NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

CDC

Inside this Issue:

Patient Safety Component

Analysis Updates

Now Available: 2022 Baseline ACH SIR Reports for CAUTI, CLABSI, and CDI

The NHSN Team released a new set of 2022 baseline SIR reports in May 2025. These new reports allow facility and group users to generate 2022 baseline SIRs for CAUTI, CLABSI, and CDI LabID for Acute Care Hospitals (ACHs). 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.
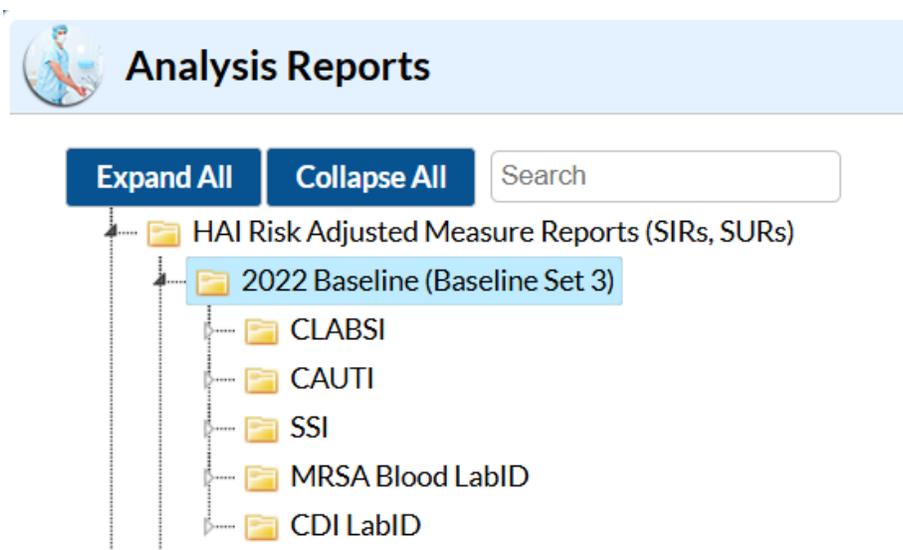
For instructions on running these new reports, and for a list of differences in these new reports compared to the pre-existing 2015 baseline SIR reports, users can review the 2022 HAI Rebaseline Implementation Guide and Change Log. Additional guidance and training resources are available on the NHSN 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.

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.

HAI Antimicrobial Resistance Data Added to CDC's Antimicrobial Resistance & Patient Safety Portal

CDC's Antimicrobial Resistance & Patient Safety Portal (AR&PSP) is an online platform where you can view and interact with data collected through CDC's NHSN and other sources. The Portal was recently updated to include antimicrobial resistance (AR) data collected as part of HAI reporting for 2022 and 2023. NHSN resistance data are available for 29 AR phenotypes of public health importance aggregated to the national-, state-, and regional-levels. The Portal's Data Explorer feature offers numerous filter and stratification options that make it possible to create customized visualizations using available data. Visit the AR&PSP here: https://arpsp.cdc.gov/

New Dashboard: Reliability-Adjusted Rankings!

We are excited to announce the return of the "Reliability-Adjusted Ranking" dashboard to NHSN! The dashboard will be available to all acute care hospitals on June 21 in NHSN!

Quick facts:

- NHSN is bringing back a measure called the Adjusted Ranking Metric (ARM).
- Annual, facility-specific Reliability-Adjusted Rankings, based on the ARM, are displayed as percentiles on the Reliability-Adjusted Ranking dashboard.
- Individual hospitals receive a ranking compared to all other acute care hospitals for the same year.
- A lower ranking percentile is better, so if your ranking is 9, your facility is doing better than 91% of facilities after accounting for overall exposure.
- Reliability-Adjusted Rankings for CLABSI, CAUTI, MRSA, CDI, SSI-COLO and SSI-HYST are available only for acute care hospitals at this time.
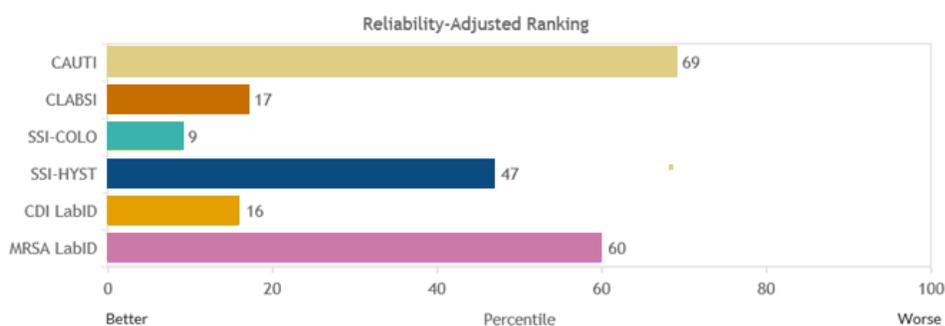
For more information on the ARM and the Reliability-Adjusted Ranking dashboard, please visit the NHSN website: https://www.cdc.gov/nhsn/ps-analysis-resources/arm/index.html. Additional resources will be available later in Fall 2025.

