



CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN eNewsletter

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Patient Safety Component

Analysis Updates

New Claims Data Reporting Plan

NHSN will begin partnering with the National Center for Health Statistics (NCHS) to streamline the submission of inpatient and emergency department claims data to CDC for hospitals who participate in the National Hospital Care Survey. Beginning in July 2026, acute care facilities enrolled in the Patient Safety Component will have the option of reporting claims data directly to NHSN by completing a Claims Data Reporting Plan. For those hospitals who participate in the National Hospital Care Survey, you can use the Claims Data Reporting Plan to indicate that you would like NHSN to share your claims data with NCHS for use in the National Hospital Care Survey. For more information on the Survey, visit the [National Hospital Care Survey page](#).

Note: *At this time, claims data reporting is only intended for participants in the National Hospital Care Survey or NHSN CoLabs.*

New Bacteremia and Fungemia Surveillance Module Homepage

NHSN is pleased to introduce the [Bacteremia and Fungemia Surveillance Module homepage](#)—our newest [digital quality measure \(dQM\)](#) that will become available for voluntary NHSN reporting starting in 2027.

The page provides an overview of objectives and benefits of the module for reporting and includes the most recent version of the protocol. We have also updated the [NHSN dQM Resource Center](#) with additional resources for the [Hospital Onset Bacteremia measure](#), a quality measure calculated within the Bacteremia and Fungemia module.

We encourage all NHSN users—clinical, informatics, and quality teams alike—to visit both the Bacteremia and Fungemia dedicated page and the NHSN dQM Resource Center to explore the available materials. Staying informed and prepared will help ensure a smooth transition to digital quality measurement reporting.

2025 External Validation Toolkits Now Available

The [2025 NHSN External Validation Toolkits](#) are now available to assist healthcare facilities and health departments assess infection control efforts and verify the reliability of submitted 2025 data. We have additionally updated the validation webpage's Statistical Tools section with SAS programs to produce summary level reports of the validation data collected at the jurisdiction and facility level for 2025 data.

If your jurisdiction or facility is interested in conducting validation and would like to consult with NHSN staff, SAMS users can contact us through the [NHSN-ServiceNow Customer Service Portal](#) or email the Help Desk at nhsn@cdc.gov with the subject line "External Validation Toolkit."

Wrapping Up the 2022 Rebaseline!

The NHSN Team released the final set of [2022 Baseline](#) reports in May 2026, wrapping up the rebaseline project. These new reports allow facility and group users to generate 2022 baseline SIRs, SURs, and TAP reports for the following data in the tables below:

SIR Reports				
HAI Type	Acute Care Hospitals (ACHs)	Critical Access Hospitals (CAHs)	Long-Term Acute Care Hospitals (LTACHs)	Inpatient Rehabilitation Facilities (IRFs)
SSI (COLO and HYST; Complex 30-day)	✓	✓	-	-
SSI Inpatient Models (All SSI Data, Complex A/R)	✓	✓	-	-
SSI HOPD Models (All SSI Data)	✓	✓	-	-
SSI Complex 30 Day by Surgeon	✓	✓	-	-
MRSA Blood LabID Event	✓	✓	✓	✓
CLABSI	✓	✓	✓	✓
CAUTI	✓	✓	✓	✓
CDI LabID Event	✓	✓	✓	✓
MBI-LCBI	✓	-	-	-
VAE	✓	✓	✓	✓
Pediatric VAE	✓	-	-	-

Boxes with dashes (-) indicate that no report will be created.

TAP Reports

HAI Type	Acute Care Hospitals (ACHs)	Critical Access Hospitals (CAHs)	Long-Term Acute Care Hospitals (LTACHs)	Inpatient Rehabilitation Facilities (IRFs)
CLABSI	✓	✓	✓	-
CAUTI	✓	✓	✓	✓
MRSA	✓	✓	-	-
CDI	✓	✓	✓	✓
TAP Dashboard	✓			

Boxes with dashes (-) indicate that no report will be created.

