" tab. Please see the guidance document on [how to add an annual survey](#) for more detailed information.

Notes

- Facilities completing the 2025 Annual Hospital Survey will have the option to temporarily save an incomplete survey. This functionality can be used when a user is unable to complete the entire NHSN survey in one sitting. Select "Save", located at the bottom of the survey, to save an incomplete survey. Users can return to their incomplete survey at a later time and complete the additional required fields. To locate an incomplete survey in NHSN, click "Surveys" > "Incomplete", and select the 2025 annual survey. Complete any additional data entry as needed and select "Submit" at the bottom of the page. Incomplete survey data will not be included in SIR calculations.

Analysis and Reporting Updates

- Along with the changes to the Annual Survey questions, there will be updates to the analytics in the application. **New Variables** corresponding to new questions will be available in the new Survey Line Listings.
- **Updates to Variable Labels** for several existing variables were made to enhance clarity and usability.

Reminder: The Annual Survey data are used for calculating SIRs. Ensuring survey data is entered correctly is essential for reflecting accurate facility SIRs.

Please visit the [Annual Surveys, Locations & Monthly Reporting Plans](#) page dedicated to annual surveys for additional guidance documents and FAQs regarding the 2025 NHSN Annual Facility Survey.

For any additional questions regarding the annual facility survey, please use NHSN-ServiceNow to submit questions to the [NHSN Help Desk](#). After logging into SAMS, the NHSN-ServiceNow link is located at the bottom of the page. Users will be authenticated using CDC's Secure Access Management Services (SAMS), the same way you access NHSN. If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

Protocol Updates

Overview of the Patient Safety Structural Measure

As part of our ongoing commitment to enhancing patient safety, an overview of the Patient Safety Structural Measure (PSSM) is now available. This measure is required for hospitals participating in the Hospital Inpatient Quality Reporting (IQR) and the Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs. It is designed to capture the actions hospitals take to improve safety practices and outcomes through a series of complementary attestation statements organized into five priority domains.

Key Domains of Patient Safety

The PSSM encompasses the following five priority domains:

- **Domain 1: Leadership Commitment to Eliminating Preventable Harm**
- **Domain 2: Strategic Planning and Organizational Policy**
- **Domain 3: Culture of Safety and Learning Health Systems**
- **Domain 4: Accountability and Transparency**
- **Domain 5: Patient and Family Engagement**

Each domain consists of five specific attestation statements that hospitals must evaluate. To fulfill the requirements for a domain, a hospital must affirmatively respond “Yes” to all statements within that domain at any time during the reporting period, which runs from January 1 to December 31, 2025. It is important to note that hospitals cannot receive partial points for any domain; full engagement is necessary to earn credit.

For hospitals with multiple acute care facilities operating under a single CMS Certification Number (CCN), all facilities must meet the domain criteria for a positive attestation. If there are differences in scores among different Organization Identification Numbers (OrgIDs) under the same CCN, the lowest score will be applied to the CCN.

Data Submission for the CY 2025 Reporting Period

The measurement period for the calendar year (CY) 2025 will be from January 1, 2025, to December 31, 2025. The data submission period for both programs is scheduled from April 1 to May 15, 2026.

For the full list of attestation statements and additional resources, please refer to the Patient Safety Structural Measure specifications and attestation guide documents available on [QualityNet](#).

Stay tuned for more updates and resources as we approach the reporting period!

Clarification on the Repeat Infection Timeframe (RIT) and Transfers Between Inpatient Rehab Facility (IRF) and Acute Care Hospital (ACH)

In our ongoing efforts to ensure clarity in NHSN protocols, we would like to address an important aspect of the Repeat Infection Timeframe (RIT) as it pertains to cases where an **Inpatient Rehab Facility (IRF)** is **located within an Acute Care Hospital (ACH)**.

- The RIT applies throughout a patient's **single admission**, including the **day of discharge** and the **day after**, in accordance with the [Transfer Rule](#).
- If a patient is **readmitted** to the same facility within the transfer rule timeframe, the **RIT does not carry over** from one admission to another. Each new admission starts a new RIT.
- **Important Clarification:** If an IRF is **located inside** of an ACH, movement between the ACH and the IRF location is considered a location transfer and is treated as a single facility **continuous stay** with one admission and discharge. Billing status requiring a transferred patient to be given a new visit/encounter number, does not impact the **continuous stay** determination from an NHSN surveillance perspective. Therefore, the **original RIT continues** without interruption.

We hope this clarification assists in understanding the application of how the RIT is applied during transfers between IRFs and ACHs. For any further questions, please contact us at the [NHSN helpdesk](#) or nhsn@cdc.gov.

Superficial and Deep Incisional SSI Updates

Over the past months, we have received several inquiries about the 'deliberately opened or re-accessed element' included in the Deep Incisional SSI and the Superficial Incisional SSI criteria. An update to both criteria will be included in the 2026 SSI Protocol. The updates were made based on:

- A comprehensive literature review
- Consultation with surgeons and other physicians including infectious disease specialist
- Survey and feedback from SSI surveillance experts
- Feedback from NHSN facilities performing SSI surveillance

The **updated** Deep Incisional SSI criteria will be as follows:

Date of event occurs within 30 or 90 days following the NHSN operative procedure (where day 1 = the procedure date) according to the list in [Table 2](#)

AND

involves deep soft tissues of the incision (for example, fascial and muscle layers)

AND

patient has at least **one** of the following:

- a. purulent drainage from the deep incision
- b. organism(s) identified from the deep soft tissues of the incision by a culture- or nonculture- based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST])
- c. a deep incision that is deliberately opened[†], re-accessed, or aspirated by a surgeon, physician[‡] or physician designee or spontaneously dehiscs[¶]

