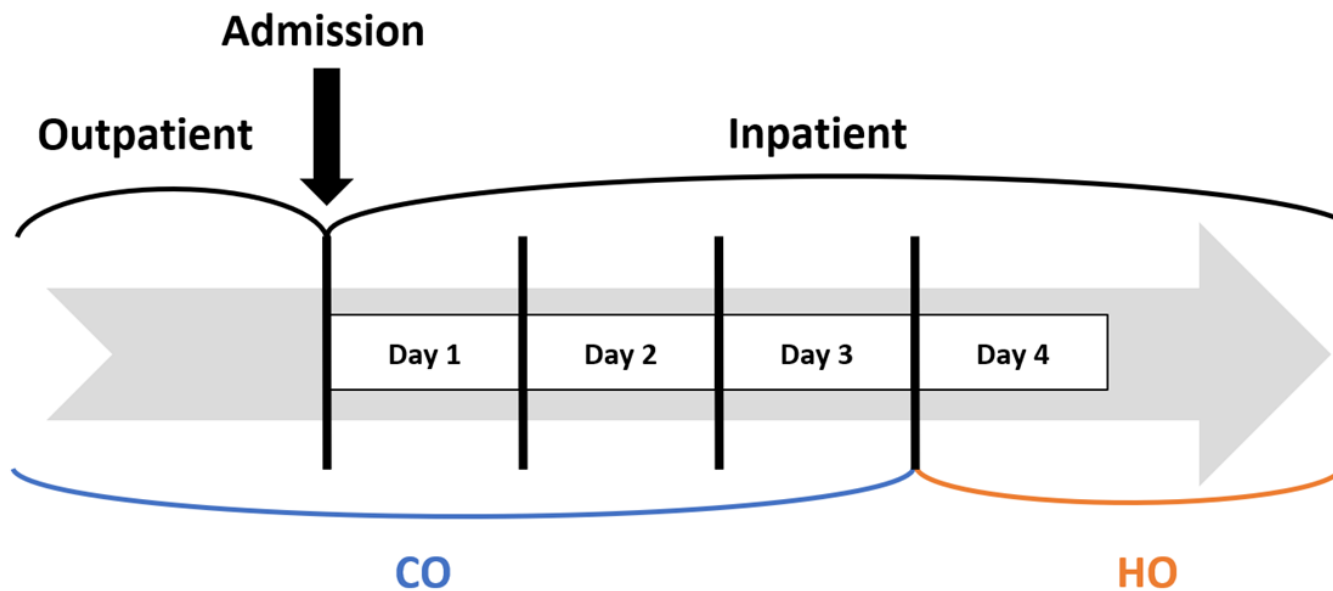


# Outpatient Antimicrobial Resistance Prevalence Rate Table

## Description

The Outpatient Antimicrobial Resistance Prevalence Rate Table is one of six incidence and prevalence reports for the Antimicrobial Resistance (AR) Option. This report includes a set of tables that display the calculated prevalence rates for community-onset AR Events with susceptibility results reported from all eligible outpatient locations to the AR Option that meet the definition for one of the many AR phenotypes. NHSN classifies AR Events as hospital-onset (HO) or community-onset (CO) based on the specimen collection date and date of admission (see screenshot below). Facility admission date is considered Day 1. If the specimen was collected in an outpatient location or in an inpatient location on Days 1, 2, or 3, the AR Event is classified as CO. If the specimen was collected in an inpatient location on Day 4 or after, the AR Event is classified as HO. The specific panel requirements for each organism are in Appendix F of the [AUR Module Protocol](#).



NHSN calculates the prevalence rate per 10,000 encounters for each AR phenotype using the following formula:

**Outpatient Prevalence Rate =**

$$\frac{\text{\# Community-onset AR Events from outpatient locations only}}{\text{\# Encounters}} \times 10,000$$

The default settings for the Outpatient Antimicrobial Resistance Prevalence Rate Table produce a report by quarter, but users can make modifications to display the data by half-year, year, or cumulative time periods. Users do not have the option to run the report by month. Additionally, NHSN includes