Protocol Updates

A new Patient Safety Component module titled Infectious Diseases of Public Health Concern (IDPHC) will soon be available for optional reporting within the NHSN application. The IDPHC module provides NHSN users the option to collect data on the incidence and prevalence of prioritized infectious diseases affecting adult and pediatric patients in Acute Care Hospitals (ACHs). The module stratifies the data collection by patients with confirmed and unconfirmed disease status, as well as by patient population (adult patients and pediatric patients). The intent of the IDPHC reporting is to support potential preparedness and response efforts related to high consequence infectious diseases and to better understand their impact on patients and the healthcare systems. **Voluntary reporting of these infectious diseases does not replace any regulatory reporting requirements at the federal, state, or local levels.**

Within the NHSN application, the IDPHC module includes the Pathogens of High Consequence form. The form includes infectious diseases available for reporting via a drop-down list* (see below).

- Crimean-Congo Hemorrhagic Fever
- Dengue virus
- Ebola
- Lassa
- Measles
- Monkeypox
- Nipah virus
- Toxigenic *Vibrio cholerae – confirmed disease only*

Based on the emergence of new disease threats or de-prioritization of other diseases, this list is subject to change.

If your facility chooses to participate in IDPHC data collection, you will select the "Infectious Diseases of Public Health Concern" module in the left-hand menu within the NHSN application.

NHSN Home
Alerts
Dashboard ▶
Reporting Plan ▶
Patient ▶
Event ▶
Procedure ▶
Summary Data ▶
Hospital Respiratory Data ▶
Infectious Diseases of Public Health Concern ▶
Import/Export
Surveys ▶
Analysis ▶
Users ▶
Facility ▶
Group ▶
Tools ▶
Cheat Sheets ▶
Dynamic Forms ▶
Logout

A **calendar view** will appear – select the date for which you would like to report. Once you select the reporting date, you will be taken to the data collection form.
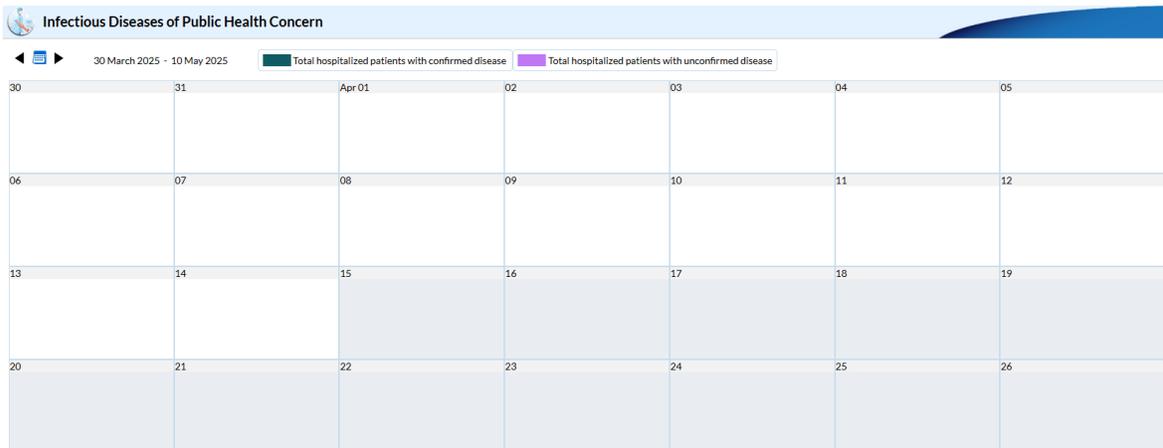
The form contains a drop-down menu to select the disease for reporting. One form is submitted for each disease being reported, per day. If there are no cases of disease to report, there is no need to submit a form and the date in the **calendar view** will remain blank.

