

2013 CDC/NHSN Protocol Corrections, Clarification, and Additions
(NOTE: These edits have not yet been added to the current posted NHSN protocols)

Date	Type of Amendment	Chapter/Page/Section	Description
Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN			
4/1/2013	Clarification	2-1 Identifying HAI in NHSN	<p>For the purposes of NHSN surveillance in the acute care setting, a healthcare-associated infection (HAI) is a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that was not present on admission to the acute care facility. <u>The HAI definition is not to be used in the SSI, VAE, or LabID Event protocols.</u> An infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital <u>calendar</u> day <u>of admission to the facility (the day of hospital admission is day 1).</u> For an HAI, an element of the infection criterion may be present during the first 2 hospital <u>calendar days of admission</u> as long as it is also present on or after <u>calendar</u> day 3. All elements used to meet the infection criterion must occur within a timeframe that does not exceed a gap of 1 calendar day between <u>any two elements.</u> Three examples of how to apply the HAI definition are shown in Table 1. <u>If all elements of an infection are present within 2 calendar days of transfer from one inpatient location to another in the same facility or a new facility (i.e., on the day of transfer or the next day), the infection is attributed to the transferring location or facility. Likewise, if all elements of an infection are present within 2 calendar days of discharge, the infection is attributed to the discharging location.</u></p>

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4/1/2013	Addition	2-1 Identifying HAI in NHSN	<p>Present on Admission (POA):</p> <p>To standardize the classification of an infection as present on admission (POA) or healthcare-associated (HAI), the following objective surveillance criteria have been adopted by NHSN. NOTE: This should not be applied to SSI, VAE, or LabID Events.</p> <p>If all of the elements of an infection definition are present during the two calendar days before the day of admission, the first day of admission (day 1) and/or the day after admission (day 2) and are documented in the medical chart, the infection would be considered POA. Infections that are POA should not be reported as HAIs. Acceptable documentation does not include self-reported symptoms by the patient (e.g., patient reporting having a fever prior to arrival to the hospital). Instead, symptoms must be documented in the chart by a healthcare professional during the POA time frame (e.g., nursing home documents fever prior to arrival to the hospital). Physician diagnosis can be accepted as evidence of an infection that is POA only when physician diagnosis is an element of the specific infection definition.</p> <p>For example, the admission history could indicate that the physician suspects a UTI. The patient was documented to have a fever in the nursing home the day before admission to the hospital, and upon admission to the hospital (day 1) a urine sample was collected and cultured yielding >100,000 cfu/ml of a pathogen. This infection would be considered a POA because the required elements of the infection definition (for symptomatic urinary tract infection [SUTI]) were first present during the two calendar days before admission, the day of admission, or the day after admission:</p> <ol style="list-style-type: none"> 1. Fever, documented by history received from nursing home 2. Positive urine culture >100,000 CFU/ml <p>(In this example, items 1 and 2 are elements of a definition or criterion.)</p> <p>NOTE: For POA, the temperature value does not need to be known to establish the presence of a fever. NOTE: Physician diagnosis of a UTI does not contribute to satisfying POA definition since physician diagnosis is not an element used to meet SUTI criteria.</p> <table border="1" data-bbox="607 1312 1652 1409"> <thead> <tr> <th colspan="4">Illustration of present on admission (POA) time frame</th> </tr> <tr> <th>2 calendar days before admission</th> <th>1 calendar day before admission</th> <th>Day 1 (Day of facility admission)</th> <th>Day 2 (Day after facility admission)</th> </tr> </thead> <tbody> <tr> <td>October 27</td> <td>October 28</td> <td>October 29</td> <td>October 30</td> </tr> </tbody> </table>	Illustration of present on admission (POA) time frame				2 calendar days before admission	1 calendar day before admission	Day 1 (Day of facility admission)	Day 2 (Day after facility admission)	October 27	October 28	October 29	October 30
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Chapter 4: CLABSI Event			
4/1/2013	clarification	4-3 CLABSI definition	Central line-associated BSI (CLABSI): A laboratory-confirmed bloodstream infection (LCBI) where central line (CL) or umbilical catheter (UC) was in place for >2 calendar days when all elements of the LCBI infection criterion were first present together, with day of device placement being Day 1. <i>and</i> a CL or UC was in place on the date of event or the day before. <u>If a CL or UC was in place for >2 calendar days and then removed, the LCBI criteria must be fully met on the day of device discontinuation or the next day.</u> If the patient is admitted or transferred into a facility with a central line in place (e.g., tunneled or implanted central line), day of first access is considered Day1.
4/1/2013	correction	4-15 2 b. ii	Because the organisms from the urine and blood cultures do not match, and a UTI criterion that includes positive blood culture as an element is not met, both a SUTI (AB SUTI criterion 1a) and a primary BSI would be reported.
4/1/2013	correction	4-16 4 c.	Example: Patient has a central line in place for 10 days. Patient complains of knee joint tenderness and limited range of motion. CT scan findings suggest joint (JNT) infection but culture of a needle-aspirated joint fluid is negative. However, a blood culture from the same time period grows <i>S. aureus</i> . While this patient does not meet JNT criterion 1 (positive joint fluid culture) he does meet JNT criterion 3b (signs/symptoms plus imaging test evidence of infection positive laboratory test on blood [blood culture]). Even though <i>S. aureus</i> is a logical pathogen for this infection site, it is also a likely pathogen for a CLABSI. This BSI should be reported as a CLABSI, not a secondary BSI. So in this example, both a JNT infection and a CLABSI are reported. <u>Since a positive blood culture is part of the criterion met for JNT infection, this BSI is considered secondary to the JNT infection and not reported as a CLABSI. <i>S. aureus</i> is reported as the pathogen for the JNT infection.</u>
4/1/2013	clarification	4-1 Definition of HAI	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN
4/1/2013	clarification	4-5 LCBI 2, LCBI 3	<u>the same</u> common commensal (i.e., diphtheroids [<i>Corynebacterium</i> spp. not <i>C. diphtheriae</i>], <i>Bacillus</i> spp. [not <i>B. anthracis</i>], <i>Propionibacterium</i> spp., coagulase-negative staphylococci [including <i>S. epidermidis</i>], viridans group streptococci, <i>Aerococcus</i> spp., and <i>Micrococcus</i> spp.) is cultured from two or more blood cultures drawn on separate occasions. Criterion elements must occur within a timeframe that does not exceed a gap of 1 calendar day.
4/1/2013	correction	4-7 MBI-LCBI 3, 1b	≥ 20mL/kg <u>diarrhea</u> in a 24-hour period with onset on or within...