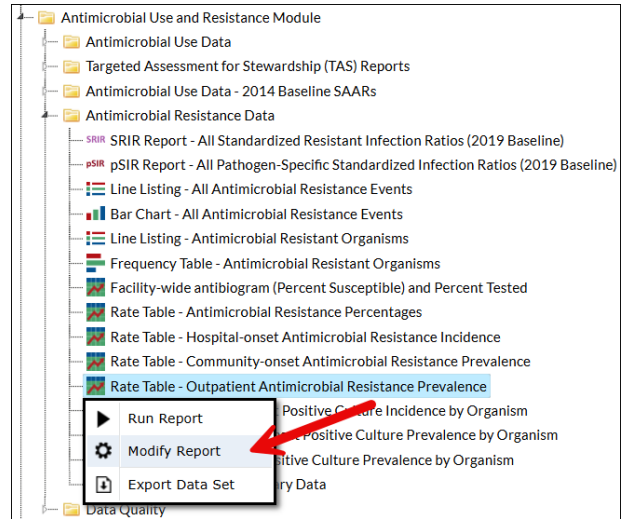
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rates by individual specimen source (blood, cerebrospinal fluid [CSF], lower respiratory specimen [LRS], urine, and skin, soft tissue, wound and musculoskeletal [SSTWM]) and a combined rate for all specimen sources in the report by default, for a total of six rates per table. The default option will include many rate tables, one for each AR phenotype.

## Example

Suppose you want to review the prevalence rates for community-onset extended-spectrum cephalosporin-resistant *E. coli* for 2022-2024 by year for your facility’s outpatient locations.

After generating data sets, to run the report, click Analysis > Reports > Antimicrobial Use and Resistance Module > Antimicrobial Resistance Data. After selecting the report, “Rate Table – Outpatient Antimicrobial Resistance Prevalence” in this case, a pop-up box will appear that will allow you to **Run Report**, **Modify Report**, or **Export Data Set**. Select **Modify Report** to customize your report.

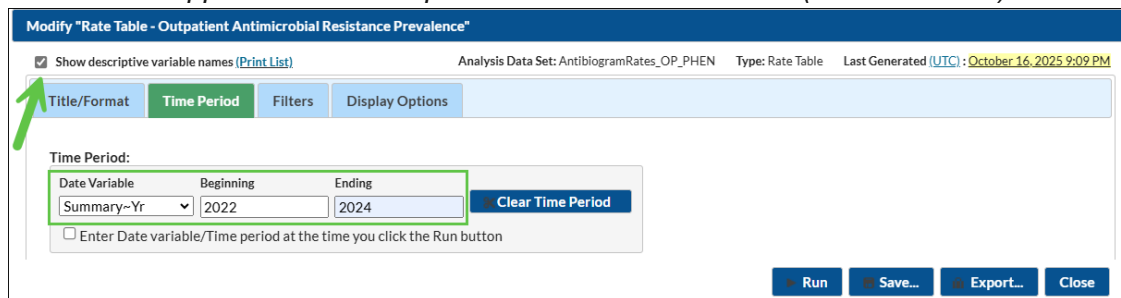


## Modifying the Report

For a general, step-by-step explanation of the NHSN modification screen, please refer to this [How to Modify a Report document](#).

When you choose to modify the report, the modification screen appears showing multiple tabs containing available modifications for the given report. The “Title/Format” tab allows you to update the report title and select the format in which you want the report displayed, such as HTML or PDF. To filter the data by time period, choose the “Time Period” tab at the top of the page. To display data for 2022-2024, select Summary~Yr with a beginning date of 2022 and an ending date of 2024.

**Tip:** For more descriptive variable labels on your report, check the box “Show descriptive variable names” that appears near the top of the modification window (recommended).



The “Display Options” tab allows you to pick how you’d like the tables displayed in your final report. For this example, we’d like the tables to display by year, so select Summary~Yr as the Group by value.



**Modify "Rate Table - Outpatient Antimicrobial Resistance Prevalence"**

Show descriptive variable names ([Print List](#))      Analysis Data Set: AntibioGramRates\_OP\_PHEN    Type: Rate Table    Last Generated (UTC): [October 16, 2025 9:09 PM](#)

Title/Format    Time Period    Filters    **Display Options**

Rate Table Options:

Group by: Summary~Yr

## Final Report

The example rate table shown below is the result of the modifications shown in this document. The report will display many rate tables; scroll down to the extended-spectrum cephalosporin-resistant *E. coli* table.

*Note: This example uses fictitious data for illustrative purposes only.*

National Healthcare Safety Network  
**Rate Table for Prevalence of Outpatient Antimicrobial Resistance by Phenotype (per 10,000 encounters)** ①  
As of: October 24, 2025 at 7:11 PM UTC  
Date Range: ANTIBIOGRAMRATES\_OP\_PHEN summaryYr 2022 to 2024

② Facility Org ID=33617 Phenotype Description=Extended-spectrum cephalosporin-resistant *E.coli*

Phenotype_AR	Summary Yr	Encounters	Blood Count	Blood Prevalence Rate	CSF Count	CSF Prevalence Rate	LRS Count	LRS Prevalence Rate	Urine Count	Urine Prevalence Rate	SSTWM Count	SSTWM Prevalence Rate	All Specimen Type Count	All Specimen Type Prevalence Rate
ESCecoli_AR	2022	3943	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
ESCecoli_AR	2023	1329	1	7.52	1	7.52	0	0.00	0	0.00	0	0.00	2	15.05
ESCecoli_AR	2024	1932	4	20.70	0	0.00	0	0.00	0	0.00	0	0.00	4	20.70

⑦ 1. This phenotype includes any *Escherichia coli* that has tested Resistant (R) or Intermediate (I) to at least one of the following: cefepime, ceftriaxone, cefotaxime, ceftazidime, ceftazidime-avibactam, or ceftolozane-tazobactam.  
2. Prevalence: number of community-onset AR Events (events from outpatient locations only) / encounters \* 10,000.  
Data contained in this report were last generated on October 22, 2025 at 6:33 PM UTC to include all data.

1. The title of the report specifies which rates are being displayed. Here, we are looking at the prevalence of outpatient antimicrobial resistance by phenotype (per 10,000 encounters).
2. NHSN prints out the Facility Organization ID and a description of the AR phenotype being displayed in each table. In this example, we are looking at the rates for community-onset extended-spectrum cephalosporin-resistant *E. coli*. The first column in the table (Phenotype\_AR) displays the abbreviation for the AR phenotype.
3. The second column in the table specifies the time period. In the modifications screen, we filtered the time period to only include data from 2022 through 2024, and we specified the report to group the data by year. Each row in the table represents one year starting with 2022 and ending with 2024.
4. The third column in the table specifies the denominator of the rates. For the AR outpatient prevalence rates, the denominator is encounters. In this example, there were 3,943 encounters in the facility's outpatient locations in 2022, 1,329 encounters in 2023, and 1,932 encounters in 2024.
5. Each table will include the number of community-onset AR Events that meet the AR phenotype definition isolated from each of the five specimen sources (blood, CSF, LRS, urine, and SSTWM) as well as a combined count for all specimen sources. There were no extended-spectrum cephalosporin-resistant *E. coli* reported in 2022. In 2023, there was one extended-spectrum cephalosporin-resistant *E. coli* isolated from blood and one isolated from CSF for a total of two extended-spectrum cephalosporin-resistant *E. coli* reported to the AR Option. In 2024, there were four extended-spectrum cephalosporin-resistant *E. coli* isolated from blood reported to the AR Option.



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6. Each table will include rates for each of the five specimen sources (blood, CSF, LRS, urine, and SSTWM) as well as a combined rate for all specimen sources. All of the rates for 2022 were 0.00 because encounters were reported for the year, but no extended-spectrum cephalosporin-resistant *E. coli* events were reported. In 2023, the rate of community-onset extended-spectrum cephalosporin-resistant *E. coli* isolated from blood was 7.52 events per 10,000 encounters. The rate for CSF was also 7.52 events per 10,000 encounters. The rates for LRS, urine, and SSTWM were 0.00 since no events were isolated from LRS, urine, or SSTWM. The overall prevalence rate of community-onset extended-spectrum cephalosporin-resistant *E. coli* from all specimen sources in 2023 was 15.05 events per 10,000 encounters. In 2024, the rate of community-onset extended-spectrum cephalosporin-resistant *E. coli* isolated from blood was 20.70 events per 10,000 encounters. The rates for CSF, LRS, urine, and SSTWM were 0.00 since no events were isolated from CSF, LRS, urine, or SSTWM. The overall prevalence rate of community-onset extended-spectrum cephalosporin-resistant *E. coli* from all specimen sources in 2024 was 20.70 events per 10,000 encounters.
7. In the footnotes, you will find the definition of each AR phenotype and the formula for calculating prevalence. This example's phenotype includes any *Escherichia coli* that has tested Resistant (R) or Intermediate (I) to at least one of the following: cefepime, ceftriaxone, cefotaxime, ceftazidime, ceftazidime-avibactam, or ceftolozane-tazobactam.  $\text{Prevalence} = \frac{\text{number of community-onset AR Events from outpatient locations only}}{\text{encounters}} \times 10,000$ .

**Note:** If denominator data (*i.e.*, patient days, admissions, encounters) are not reported for a month, but AR Events were reported for that month, then the AR Events for that month will be excluded from the counts and rates for the rollup (*e.g.*, quarter, half-year, year, cumulative). If denominator data (*i.e.*, patient days, admissions, encounters) are not reported for all three months in a quarter, all six months in a half-year, all 12 months in a year, or at all (cumulative), but AR Events were reported for that time period, then the AR Events will be included in the counts, but both the denominator and rates will be suppressed/appear missing ('.').

## Additional Resources

- [AR Option Incidence and Prevalence Reports Session from the 2023 NHSN Annual Training: Slides | Recording](#)
- [How to Export Data from NHSN](#)
- [AUR Module Protocol](#)
- [AUR Training](#)
- [NHSN Analysis Quick Reference Guides](#)



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