Below is how the data collection will appear in the application. Please note that to submit the form, all fields in the data collection table must be completed (specifically, fields cannot be left blank) – if there are fields in which there are no cases of disease to report, enter "0."

The IDPHC Protocol and Table of Instructions will soon be available on the NHSN webpage. The protocol contains standardized case definitions for classification of confirmed and unconfirmed disease for reporting purposes.

Important information:
- Data collection and reporting for the Infectious Diseases of Public Health Concern module is **<u>optional</u>**.
- Voluntary reporting in this module **<u>does not</u>** replace any regulatory reporting requirements at the federal, state, or local levels.
- Data entry is manual (not supported by CDA or CSV) at this time.

Questions:
Please submit questions using the NHSN ServiceNow portal by logging into SAMS: https://sams.cdc.gov and using "Infectious Diseases of Public Health Concern" or "IDPHC" in the short description.

If you do not have SAMS access, please reach out to NHSN@cdc.gov using the subject line "Infectious Disease of Public Health Concern" or "IDPHC."

2025 Promoting Interoperability Program Updates

The NHSN Antimicrobial Use (AU) and Antimicrobial Resistance (AR) Options are used for meeting reporting requirements of the Public Health and Clinical Data Exchange Objective within the Medicare Promoting Interoperability Program. As noted in the CMS FY 2025 IPPS/LTCH PPS final rule (89 FR 69600 through 69605), for the Electronic Health Record (EHR) reporting period in 2025, the AUR Surveillance measure has been split into two measures: AU Surveillance and AR Surveillance.

Eligible hospitals and critical access hospitals (CAHs) must be in active engagement with the CDC's NHSN for submitting AU and/or AR data during the self-selected 180-day EHR reporting period and receive a report from NHSN indicating successful submission of AU and/or AR data or claim an applicable exclusion(s). Beginning in the EHR reporting period in 2025, eligible hospitals and CAHs may also claim an applicable exclusion for one or both measures separately. Eligible hospitals and CAHs that claim an applicable exclusion for only AU or AR would either need to be in active engagement for the other measure or claim a separate exclusion. For example, if claiming an exclusion for the AR Surveillance measure due to lack of access to discrete data elements, the eligible hospital or CAH must be in active engagement for the AU Surveillance measure or claim an applicable exclusion specific to the AU measure.

The NHSN AUR Team has updated the NHSN documentation to reflect the split in the measures and address common questions we've received so far.

Operational Guidance: CMS Operational Guidance for Acute Care Hospitals to Report AUR Data

Guidance for Facilities: NHSN AUR Promoting Interoperability Guidance

FAQs for AUR reporting and the Medicare Promoting Interoperability Program: FAQs: AUR Reporting for the CMS Promoting Interoperability Program | NHSN | CDC

2023 AU Option Data Report Published

The NHSN AUR and Statistics Teams published the 2023 AU Option Data Report. The 2023 NHSN AU Option Report summarizes Standardized Antimicrobial Administration Ratio (SAAR) distributions and antimicrobial use within each SAAR antimicrobial agent category among adult, pediatric, and neonatal patient care locations. The distributions of SAARs inform stewardship efforts by showing hospital stewards how their SAARs compare with the national distribution and local, state, and territorial health departments how their SAARs compare with others. The percentage of AU by class and drug within a SAAR antimicrobial agent category provides insight into prescribing practices across different patient care locations. Facilities may evaluate usage patterns in the context of their local treatment guidelines, penicillin allergy algorithms, antimicrobial resistance rates, and formulary.

Additionally, these data are posted on the Antibiotic Resistance & Patient Safety Portal Inpatient Antibiotic Use webpage. The portal highlights national AU Option data for 2023 and allows users to explore and visualize national- and state-level SAAR distributions from 2021-2023.

AU Data Quality Outreach

The AUR Team conducted an AU data quality evaluation and outreach for developing the 2024 AU Option Data Report. A number of issues were identified as items needing to be confirmed or corrected in order to include those facilities' data in the report. Facilities with these data quality concerns have received their notifications and are asked to reply and correct the issue (if needed) no later than June 30.

As a reminder, we encourage facilities to routinely check their AU data by running the AU Option DQ Line List within NHSN. Facilities looking for a more in depth evaluation of their data can use the Annual AU Data Validation Protocol.

AR Option Updates

Three issues impacting the upload of AR Events were identified and fixed in recent months. Facilities holding AR Event files originally impacted by these issues can re-upload them at this time.

- All *Enterococcus* files failing to upload from December 14-January 23
- All Group B *Streptococcus* files failing to upload from January 23-30
- Some skin, soft tissue, wound, and musculoskeletal files failing to upload from January 1-May 29

Please reach out to NHSN@cdc.gov with questions or if you continue to receive error messages during upload.

2024 NHSN Annual Hospital Survey Responses and Potential SAAR Value Changes

The 2024 NHSN Annual Hospital Survey is now available for NHSN facilities to complete. NHSN uses Annual Hospital Survey data for facility-level risk adjustment in SAAR models. Prior to the completion of the 2024 survey, your 2024 and 2025 SAARs were risk-adjusted based on your 2023 survey responses. Once your facility completes the 2024 survey and you generate new data sets within NHSN, those survey responses will be used to risk adjust your 2024 and 2025 SAARs instead. It is possible your 2024 survey responses may move your facility to a different risk adjustment category for one or more SAARs. If this happens, you will notice a change in your 2024 and 2025 SAAR values from what they were before your facility completed the 2024 Annual Hospital Survey. Refer to page 25 of the SAAR Guide for more information.

AU Option Synthetic Data Set Validation

Are you seeing the following error message when uploading AU Option CDA files for March 2025 and forward?

1.1	The AU Summary file does not contain an updated SDS Validation ID. Please work with your vendor to correct the issue prior to re-uploading the file.

If so, your software vendor needs to complete the re-validation of their software. We recommend clarifying their timeline for completing the validation process so you can stay up to date with your AU reporting. Reach out to NHSNCDA@cdc.gov with questions.

AR Option Capture of Antimicrobial Resistance Markers

The NHSN AR Option will be updated to accept rapid molecular detection of antimicrobial resistance markers beginning in June 2026. Facilities will be able to report whether specific molecular tests were performed on eligible isolates and the results of those tests. These data can be reported using the R4-D4 Implementation Guide which will be accepted in NHSN as of June 2026. More information will be shared later this year.

HEALTHCARE PERSONNEL SAFETY COMPONENT

Retirement of Healthcare Personnel Exposure Modules

The Healthcare Personnel Exposure Modules are used to monitor data on healthcare personnel for blood/body fluid exposures, assess the impact of preventive measures, and characterize antiviral medication use for exposures to influenza. Participation in the Healthcare Personnel Exposure Modules has declined over time, and NHSN has decided to retire the modules in June 2025 due to low participation. Facilities can continue to access their historical exposure data for analysis after the modules are retired. We would like to thank all facilities that used these modules to monitor and promote the safety of healthcare personnel across the United States.

DIALYSIS COMPONENT

Mark Your Calendars – Q1 2025 QIP Deadline

The 2025 Quarter 1 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 Monday, June 30 **at 11:59 PM PT**. Facilities reporting to NHSN should report all three months (January, February, March 2025) of data no later than June 30, 2025, in order to receive full credit for Q1 2025 reporting and meet requirements for the CMS ESRD QIP.

Retirement of Central Line Insertion Practices (CLIP) Modules

The Central Line Insertion Practices (CLIP) Modules are used to monitor adherence to evidence-based central line insertion practices known to reduce the risk of subsequent central line-associated bloodstream infections (CLABSIs). Participation in the CLIP Modules has declined over time, and NHSN has decided to retire the modules due to low participation. We would like to thank all facilities that used these modules to monitor and promote the safety of patients across the United States.

In April 2025, the CLIP Modules were removed from the NHSN Monthly Reporting Plan. Facilities can no longer enter *new* CLIP events (dated 04/01/2025 and later) but can still enter *prior* CLIP events (dated 03/31/2025 and earlier) until the modules are fully retired in September 2025. Facilities can continue to access their historical CLIP data for analysis after the modules are retired. Again, thanks to all facilities that used these modules to improve their central line insertion practices.

BIOVIGILANCE COMPONENT

Hemovigilance Reminders

We would like to extend a friendly reminder to submit your Hemovigilance Annual Facility Survey. The Annual Facility Survey should be a reflection of data from the previous calendar year. Additionally, we ask that you verify your facility's hemovigilance contact information such as name, phone number, and email at your earliest convenience. Please email the NHSN helpdesk and request assistance from the Hemovigilance team if you are unsure of how to check this information.

GENERAL NHSN INFORMATION

NHSN SSI Operative Procedure Code List Updates

The Centers for Medicare & Medicaid Services implemented several new procedure codes into the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), effective April 01, 2025. The following six codes will be added to the NHSN SSI operative procedure code list in the May 1st, 2025, release. **Procedures performed on or after April 01, 2025,** and assigned one of these procedure codes should be included in SSI surveillance starting April 01, 2025.

Additionally, a single OVRY code will be removed from the application as part of NHSN's annual procedure code maintenance work.

Procedure Code Category	ICD-10-PCS Codes	Procedure Code Descriptions	Code Status
NEPH	0TT00Z0	Resection of Right Kidney, Open Approach, Allogenic	ADD
NEPH	0TT00Z1	Resection of Right Kidney, Open Approach, Syngeneic	ADD
NEPH	0TT00Z2	Resection of Right Kidney, Open Approach, Zooplastic	ADD
NEPH	0TT10Z0	Resection of Left Kidney, Open Approach, Allogenic	ADD
NEPH	0TT10Z1	Resection of Left Kidney, Open Approach, Syngeneic	ADD
NEPH	0TT10Z2	Resection of Left Kidney, Open Approach, Zooplastic	ADD
OVRY	0U900ZX	Drainage of Right Ovary, Open Approach, Diagnostic	REMOVE

NHSN External Validation Toolkit

NHSN provides and maintains resources for state and local health departments to conduct validation of facility-level NHSN data for several HAIs. Below are a few key points for facilities to understand the purpose and process for NHSN external validation activities.

What is External Validation?
- A standardized process for reviewing surveillance procedures and reporting protocols by an external party.

Who Performs NHSN External Validation?
- State or local health departments.

What is the Purpose of External Validation?
- To ensure compliance with NHSN standards for surveillance.

How Does a Facility Benefit from External Validation?
- Facilities receive a confidential, non-punitive evaluation of their surveillance procedures and event reporting, along with tailored feedback and education.

- Strengthens relationships with health department staff.

- Prepares for CMS or other regulatory audits.

How Can My Facility Participate?
- If selected by your health department:

    o Respond promptly to requests for line lists.

    o Collaborate with facility leadership to provide access to medical records.

Where Can I Learn More About External Validation?
- Visit the CDC NHSN External Validation page: CDC External Validation

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2025 NHSN Release Schedule

- The NPPT site is currently on 13.1.2.
  - Please send any issues found to NHSNCDA@cdc.gov.
- The 2025 NHSN Release Roadmap for vendors is below:

2025 NHSN Release Roadmap for Vendors

March 29 13.1.0	June 21 13.2.0	September 27 13.3.0	December 13 14.0.0
Implement R1 IG for Long Term Care Antimicrobial Use (AU) – On Hold - Manual Import - Direct Import	**Implement R4-D3 for Patient Safety AUR** – On Hold - ARO Events - ARO Summary		**Annual Survey Updates** **Annual Code Updates** **Implement R4-D3 for Patient Safety, Dialysis, and Neonatal** – On Hold - Race, Ethnicity - Language - Interpreter Needed - Interpreter Used **Implement R1-D1.2 IG for Long Term Care** – On Hold - Laboratory Identified MDRO/CDI Event

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. The effective date in production will be January 1, 2026.

Release 13.2.0 – CDA Impact

Patient Safety Component

- NHSN is planning to update the CDA business rules for MDRO/CDI Summary to accept MDRO and CDIF values sent in CDA for the number of patient days and admissions, **effective June 21, 2025.**

Release 13.3.0 – CDA Impact

- NHSN will be retiring 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.**

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**.

Dialysis Component

- The Dialysis Event will be updated to account for the option, catheter-graft hybrid.

Patient Safety Component

- BSI Event – Revise the birthweight rules.
- The business rules for 'Patients <= 1 year old' will be revised to accommodate 365 days.
- AU Option
  - Additional drugs: Aztreonam-avibactam, gepotidacin, sulopenem

- AR Option
  - Drug panel additions: Rezafungin & sulbactam/durlobactam
  - Specimen source updates:
    - Remove genital specimens
    - Add synovial fluid specimens
  - Pathogens will be updated
  - Facilities to report summary data (patient days) by individual inpatient location

AR Option IG Update

The AR Option will no longer be moving to the R4-D3 Implementation Guide (IG). NHSN will be moving instead 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 later this year.

AU Option SDS Update

Version 5.1 of the Antimicrobial Use (AU) Option Synthetic Data Set is posted: AUR Synthetic Data Set Validation | NHSN | CDC. In this version, we made an update in the medication administration table to resolve the medication administration timestamps that occurred before the patient arrived in a ward.

Vendors that have already passed AU SDS using v5.0 do not need to revalidate. Vendors that have not yet passed AU SDS using v5.0 should use 5.1 moving forward.

Vendors creating AU files for customers must revalidate their software using the 5.1 version prior to March 1, 2025. Upon revalidating, vendors will receive an updated AU SDS Validation ID to be included in their AU CDA files. AU CDA files for March 2025 and forward will fail to upload without the updated AU SDS Validation ID (see error message below).

1.1	The AU Summary file does not contain an updated SDS Validation ID. Please work with your vendor to correct the issue prior to re-uploading the file.

Note: Please use the updated webservice link when validating: https://nhsnpilot.ng.techlab.cdc.gov/AUValidation-Production/home.html

AR Option SDS Update

AR SDS v1.6 is the currently posted version. This version updated the dim_wardmapping file to test transfers to ineligible inpatient locations. **This version of the AR SDS is optional.** Vendors are not required to validate using the AR SDS v1.6 if they already validated using a previous AR SDS version. The NHSN Team expects vendors to complete the AR SDS Validation process once per vendor software version.

The AR SDS webservice links remain the same:

AR Event: https://nhsnpilot.ng.techlab.cdc.gov/ARValidation-Numerator/home.html

AR Summary: https://nhsnpilot.ng.techlab.cdc.gov/ARValidation-Denominator/home.html

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 IMPORANT 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.

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 GitHub site: https://github.com/HL7/cda-hai
  ➢ The latest CDA Schema is located on the HL7 GitHub site: https://github.com/HL7/cda-core-2.0/tree/master/schema/extensions

• The Guide to CDA Versions is available on the CDA Portal Implementation Toolkits & Resources Website: https://www.cdc.gov/nhsn/cdaportal/toolkits.html

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	2025	2024	2023	2022
CDA Toolkit Release	13.1	12.2	11.1	10.1
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	R3-D3
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	R2-D1.1
Laboratory-identified (LabID) MDRO or CDI Event	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1

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:
- Archived Newsletters: https://www.cdc.gov/nhsn/newsletters/index.html
- Archived NHSN email communication: https://www.cdc.gov/nhsn/commup/index.html
  - Includes release notes and summary of updates for specific components
- Vendor webinars & training videos: https://www.cdc.gov/nhsn/cdaportal/webinars.html

NHSN Helpdesk Activity Updates

Quarter 2, 2025

(Averages)

- 158 new facilities enrolled in NHSN this quarter
- 22 Ambulatory Surgery Centers (ASCs) enrolled this quarter
- 18,353 Tickets/Cases this quarter
- 17,541 Tickets/Cases closed this quarter

NHSN Enrollment Updates

NHSN Enrollment Update (as of June 06, 2025):

4,296 Hospitals (this includes 633 Long-term Acute Care Hospitals and 573 Free-standing Inpatient Rehabilitation Facilities)

8,697 Outpatient Hemodialysis Facilities

6,915 Ambulatory Surgery Centers (ASCs)

18,727 Long-term Care Facilities

38,635 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
E-mail: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn