OMB No. 0920-0012
Exp Date: 9-30-2003

NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM
MONTHLY SURVEILLANCE PLAN

NNID# _____ **Month and Year_____**

Place an X in the box of each NNIS Surveillance Component and its options that you are including in your surveillance program this month.

G **No surveillance component Followed this month**

G **Adult and Pediatric ICU Surveillance Component**

Enter the unit code for each ICU monitored:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

G **High Risk Nursery Surveillance Component**

G **Antimicrobial Use and Resistance Surveillance Component**

Enter the unit code for each ICU monitored:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

G **Surgical Patient Surveillance Component**

Monitor for infections at (choose one):
G All sites **G** SSI only

Check the operative procedures being monitored:

_____ All procedures

____AMP
____APPY
____BILI
____CARD
____CBGB/C
____CHOL
____COLO
____CRAN
____CSEC
____FUSN
____FX
____GAST
____HER
____HN
____KPRO
____HYST
____KPRO
____LAM
____MAST
____NEPH
____OBL
____OCVS
____OENT
____OES
____OEYE
____OGIT
____OGU
____OMS
____ONS
____OOB
____OPRO
____ORES
____OSKN
____PRST
____SB
____SKGR
____SPLE
____THOR
____TP
____VHYS
____VS
____VSHN
____XLAP

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual or the institution in accordance with Sections 304, 306, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and m(d)).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0012)