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)
CLABSI-Onc	✓	✓	-	-	-
CAUTI-Onc	✓	✓	-	-	-
SSI (COLO and HYST; Complex 30-day)	✓	-	-	-	✓
MRSA Blood LabID Event	✓	✓	-	-	✓
CLABSI	✓	✓	✓	-	✓
CAUTI	✓	✓	✓	✓	✓
CDI LabID Event	✓	✓	✓	✓	✓

Boxes with dashes (-) indicate that no report will be created.

SUR Reports				
HAI Type	Acute Care Hospitals (ACHs)	Critical Access Hospitals (CAHs)	Long-Term Acute Care Hospitals (LTACHs)	Inpatient Rehabilitation Facilities (IRFs)
Ventilator Days SUR	✓	✓	✓	✓
Pediatric Ventilator Days SUR	✓	-	-	-
Central Line Days SUR	✓	✓	✓	✓
Urinary Catheter Days SUR	✓	✓	✓	✓

Boxes with dashes (-) indicate that no report will be created.

Users can access these new reports from the NHSN Analysis Reports [treeview](#). Under the “HAI Risk Adjusted Measure Reports (SIRs, SURs)” parent folder, a new sub-folder, titled “2022 Baseline (Baseline Set 3)” contains the 2022 baseline SUR and SIR reports. The CMS SIR reports can be found in each respective facility type sub-folder under the “CMS Reports” parent folder. In addition to the SIR and SUR reports, some line listing reports, frequency tables, rate tables, and charts have been updated to include 2022 rebaseline specific variables, also available for analysis.

How Should I Use These Reports?

These new reports are available for use by your facility and group to aid in HAI surveillance and prevention efforts. The 2015 baseline SUR reports continue to be available for use in NHSN. Before running new 2022 baseline SUR reports in NHSN, please remember to [generate new data sets](#) and resolve all applicable alerts from the Patient Safety Component home screen.

New educational resources and updates are available on the [NHSN Rebaseline Education webpage](#), including a [Rebaseline Roadmap](#), [SIR Implementation Guide and Change Log](#), [“Which Baseline Should I Use” Fact Sheet](#), [NHSN Guide to the SIR](#), [CDC Location List of Device-associated HAIs](#), [SIR Model Explorer](#), and updated [Rebaseline Frequently Asked Questions \(FAQs\)](#). This page will also be updated with a new NHSN Guide to the SUR coming soon.

New CMS educational resources have been newly posted or recently updated on the [CMS Requirements](#) page within each facility type sub-page. Users can navigate to the [Analysis Quick Reference Guide](#) webpage to find TAP Report resources, including:

- [CAUTI TAP Report Guide for a Facility User within NHSN](#)
- [CLABSI TAP Report Guide for a Facility User within NHSN](#)

- [CDI TAP Report Guide for a Facility User within NHSN](#)
- [MRSA TAP Report Guide for a Facility User within NHSN](#)
- [TAP Dashboard Quick Reference Guide](#)
- [TAP FAQs](#)

AUR Module Updates

SAAR Rebaseline Updates

SAAR reports and SAAR plots based on the updated 2023 baseline and risk models are now available in the NHSN application for facilities and groups. The TAS Dashboard and TAS Reports continue to use the 2017/2018 baseline SAARs at this time; these will be updated to use the 2023 baseline in a future NHSN release planned for this summer.

Education and outreach efforts related to the 2023 SAAR Rebaseline are ongoing. NHSN launched a dedicated [SAAR Rebaseline webpage](#), where resources are being posted on a rolling basis.

Currently available resources include:

- Slides and recordings from our first and second educational SAAR Rebaseline webinars:
 - [“How will my SAARs change?”](#)
 - [“Introduction to the NHSN 2023 Baseline SAAR Models and Analysis Reports”](#)
- Slides from the third educational SAAR Rebaseline webinar, presented during the 2025 NHSN Annual Training: [“Using Data for Action with the 2023 AU SAAR Rebaseline”](#)
- An updated [NHSN SAAR Guide \(interim\)](#) with details on the new 2023 risk models
 - The comprehensive SAAR Guide, including methods used in model development and recommendations for use, will be posted soon
- [Keys to Success with the SAAR](#)
- [“What is the SAAR Rebaseline and Why is it Important?”](#) fact sheet
- [SAAR Table](#) and [SAAR Table – By Location](#) quick reference guides

Additional materials will continue to be added to support facilities during this transition.

