

CDC/NHSN Outpatient Procedure Component Manual

Summary of Updates, January 2026

Below is a summary of significant modifications for the NHSN Outpatient Procedure Component Manual, which go into effect January 1, 2026.

Monthly Reporting Plan and Annual Facility Survey

Addition:

- Added 'Opt Out' to the Monthly Reporting Plan

Clarification: None.

Deletion: None.

Same Day Outcome Measures

No significant changes.

Surgical Site Infection Surveillance

Addition:

- Added reference to Association of periOperative Registered Nurses [AORN] for wound classifications available within the NHSN application.
- The following additions **in bold** made to OPC General, Breast Surgery (BRST), and Knee Prosthesis (KPRO) definitions:
 - Superficial Incisional SSI criterion 'c'
 - a superficial incision that is deliberately opened, re-accessed or **aspirated** by a surgeon, physician* or physician designee
 - AND
 - the surgeon, physician*, or physician designee **initiates or continues antibiotic or antifungal therapy on or in the two calendar days following the date of deliberate opening, re-access, aspiration with a duration of two calendar days or longer**
 - AND
 - patient has at least one of the following signs or symptoms: **new or worsening** localized pain or tenderness; localized swelling; erythema; or heat

* The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (**Advanced Practice Nurse [APN], Physician's Assistant [PA]**).

- Deep Incisional SSI 'b' 'organism identified' is now a standalone criterion and reads as follow:
organism(s) identified from the deep soft tissues of the incision by a culture- or nonculture- based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST])

- Deep Incisional SSI 'c'
a deep incision that is deliberately opened[†], re-accessed, or aspirated by a surgeon, physician[‡] or physician designee or spontaneously dehisces[¶]
AND
the surgeon, physician[‡], or physician designee **initiates or continues antibiotic or antifungal therapy on or in the two calendar days following the date of deliberate opening, re-access, aspiration or spontaneous dehiscence with a duration of two calendar days or longer**
AND
patient has at least one of the following signs or symptoms: fever (>38°C); **new or worsening** localized pain or tenderness

[†]Excludes any known multi-part/multi-phase procedures that occur over more than one operative episode [during the same admission] that is documented in the medical record by a surgeon **prior to or during the first operative procedure [for example, a plan to return to OR that is documented in the operative narrative of the first procedure would be eligible for use].**

[‡]The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (**Advanced Practice Nurse [APN], Physician's Assistant [PA]**).

Spontaneous dehiscence is defined as a re-opening of a surgical incision that is not due to external factors such as direct trauma.

- Updated SSI Event Reporting Instruction #1 [Excluded Organisms] to include vector-borne bacteria.

Clarification:

- Clarified that physician designee will include Advanced Practice Nurse [APN] or Physician's Assistant [PA].
- Clarified SSI Event Reporting Instructions [Excluded organisms].

Deletion: None.

Key Terms

Addition: None.

Clarification:

- Updated 'Physician' definition to 'Physician/Physician designee'.

Deletion: None.