AND

the surgeon, physician[‡], or physician designee initiates or continues antibiotic or antifungal therapy **on or in the two calendar days following the date of deliberate opening, re-access, aspiration or spontaneous dehiscence** with a duration of two calendar days or longer

AND

patient has at least **one** of the following signs or symptoms: fever

(>38°C); new or worsening localized pain or tenderness

- d. an abscess, or other evidence of infection involving the deep incision detected on gross anatomical exam, histopathologic exam, or imaging test

[†]*Excludes any known multi-part/multi-phase procedures that occur over more than one operative episode [during the same admission] that is documented in the medical record by a surgeon prior to or during the first operative procedure [for example, a plan to return to OR that is documented in the operative narrative of the first procedure would be eligible for use].*

[‡]The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (Advanced Practice Nurse [APN], Physician's Assistant [PA]).

[¶] Spontaneous dehiscence is defined as a re-opening of a surgical incision that is not due to external factors such as direct trauma.

The **updated** Superficial Incisional SSI criteria will be as follows:

Date of event occurs within 30 days following the NHSN operative procedure (where day 1 = the procedure date)

AND

involves only skin and subcutaneous tissue of the incision

AND

patient has at least **one** of the following:

- a. purulent drainage from the superficial incision.
- b. organism(s) identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue 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])
- c. a superficial incision that is deliberately opened, re-accessed or aspirated by a surgeon, physician* or physician designee

AND

the surgeon, physician*, or physician designee initiates or continues antibiotic or antifungal therapy **on or in the two calendar days following the date of deliberate opening, re-access, aspiration** with a duration of two calendar days or longer

AND

patient has at least one of the following signs or symptoms: new or worsening localized pain or tenderness; localized swelling; erythema; or heat

- d. diagnosis of a superficial incisional SSI by a physician* or physician designee

* The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (Advanced Practice Nurse [APN], Physician's Assistant [PA]).

Important Information for Submitting SSI Events:

The improved SI and DI SSI definitions will be effective for all operative procedures completed on or after **January 1, 2026**. The modifications required in the NHSN application will be available **in late January**. SSIs linked to January denominator procedures **should not** be entered into the application until after the January release. NHSN will notify users when these updates are available in the application.

2026 Patient Safety Component Protocols and Tables of Instructions

A summary of the significant 2026 updates to the Patient Safety Component (PSC) protocols and tables of instructions (TOIs) is now available in the [CDC/NHSN Patient Safety Component Manual](#).

Later this month, NHSN will post the full updated 2026 Patient Safety Component Surveillance protocols and TOIs to the NHSN website. **These documents should be used beginning January 1, 2026.**

Once the 2026 documents are posted, the current links for the 2025 documents will redirect you to the 2026 documents. NHSN encourages users to print a hard copy of 2025 PSC protocols for reference before the 2026 versions are posted. Even after the updates are completed, the full 2025 PSC Manual will remain available under the “Manuals & Protocols” section in the bottom left corner of the [NHSN home page](#).

CAUTI Events Among Patients with Spinal Cord Injury-Associated Neurogenic Bladder (SCI-NB)

Extension - Request for Information (CDC-2025-0453)

CDC is extending the public comment period for request for information docket number [CDC-2025-0453](#). This request is titled “Catheter-associated Urinary Tract Infections (CAUTIs) among patients with Spinal Cord Injury-associated Neurogenic Bladder (SCI-NB),” which was initially published on September 8th, 2025. We want to understand better the burden of CAUTIs among this patient population and any implications related to reporting within the NHSN device-associated urinary tract infection (UTI) event module.

This docket provides an opportunity for professionals who work with the SCI-NB patient population, as well as those who conduct NHSN UTI surveillance, to share their perspectives and concerns, which will help inform our decisions on the “Neurogenic Bladder” variable in the future. CDC is also seeking additional insights into the unintended consequences of including the SCI-NB patient population in UTI surveillance, and public comments will help guide our approach moving forward. Specifically, CDC is interested in receiving information related to the following:

1. What challenges or barriers might the required reporting of spinal cord injury-associated neurogenic bladder ICD-10-CM diagnosis codes within the NHSN application pose for your facility? How could these challenges or barriers be minimized?
2. Would your facility be able to report the necessary procedure code data within 4.5 months of the end of the quarter in which the procedure occurred? If not, why not, and what is the shortest amount of time following the end of the quarter that the complete

data would be available?

3. At your facility, of the patients with spinal cord injury, what injury type or condition (ICD-10-CM diagnosis codes can be provided) is most strongly associated with CAUTIs?
4. At your facility, have patients with spinal cord injury-associated neurogenic bladder experienced harms, complications, or any other unintended consequences from efforts to monitor and prevent CAUTIs?

Comments may be submitted via the [Federal eRulemaking Portal](#) by utilizing docket number [CDC-2025-0453](#).

