



CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN eNewsletter

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Patient Safety Component

Analysis Updates

Correction for Total Artificial Heart (TAH) CLABSI Exclusion

On August 14, 2026, the NHSN team sent an email regarding the exclusion and workaround for reporting Central Line-associated Bloodstream Infection (CLABSI) Total Artificial Heart (TAH). Please disregard the instructions in the August 14, 2026, email – these exclusions will not occur in calendar year 2026 reporting. Beginning with calendar year 2027 reporting, CLABSI events that meet the TAH exclusion criteria will be *automatically* excluded from the Standardized Infection Ratio (SIR) in the NHSN application.

The TAH exclusion will be automatically applied to the CLABSI SIRs and rates in NHSN beginning with CLABSI events occurring on or after January 1, 2027. The workaround previously provided should not be used. Please report CLABSI events according to the current [NHSN Bloodstream Infection Event \(Central Line-Associated Bloodstream Infection and Non-central Line Associated Bloodstream Infection\) CLABSI protocol](#).

Please submit questions to the NHSN Help Desk via [NHSN-ServiceNow](#) with the subject line “**TAH Exclusion Update.**” If you are unable to access ServiceNow, please [submit a question](#) to the NHSN Help Desk via email with the same subject line.

We apologize for the confusion and appreciate your attention to this correction.

AUR Module Updates

2023 SAAR Rebaseline resources are now available

SAAR Reports and Plots: SAAR reports using the updated 2023 baseline are now available for hospitals and NHSN Groups, along with new SAAR plots that allow users to view SAAR values over time. **Users must generate new data sets in NHSN to access the updated reports and plots.**

New 2023 SAAR Guide: The [2023 Standardized Antimicrobial Administration Ratio \(SAAR\) Guide](#) is now available. The guide provides details on the 2023 SAAR baseline, model development, and guidance for interpreting SAAR values.

Talking Points and Resources: Visit the [SAAR Rebaseline webpage](#) for tailored talking points and additional resources to help communicate the 2023 SAAR changes and support interpretation of the updated metrics.

Additional resources will be added as they become available.

AUR Users Call

The NHSN AUR Team hosted its AUR Module Users Call on July 23, 2026, featuring updates on the 2023 SAAR Rebaseline, AR Option reporting, data quality, and other AUR Module topics.

The slides also include guidance and practical examples for reporting rapid molecular test results for antimicrobial resistance (AR) genes.

The slide deck can be viewed here: [AUR Users Call slides](#)

New AU Option Case Example!

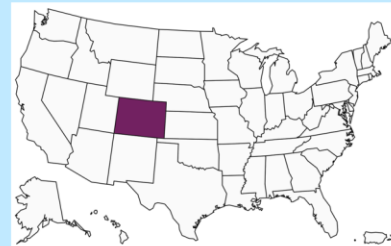
Have you been looking for ideas on how to use AU Option data in your hospital or group? The AUR Team maintains a list of [AU Option Case Examples](#) highlighting a variety of uses for AU Option data, both AU rates, and Standardized Antimicrobial Administration Ratios (SAARs). The team is working on refreshing our examples and the latest example to be posted is from the Colorado Department of Public Health and Environment (CDPHE). Take a look at the [CDPHE AU Case Example](#) to see how they produced automated AU feedback reports to provide to hospitals in their state.

Using NHSN AU Data to Deliver Automated Antibiotic Use Feedback to Colorado Hospital Stewardship Programs

[Print](#)

Key Take Away Points

- Automated antibiotic use (AU) feedback and adherence reports were feasible, scalable, and well-received.
- Reports fostered a connection between Colorado Department of Public Health and Environment (CDPHE) and antibiotic stewardship programs (ASPs) within hospitals.
- CDPHE provided analytic support that gave ASPs concise, comprehensive summaries of their hospital's AU.
- AU feedback reports allowed hospitals to benchmark antibiotic use against Colorado hospitals of similar bed size and facility type.



If you have an AU or AR Case Example to share, please reach out to us at NHSN@cdc.gov.

AU FAQs

The Antimicrobial Use (AU) Option FAQs have recently been updated with answers to the most commonly asked questions, including several new additions to the Import Errors and Standardized Antimicrobial Administration Ratio (SAAR) sections.

To make the FAQs easier to navigate, they are now organized across two webpages: one focused on general information related to AU and another on analysis-related questions, including topics such as the SAAR and Targeted Assessment for Stewardship (TAS).