2025 AU Data Quality Outreach

The AUR Team is conducting AU data quality evaluation and outreach for developing the 2025 AU Option Data Report. Several issues were identified as items needing to be confirmed or corrected to include those facilities’ data in the national 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, 2026.

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](#).

NHSN AUR Module Users Call

The AUR Team will be hosting an AUR Module webinar for NHSN users this summer. The session will highlight key AUR-specific topics, including:

- Overview of 2023 SAAR Rebaseline reports and materials
- Reporting AR summary data from individual inpatient locations
- Updates on AR Option culture independent diagnostic testing (CIDT)
- *Candida auris* updates
- Recent bugs impacting the AR Analysis & Reporting functionality
- Upcoming data quality outreach for the 2025 AR Data Report

All NHSN users who report to the AUR Module are encouraged to attend. The webinar will include presentations from the NHSN AUR Team followed by a live Q&A. Stay tuned for the webinar date announcement.

NHSN AR Option CIDT Updates

Effective July 1, 2026, hospitals will be able to optionally report culture independent diagnostic tests (CIDT) for specific resistance genes when using the R4-D4 Implementation Guide (IG). The R4-D4 IG will allow antimicrobial susceptibility testing to include phenotypic (for example, MIC, e-test, disk diffusion), molecular (for example, Biofire BCIDII, Luminex Verigene, GenMark Eplex BCID-GP, Accelerate Pheno BC Kit, Cepheid GeneXpert Xpert MRSA/SA BC, etc.), or both methods. **Updating to the R4-D4 IG is optional and the existing R3 IG will continue to be accepted.**

Eligible resistance genes include: blaCTX-M, blaIMP, blaKPC, blaNDM, blaOXA, blaVIM, MCR, mecA, mecC, MREJ, SCCmec, vanA, and vanB.

As a reminder, in circumstances where a single isolate undergoes additional testing (for example, susceptibility testing for additional drugs, phenotypic testing in addition to molecular AR gene testing, or additional molecular AR gene testing), the results for that single isolate should be combined into one AR Event file. Reporting phenotypic and genotypic results in two separate AR Event files will cause one file to trigger a duplicate error and fail to upload into NHSN.

Please see the updated [AUR Module Protocol](#) and [AR CDA Toolkit](#) for the updated reporting rules and value sets.

Education and Training Information

NHSN Education Resources

We are excited to announce that the 2026 Virtual NHSN Annual Training slide decks for Patient Safety, Outpatient Procedure, and Biovigilance Component Surveillance and Analytics are now available on the NHSN website! This year, we have expanded our training agenda to provide you with a wealth of knowledge and tools to enhance your understanding and reporting of healthcare-associated infections.

We invite you to explore our presentations covering a wide range of critical topics, including:

- Identification, Reporting, And Analysis of Catheter-Associated Urinary Tract Infections (CAUTI) and Central Line-Associated Blood Stream Infections (CLABSI)
- Insights Into Secondary Bloodstream Infections (BSI), Surgical Site Infections (SSI), MRSA Bacteremia, and C. Difficile LabID Events
- Comprehensive Discussions on Pneumonia Events, Ventilator-Associated Events (VAE), and Pediatric Ventilator-Associated Events (PedVAE)
- Antimicrobial Use and Resistance Module
- Reporting and Analysis of Antibiotic Use and Resistance Data
- Biovigilance Component-Module Hemovigilance
- Outpatient Procedure Component (OPC)
- Patient Safety Structural Measure
- NHSN Initiatives, including Digital Quality Measures and Nursing Staffing Indicator

We encourage you to take advantage of these valuable resources to enhance your training experience and improve patient safety outcomes.

Currently, only the PDF slides are available, and they're located on the NHSN training page at: [2026 NHSN Training - Videos and Slides](#). The videos will be posted at a later date, and we'll provide communication once they're available.

Navigate NHSN with Confidence: Education Tools & Resources

June Highlight: NHSN Educational Roadmaps

Not sure where to start with NHSN training? The NHSN Educational Roadmaps are here to guide you! The roadmaps provide a guided tour of the training materials and information needed to build a solid foundation in NHSN- from the basics all the way to more advanced training for each individual component or protocol. Each component roadmap includes a selection of educational and supplemental materials and tools designed to improve your understanding of NHSN surveillance definitions, reporting, and analysis, while supporting your day-to-day work as an NHSN user.