CDC will review all submissions and may choose to redact or withhold submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate submissions. **Do not submit comments by email.**

AUR Model Updates

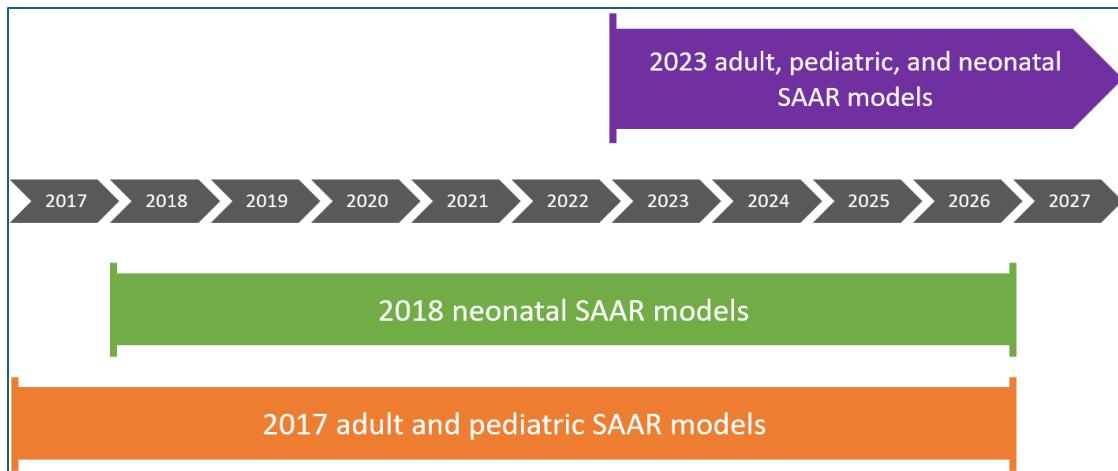
AU Option SAAR Rebaseline Update

The NHSN Team has completed the process of updating the national baseline for calculating the AU Option Standardized Antimicrobial Administration Ratios (SAARs). This process is known as the “Rebaseline,” and it mirrors the approach taken with the 2022 HAI Rebaseline.

Currently, SAARs for adult and pediatric locations are based on 2017 national data, and neonatal locations on 2018 national data. National data from 2023 have been analyzed to create new risk models, which will be used for future SAAR calculations. Thanks to increased facility participation in the AU Option, the scope of patient care locations that will be able to generate SAARs has expanded, providing providers with more actionable insights for antimicrobial stewardship. Under the new 2023 baseline, SAARs will be available for 26 adults, 9 pediatric, and 4 neonatal patient care locations.

New SAAR reports, based on the updated 2023 baseline and risk models, will be available in the NHSN application with a planned release in early 2026. Educational opportunities and communications about the 2023 SAAR Rebaseline will be offered early next year. Be on the lookout for the launch of a new SAAR Rebaseline webpage and an updated SAAR Guide with details on the new risk models coming soon.

Note: The current SAAR reports based on the 2017 and 2018 baselines will remain available in NHSN; however, users will not be able to generate 2017 and 2018 baseline SAARs for their January 2027 data and forward. Please refer to the graphic below.



SAAR Rebaseline Webinar

The first educational webinar about the AU SAAR Rebaseline will be held in January 2025. During this webinar, we will provide an overview of the SAAR Rebaseline process and discuss how your SAARs will change with the updated baseline. This webinar will be useful for all users of NHSN data. The webinar will be replayed on February 5 with a live Q&A session. Webinar details will be sent out via email to all NHSN Patient Safety Component Users.

2026 AUR Reporting Updates

The NHSN Team is pleased to announce the following updates to the AUR Protocol, effective January 1, 2026:

AU Option Updates

- **New Additions to the AU Drug List:** We are adding new drugs to our AU Option! Look for the following additions:
 - **Aztreonam-avibactam**
 - **Gepotidacin**
 - **Sulopenem/probenecid**
 - **Monoclonal antibody: Clesrovimab**

AR Option Updates

- **Modifications to the AR Drug Susceptibility Testing Panel:** We are enhancing our AR drug panel with the following changes:
 - ***Acinetobacter* panel: adding sulbactam/durlobactam, removing doxycycline and tetracycline**
 - All urine *Acinetobacter* will use the AntiP20 panel for specimens collected 1/1/2026
 - ***Candida* panel: adding rezafungin**
- **AR Specimen Sources:** We have made several important updates to our specimen source value sets to ensure improved accuracy, consistency, and inclusivity:

- All specimen source groups were reviewed and updated using SNOMED CT 09/2025.
- Additional terms were added within each specimen source group using a rule-based approach to make reporting more inclusive.
- Terms that no longer existed in SNOMED CT 09/2025 were removed.
 - Specimen obtained by bronchioloalveolar lavage procedure (441917002) should now use Specimen from lung obtained by bronchial washing procedure (122609004)
 - First void urine specimen (437921000124103) should now use First stream urine sample (698276005)
- Additions by Specimen Source Group:
 - Blood
 - Added smear terminology and various other terms
 - CSF
 - Added smear and spun specimen terms
 - Lower Respiratory
 - Added cytologic and smear terms
 - Urine
 - Added timed-urine terms and urine specimen types from various sources.
 - Skin, soft tissue, wound and musculoskeletal
 - Added synovial fluid and skin crust terms
- **AR Pathogens:**
 - **Pathogens removed:**
 - *Candida duobushaemulonii*
 - *Candida haemulonii*
 - *Candida stellatoidea*
 - **AR Pathogen Roll-up Workbook**
 - Added many drug-resistant terms and *E. coli* serotypes new as of SNOMED CT 2025-09
 - Added one new *Candida* and one new *Klebsiella* with associated roll-up
 - Removed one *Acinetobacter* and several *Candida* that were reclassified as another genus
 - **Due to competing priorities, this change will be implemented in NHSN in the March 2026 release.** After the release, hospitals will be able to retrospectively report AR Summary data from inpatient locations for January and February 2026 if desired.

