

**2013 CDC/NHSN Protocol Corrections, Clarification, and Additions**  
**(NOTE: These edits have been added to the current posted NHSN protocols)**

Date	Type of Amendment	Chapter/Page/Section	Description
<b>Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN</b>			
7/1/2013	Clarification	2-1 Identifying HAI in NHSN	The definition of HAI was edited for clarification purposes only. All elements used to meet the infection criterion must occur within a timeframe that does not exceed a gap of 1 calendar day between <del>any two elements</del> <b><u>two adjacent elements.</u></b>
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. <b><u>The HAI definition is not to be used in the SSI, VAE, or LabID Event protocols.</u></b> 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 3<sup>rd</sup> <del>hospital</del> <b><u>calendar day of admission to the facility (the day of hospital admission is day 1).</u></b> For an HAI, an element of the infection criterion may be present during the first 2 <del>hospital</del> <b><u>calendar days of admission</u></b> as long as it is also present on or after <b><u>calendar</u></b> 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 <b><u>two adjacent elements.</u></b> Three examples of how to apply the HAI definition are shown in Table 1. <b><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></b></p>

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Date	Type of Amendment	Chapter/Page/Section	Description												
4/1/2013	Addition	2-3 Identifying HAI in NHSN	<p><u>Present on Admission (POA):</u></p> <p>To standardize the classification of an infection as present on admission (POA) or an healthcare-associated infection (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 record, 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 &gt;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"> <li>1. Fever, documented by history received from nursing home</li> <li>2. Positive urine culture &gt;100,000 CFU/ml</li> </ol> <p>(In this example, items 1 and 2 are elements of a definition or criterion.)</p> <p>NOTES: (1) For POA, the temperature value does not need to be known to establish the presence of a fever; (2) 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="655 963 1698 1060"> <thead> <tr> <th colspan="4"><u>Illustration of present on admission (POA) time frame</u></th> </tr> <tr> <th><u>2 calendar days before admission</u></th> <th><u>1 calendar day before admission</u></th> <th><u>Day 1 (Day of facility admission)</u></th> <th><u>Day 2 (Day after facility admission)</u></th> </tr> </thead> <tbody> <tr> <td><u>October 27</u></td> <td><u>October 28</u></td> <td><u>October 29</u></td> <td><u>October 30</u></td> </tr> </tbody> </table>	<u>Illustration of present on admission (POA) time frame</u>				<u>2 calendar days before admission</u>	<u>1 calendar day before admission</u>	<u>Day 1 (Day of facility admission)</u>	<u>Day 2 (Day after facility admission)</u>	<u>October 27</u>	<u>October 28</u>	<u>October 29</u>	<u>October 30</u>
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Date	Type of Amendment	Chapter/Page/Section	Description
<b>Chapter 4: CLABSI Event</b>			
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 on the date of event, 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. <b><u>If a CL or UC was in place for &gt;2 calendar days and then removed, the LCBI criteria must be fully met on the day of device discontinuation or the next day.</u></b> 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	4-16 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 ( <del>IA</del> <b>SUTI</b> criterion 1a) and a primary BSI would be reported.
4/1/2013	correction	4-17 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 <del>imaging test evidence of infection</del> <b>positive laboratory test on blood [blood culture]</b> ). <del>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.</del> <b><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></b>
4/1/2013	addition	4-1 Definition of Present on Admission (POA)	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN. Infections that are POA, as defined in Chapter 2 , are not considered HAIs and therefore are never reported to NHSN.
4/1/2013	clarification	4-1 Definition of HAI	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN.