Explore the latest updates and find answers at the links below:

General AU FAQs: [FAQs: Antimicrobial Use \(AU\) Option | NHSN | CDC](#)

AU Analysis FAQs: [FAQs: Antimicrobial Use \(AU\) Option Analysis | NHSN | CDC](#)

AR Option Reporting of Molecular Tests of Antimicrobial Resistance Now Available

Effective July 1, 2026, hospitals can optionally report molecular tests 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, 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.

The AUR Module Protocol and AR CDA Toolkit have been updated to reflect the new reporting rules and value sets. Additionally, you can refer to the [Summer 2026 AUR Users Call slides](#) to review the same-day deduplication rules.

AR Data Quality Outreach

Development of the **2025 AR Data Report** will begin later this year. To support the quality and accuracy of the report, data quality outreach will take place before report development begins. This outreach will check important AR metrics. The exact metrics are still being decided. Outreach is anticipated to begin during **Q3 2026**.

What to Expect: Hospitals selected for outreach will receive an email identifying any potential data quality issues that may require review. The email will include details about the potential issue, instructions for reviewing and addressing it, and the deadline for submitting a response. Hospitals receiving outreach are encouraged to carefully review the information provided and respond by the stated deadline to ensure their data are accurately reflected in the 2025 AR Data Report.

Additional information will be shared as outreach activities and report development move forward.

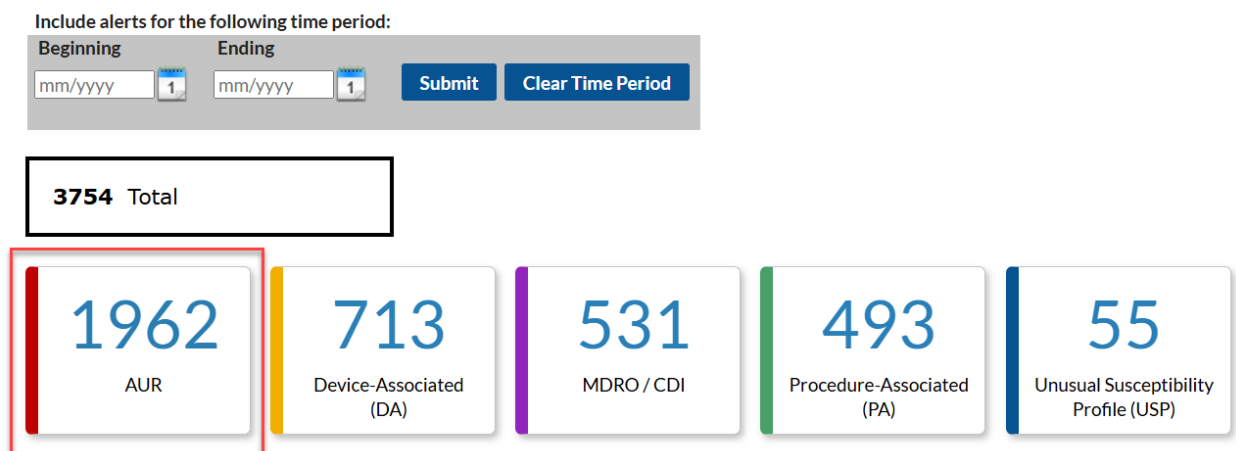
AUR Alerts & Report No AR Events

New AUR Alert Box

The new AUR alert box on the NHSN landing page provides a quick view of outstanding AUR alerts for your facility. The alert count helps users easily identify when AUR data may be missing and require review or follow-up. If you have AUR Alerts, use this [quick reference guide](#) to understand what they mean and how to clear them.

Disclaimer: The screenshot below is for example only from our fake facility.

ALERTS



Quick Reference Guide: Report No AR Events

The [Report No Antimicrobial Resistance \(AR\) Events Quick Reference Guide \(QRG\)](#) is now available to help NHSN users review and resolve Missing AR Event alerts and confirm complete AR Option reporting. A Missing Events alert may appear when AR is included in a facility's monthly reporting plan and AR summary data have been submitted for a month and location, but no corresponding AR events have been reported.

The guide provides step-by-step instructions for reviewing the monthly reporting plan, navigating to AUR Missing Events alerts, and determining whether the absence of AR events represents a 'true zero' or whether eligible AR events still need to be uploaded. If the facility confirms that no reportable AR events occurred for the applicable month and location, users can select the **Report No Events** box and save the update to clear the alert. Because AR event reporting criteria are broad, NHSN expects most hospitals to have AR events to report each month; facilities should confirm that no eligible isolates were identified before selecting Report No Events.

The guide also explains how to use the AR Summary Line List for ongoing data quality checks. The 'noEventAR' variable can help users identify whether a facility reported AR events, confirmed a true zero using the Report No Events box, or still needs to review a month in which no AR events were submitted.

How to Securely Send AUR Files to the NHSN Team for Troubleshooting

Have a file that you are trying to upload, and it keeps getting an error? Send it to the NHSN AUR Team for troubleshooting—just follow these security rules:

AR Event files: These files contain personally identifiable information (PII) and must be sent using secure/encrypted email. Do **not** send AR Event files through unencrypted email. If you do not have access to secure email, contact [for instructions](#).

AR Summary and AU Summary files: These files do not contain PII and may be sent through regular email. However, if a ZIP file includes any AR Event files, send the entire ZIP using secure/encrypted email.

Uploading files directly to NHSN: Do not encrypt or password protect files sent through the NHSN application. Files inside a ZIP must be placed directly in the ZIP—avoid folders or subfolders.

Quick Rule of thumb:

- **Sending AR Event file by email:** *Encrypt it.*
- **Uploading Files into NHSN:** *Don't encrypt it.*

Healthcare Personnel Safety Component

The 2026-2027 influenza season is here! Let's prepare to collect vaccination data among healthcare personnel

This is a reminder that the Centers for Medicare & Medicaid Services (CMS) requires certain facilities to report annual influenza vaccination data among healthcare personnel (HCP). The following CMS-certified facilities are required to report these data:

- Acute care hospitals
- Critical access hospitals
- Inpatient rehabilitation facilities (IRFs)
- Long-term acute care hospitals
- Prospective payment system-exempt cancer hospitals
- Skilled nursing facilities

In addition, IRF units located within the following facilities are required to report:

- Acute care hospitals

- Critical access hospitals
- Inpatient psychiatric facilities
- Long-term acute care hospitals

The reporting period for the 2026–2027 influenza season is October 1, 2026, through March 31, 2027. Facilities must submit one report covering the entire influenza season through the NHSN Healthcare Personnel Safety Component. The deadline to submit data is May 15, 2027. For instructions and additional resources, please visit the [Healthcare Personnel \(HCP\) Safety: Influenza Vaccination](#) webpage.

Long-Term Care Facility Component

Updates to Respiratory Pathogens & Vaccination Module

NHSN recently updated the Respiratory Pathogens & Vaccination Module to make reporting more comprehensive and streamlined. Updates to the summary-level and person-level forms include:

- **New therapeutics question:** A new question (#5) allows facilities to report therapeutic medications administered for COVID-19, influenza, and respiratory syncytial virus (RSV).
- **Expanded respiratory pathogens reporting:** The person-level form now allows facilities to report vaccination data for COVID-19, influenza, and RSV.
- **Modernized reporting format:** The person-level form includes new features designed to simplify data entry, such as the ability to add new vaccine doses using a single drop-down field.

NHSN provided training webinars on these updates in April 2026. Facilities can review the [webinar slides](#) for additional information.

Dialysis Component

Dialysis Updates

Mark Your Calendars – Q2 2026 QIP Deadline

The 2026 Quarter 2 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 **Wednesday, September 30 at 11:59 PM PT**. Facilities reporting to NHSN should report all three months (April, May, and June 2026) of data no later than September 30, 2026, in order to receive full credit for Q2 2026 reporting and meet requirements for the CMS ESRD QIP.

NHSN Dialysis Component is being Modernized

Modernization of the NHSN Dialysis Component will take place this fall. This modernization will make reporting faster, easier, and more reliable.

A modern cloud-based platform will provide stronger security, scalability, and system performance, while updated interfaces will simplify everyday workflows for dialysis facilities and infection prevention teams. Near real-time data collection will strengthen surveillance of dialysis events and infections, support faster public health decision-making, and improve coordination with CDC, CMS, and other partners.

Together, these improvements will create a more efficient, user-friendly, and responsive Dialysis Component helping facilities focus less on reporting and more on patient safety.

Watch for upcoming office-hours training sessions on the dialysis component modernization rollout and how it will change the way users interact with NHSN.

NEW Dialysis Data Pre-Submission Data Quality Tip and Checklist

Beginning in September 2026, the Quarterly Data Submission Deadline Reminder—typically distributed in early September, December, March, and June—will include two new resources: a quarterly Data Quality Tip and a link to a Data Quality Tip Sheet with a checklist for conducting pre-submission data quality reviews. The Data Quality Tip Sheet and Checklist are tools that support facilities in reviewing their data for completeness, accuracy, and consistency before finalizing data submissions. Facilities are encouraged to review the Tip Sheet and use the Checklist at least quarterly and ideally, monthly, to identify and address potential data quality issues.

New Freeze Date for Annual Outpatient Dialysis Practices Surveys

Starting this year, the answers to questions on the Annual Outpatient Dialysis Practices Survey will be frozen once each year, as part of the implementation of the new 2023 BSI SIR. Because the new SIR uses two items on the annual survey (hospital-affiliation and number of stations) in its calculation, freezing the surveys ensures that the annual survey information used to calculate the new BSI SIR aligns with the **same year** that events and summary data occurred. For example, a report generated using 2024 event and summary data must use information from the 2024 annual survey. A report using 2025 data must use the 2025 annual survey, and so on.

For 2026 only, all submitted Outpatient Dialysis Center Practices Surveys will be frozen at **11:59 p.m. on September 30, 2026**. After this date, any revisions to submitted surveys will not be applied to a facility's SIR score. From 2027 forward, the annual survey will freeze at **11:59 p.m. on June 30 each year**. This schedule is intended to align with the ESRD Quality Incentive Program first-quarter reporting deadline.

To prepare for this year's survey freeze deadline (**Sept. 30, 2026**), facilities should: complete and submit the annual Outpatient Dialysis Center Practices Survey, if it has not already been submitted, and review the submitted survey and confirm that all information is accurate before the freeze date.

Starting next year (2027), NHSN users will receive emailed reminders in early May and June to announce the June 30 freeze date. For additional information, refer to the Annual Survey Freeze FAQs here: [*\[place link here\]*](#)

Dialysis Office Hours

The August Office Hours training, **“Dialysis Event Reporting Change: New Hospitalization and Death Outcome Window,”** was developed by **Letty Lamping, MPH, CDC Public Health Analyst**, and is available on the [NHSN Dialysis Training webpage](#).

Join us for the **September Office Hours webinar** on **Wednesday, September 23, from 1–2 p.m. ET**. This month’s session, **“NHSN Facility Housekeeping to Support Reporting Readiness,”** will be presented by **Vannessa Cox, CDC Public Health Analyst**. Registration details will be shared via email in September. Please register when you receive the invitation to ensure you can join the live session.

Recordings and materials from previous Dialysis Office Hours, along with additional NHSN Dialysis Event training resources, are available on the [NHSN Dialysis Training webpage](#).

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 reporting of select acute transfusion reactions: acute hemolytic transfusion reactions (AHTRs), acute lung injury (TRALI), and transfusion-associated circulatory overload (TACO).

The Next Generation the Hemovigilance Module

Hemovigilance Module v2.9

Annual Acute Care Facility Survey
Annual Facility Survey Non-Acute Care Facility

Adverse Reactions
AHTR
TACO
TRALI
Other Transfusion Reaction

Adverse Reactions
Transfusion Transmitted Infection (TTI)

Monthly Reporting Plan ATR
Monthly Reporting HTR
Denominators FNHTR
Incident Form DSTR
Monthly Incident TAGVHD
Summary PTP
DHTR Unknown Transfusion
TAD Reaction

Hemovigilance Module v3.0

Annual Facility Survey
(one form instead of two)

January 1, 2026

Adverse Reaction Investigation Form
(one form instead of four)

TTI Rapid Alert

+ TTI Investigation Form

March 19, 2026

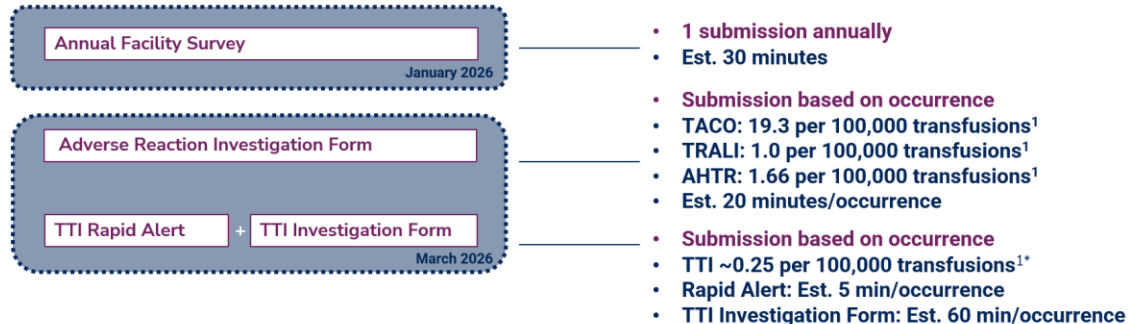
No longer reported to Hemovigilance Module

Abbreviations: AHTR, acute hemolytic transfusion reaction; DHTR, delayed hemolytic transfusion reaction; TACO, transfusion-associated circulatory overload; TRALI, transfusion-related acute lung injury; TTI, transfusion transmitted infection; TAD, transfusion-associated dyspnea; ATR, allergic transfusion reaction; HTR, hypotensive transfusion reaction; FNHTR, febrile non-hemolytic transfusion reaction; DSTR, delayed serologic transfusion reaction; TAGVHD, transfusion-associated graft versus host disease; PTP, post-transfusion purpura.

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, Kralick 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.

General NHSN Information

NHSN Facility Administrators: Get Trained and Stay Ready

Whether you are new to the Facility Administrator role or have been managing your facility in NHSN for years, a quick refresher can help you stay ready for common administrative tasks.

NHSN offers short training videos that walk through key Facility Administrator activities, including:

- [Adding a user to a facility](#) – Learn how to add a new user and begin assigning the access they need.
- [Reassigning the Facility Administrator role](#) – Review the steps for transferring the role when the current Facility Administrator is available.
- [Activating and deactivating users](#) – Learn how to manage user access as staffing and responsibilities change.

These resources can be useful when onboarding a new administrator, preparing for a staffing transition, or simply refreshing your knowledge of a task you do not perform often.

CDC's [NHSN Administrator Training](#) page also includes videos on enrolling a facility and adding a component.

Call to action: Watch the training videos and keep these resources handy for when you need them.

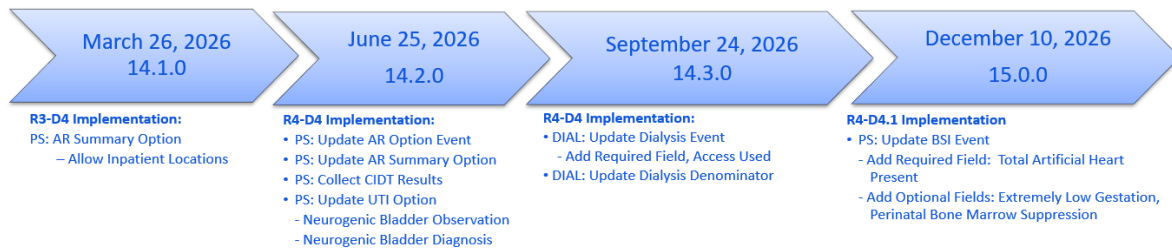
Need additional help? Contact the NHSN Help Desk through [NHSN-ServiceNow](#) if you have SAMS access, or email NHSN@cdc.gov if you cannot access ServiceNow.

NHSN Vendor Corner

2026 NHSN Release Schedule

- The NPPT site is currently on 14.3.0.
 - 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 14.3.0 – 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.

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- **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](#) have been updated.

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.

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](#).

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:							
HAI's	Version	January, 2024 - December, 2024	April, 2024 - March, 2025	July, 2024 - June, 2025	October, 2024 - September, 2025	January, 2025 - December, 2025	April, 2025 - March, 2026
Blood Stream Infection	ALL	70%	71%	71%	71%	71%	72%
Urinary Tract Infection (UTI)	ALL	55%	54%	55%	55%	55%	55%
Surgical Site Infection	ALL	73%	73%	74%	75%	76%	76%
Laboratory Identified Event	ALL	81%	82%	83%	83%	84%	84%
Dialysis Events (DEs)	ALL	74%	76%	78%	79%	80%	78%
Central Line Insertion Practices (CLIP-PS)	ALL	37%	38%	39%	33%	31%	20%
Central Line Insertion Practices (CLIP-DIAL)	ALL	0%	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	ALL	76%	77%	78%	78%	80%	81%
Antimicrobial Resistance Event	ALL	100%	100%	100%	100%	100%	100%
Antimicrobial Use	ALL	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	ALL	100%	100%	100%	100%	100%	100%
ICU /Other Summary	ALL	54%	56%	57%	58%	58%	59%
SCA ONC Summary	ALL	65%	67%	68%	70%	71%	72%
NICU Summary	ALL	58%	59%	60%	61%	62%	63%
Surgical Procedure - via CDA	ALL	72%	72%	74%	74%	75%	76%
Surgical Procedure - via CSV	ALL	24%	24%	23%	23%	22%	21%
MDRO Summary	ALL	39%	39%	38%	38%	39%	40%
Dialysis Summary	ALL	68%	70%	71%	72%	71%	71%
Flu Summary	ALL	0%	0%	0%	0%	0%	0%
Hemovigilance Summary	ALL	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 3, 2026

(Averages)

- 39,269 Active Facilities enrolled in NHSN
- 28 Newly enrolled facility this quarter
- 14,349 New Tickets received this quarter
- 13,185 Closed tickets this quarter

Enrollment Updates

NHSN Enrollment Update (as of September 03, 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.

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