- **Reporting AR Summary Data from Inpatient Locations:** We will allow facilities to report AR Option summary data (patient days) from individual inpatient locations. Here's what you need to know:
 - **Updated Reporting Plan:** Facilities will now have the option to check the AR box for individual inpatient locations. This change will enable more precise reporting and better data management.
 - **Updated Business Rules:** We are updating our business rules to accept AR Summary files specifically for individual inpatient locations. This adjustment will streamline the reporting process and improve data accuracy.
 - **Report No Events & Alerts:** If a facility's reporting plan includes AR data for inpatient locations, once the month is complete, the facility will see Missing Summary and Missing Event alerts if data are not reported for that location. Submit the AR Summary record for the inpatient location to clear the alert. Submit AR Events for the month or, if there were no eligible specimens collected that month in that location, click the "Report No Events" box to indicate a true zero.
 - **Optional for 2026:** This change will be optional for facilities for calendar year 2026 reporting and become required for 2027 reporting.

Medicare Promoting Interoperability Program Reminders for AU & AR Measures

For CY 2025, AUR Module data are required under the Public Health and Clinical Data Exchange Objective of the Medicare Promoting Interoperability Program, which applies to eligible hospitals and critical access hospitals (CAHs) participating in the program. The AU and AR Surveillance Reporting measures require that eligible hospitals and CAHs are actively engaged with CDC to report both AU and AR data and receive a report from NHSN indicating their successful submission of AUR data for the Electronic Health Record (EHR) reporting period or claim an applicable exclusion.

Hospitals participating in the Medicare Promoting Interoperability Program for the 2025 calendar year should note the following key deadlines for submitting Antimicrobial Use and Antimicrobial Resistance data to NHSN:

- **Registration Deadline:** Hospitals planning to attest to "Option 1 – Pre-production and validation" for CY 2025 must register their intent to submit AUR data within 60 days of the start of their designated EHR reporting period. The final registration deadline is December 31, 2025.
- **Data Submission Deadline:** Hospitals planning to attest to "Option 2 – Validated Data Production" for either the AU and/or AR measure must submit all CY 2025 AU and/or

AR data to NHSN by **January 31, 2026**, to be included in the February 1, 2026, status report.

If your facility participates in the Medicare Promoting Interoperability Program and does not plan to claim an exclusion for this measure for CY 2025, please adhere to these deadlines to ensure accurate reporting and inclusion in the program's status report. For more information and additional resources including FAQs, please see the materials in the Antimicrobial Use and Resistance section of the [CMS Reporting Requirements for Acute Care Hospitals](#) page.

AR Option FAQs

The NHSN AUR Team has updated the Antimicrobial Resistance (AR) Option's frequently asked questions (FAQs). These FAQs support facilities in submitting and utilizing their AR data and cover topics such as AR submission requirements, data import guidelines, reporting laboratory test results, and guidance on AR analysis reports. The recent updates introduce new sections that clarify acceptable specimen sources for AR reporting, including the specimen source category for skin, soft tissue, wound, and musculoskeletal, and detail common import errors. Additionally, the updates provide an overview of the Standardized Resistant Infection Ratio (SRIR) and the pathogen-specific Standardized Infection Ratio (pSIR). This resource aims to provide clarity and streamline the AR reporting process.

The updated AR Option FAQs are posted here: [FAQs: Antimicrobial Resistance \(AR\) Option | NHSN | CDC](#)

AR Cheat Sheet

The NHSN AUR Team has developed the NHSN Antimicrobial Resistance (AR) Option Analysis Cheat Sheet to provide frontline users with a practical, quick-reference guide for interpreting AR pathogen and antimicrobial susceptibility test codes within NHSN reports. By consolidating key pathogen and drug code information into a single, user-friendly resource, this tool simplifies data analysis and helps ensure accurate interpretation of antibiograms, modification screens, and NHSN analytic outputs.

Designed with both new and experienced NHSN users in mind, the cheat sheet streamlines reporting processes, reduces errors caused by unfamiliar abbreviations, and ultimately supports better tracking and response to antimicrobial resistance patterns. The NHSN AR Cheat Sheet can be found here: [AR Analysis Cheat Sheet](#).

Healthcare Personnel Safety Component

Preparing to Report Influenza Vaccination Data on Healthcare Personnel

2025-2026 Influenza Season

This is a reminder that the Centers for Medicare and Medicaid Services (CMS) requires certain facilities to report annual influenza vaccination data among healthcare personnel (HCP). CMS-certified free-standing acute care facilities, inpatient rehabilitation facilities (IRFs), critical access hospitals, long-term acute care facilities, prospective payment system-exempt cancer hospitals, and skilled nursing facilities are required to report these data.

Additionally, IRF units located within acute care facilities, long-term acute care facilities, critical access hospitals, and inpatient psychiatric facilities are required to report annual influenza vaccination data among HCP.

The reporting period for the 2025-2026 influenza season is from October 1, 2025 through March 31, 2026. Facilities are required to submit one report covering the entire influenza season through the Healthcare Personnel Safety Component. The deadline to report data is May 15, 2026.

For resources on how to report these data, please see the [Healthcare Personnel \(HCP\) Safety: Influenza page](#).

Long-Term Care Facility Component

Long-Term Care Facility Component Updates

Facilities report COVID-19, influenza, and respiratory syncytial virus (RSV) data through the Long-term Care Facility Component. Here are a few reminders for the 2025-2026 respiratory virus season.

Update to Person-Level COVID-19 Vaccination Form for Residents

Beginning January 6, 2025, facilities submitting data through the Person-Level Vaccination Form for Residents are required to submit data for **all** questions. In other words, facilities can no longer submit partially complete data (only questions 1-2a). After the form populates questions 1-2a, please enter data for the remaining required questions (2b-4ci) on the person-level “save and submit” screen before saving the data.