Whether you're just getting started or looking to sharpen your skills in a specific area, the Educational Roadmaps offer a clear, structured path forward. Visit the [NHSN Educational Roadmap](#) page to find the roadmap for your component and begin your learning journey today!

Long-Term Care Facility Component

Long-Term Care Facility Component Updates

Every Test Counts: How Your Covid-19 POC Data Protects Our Most Vulnerable

Long-term care facilities (LTCFs) serve on the front lines of protecting our most vulnerable populations. While the acute phase of the pandemic has passed, respiratory viruses remain a serious threat in congregate settings and require ongoing vigilance. COVID-19 Point-of-Care (POC) testing is a vital tool for rapid diagnosis, but its full public health value is realized only when results are reported consistently and accurately.

The Value of Consistent POC Reporting

Consistent POC reporting is essential because it directly strengthens both facility-level and broader public health responses. When test results are reported promptly, public health departments can quickly identify emerging clusters, mobilize local resources, and provide timely infection control guidance to limit the spread within a facility. Additionally, LTCF testing data serves as a critical indicator of community-level transmission trends, allowing health officials to adjust recommendations and communication strategies to better protect surrounding populations.

NHSN POC Test Reporting Tool Reminders and Resources

The [NHSN POC Test reporting tool](#) streamlines the reporting process by securely routing facility testing data to local, state, and federal health authorities, ensuring efficient and accurate data sharing. To make the most of this system, facilities should maintain active NHSN access by ensuring at least two staff members hold [Level 3 SAMS](#) credentials to avoid disruptions. High-volume testing sites are encouraged to use the .CSV upload feature, which reduces manual entry time. Additionally, capturing all required demographic and clinical information is essential, as complete data supports the identification of disparities and strengthens the overall epidemiological picture.

Thank you for your ongoing commitment to infection prevention and for your partnership in keeping our communities safe. Your dedication to accurate and timely reporting is a cornerstone of our public health infrastructure.

Questions:

Please use [NHSN-ServiceNow](#) to submit questions to the NHSN Help Desk. If you are unable to access ServiceNow, please email the NHSN Help Desk at nhsn@cdc.gov.

Dialysis Component

Dialysis Updates

Mark Your Calendars – Q1 2026 QIP Deadline

The 2026 Quarter 1 deadline (payment year 2028) for the Centers for Medicare and Medicaid End Stage Renal Disease Quality Incentive Program is right around the corner! **The deadline for reporting is Tuesday, June 30, at 11:59 PM PT.** Facilities reporting to NHSN should report all three months of data (January, February, and March 2026) no later than June 30, 2026, in order to receive full credit for Q1 2026 reporting and meet requirements for the CMS ESRD QIP.

Update to Antimicrobial Resistance & Patient Safety Portal, Healthcare-Associated Infections in Dialysis dashboard Summer 2026 Release

In addition to the 2024 standard release, the full year of 2025 data for the Antimicrobial Resistance & Patient Safety Portal (AR&PSP), Healthcare-Associated Infections in Dialysis dashboard ([Healthcare-Associated Infections in Dialysis | A.R. & Patient Safety Portal](#)), will be released this summer. The standard dialysis dataset will continue to include national and state-level details for three event types:

- Bloodstream infections (BSI)
- Intravenous antibiotic starts (IVAS)
- Pus, redness, or increased swelling (PRS)

BSIs will remain reported as the Standardized Infection Ratio (SIR), while IVAS and PRS will continue to be presented as crude rates per 100 patient-months.

Each event type may also be stratified by the four dialysis access types:

- Central venous catheter (CVC)
- Arteriovenous (AV) fistula
- AV graft
- Other access types

Building on these existing data, this release will introduce state-level data for the new 2023 rebaseline SIR for both years 2024 and 2025. These rebaseline data reflect NHSN's updated national dialysis BSI baseline and revised risk-adjustment models. Additional details about the updated calculations can be found in the following resources: [Dialysis BSI Rebaseline | NHSN | CDC](#) & [BSI Rebaseline FAQ](#).