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4/1/2013	clarification	4-6 MBI-LCBI 1	<p>Patient of any age meets criterion 1 for LCBI with at least one blood culture growing any of the following intestinal organisms with no other organisms isolated (see Comment #8 on page 4-9): Bacteroides spp., Candida spp., Clostridium spp., Enterococcus spp., Fusobacterium spp., Peptostreptococcus spp., Prevotella spp., Veillonella spp., or Enterobacteriaceae* and patient meets at least one of the following:</p> <ol style="list-style-type: none"> 1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with one of the following documented during same hospitalization as positive blood culture: <ol style="list-style-type: none"> a. Grade III or IV gastrointestinal graft versus host disease (GI GVHD) (See Comment #9 on page 4-9) b. ≥1 liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients <18 years of age) with onset on or within 7 calendar days before the date the positive blood culture was collected. 2. Is neutropenic, defined as at least 2 separate days with values of absolute neutrophil count (ANC) or total white blood cell count (WBC) <500 cells/mm³ on or within 3 calendar days before the date the positive blood culture was collected (Day 1). (See Table 4 for example.) <p>*See Table 3 for partial list of eligible Enterobacteriaceae genera.</p>
4/1/2013	clarification	4-6 MBI-LCBI 2	<p>Patient of any age meets criterion 2 for LCBI when the blood cultures are growing only viridans group streptococci with no other organisms isolated and patient meets at least one of the following:</p> <ol style="list-style-type: none"> 1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with one of the following documented during same hospitalization as positive blood culture: <ol style="list-style-type: none"> a. Grade III or IV gastrointestinal graft versus host disease (GI GVHD) (See Comment #9 on page 4-9) <p>MBI-LCBI-2</p> <p>Patient ≤1 year of age meets criterion 3 for LCBI when the blood cultures are growing only viridans group streptococci with no other organisms isolated and patient meets at least one of the following:</p> <ol style="list-style-type: none"> 1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with one of the following documented during same hospitalization as positive blood culture: <ol style="list-style-type: none"> a. Grade III or IV gastrointestinal graft versus host disease (GI GVHD) (See Comment #9 on page 4-9)

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Date	Type of Amendment	Chapter/Page/Section	Description
4/1/2013	clarification	4-9 #7 under comments	<p>Specimen Collection Considerations: <u>Although blood cultures drawn through central lines can have a higher rate of contamination than blood cultures collected through peripheral venipuncture, all positive blood cultures, regardless of the sites from which they were collected, must be included when conducting in-plan CLABSI surveillance.</u> Ideally, blood specimens for culture should be obtained from two to four blood draws from separate venipuncture sites (e.g., right and left antecubital veins), not through a vascular catheter. These blood draws should be performed simultaneously or over a short period of time (i.e., within a few hours).^{3,4} If your facility does not currently obtain specimens using this technique, you must still report BSIs using the criteria and comments above, but you should work with appropriate personnel to facilitate better specimen collection practices for blood cultures.</p>

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Date	Type of Amendment	Chapter/Page/Section	Description
Chapter 5: CLIP Adherence and Monitoring			
Chapter 6: Ventilator-Associated Pneumonia (VAP) Event			
4/1/2013	clarification	7-1 Definition of HAI	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN
Chapter 7: CAUTI Event			
4/1/2013	clarification	7-2 CAUTI definition	Catheter-associated UTI (CAUTI): A UTI where an indwelling urinary catheter was in place for >2 calendar days when all elements of the UTI infection criterion were first present together, with day of device placement being Day 1, <i>and</i> an indwelling urinary catheter was in place on the date of event or the day before. <u>If an indwelling urinary catheter was in place for >2 calendar days and then removed, the UTI criteria must be fully met on the day of discontinuation or the next day.</u>
4/1/2013	clarification	7-1 Definition of HAI	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN
4/1/2013	clarification	7-4 and 7-6 CAUTI Criteria 1b and 2b	Patient did not have an indwelling urinary catheter, <u>that had been in place for >2 calendar days</u> , in place at the time of or the day before all elements of this criterion were first present together.....
4/1/2013	correction	CAUTI Table of Instructions for Completion of UTI Form (CDC 57,114). Page 2 Risk factor: Urinary catheter status when all elements of the UTI criterion were first present together	Required. Check one of the following <ul style="list-style-type: none"> • “In place” if urinary catheter was in place <u>>2 calendar days on the day</u> at the time when all elements of the criterion were first present together • “Removed within 2 days prior” if a urinary catheter was in place <u>>2 calendar days</u> but was removed the day of or the day before all elements of this criterion were first present together • “Not in place nor within 2 days prior” <u>“Neither”</u> if no urinary catheter was in place at the time <u>on the day</u> of or the day before all elements of criterion were first present together <u>OR not in place for > 2 calendar days on the date all elements were first present together.</u>

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Date	Type of Amendment	Chapter/Page/Section	Description
Chapter 9: SSI Event			
4/1/2013	correction	9-11 Reporting Instructions	If a patient has an infection in the organ/space being operated on in the first 2 day period of hospitalization and the surgical incision was closed primarily, subsequent continuation of this infection type during the remainder of the surveillance period is considered an organ/space SSI, if organ/space SSI and site-specific infection criteria are met.
4/1/2013	clarification	9-15 #8 of Reporting Instructions	Number 8 of the SSI Reporting Instructions (<i>SSI Following an Implant</i>) should be replaced with the following: <u>SSI Following Manipulation of the Operative Site: If during the post-operative period the surgical site has an invasive manipulation for diagnostic or therapeutic purposes (e.g., needle aspiration), and following this manipulation an SSI develops, the infection is not attributed to the operation.</u>
4/1/2013	correction	9-2 Definition of Primary closure	The definition of *Primary closure should be replaced with the following: <u>Primary closure is defined as closure of all tissue levels during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. This category includes surgeries where the skin is closed by some means, including incisions that are described as being “loosely closed” at the skin level. Thus, if any portion of the incision is closed at the skin level, by any manner, a designation of primary closure should be assigned to the surgery.</u>

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4/1/2013	addition	9-2 Definition of non-Primary Closure	<p><u>Closure that is other than primary (non-primary closure) includes surgeries in which the superficial layers are left completely open during the original surgery and therefore cannot be classified as having primary closure. For surgeries with non-primary closure, the deep tissue layers may be closed by some means (with the superficial layers left open), or the deep and superficial layers may both be left completely open. An example of a surgery with non-primary closure would be a laparotomy in which the incision was closed to the level of the deep tissue layers, sometimes called "fascial layers" or "deep fascia," but the superficial layers are left open. Another example would be an "open abdomen" case in which the abdomen is left completely open after the surgery. Wounds that are "closed secondarily" at some later date, or described as "healing by secondary intention" should also be classified as having non-primary closure. Wounds with non-primary closure may or may not be described as "packed" with gauze or other material, and may or may not be covered with plastic, "wound vacs," or other synthetic devices or materials.</u></p> <p><u>NOTE: Assign the surgical wound closure that applies when the patient leaves the OR from the principal operative procedure. This instruction should be followed in scenarios where a patient leaves the OR with non-primary closure, but returns to the OR for a subsequent procedure that results in primary closure of the procedure.</u></p>
4/1/2013	clarification	Attending physician-definition	The term attending physician for the purposes of application of the NHSN SSI criteria may be interpreted to mean the surgeon(s), infectious disease, other physician on the case, emergency physician or physician's designee (nurse practitioner or physician's assistant).
Chapter 10: Ventilator-Associated Event (VAE)			
			SEE VAE Website FAQ Section for March 2013 Update to VAE Frequently-Asked Questions
Chapter 11: Antimicrobial Use and Resistance (AUR) Module			
Chapter 12: Multidrug-Resistant Organism and Clostridium difficile Infection (MDRO/CDI) Module			
4/1/2013	clarification	12-21 Definitions section	This CDI HAI reporting corresponds to surveillance for healthcare-onset , healthcare facility-associated CDI in recently published recommendations, which is considered the minimum surveillance for CDI.

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Date	Type of Amendment	Chapter/Page/Section	Description
Chapter 13: Vaccination Module			
Chapter 15: CDC Locations and Descriptions			
4/1/2013	correction	15-24: LTAC ICU 15-24: LTAC Ward, LTAC Pediatric Unit	NHSN Healthcare Service Location Code: LTAC ICU: 1211-2 1220-3 LTAC Ward: 1212-0 1221-1 LTACT Pediatric ICU: 1213-8 1222-9
Chapter 16: Key Terms			
4/1/2013	clarification	16-3 Key Terms: definition of healthcare associated infection (HAI)	<p>For the purposes of NHSN surveillance in the acute care setting, a healthcare-associated infection (HAI) is a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that was not present on admission to the acute care facility. <u>The HAI definition is not to be used in the SSI, VAE, or LabID Event protocols.</u></p> <p>An infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital day (day of hospital admission is day 1). For an HAI, an element of the infection criterion may be present during the first 2 hospital days as long as it is also present on or after day 3. All elements used to meet the infection criterion must occur within a timeframe that does not exceed a gap of 1 calendar day between <u>any two elements</u>. Three examples of how to apply the HAI definition are shown in Table 1. <u>If all elements of a infection are present within 2 calendar days of transfer from one inpatient location to another in the same facility or a new facility (i.e., on the day of transfer or the next day), the infection is attributed to the transferring location or facility.</u></p>
Chapter 17: CDC/NHSN Surveillance Definition of HAI and Criteria for Specific Types of Infections in Acute Care Setting			
4/1/2013	clarification	17-7 JNT 3 b.	#3b under Joint or bursa infection (<i>Positive laboratory test on blood, urine, or joint fluid</i>) to be replaced with: <u>Positive blood culture or appropriate laboratory antigen test on blood, urine, or joint fluid</u>
4/1/2013	correction	17-7 Table 3. LCBI 2 Criteria	Patient has at least one of the following signs or symptoms: fever (>38°C), chills [‡] , or hypotension [‡] *With no other recognized cause
4/1/2013	correction	17-8 Table 3. LCBI 3 Criteria	Patient ≤1 year of age has at least one of the following signs or symptoms: fever (>38°C core), hypothermia (<36°C core), apnea [‡] , or bradycardia [‡] *With no other recognized cause