Weeks that are partially complete are highlighted in purple on the calendar week view. Please review and update any remaining partially complete weeks between January 6, 2025 through

June 25, 2025. Data for these partially complete weeks cannot be resubmitted using the Person-Level Vaccination Form until data entry is complete.

Recommendations for the RSV Vaccine

When reporting data on RSV vaccination, please consider CDC's recently updated recommendations for the RSV vaccine. For the 2025-2026 respiratory virus season, CDC recommends that the following individuals receive the RSV vaccine:

- Everyone ages 75 and older
- People ages 50–74 who are at increased risk of severe RSV, meaning they have certain chronic medical conditions (such as lung or heart disease), or they live in nursing homes

More information can be found here: [Influenza and RSV Vaccination: Key Terms and RSV \(Respiratory Syncytial Virus\) Immunizations | CDC](#)

New Respiratory Pathogens and Vaccination Dashboard

Nursing homes can now access a new Respiratory Pathogens and Vaccination Dashboard in the NHSN application. The dashboard provides a quick and simple way for nursing homes to review their own COVID-19, influenza, and RSV data! To access the dashboard, log in to NHSN and select “Respiratory Pathogens and Vaccination” and/or the “Dashboard” on the left-hand navigation panel of the application.

Re-Launch! CDC Nursing Home Infection Preventionist Training Course

CDC is pleased to announce that the Nursing Home Infection Preventionist Training Course was re-launched on Monday September 15th, 2025, to allow for an additional 2 years of continuing education. This free course is for individuals responsible for infection prevention and control programs in nursing homes and can be found here: [Completion for Nursing Home Infection Preventionist Training Course - WB4973 - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)

NEWLY Developed Long-Term Care Newsletter

On behalf of the Post Acute Care Team, we are excited to announce the release of Long-Term Care Newsletter! This newsletter features the latest updates and helpful tips for using the National Healthcare Safety Network (NHSN) application. This tool helps long-term care facilities find issues and track their progress in preventing infections. You can find our newsletter on the [Long-Term Care webpage at LTC Newsletters | NHSN | CDC](#). We look forward to sharing useful information in each issue.

Dialysis Component

Dialysis Updates

Mark Your Calendars – Q3 2025 QIP Deadline Approaching!

The 2025 Quarter 3 deadline (payment year 2027) for the Centers for Medicare and Medicaid End Stage Renal Disease Quality Incentive Program is right around the corner! The deadline for reporting is Wednesday, December 31 **at 11:59 PM PT**. Facilities reporting to NHSN should report all three months (July, August, September 2025) of data no later than December 31, 2025, in order to receive full credit for Q3 2025 reporting and meet requirements for the CMS ESRD QIP.

NEW Dialysis Data Dashboard

Earlier this year, the NHSN Dialysis Module launched the foundational **Dialysis Data Dashboard** that can be viewed immediately upon login by users. This dashboard was developed to be used by both individual facilities and groups of facilities to quickly discern the amount of bloodstream infections, IV antimicrobial starts, vascular access infections, and pus, redness, swelling events that have occurred at their facility or group of facilities during a specific time period of interest. This dashboard will allow for more awareness and can help give facilities or groups an immediate look into the total counts of these events during any specific timeframe.

The NHSN Dialysis Team intends on further expansion of this Data Dashboard in the future to include more items of interest to users, to allow for even more immediate insight into the various aspects of their reported data, all in a user-friendly and readily accessible manner.

2025 Post-Acute Care (PAC) Training for the NHSN Dialysis Component Is Now Available!

The **2025 Post-Acute Care (PAC) trainings for the NHSN Dialysis Component** are here! These updated training resources provide the latest guidance, enhancements, and tools to support dialysis facilities in maintaining accurate reporting, improving data quality, and ensuring compliance with NHSN requirements.

Explore the newly released **dialysis training sessions**, including:

- **When and How to Correct or Delete a Reported Event**
- **Introduction to the New Dialysis Facility Type**
- **Preventing High-Impact Data Quality Errors**

- **Healthcare-Associated Infections in Dialysis Dashboard, 2019–2023**
- **Navigating the New NHSN Dialysis Dashboard**

For access to all training materials, visit the [Dialysis Component Training page](#).

Coming Early 2026 - BSI Rebaseline

The NHSN Dialysis Team is in the process of updating the national baseline used to calculate the dialysis bloodstream infection (BSI) standardized infection ratio (SIR) in the Dialysis Component.

The new SIR, created using 2023 national data, will better reflect current practice, policy and surveillance protocols. Measuring progress under an updated national standard is important to understanding BSI prevention efforts and standards in the current healthcare environment. The newly baselined data will continue to drive patient safety and the effort to reduce BSI rates.

Updates to the SIR reports in NHSN's Analysis Module are scheduled for completion in 2026, and the Dialysis Team is preparing educational resources (trainings, website) on what the rebaseline is, why it's important, and anticipated changes.

What Is Different

2014 Baseline	2023 Baseline
SIR used 2014 BSI data to establish the expected numbers of infections in SIR calculations.	SIR uses 2023 BSI data to establish the expected numbers of infections in SIR calculations.
Calculated by stratifying and summing expected numbers of infections by access type.	Based on a risk-adjustment model that includes access type, facility location (freestanding vs. hospital affiliated) and number of treatment stations.

Announcing New Facility Type in Dialysis Component

Increasingly, patients are dialyzed in Long-Term Care (LTC) and other non-traditional settings (i.e., prisons, LTACHs) by home health agencies and entities that provide dialysis services solely. Health departments are seeking a way to track dialysis infections in those non-traditional settings. Based on this, a new facility type has been added for entities providing dialysis services in non-traditional settings.

With the addition of the new facility type, there are now 4 facility types in the NHSN Dialysis Component: AMB-HEMO, AMB-PEDHEMO, AMB-HDPD, and the newest facility type, AMB-

HEMO-NTDS, that includes entities like home health agencies that provide dialysis services in LTC and other non-traditional settings, (i.e., prisons, LTACHs, rehab facilities). In addition to the new Facility Type, a new location has been added to account for dialysis conducted in LTC settings. This new Location labeled as “Dialysis conducted in LTC settings”) is available under all four facility types.

Biovigilance Component

Hemovigilance Reminders

UPDATED TIMELINE for Hemovigilance Module 3.0

The new Annual Facility Survey will go live in January 2026. The new TTI Rapid Alert, TTI Investigation, and Adverse Reaction forms will go live at the end of March 2026. Please complete the new Annual Facility Survey beginning in January 2026.

Hemovigilance Module Survey

We would like to learn about module administrators' and users' experiences with the current Hemovigilance Module. Your feedback will help guide future improvements. A brief online survey will be sent in early December. Be on the lookout for an invitation to participate!

Office Hours

- Monthly Hemovigilance Module Office Hours have started! The Office Hours are designed to provide Hemovigilance Module users with additional support and guidance. This is a great opportunity to ask questions about the new data collection forms and provide feedback.
 - **Next Office Hour: Tuesday, January 27, 2026, at 3pm EST | Topic: New Annual Facility Survey**

We hope to see you there. If you have any questions, please email us at hemovigilance@cdc.gov.

General NHSN Information

Digital Quality Measures (dQMs)

Is Your Facility FHIR Ready?

The introductory guide to preparing your facility for reporting [Digital Quality Measures \(dQMs\)](#) to NHSN using FHIR® is now live on our website. Discover key personnel and action items to ensure your facility is FHIR® ready.

We invite your facility to take its first steps into the digital healthcare quality reporting space by visiting our new resource, [Preparing Your Facility for NHSN FHIR Digital Quality Measure Reporting](#).

Webpage Retirement: Central Line Insertion Practices (CLIP)

All NHSN CLIP webpages will be retired in mid-January 2026. NHSN recommends downloading and saving CLIP related documents you may require for reference.

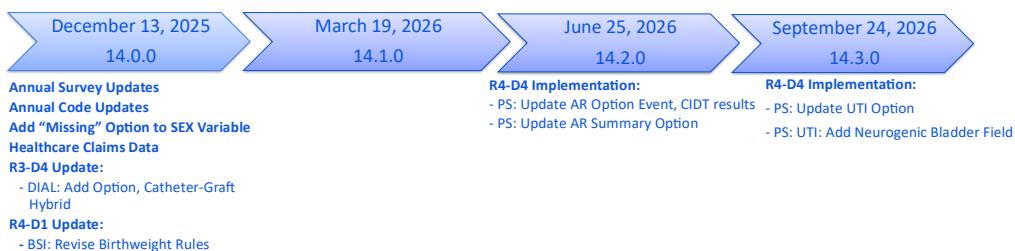
If you need access to CLIP documents in the future, please submit a request through the [NHSN-ServiceNow Customer Service Portal](#). If you do not have a SAMS login or cannot access ServiceNow, please contact the NHSN Help Desk at nhsn@cdc.gov.

NHSN Vendor Corner

2025-2026 NHSN Release Schedule

- The NPPT site is currently on 14.0.0.
 - Please send any issues found to NHSNCDA@cdc.gov.
- The NHSN Release Roadmap for vendors is below:

NHSN Release Roadmap for Vendors



NHSN will be deploying CDA updates in the NPPT environment with the different releases to give the vendors time to develop and test throughout the year.

Release 13.3.0 – CDA Impact

- NHSN retired the CLIP measure in the Patient Safety and Dialysis components. Users will no longer be able to submit CLIP as an event, **effective September 27, 2025**.
- NHSN removed the dialyzer reused question: "Number of patients for whom dialyzers are reused" as part of the R3-D3 Implementation Guide. Files imported with summary dates for 1/1/2024 and later with the presence of the "Number of patients for whom dialyzers are reused" field will be rejected with an error message.
- NHSN completed the implementation for LTC LabID Events in late 2022 to be effective in 2023, so files with specimen collection dates (i.e. event date) prior to 2023 should fail; however, the year provided in the error message when the file fails is not correct when sending dates in 2022. The year in the error message is showing as 2022, instead of 2023. The error message has been updated as of Release 13.3.0.

Release 14.0.0 – CDA Impact

The list below includes the changes with impact to vendors currently slated for 14.0.0 which is planned for December 2025, **effective January 1, 2026**.

ALL: Sex Variable Update

- As of 1/1/2026, a third selection will be added to the Sex field option as N - Not Available/Missing. This will allow users to appropriately indicate that a patient has not provided a response in the Electronic Health Record for the required Sex field.

Patient Safety Component

- **PedVAE Event - Antimicrobial Update**
 - The following drugs have been added to the Antimicrobial list for the PedVAE event type:
 - AZTAVI - Aztreonam/avibactam
 - CLESRO - Clesrovimab
- **PNU2, PNU3 Events - Pathogens Update**
 - Mycoplasma and Bordetella organisms will now be available for selection in the Pathogens dropdown list for PNU2 and PNU3 events upon the selection of the Laboratory element "Virus, Bordetella, Legionella, Mycoplasma, or Chlamydia identified from respiratory secretions or tissue."
- **Procedure Code Updates**
 - CMS has added 26 new ICD-10 codes for use starting 1/1/2026.
 - CMS has deleted 1 CPT code and added 2 new CPT codes for use starting 1/1/2026.
- **AU Option**
 - Drug additions: Aztreonam-avibactam, clesrovimab, gepotidacin, sulopenem/probenecid
- **AR Option**
 - Pathogen roll-up workbook updated

- Added many drug-resistant terms and *E. coli* serotypes new as of SNOMED CT 2025-09
- Added one new *Candida* and one new *Klebsiella* with associated roll-up
- Removed one *Acinetobacter* and several *Candida* that were reclassified as another genus
- Susceptibility testing panel additions:
 - *Acinetobacter* panel: Sulbactam/durlobactam added, doxycycline and tetracycline removed
 - All urine *Acinetobacter* will use the AntiP20 panel for specimens collected 1/1/2026
 - *Candida* panel: Rezafungin added
- Update logic to allow only 1 NHSN EventID per patient/organism/drug susceptibility panel: Logic for CDA submission has been updated so that a single NHSN EventID can only contain information for one patient and one organism with one set of antimicrobial susceptibility test results.

Release 14.0.1 – CDA Impact

The following items will be included in the late January 14.0.1 release but will be **effective January 1, 2026**.

Dialysis Component

- The Dialysis Event will be updated to account for the option, catheter-graft hybrid. The capability to submit the vascular access type, Cathether-Graft Hybrid, via CDA will now be available effective 1/1/2026.

Outpatient Component

- **Procedure Code Updates**
 - CMS has deleted 1 CPT code and added 2 new CPT codes for use starting 1/1/2026.

Patient Safety Component

- **BSI Event – Revise the birthweight rules**
 - The business rule to capture BSI events in neonates will be updated to allow neonates with birthweight \geq 150 grams and \leq 7000 grams to be effective for events dated 1/1/2026 and forward.
- **Event**
 - **Revise the 'Patients \leq 1 year old' Business Rule:** Currently the business rule for patients \leq 1 year of age will capture age specific events in patients $<$ 2 years of age. This is not the intent of the surveillance definitions for patients \leq 1 year of age. The business rule will be changed to patients \leq 365 days of age effective 1/1/2026 and forward.
- **AR Option**
 - AR Option Events for specimens collected in 2026 should have the following applied.

- **NEW UPDATE:** Pathogens - three will be removed:
 - *Candida duobushaemulonii*
 - *Candida haemulonii*
 - *Candida stellatoidea*
- Specimen source updates:
 - Additions:
 - Blood: added smear & various other terms
 - CSF: added smear & spun terms
 - LRS: added cytologic & smear terms
 - Urine: added timed urine terms, urine specimen types from various sources
 - Skin, soft tissue, wound, musculoskeletal: added synovial fluid & skin crust terms
 - Removals:
 - “Specimen obtained by bronchioloalveolar lavage procedure (441917002)” should now use “Specimen from lung obtained by bronchial washing procedure (122609004)”
 - “First void urine specimen (437921000124103)” should now use “First stream urine sample (698276005)”

Release 14.1.0 – CDA Impact

Due to competing priorities, the following change was tentatively moved to the 14.1 release occurring in March.

Patient Safety Component

- **AR Option**
 - Facilities to report summary data (patient days) by individual inpatient location
 - After this release, facilities will be able to retrospectively upload January and February 2026 AR Summary data from inpatient locations. As a reminder, this is optional for all 2026 and will be required in 2027.

AR Option IG Update

The AR Option will be moving to the R4-D4 IG in June 2026. This update will include the additional reporting of rapid molecular detection of antimicrobial resistance markers. The molecular test value set will use LOINC terms, and the result value set will use SNOMED. For 2026, both the R3 and the R4-D4 IGs will be accepted by NHSN. Of note, files generated using the R3 IG will not be able to report the new rapid molecular detection of antimicrobial resistance markers reporting. More information will be shared early 2026.

AU Option SDS Update

Version 5.1 of the AU Option Synthetic Data Set (SDS) is [posted](#). Vendors should use the 5.1 AU SDS version to validate their software moving forward. The NHSN Team expects vendors to complete the AU SDS Validation process once per software version.

AR Option SDS Update

Version 1.6 of the AR Option SDS is currently [posted](#). However, we are actively working on an updated 2.1 version to include 2025 data. This updated version will incorporate 2025 value sets and protocol definitions. The 2.1 version is currently undergoing alpha testing and will be released once the initial validation is complete. Vendors will receive an email when version 2.1 is posted along with the details surrounding revalidation.

Support Requests for the NHSN CDA Team

We encourage facilities and vendors to reach out to the NHSN CDA Team with questions, comments, and concerns. NHSN has rolled out a new and improved customer service tool called ServiceNow. You can submit your questions to NHSN using the ServiceNow self-service portal. The portal can be accessed by logging into CDC's Secure Access Management Services (SAMS) application and selecting the **ServiceNow** link. Users that do not have SAMS access can continue to email the Help Desk at nhsn@cdc.gov.

You can also continue sending emails via NHSNCDA@cdc.gov. **Note:** If you need to send CDA files for troubleshooting, the files must be sent securely to NHSNCDA@cdc.gov.

VERY IMPORTANT NOTES:

- If you email NHSNCDA@cdc.gov the response will come from cdcservicedesk@cdc.gov. Please make sure this new email address will not be blocked by your email system.
- When emailing, be sure NHSNCDA@cdc.gov or NHSN@cdc.gov is on the To line. The system does not open a ticket if NHSNCDA@cdc.gov or NHSN@cdc.gov is on the CC line.

We aim to reply to your email within 5 business days, but that timeline may vary depending on the complexity of the issue and the amount of investigation needed. If you don't hear from us within 5 business days, please send another email.