For the first time, SIRs based on the 2023 standard will be available at the state and territorial levels. While SIRs will be provided for both the 2014 (“old SIR”) and 2023 (“new SIR”) baselines, it is important to note that values derived from different baselines cannot be directly compared. The release of the 2023-standard SIRs is intended to give stakeholders an early view of future SIR performance; however, these updated SIRs will not be officially used by CMS until performance year 2027/payment year 2029.

Upcoming Dialysis Office Hours

The NHSN Dialysis team will be highlighting important topics over the next two months to support your facility's reporting and data management.

June will feature Elizabeth Kalayil, CDC Public Health Analyst, presenting on the reporting of COVID-19 vaccination data among healthcare personnel.

July will feature Lauren Powell, CDC Scientific Data Analyst I, with a session focused on dialysis event data quality within NHSN. This will include 2025 data, as well as insights on reporting consistency, data completeness, and opportunities to improve data collection across BSI, IVAS, and PRS events.

These Office Hours topics are designed to strengthen your understanding and support accurate, timely NHSN reporting.

Please watch for upcoming communications with additional details and registration information for each topic. We look forward to continuing to support your facility's reporting efforts.

NEW SIR Report & Analysis Dataset

We are pleased to announce that a new Dialysis BSI SIR report and analysis dataset are now available in the NHSN application.

This update reflects the newly established 2023 baseline for dialysis BSI data and will be used for ongoing analysis and reporting within NHSN. Facilities can now view and utilize the new report and data in the application. **Note:** the old SIR report will remain in the NHSN analysis function for the next few years.

We encourage all dialysis facilities and partners to log in to NHSN to review the newly updated SIR report and familiarize themselves with any resulting changes to their data outputs and reports. CMS will begin using the new SIR in performance year 2027 for payment year 2029.

For additional details, visit the NHSN Dialysis BSI Rebaseline webpage ([2023 Dialysis BSI Rebaseline](#)).

Biovigilance Component

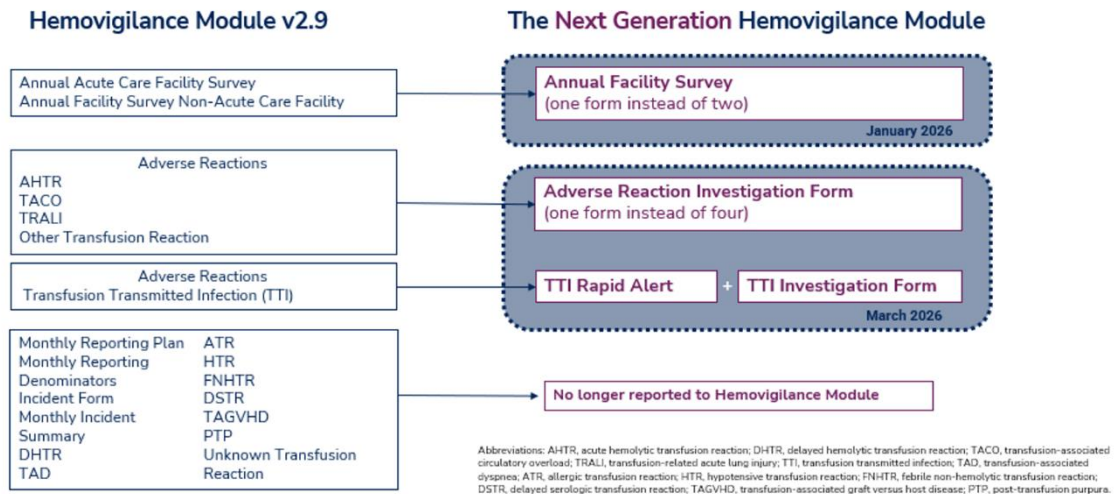
Hemovigilance Reminders

Does your facility transfuse blood? Please consider reporting to the updated Hemovigilance Module in 2026:

The Hemovigilance Module within NHSN's Biovigilance Component serves as the national surveillance platform for reporting blood safety events among blood product recipients in U.S. healthcare facilities. Over the past 2 years, we have been working to streamline reporting, modernize data collection efforts,

and reduce burden of reporting to focus primarily on elements with highest public health priority. The Hemovigilance Module has gone from 20 unique reporting forms to only 4. Many data elements are being retired to shift the focus of the module to rapid identification of transfusion-transmitted infections (TTIs) and acute transfusion reactions, including acute hemolytic transfusion reactions (AHTRs), acute lung injury (TRALI), and transfusion-associated circulatory overload (TACO).

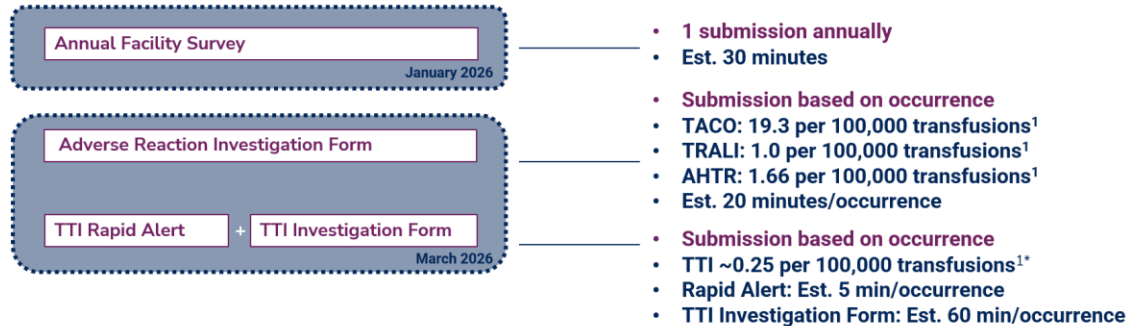
Next-Generation Hemovigilance Module



With these changes, we hope it will be feasible for all transfusing facilities to enroll and report to the module. We believe TACO, TRALI, AHTR, and TTI are relatively rare. The 2023 National Blood Collection and Utilization Survey estimates that TACOs occur at a rate of 19.3 per 100,000 transfusions, TRALI 1.0 per 100,000 transfusions, AHTR 1.66 per 100,000 transfusions, and TTIs are perhaps even more rare - ~0.25 per 100,00 transfusions.

These adverse reactions are rare.

The Next Generation Hemovigilance Module



There may be years where a facility may not have any reactions to report to the module.

¹Griffin IS, Kracalik I, McDavid K, et al. Supplemental findings of the 2023 National Blood Collection and Utilization Survey. Transfusion. Published online August 1, 2025. doi:10.1111/trf.18336
*May vary by pathogen

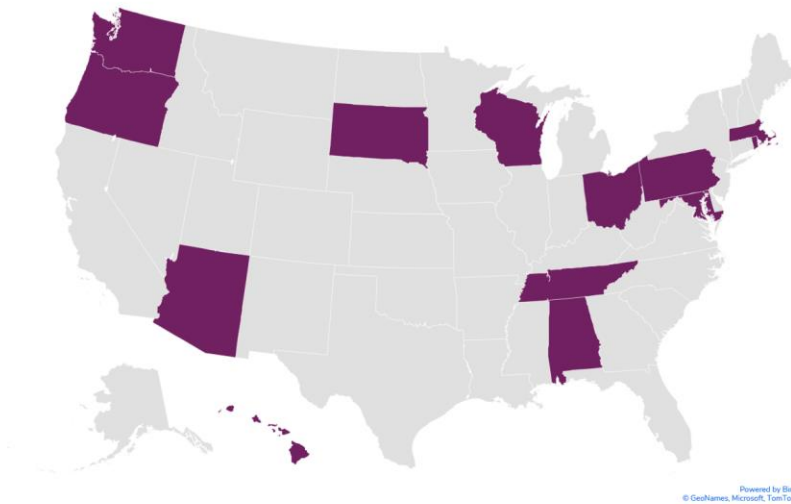
Please consider enrolling in the module. Activating the Biovigilance Component enrolls your facility into the Hemovigilance Module. Reach out with any questions: Hemovigilance@cdc.gov.

For facilities currently enrolled in the Hemovigilance Module:

- **Annual Facility Survey:** Please submit your Hemovigilance Annual Facility Survey if you have not already. The Annual Facility Survey should reflect data from the previous calendar year (January – December 2025).
- **State Health Department Hemovigilance Groups:** State health departments are in the process of creating statewide hemovigilance groups to identify emerging trends and improve reporting and response efforts related to transfusion-related adverse events. Please consider joining your respective state hemovigilance group. For more assistance, email hemovigilance@cdc.gov to get connected to your state health department point of contact.

Statewide Hemovigilance Groups

May 2026



- 13 health departments have created state hemovigilance groups

Alabama
Arizona
Hawaii
Massachusetts
Maryland
Ohio
Oregon
Pennsylvania
Rhode Island
South Dakota
Tennessee
Washington
Wisconsin

- **Office Hours:** Monthly Hemovigilance Module Office Hours are in session! Our 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.
 - Tuesday, June 30, 2026, at 3pm EST | Topic: TBD
 - Tuesday, July 28, 2026, at 3pm EST | Topic: TBD
- **Bi-weekly Q&A Sessions:** Pop in on our bi-weekly Q&A sessions if you have any questions about the module. Bi-weekly Q&As are informal sessions providing facilities with an opportunity to ask questions and seek guidance on the Hemovigilance Module.

If you have any questions, please email us at Hemovigilance@cdc.gov.

General NHSN Information

Explore the NHSN dQM Resource Center

NHSN is pleased to introduce the [NHSN Digital Quality Measures \(dQM\) Resource Center](#)—a centralized hub designed to support facilities as they prepare for and implement digital quality measurement reporting through NHSN.

The dQM Resource Center provides practical guidance, technical documentation, and implementation support materials to help organizations navigate FHIR®-based reporting. Whether you are just beginning your readiness journey or actively working toward implementation, the Resource Center offers tools to support each stage.

Key sections include:

- [FHIR Readiness](#)
Learn about system readiness considerations, technical prerequisites, and steps to prepare your organization for FHIR-based data exchange.
- [Implementation Guides](#)
Access detailed technical guidance to support successful integration and reporting.
- [Terminology Resources](#)
Explore value sets, code systems, and other terminology references essential for accurate digital quality measure reporting.
- [Measure-Specific Information](#)
Currently, detailed measure information is available for the Severe Hypoglycemia digital quality measure, including specifications and supporting materials.

Additional measure-specific resources will be added in the coming months as NHSN continues to expand digital quality measurement capabilities.

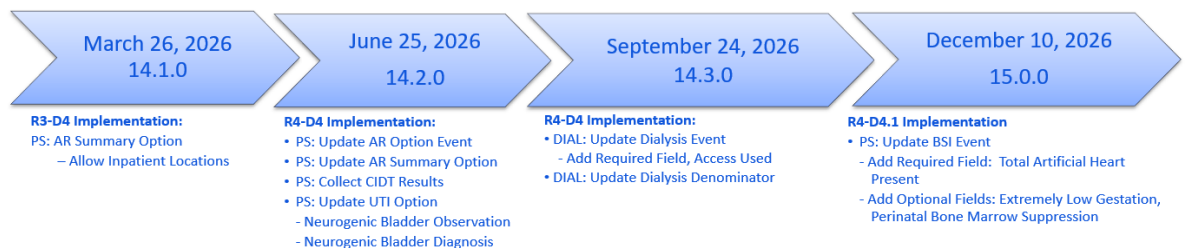
We encourage all NHSN users—clinical, informatics, and quality teams alike—to visit the [NHSN dQM Resource Center](#) and explore the available materials. Staying informed and prepared will help ensure a smooth transition to digital quality measurement reporting.

NHSN Vendor Corner

2026 NHSN Release Schedule

- The NPPT site is currently on 14.2.0.
 - Please send any issues found to NHSNCDA@cdc.gov.
- The NHSN Release Roadmap for vendors is below:
Note: Release dates and content are subject to change.

2026 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 14.2.0 – CDA Impact

The list below includes the changes with CDA impact to vendors currently slated for 14.2, which is planned for June 25, 2026.

Patient Safety Component

- AR Option
 - NHSN is planning to implement version R4-D4 of the CDA IG for AR Option reporting, **effective 7/1/2026**
 - 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.
 - Both AR Event and AR Summary records created using the R4-D4 IG will be accepted once this change is implemented.
 - 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.
- UTI Event
 - NHSN is planning to implement the Neurogenic Bladder Observation and Diagnosis. This includes submitting the Neurogenic Bladder indicator and the associated diagnosis for the neurogenic bladder and spinal cord injury. **Effective Date is 1/1/2026.**

CDA submission of these changes can be tested in the NPPT site, v14.2.0.

Release 14.3.0 – CDA Impact

The list below includes the changes with CDA impact to vendors currently slated for 14.3, which is planned for September 2026:

NHSN is planning to start implementing CDA version R4-D4 IG, **effective 1/1/2027**, for the following:

- **Dialysis Component**
 - Dialysis Events – This change will include ‘Access used for dialysis at the time of the event’ field has been added as required in the CDA file for DIAL Events.
 - Dialysis Denominator – While there are no changes for dialysis denominator, this CDA is moving to the R4-D4 IG to be in line with Dialysis Events.

CDA submission of these changes can be tested in the NPPT site, v14.3.0.

Release 15.0.0 – CDA Impact

The list below includes the changes with CDA impact to vendors currently slated for 15.0, which is planned for December 2026:

NHSN is planning to start implementing CDA version R4-D4.1 IG, **effective 1/1/2027**, for the following:

- **Patient Safety Component**
 - BSI Event – NHSN is planning to add a new required field, Total Artificial Heart Present. To capture Neonatal Pediatric Revision, NHSN is also planning to add two additional questions for Extremely Low Gestation and Perinatal Bone Marrow Suppression. The fields for these two questions will be optional for all of 2027 and will be required in 2028.

CDA submission of these changes can be tested in the NPPT site, v15.0.0.

AR Option IG Update

Effective July 1, 2026, AR Events can be submitted with either R3 or R4-D4 IG. For 2026, both the R3 and the R4-D4 IGs will be accepted by NHSN.

The optional R4-D4 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. Of note, AR Event files generated using the R3 IG will not be able to report the new rapid molecular detection of antimicrobial resistance markers reporting. The [AUR Module Protocol](#) and [AR CDA Toolkit](#) will be updated accordingly.

AU Option SDS Reminder

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.

Please wait 24 hours before following up if your email involves messages sent to NHSN via Direct CDA Automation and have not received a response. 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 is imported via CDA and CSV for the following date ranges:						
HAls	October, 2023 - September, 2024	January, 2024 - December, 2024	April, 2024 - March, 2025	July, 2024 - June, 2025	October, 2024 - September, 2025	January, 2025 - December, 2025
Central Line Insertion Practices (CLIP-DIAL)	0%	0%	0%	0%	0%	0%
Central Line Insertion Practices (CLIP-PS)	34%	37%	38%	39%	33%	31%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%	100%
Urinary Tract Infection (UTI)	55%	55%	54%	55%	55%	55%
Surgical Procedure - via CSV	25%	24%	24%	23%	23%	22%
Dialysis Events (DEs)	75%	74%	76%	78%	79%	80%
ICU /Other Summary	53%	54%	56%	57%	58%	58%
Dialysis Summary	67%	68%	70%	71%	72%	71%
SCA ONC Summary	63%	65%	67%	68%	70%	71%
NICU Summary	56%	58%	59%	60%	61%	62%
Flu Summary	0%	0%	0%	0%	0%	0%
Blood Stream Infection	69%	70%	71%	71%	71%	71%
Surgical Site Infection	71%	73%	73%	74%	75%	76%
Laboratory Identified Event	81%	81%	82%	83%	83%	84%
Ventilator-Associated Events (VAE)	77%	76%	77%	78%	78%	80%
Antimicrobial Use	100%	100%	100%	100%	100%	100%
Surgical Procedure - via CDA	71%	72%	72%	74%	74%	75%
MDRO Summary	38%	39%	39%	38%	38%	39%
Hemovigilance 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](#).

As an Important Reminder...

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

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

NHSN Helpdesk Activity Updates

Quarter 2, 2026

(Averages)

- 39,241 Active Facilities enrolled in NHSN
- 36 Newly enrolled facility this quarter
- 18,344 New Tickets received this quarter
- 17,081 Closed tickets this quarter

Enrollment Updates

NHSN Enrollment Update (as of June 05, 2026):

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

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