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Date	Type of Amendment	Chapter/Page/Section	Description
7/1/2013	clarification	4-3 Dialysis NOTE under Location of Attribution	<p><del>When hemodialysis through a central line is provided by contracted staff members who are not employees of the facility, CLABSIs that are identified in these patients are attributed to the inpatient location where the patient was assigned. Facilities are responsible for the care provided within their confines and infection prevention issues related to contracted staff or their agencies should be addressed by the facility.</del></p> <p>INPATIENT DIALYSIS:            Inpatients receiving dialysis are included in any CLABSI surveillance in the location in which they are housed, regardless whether or not the central line is the only central line and only accessed for dialysis. This also applies to patients in Long-Term Acute Care (LTAC) facilities within Acute Care Facilities when dialysis is received from the Acute Care Facility staff.</p> <p>EXAMPLES: CLABSIs in the following examples will be attributed to Unit A</p> <ul style="list-style-type: none"> <li>• Patient on Unit A receives onsite dialysis by contracted dialysis staff</li> <li>• Dialysis staff travels to Unit A to provide dialysis to Unit A patient</li> <li>• Patient resides on Unit A for inpatient care, but is transported to dialysis unit within the facility for dialysis. Since CLABSIs cannot be attributed to non-bedded locations, such an event must be attributed to the inpatient location housing the patient.</li> </ul>
7/1/2013	addition	4-4 Example of multiple transfers	Example provided for multiple transfers within the time frame rule added .
4/1/2013	clarification	4-5 LCBI 2, LCBI 3	<del>the same</del> common commensal (i.e., diphtheroids [Corynebacterium spp. not C. diphtheriae], Bacillus spp. [not B. anthracis], Propionibacterium spp., coagulase-negative staphylococci [including S. epidermidis], viridans group streptococci, Aerococcus spp., and Micrococcus 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.
7/1/2013	clarification	4-5 LCBI 2, LCBI 3 criteria	Clarification and examples added in regards to the collection of common commensals.
4/1/2013	correction	4-8 MBI-LCBI 3, 1b	≥ 20mL/kg <b>diarrhea</b> 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 (<b><u>see Comment #8 on page 4-9</u></b>): Bacteroides spp., Candida spp., Clostridium spp., Enterococcus spp., Fusobacterium spp., Peptostreptococcus spp., Prevotella spp., Veillonella spp., or Enterobacteriaceae*</p> <p>and</p> <p>patient meets at least one of the following:</p> <ol style="list-style-type: none"> <li>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"> <li>a. Grade III or IV gastrointestinal graft versus host disease (GI GVHD) (<b><u>See Comment #9 on page 4-9</u></b>)</li> <li>b. ≥1 liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients &lt;18 years of age) with onset on or within 7 calendar days before the date the positive blood culture was collected.</li> </ol> </li> <li>2. Is neutropenic, defined as at least 2 separate days with values of absolute neutrophil count (ANC) or total white blood cell count (WBC) &lt;500 cells/mm<sup>3</sup> on or within 3 calendar days before the date the positive blood culture was collected (Day 1). <u>o u</u></li> </ol> <p>*See Table 3 for partial list of eligible Enterobacteriaceae genera.</p>
4/1/2013	clarification	4-7 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</p> <p>patient meets at least one of the following:</p> <ol style="list-style-type: none"> <li>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"> <li>a. Grade III or IV gastrointestinal graft versus host disease (GI GVHD) (<b><u>See Comment #9 on page 4-9</u></b>)</li> </ol> </li> </ol> <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</p> <p>patient meets at least one of the following:</p> <ol style="list-style-type: none"> <li>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"> <li>a. Grade III or IV gastrointestinal graft versus host disease (GI GVHD) (<b><u>See Comment #9 on page 4-9</u></b>)</li> </ol> </li> </ol>

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7/1/2013	clarification	4-9 #3c under comments	c. "Separate occasions" also means blood draws collected from separate sites or separate accesses of the same site, such as two draws from a single lumen catheter or draws from separate lumens of a catheter. In the latter case, the draws may be just minutes apart (i.e., just the time it takes to disinfect and draw the specimen from each lumen). For example, a patient with a triple lumen central line has blood drawn from each lumen within 15 minutes of each other. Each of these is considered a separate blood draw. Poor collection technique can contaminate blood cultures. <b>Improper decontamination of the access site can result in collection of common skin flora and can lead to misidentification of LCBI. For LCBI 2 and LCBI 3, blood cultures are required to be drawn on "separate occasions" to reduce such misidentification. For example, blood cultures drawn from different sites (e.g., different venipunctures or different lumens of the same central line) should undergo separate decontaminations and are therefore considered drawn on "separate occasions".</b>
4/1/2013	clarification	4-9 #7 under comments	Specimen Collection Considerations: <b>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.</b> 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). <sup>3,4</sup> <del>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.</del>
7/1/2013	clarification	4-17 Appendix 1. #4c	<p>OLD Paragraph: However, a blood culture from the same time period grows <i>S. aureus</i>. This patient does not meet JNT criterion 1 (positive joint fluid culture) but does meet JNT criterion 3d (signs/symptoms plus imaging test evidence of infection). 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.</p> <p>NEW Paragraph: However, a blood culture from the same time period grows <i>S. aureus</i>. <b>While</b> this patient does not meet JNT criterion 1 (positive joint fluid culture), he does meet JNT criterion 3d (signs/symptoms plus positive laboratory test on blood [blood culture]). <b>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.</b></p>
7/1/2013	clarification	Page 4 Table of Instructions for Completion of Primary Bloodstream Infection (57.108)	Location of Device Insertion: Optional. Enter the date the central line was inserted. If the patient has more than one central line, <del>enter the insertion date for the first line that was inserted</del> <b>facility may choose which insertion date to record.</b>
7/1/2013	clarification	Page 1 Table of Instructions for Completion of Denominators (57.116 and 57.117)	Note Added: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.

**Chapter 6: Ventilator-Associated Pneumonia (VAP) Event**

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Date	Type of Amendment	Chapter/Page/Section	Description
7/1/2013	addition	6-1 Definition of Present on Admission (POA)	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN. Infections that are POA, as defined in Chapter 2 , are not considered HAIs and therefore are never reported to NHSN.
4/1/2013	clarification	6-1 Definition of HAI	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN.
7/1/2013	addition	6-2 Definitions: POA reporting exception	<u>POA reporting exception for PNEU/VAP:</u> If all other elements are present per the POA criteria, one chest radiograph alone is acceptable to meet POA criteria for PNEU/VAP, protocol, regardless of whether the patient has underlying pulmonary or cardiac disease.
7/1/2013	addition	6-2 Definitions: Applying HAI definition	<p><u>How to Apply 2013 HAI Definition to the PNEU/VAP Protocol:</u></p> <p>A serial chest radiograph (CXR) on or after day 3 of admission (HAI) and a second later CXR may be used to meet the radiology finding requirement in a patient with underlying disease. The second CXR must occur within 7 days of the first. These findings can be used to fulfill the current HAI pneumonia/VAP criteria for the required 2 CXR findings are considered 1 element of the VAP/PNEU criteria. All other elements of PNEU/VAP should be met per the HAI definition. The VAP/PNEU HAI criteria are met even if all other elements required for PNEU/VAP are not present at the time the second CXR is obtained.</p>
<b>Chapter 7: CAUTI Event</b>			
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 on the date of event, 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. <b><u>If an indwelling urinary catheter was in place for &gt;2 calendar days and then removed, the UTI criteria must be fully met on the day of discontinuation or the next day.</u></b>
7/1/2013	clarification	7-2 CAUTI definition	<p><del>Old definition of indwelling catheter: Indwelling catheter: A drainage tube that is inserted into the urinary bladder through the urethra is left in place, and is connected to a drainage bag (including leg bags), also called a Foley catheter. This does not include suprapubic, condom, or straight in-and-out catheters. This definition includes indwelling urethral catheters that are used for intermittent or continuous irrigation.</del></p> <p>New definition of Indwelling catheter: A drainage tube that is inserted into the urinary bladder through the urethra is left in place, and is connected to a drainage bag (including leg bags), also called a Foley catheter. This does not include condom or straight in-and-out catheters or nephrostomy tubes or suprapubic catheters unless a Foley catheter is also present. This definition includes indwelling urethral catheters that are used for intermittent or continuous irrigation.</p>
4/1/2013	clarification	7-1 Definition of HAI	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN.

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Date	Type of Amendment	Chapter/Page/Section	Description
7/1/2013	addition	7-1 Definition of Present on Admission (POA)	See updated definition under Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN. Infections that are POA, as defined in Chapter 2 , are not considered HAIs and therefore are never reported to NHSN.
4/1/2013	clarification	7-4 and 7-6 CAUTI Criteria 1b and 2b	Patient did not have an indwelling urinary catheter, <b>that had been in place for &gt;2 calendar days</b> , on the date of event.....
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"> <li>• “In place” if urinary catheter was in place <b>&gt;2 calendar days on the date</b> of the event</li> <li>• “Removed <del>within 2 days prior</del>” if a urinary catheter was in place <b>&gt;2 calendar days</b> but was removed on the day of or the day before the date of event</li> <li>• “<del>Not in place nor within 2 days prior</del>” <b>“Neither”</b> if no urinary catheter was in place <del>at the time</del> <b>on the day</b> of or the day before the date of event <b>OR not in place for &gt; 2 calendar days on the date of event.</b></li> </ul>
7/1/2013	addition	7-3 Example of multiple transfers	Example provided for multiple transfers within the time frame rule added .
7/1/2013	clarification	7-3 Example of multiple transfers	<del>EXCEPTION TO TRANSFER RULE: Locations which do not house patients overnight (e.g., Emergency Department or Operating Room) will have no denominator data, i.e., patient days or catheter days. Therefore, CAUTIs cannot be attributed to these locations. Instead, the CAUTI must be attributed to the next inpatient location in which the patient stays.</del> Exception to Transfer Rule removed since it is not applicable to the new HAI definition.
7/1/2013	clarification	Page 1 Table of Instructions for Completion of Denominators (57.116 and 57.117)	Note Added: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.



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Date	Type of Amendment	Chapter/Page/Section	Description
<b>Chapter 9: SSI Event</b>			
4/1/2013	correction	9-11 Reporting Instructions	If a patient has an infection in the organ/space being operated on <del>in the first 2 day period of hospitalization</del> 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:  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.
4/1/2013	correction	9-2 Definition of Primary closure	The definition of *Primary closure should be replaced with the following:  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.

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Date	Type of Amendment	Chapter/Page/Section	Description
4/1/2013	addition	9-2 Definition of non-Primary Closure	<p>Closure that is other than primary and 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. In such cases, any subsequent infection would not be considered an SSI, although it may be an HAI if it meets criteria for another specific infection site (e.g., skin or soft tissue infection). 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.</p> <p>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.</p>
4/1/2013	clarification	Table 2: SSI Criteria Reporting Instructions	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 <b><u>or physician’s designee (nurse practitioner or physician’s assistant).</u></b>
7/1/2013	clarification	Table 2: SSI criteria	diagnosis of a superficial incisional SSI by the surgeon or attending physician <b><u>or other designee (see reporting instructions).</u></b>
<b>Chapter 10: Ventilator-Associated Event (VAE)</b>			
4/1/2013	addition		SEE VAE Website FAQ Section for March 2013 Update to VAE Frequently-Asked Questions
7/1/2013	addition		SEE VAE Website FAQ Section for July 2013 Update to VAE Frequently-Asked Questions
7/1/2013	addition	10-4,5	As of July 1, 2013, for the purposes of VAE surveillance, daily minimum PEEP values of 0 to 5 cmH2O will be considered equivalent when making VAC determinations.
7/1/2013	correction	10-29 Instructions for Completion of Ventilator-Associated Event Form: Risk Factors: Location of Mechanical Ventilation Initiation	Required. Enter the location in which the current episode of mechanical ventilation was initiated (the episode associated with the VAE). If this episode of mechanical ventilation was initiated in another facility or by mobile emergency services, enter the code you have mapped to “Location Outside Facility” (see Chapter 15, <del>page 20</del> <b>page 30</b> ) or Mobile Emergency Services/EMS (Chapter 15, <del>page 14</del> <b>page 42</b> ) as appropriate. An episode of mechanical ventilation is defined by the number of consecutive days during which the patient was mechanically ventilated. A period of at least 1calendar day off the ventilator, followed by reintubation, defines a new episode of mechanical ventilation.
<b>Chapter 12: Multidrug-Resistant Organism and Clostridium difficile Infection (MDRO/CDI) Module</b>			
4/1/2013	clarification	12-21 Definitions section	This CDI HAI reporting corresponds to surveillance for <del>healthcare-onset</del> , 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
<b>Chapter 15: CDC Locations and Descriptions</b>			
4/1/2013	correction	15-24: LTAC ICU 15-24: LTAC Ward, LTAC Pediatric Unit	NHSN Healthcare Service Location Code: LTAC ICU: <del>1211-2</del> <b>1220-3</b> LTAC Ward: <del>1212-0</del> <b>1221-1</b> LTACT Pediatric ICU: <del>1213-8</del> <b>1222-9</b>
<b>Chapter 16: Key Terms</b>			
4/1/2013	clarification	16-3 Key Terms: definition of healthcare associated infection (HAI)	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. <b><u>The HAI definition is not to be used in the SSI, VAE, or LabID Event protocols.</u></b>  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 <b><u>two adjacent elements</u></b> . Three examples of how to apply the HAI definition are shown in Table 1. <b><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></b>
7/1/2013	addition	Key Terms added	The following Key Terms were added to the chapter: (1) Non-primary Closure; (2) Present on Admission
<b>Chapter 17: CDC/NHSN Surveillance Definition of HAI and Criteria for Specific Types of Infections in Acute Care Setting</b>			
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:  <b><u>Positive blood culture or appropriate laboratory antigen test on blood, urine, or joint fluid</u></b>
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 <sup>‡</sup> , or hypotension <sup>‡</sup>  <del>*With no other recognized cause</del>
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 <sup>‡</sup> , or bradycardia <sup>‡</sup>  <del>*With no other recognized cause</del>