If your email involves messages sent via Direct CDA Automation not receiving a response, please first ensure it's been more than 24 hours since the messages were originally sent to NHSN via Direct. During specific times of the month, NHSN experiences a high volume of Direct submissions, and it can take a while for the NHSN servers to clear the queue. If it has been more than 24 hours since you sent the message via Direct, please help us in our investigation by providing the following details for your submissions (see example information below). We aim to reply to emails regarding missing Direct message responses within 1 business day but failure to provide information below will extend the turnaround time.

Facility Name	NHSN Facility ID#	Submitted Date/Time	Zip file Name	Message ID
Best Hospital Ever	12345	01/27/2023 13:15	AU23_JAN_2023	1230589110.20827.1543342802378. JavaMail.tomcat@vendor-hisp02

CDA Direct Automation

Currently, over 9,600 facilities have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the [NHSN CSSP Importing Data webpage](#).

CDA and CSV Import Metrics Update

Percentage of data per specific event or summary that was imported via CDA or CSV for the following date ranges:						
Event or Summary	April, 2023 - March, 2024	July, 2023 - June, 2024	October, 2023 - September, 2024	January, 2024 - December, 2024	April, 2024 - March, 2025	July, 2024 - June, 2025
Blood Stream Infection	68%	68%	69%	70%	71%	71%
Central Line Insertion Practices (CLIP-PS)	27%	28%	34%	37%	38%	39%
Laboratory Identified Event	80%	80%	81%	81%	82%	83%
Surgical Site Infection	69%	70%	71%	73%	73%	74%
Urinary Tract Infection	56%	55%	55%	55%	54%	55%
Ventilator-Associated Event	74%	76%	77%	76%	77%	78%
ICU/Other Summary	49%	51%	53%	54%	56%	57%
NICU Summary	53%	55%	56%	58%	59%	60%
SCA ONC Summary	57%	60%	63%	65%	67%	68%
MDRO Summary	29%	34%	38%	39%	39%	38%
Surgical Procedure - via CDA	69%	70%	71%	72%	72%	74%
Surgical Procedure - via CSV	27%	26%	25%	24%	24%	23%
Antimicrobial Use	0%	0%	0%	0%	0%	0%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%	100%
Dialysis Events	74%	75%	75%	74%	76%	78%
Dialysis Summary	66%	67%	67%	68%	70%	71%
Central Line Insertion Practices (CLIP-DIAL)	0%	0%	0%	0%	0%	0%
Hemovigilance Summary	0%	0%	0%	0%	0%	0%
Flu Summary	0%	0%	0%	0%	0%	0%

Guide to CDA Versions

- The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify valid CDA imports based on the correct Implementation Guide.
- In addition, implementers can use the GitHub site to get all the latest xml (Schema, Schematron, and sample) files.
 - XML and Related files (Schematron, sample, html, stylesheet) are housed on the [HL7 CDA-hai GitHub site](#).
 - The latest CDA Schema is located on the [HL7 CDA-core-2.0 GitHub site](#).
- The Guide to CDA Versions is available on the [CDA Portal Implementation Toolkits & Resources Website](#).

Guide to CDA Versions

[Print](#)

For creating CDA files, please see the specific Implementation Guide (IG) and its associated reference materials.

The table below describes the specific Implementation Guide (IG) to be used for each component based on the event/insertion/procedure/specimen collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2026	2025	2024	2023
CDA Toolkit Release	14.0	13.1	12.2	11.1
DIALYSIS				
Dialysis Event	R3-D4	R3-D4	R3-D4	R3-D4
Dialysis Denominator	R3-D3	R3-D3	R3-D3	R3-D3
EVENTS				
Primary Bloodstream Infection (BSI)	R4-D1	R4-D1	R4-D1	R4-D1
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Urinary Tract Infection	R4-D1	R4-D1	R4-D1	R4-D1
Laboratory-identified (LabID) MDRO or CDI Event	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Ventilator-associated Event (VAE)	R4-D1	R4-D1	R4-D1	R4-D1
SURGICAL SITE INFECTIONS AND DENOMINATOR FOR PROCEDURES				
Surgical Site Infection (SSI)	R4-D1	R4-D1	R4-D1	R2-D1.1
Denominator for Procedure	R2-D1.1	R2-D1.1	R2-D1.1	R2-D1.1
DENOMINATORS / SUMMARY REPORTS				
Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU and SCA)	R3-D3	R3-D3	R3-D3	R3-D3
Denominators for Neonatal Intensive Care Unit	R3-D3	R3-D3	R3-D3	R3-D3

As an Important Reminder...

Not all NHSN changes are documented in the IDM, be sure to reference the updated protocols. Other helpful links are the following:

- [Release Management](#)
- [Communication Updates](#)

NHSN Helpdesk Activity Updates

Quarter 4, 2025

(Averages)

- 39,132 Active Facilities enrolled in NHSN
- 39 Newly enrolled facility this quarter
- 8726 New Tickets received this quarter
- 7929 Closed tickets this quarter

Enrollment Updates

NHSN Enrollment Update (as of December 08, 2025):

4,125 General Hospitals (includes Acute, Trauma, and Teaching)

573 Inpatient Rehabilitation Facilities (IRF)

963 Inpatient Psychiatric Hospital (IPF)

8,697 Outpatient Hemodialysis Facilities

6,915 Ambulatory Surgery Centers (ASCs)

18,727 Long-term Care Facilities

40,000 Total Healthcare Facilities Enrolled

The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long-term care facilities.



The Centers for Disease Control and Prevention (CDC)

MS-A24, 1600 Clifton Road, Atlanta, GA 30333

Email: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn