



CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN eNewsletter

Volume 21, Issue 1, March 2026



Table of Contents

- Patient Safety Component 2**
 - Analysis Updates..... 2*
 - Protocol Updates..... 5*
 - AUR Module Updates..... 6*
- Healthcare Personnel Safety Component..... 14**
 - Influenza Vaccination Data among Healthcare Personnel: Submit Data by May 18, 2026..... 14*
- Long-Term Care Facility Component 15**
 - Long-Term Care Facility Component Updates 15*
- Dialysis Component 16**
 - Dialysis Updates..... 16*
- Biovigilance Component..... 18**
 - Hemovigilance Reminders..... 18*
- General NHSN Information..... 22**
 - Explore the NHSN dQM Resource Center 22*
 - NHSN Vendor Corner..... 23*
- NHSN Helpdesk Activity Updates..... 29**
 - Enrollment Updates 29*

Patient Safety Component

Analysis Updates

New CLABSI-Onc and CAUTI-Onc Reporting Requirements for CMS Hospital Inpatient Quality Reporting (IQR) Program

The Centers for Medicare & Medicaid Services (CMS) has finalized two new measures for the Hospital Inpatient Quality Reporting (IQR) Program:

- Central Line-Associated Bloodstream Infection Stratified by Oncology Locations (CLABSI-Onc) and
- Catheter-Associated Urinary Tract Infection Stratified by Oncology Locations (CAUTI-Onc).

These measures were established in the [FY 2025 IPPS/LTCH PPS final rule](#) and will begin with the January 1, 2026, reporting period (FY 2028 payment determination).

What's New?

Starting January 1, 2026, hospitals participating in the CMS Hospital IQR Program must report CLABSI and CAUTI data for all oncology locations, including:

Location Name	NHSN Location Code
Oncology Medical Critical Care	IN:ACUTE:CC:ONC_M
Oncology Medical-Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Oncology Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Oncology Surgical Critical Care	IN:ACUTE:CC:ONC_S
Oncology Leukemia Ward	IN:ACUTE:WARD:ONC_LEUK
Oncology Lymphoma Ward	IN:ACUTE:WARD:ONC_LYMPH
Oncology Leukemia/Lymphoma Ward	IN:ACUTE:WARD:ONC_LL
Oncology Solid Tumor Ward	IN:ACUTE:WARD:ONC_ST
Oncology Hematopoietic Stem Cell Transplant Ward	IN:ACUTE:WARD:ONC_HSCT
Oncology Pediatric Hematopoietic Stem Cell Transplant Ward	IN:ACUTE:WARD:ONC_HSCT_PED
Oncology General Hematology-Oncology Ward	IN:ACUTE:WARD:ONC_HONC
Oncology Pediatric General Hematology/Oncology Ward	IN:ACUTE:WARD:ONC_HONC_PED
Oncology Step-down Unit	IN:ACUTE:STEP:ONC
Oncology Mixed Acuity Unit	IN:ACUTE:MIXED:ONC

Measure Details

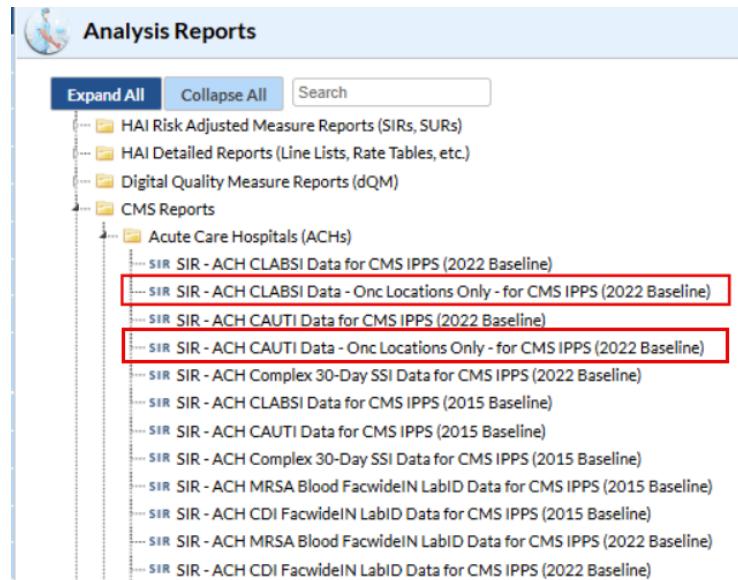
- Baseline Model: Both measures use the 2022 baseline CLABSI and CAUTI Standardized Infection Ratio (SIR) models.
- Included Data: CMS reports will include only events and device days from in-plan NHSN oncology locations as specified in the measures.
- MBI-LCBI Exclusion: Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infections (MBI-LCBI) remain excluded from the CLABSI-Onc SIR numerator.
- Reporting Process: No changes to data entry methods, continue using manual NHSN entry or CDA import.

Key Dates

- First Performance Period Begins: January 1, 2026
 - *Performance Period: January 1, 2026 – December 31, 2025 (FY 2028 payment determination)*
- First Quarterly Submission (2026Q1) due: August 17, 2026
 - *Standard CMS quarterly [reporting deadlines](#) apply*

New Oncology-Stratified SIR Reports Coming Soon!

NHSN has developed CLABSI-Onc and CAUTI-Onc stratified CMS SIR reports. These new reports will be available in NHSN under Analysis > Reports > CMS Reports > Acute Care Hospitals (ACHs):



Note: Reports are also available to Critical Access Hospitals (CAHs) under Analysis > Reports > CMS Reports > Critical Access Hospitals (CAHs)

Next Steps – Start Preparing Now!

1. Review and update location mapping to include all applicable oncology locations.
2. Update Monthly Reporting Plans (MRPs) to include all mapped oncology locations starting with January 2026.
3. Review resources provided below.

Resources to Help

Guidance Documents:

- [FAQs: CLABSI & CAUTI Oncology Measures for CMS Hospital IQR Program](#)
- [How to Set Up CLABSI and CAUTI Reporting per NHSN Protocol for CMS IPPS](#)
- [Operational Guidance for Reporting CLABSI Data](#)
- [Operational Guidance for Reporting CAUTI Data](#)

SIR Report Guides (*Reports Coming Soon*):

- [SIR – CLABSI Data for CMS Hospital IQR \(2022 Baseline\) CLABSI-Onc](#)
- [SIR – CAUTI Data for CMS IPPS \(2022 Baseline\) CAUTI-Onc](#)

Location Mapping:

- [Location Mapping Checklist](#)
- [CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations](#)

CMS Program Information:

- [Reporting Requirements and Deadlines in NHSN per CMS Current & Proposed Rules](#)

Have a Question, Need Help?

For NHSN Data Entry, Analysis, or Reporting Questions: Submit a ticket via the [NHSN ServiceNow Portal](#) using subject line "CLABSI-Onc Measure" or "CAUTI-Onc Measure."
Users without SAMS access can email: nhsn@cdc.gov

For CMS Program-Related Questions:
(Submission vs. non-submission, APU, etc.)
[Ask a Question - QualityNet](#)

Protocol Updates

New Patient Safety Structural Measure

The new Centers for Medicare and Medicaid Services (CMS) Patient Safety Structural Measure (PSSM) is now viewable in the NHSN application and submission begins April 1, through May 18, 2026. CMS require hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) programs to complete the PSSM once a year.

The PSSM is used to evaluate the efficacy of a hospital's patient safety strategies through a series of attestation statements organized around five domains:

- Domain 1: Leadership Commitment to Eliminating Preventable Harm
- Domain 2: Strategic Planning and Organizational Policy
- Domain 3: Culture of Safety and Learning Health Systems
- Domain 4: Accountability and Transparency
- Domain 5: Patient and Family Engagement

Each domain consists of five attestation statements. For a hospital to earn one point in a domain, the hospital must attest "Yes" to all five statements. If a hospital attests "No" to one or more statements within a domain, partial credit will not be awarded and the hospital shall receive zero points (0) for that domain. A hospital's PSSM score is the sum of the five domain scores (0-5 points). Although the score does not have any impact on a hospital's Annual Payment Update, reporting is required for each hospital participating in IQR and PCHQR.

Each hospital must separately complete the PSSM Attestation Form within the NHSN application using its NHSN facility identification number. For hospitals that share a CMS Certification Number (CCN) with multiple facilities, the lowest facility PSSM score among participating hospitals becomes the CCN Score. Critical Access Hospitals may voluntarily submit data.

The PSSM Attestation Form is available to view in the NHSN application within the Patient Safety Component (PSC). Hospitals may begin reporting this measure on April 1, through May 18, 2026, for the calendar year 2025 (January 1, 2025 – December 31, 2025).

CMS resources, including the Quick Reference Guide, Specifications, and Attestation Guide, are available on [Hospital Inpatient Quality Reporting \(IQR\)](#) and [PPS-Exempt Cancer Hospital Quality Reporting \(PCHQR\)](#). Additional information is available on the CDC/NHSN website at [Patient Safety Structural Measure \(PSSM\)](#).

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 1, 2026. The following seven (7) codes will be added to the NHSN SSI operative procedure code list in the April 23rd, 2026 release. **Procedures performed on or after April 01, 2026**, and assigned one of these procedure codes should be included in SSI surveillance starting April 1, 2026.

Procedure Code Category	ICD-10-PCS Codes	Procedure Code Descriptions	Code Status
XLAP	ODDU0ZZ	Extraction of omentum, open approach	ADD
XLAP	ODDU4ZZ	Extraction of omentum, percutaneous endoscopic approach	ADD
XLAP	ODDV0ZZ	Extraction of mesentery, open approach	ADD
XLAP	ODDV4ZZ	Extraction of mesentery, percutaneous endoscopic approach	ADD
PRST	OVT00ZE	Resection of Prostate, Open Approach, Capsule Intact	ADD
PRST	OVT04ZE	Resection of Prostate, Percutaneous Endoscopic Approach, Capsule Intact	ADD
PVBY	X2KG0FB	Bypass Hepatic Vein using Autologous Cell Seeded Tissue Engineered Resorbable Scaffold to Pulmonary Artery, Open Approach, New Technology Group 11	ADD

AUR Module Updates

SAAR Rebaseline Updates

Under the new AU Option 2023 baseline, SAARs will be available for 26 adults, 9 pediatric, and 4 neonatal patient care locations. New SAAR reports, based on the updated 2023 baseline and risk models, are planned for release in the NHSN application very soon. Education and outreach efforts related to the 2023 SAAR Rebaseline are already underway. NHSN has launched a dedicated [SAAR Rebaseline webpage](#), where resources will be posted on a rolling basis.

Currently available resources include:

- Slides 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”](#)
- An updated [NHSN SAAR Guide \(interim\)](#) with details on the new 2023 risk models

Additional materials will become available soon to support facilities during this transition, including the *“What is the SAAR Rebaseline and Why is it Important?”* fact sheet and talking points for use within hospitals, hospital systems, and Health Departments.

The third webinar in the SAAR rebaseline series will be part of the 2026 NHSN Annual Training sessions. The session, “Using Data for Action with the 2023 AU SAAR Rebaseline,” will be held from 12:45-1:45pm ET on Thursday, March 26. There will be no replay of this webinar, but the recording will be posted. Look for the 2026 NHSN Annual Training emails for registration details.

Reminder: 2025 NHSN Annual Hospital Survey Responses and Potential SAAR Value Changes

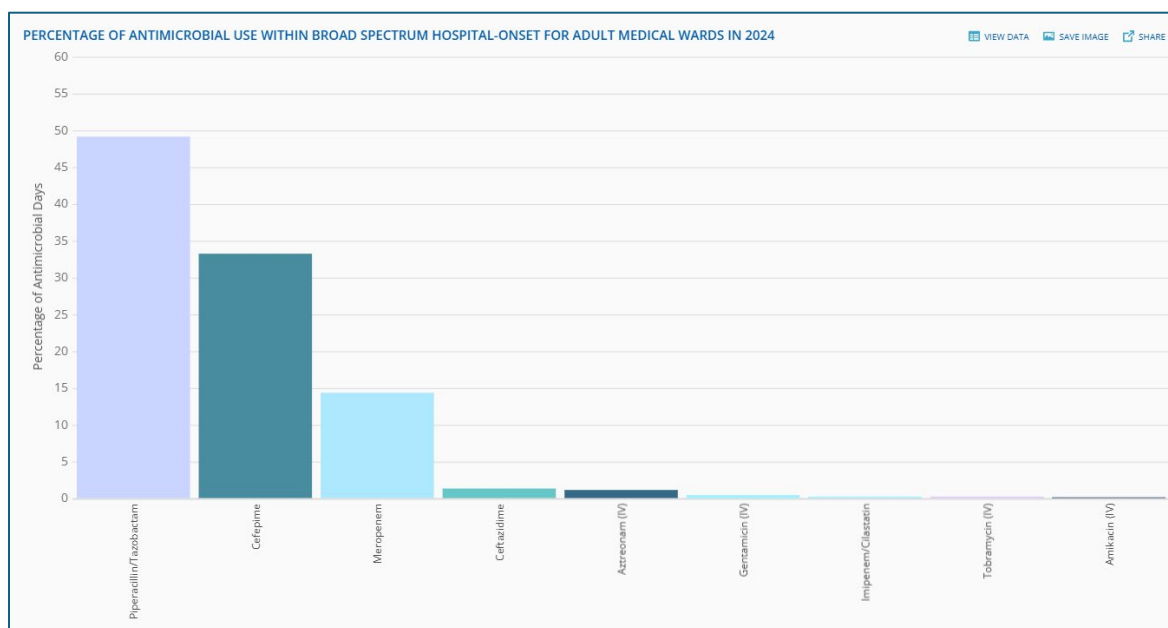
The 2025 NHSN Annual Hospital Survey is now available for NHSN facilities to complete. NHSN uses Annual Hospital Survey data for facility-level risk adjustment in SAAR models. Prior to the completion of the 2025 survey, your 2025 and 2026 SAARs were risk-adjusted based on your 2024 survey responses. Once your facility completes the 2025 survey and you generate new data sets within NHSN, those survey responses will be used to risk-adjust your 2025 and 2026 SAARs instead. It is possible your 2025 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 2025 and 2026 SAAR values from what they were before your facility completed the 2025 Annual Hospital Survey. This remains true for the SAAR reports under the 2017/2018 and 2023 baselines.

2024 AU Option Data Report Published

The NHSN AUR and Statistics Teams published the [2024 AU Option Data Report](#). The 2024 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.

2024 AU Data on CDC's Antimicrobial Resistance & Patient Safety Portal

The [Inpatient Antibiotic Use webpage](#) on the Antimicrobial Resistance and Patient Safety Portal (AR&PSP) has been updated with the 2024 Antimicrobial Use (AU) data published in the [2024 AU Option Data Report](#). These data use the new 2023 Standardized Antimicrobial Administration Ratio (SAAR) baseline. This update enables users to explore and visualize the 2024 SAAR distributions at national and state levels. A new graphic was added at the bottom of the page showing the distribution of antimicrobials within each SAAR category for all 39 SAAR-eligible adult, pediatric, and neonatal location types (see example below).



While earlier SAAR figures based on 2017 and 2018 data are still available on the AR&PSP, the historical page containing data from 2021 through 2023 will not receive any further updates.

2022 and 2023 AR Option Data Report Published

The NHSN AUR Team published the [2022 and 2023 AR Option Data Reports](#). The AR Option Reports summarize the distribution of hospital-level standardized resistant infection ratios (SRIR) and pathogen-specific standardized infection ratios (pSIR) among hospitals reporting data. Hospitals can use these reports to understand where their SRIR/pSIR values are located among all hospitals that submitted data to the AR Option in 2022 and 2023.

The reports also summarize the prevalence of clinical isolates with antimicrobial resistance or non-susceptibility among the isolates submitted with the relevant susceptibility testing results. We present these aggregated percentages of drug-resistant or non-susceptible phenotypes to promote awareness of antimicrobial resistance at the national level.

2026 Reporting Updates

Getting errors during AU & AR upload? Has your vendor applied the 2026 updates?

Some facilities are encountering errors when submitting 2026 AU & AR data files. These errors typically occur when a vendor's software has not yet incorporated the required 2026 value set updates.

If your vendor system has not yet updated to the 2026 value set, you will see these errors when uploading 2026 files:

Missing drugs in the AU data files will produce these errors:

Sulpro is a required drug. Please work with your vendor to add this drug to your AU files.
Aztavi is a required drug. Please work with your vendor to add this drug to your AU files.
Clesro is a required drug. Please work with your vendor to add this drug to your AU files.
Gepo is a required drug. Please work with your vendor to add this drug to your AU files.

Incorrect antimicrobial susceptibility tests for *Acinetobacter* and *Candida* AR Events will produce errors like these:

validateARDrugPanelSize: This file is missing results for one or more required susceptibility tests.
validateARDrugPanelSize: Unable to determine panel drug size.

Beginning in 2026, updates were made to AU/AR reporting specifications, including changes to valid drug codes and submission rules. When vendor software has not yet been updated to reflect these changes, files generated by the system will fail NHSN validation.

Facilities receiving these errors should:

- Contact their vendor representative directly.
- Confirm whether the 2026 AU/AR updates have been implemented.
- Request a timeline for when the software will be updated.

As soon as the vendor system has been updated, facilities should upload past months of 2026 AU and AR data.

NHSN AR Option Upload Issues Resolved

The NHSN team has resolved two issues impacting the upload of AR Option Events. Please resume your regular method of submitting AR Option data to NHSN. If you encountered the errors listed below while uploading your AR Option data from December 13, 2025 – January 23, 2026, you can re-upload those files at your earliest convenience. Please see additional details below.

Original Issue #1: When trying to upload 2024 and 2025 AR Option Event CDA files for *Acinetobacter* spp. isolates via Direct CDA Automation, the CDA files failed to upload and returned the error message “Drug 18917-5 is NOT Found in panel AntiP20_L” or “Drug 18993-6 is NOT Found in panel AntiP20_L.”

Original Issue #2: The NHSN application did not correctly apply the 14-day de-duplication rules for invasive specimen sources (cerebrospinal fluid [CSF] and blood). This was causing valid AR Events to be rejected during upload and return the error message, “You have entered a second invasive specimen source (CSF or blood) AR Event within 14 days of a specimen collection date for a previously entered invasive source NHSN AR Event. This is an additional invasive specimen source isolate.”

Again, NHSN has resolved both these issues and hospitals should resume their normal submissions of AR Option data. If any files were previously rejected during December 13, 2025- January 23, 2026, due to these issues, please re-submit your files to ensure the completeness of your reporting.

AR Summary data from Inpatient Locations

In March 2026, NHSN will implement an important enhancement to the Antimicrobial Resistance (AR) Option that allows facilities to submit AR Option summary data (patient days) at the individual inpatient location level.






Collecting AR summary data at the inpatient location level will enable better alignment of Antimicrobial Use (AU) and Antimicrobial Resistance (AR) data, provide clearer visibility into which inpatient locations are included in AR Option reporting, and support more granular analysis and benchmarking. This update represents an important step toward improving the precision, usability, and analytic value of AR Option data.

For 2026 reporting, submission of AR summary data at the individual inpatient location level will be optional, and hospitals may continue reporting AR data from FacWideIN and outpatient locations only if they choose. **Beginning in 2027, reporting AR summary data from individual inpatient locations will be required.** Once the enhancement is implemented in March 2026, facilities may also submit historical data for January and February 2026 at the individual inpatient location level.

Before making any updates in NHSN, reach out to your software vendor to determine when the inpatient location AR Summary records will be available in their software. Once available within the vendor software, follow these steps to submit the data:

- Within the Monthly Reporting Plan, check the AR box for each inpatient location

Section 3: Antimicrobial Use and Resistance Module

	Locations	Antimicrobial Use	Antimicrobial Resistance
	FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) ▼	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	ED - EMERGENCY DEPARTMENT ▼	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	NICUSTEP - NICUSTEP ▼	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	BCC - BURN ICU ▼	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	CARDCRIT - MEDICAL CARD CRIT ▼	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- After updating the Monthly Reporting Plan, select/export/download the AR Summary records for the month. A complete submission would include AR Summary records for FacWideIN, each eligible outpatient location (for example, Emergency Department), and each eligible inpatient location.
- Manually upload those files into NHSN or send them through your vendor system via Direct CDA Automation.

AU Option Antimicrobial Mapping Update – IV Fosfomycin

FDA recently approved [intravenous \(IV\) fosfomycin](#). While fosfomycin was already a required antimicrobial for AU Option reporting (based upon the oral formulation), please confirm your hospital has appropriately mapped IV fosfomycin in your vendor software so it can be correctly captured and included in your AU Option submissions if used in your hospital. All administrations of fosfomycin, including the newly FDA approved IV route, will continue to be reported under the ingredient level RxNorm code 4550 within the AU Clinical Document Architecture (CDA) file.

New Pathogen Group Variable for AR Option Analysis Reports

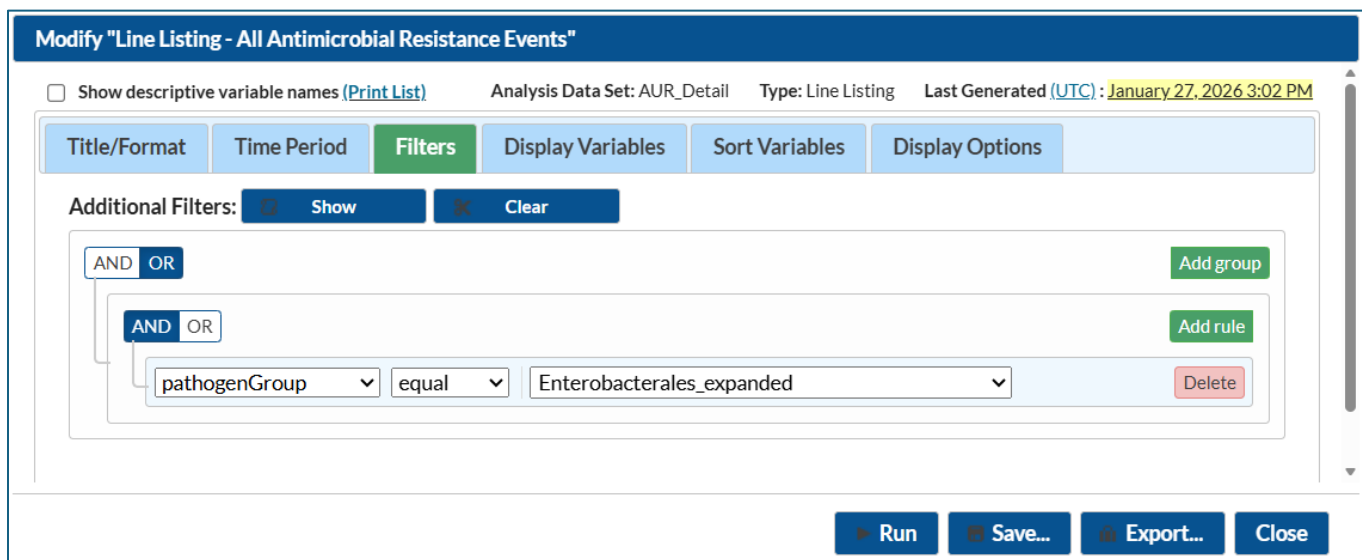
NHSN has added a new pathogen group variable to three AR Option analysis reports to make it easier for facility and group users to filter and analyze AR Events by pathogen group. The pathogen group variable is now available in the following reports:

- Line Listing – All Antimicrobial Resistance Events
- Bar Chart – All Antimicrobial Resistance Events
- Facility-wide antibiogram (Percent Susceptible) and Percent Tested

Users can now filter AR Events by the following pathogen groups:

- *Acinetobacter*
- *Candida*
- Enterobacterales_expanded
- *Enterococcus*
- Group A streptococci
- *Pseudomonas aeruginosa*
- *Staphylococcus aureus*
- *Stenotrophomonas maltophilia*
- *Streptococcus agalactiae* (group B streptococci)
- *Streptococcus pneumoniae*

Previously, users needed to manually select multiple individual organisms to analyze a broader group. For example, the Enterobacterales_expanded group includes many species such as *Citrobacter* spp., *Enterobacter* spp., *Escherichia coli*, *Klebsiella* spp., *Serratia marcescens*, *Proteus* spp. and *Morganella morganii*. Instead of selecting each organism separately, users can now select the pathogen group once (as shown in the screenshot below), which saves time and ensures more consistent, comprehensive analyses.



AR Option Incidence & Prevalence Rate Tables Updated

The Antimicrobial Resistance (AR) Option Incidence and Prevalence were updated to include with the new specimen source category skin, soft tissue, wound, and musculoskeletal (SSTWM) (shown in the example screenshot below), which became a required specimen group in 2025.

NHSN provides six AR Option Incidence and Prevalence rate table reports for facilities submitting AR event (numerator) and AR summary (denominator) data.

National Healthcare Safety Network														
Rate Table for Incidence of Hospital-onset Organism-specific Events (per 10,000 patient days)														
As of: February 19, 2026 at 5:13 PM UTC														
Date Range: ANTIBIOGRAMRATES_HO_ORG summaryYQ After and Including 2025Q1														
Facility Org ID=33617 pathogenGroup=Staphylococcus aureus														
Pathogen	Summary Yr/Qtr	Patient Days	Blood Count	Blood Incidence Rate	CSF Count	CSF Incidence Rate	LRS Count	LRS Incidence Rate	Urine Count	Urine Incidence Rate	SSTWM Count	SSTWM Incidence Rate	All Specimen Type Count	All Specimen Type Incidence Rate
Staphylococcus aureus	2025Q1	7898	2	2.53	0	0.00	0	0.00	0	0.00	15	18.99	17	21.52
Staphylococcus aureus	2025Q2	4822	1	2.07	0	0.00	1	2.07	0	0.00	1	2.07	3	6.22
Staphylococcus aureus	2025Q3	9728	2	2.06	0	0.00	0	0.00	0	0.00	0	0	2	2.06
Staphylococcus aureus	2025Q4	2289	0	0.00	0	0.00	0	0.00	0	0.00	0	0	0	0.00

1. Incidence: number of hospital-onset AR Events / patient days * 10,000. Data are fictitious and for illustrative purposes only

Quick Reference Guides (QRGs) for each report are available on the [NHSN website](#), offering users instructions on how to run and interpret these reports. These QRGs have all been updated to reflect the addition of SSTWM in the NHSN incidence and prevalence reports. Please review these QRGs for guidance on modifying, running, and interpreting the reports.

- [Hospital-onset Antimicrobial Resistance Incidence Rate Table](#)
- [Community-onset Antimicrobial Resistance Prevalence Rate Table](#)
- [Outpatient Antimicrobial Resistance Prevalence Rate Table](#)
- [Hospital-onset Positive Culture Incidence by Organism Rate Table](#)
- [Community-onset Positive Culture Prevalence by Organism Rate Table](#)
- [Outpatient Positive Culture Prevalence by Organism](#)

Removal of Pie Chart Reports from AU Option Data Folder

As part of ongoing efforts to improve usability and promote effective data visualization, the NHSN AUR Team will be removing pie chart reports from the **AU Data Folder** on the **Analysis Reports** page.

Usage monitoring shows pie chart reports are the least utilized AU report type. We instead recommend bar charts because they allow users to more easily compare values across categories, as people interpret linear measurements more accurately than proportional pie segments.

Users will not lose any visualization capability. Each pie chart currently has an equivalent bar chart available that presents the same data in a clearer and more interpretable format.

The following six AU pie chart reports will be retired:

- Pie Chart – Most Recent Monthly of AU Data by Antibacterial Class and Location
- Pie Chart – All AU Data by Antibacterial Class and Location
- Pie Chart – Most Recent Monthly of AU Data by Antifungal Class and Location
- Pie Chart – All AU Data by Antifungal Class and Location
- Pie Chart – Most Recent Monthly of AU Data by Anti-influenza Class and Location
- Pie Chart – All AU Data by Anti-influenza Class and Location

Healthcare Personnel Safety Component

Influenza Vaccination Data among Healthcare Personnel: Submit Data by May 18, 2026

As we approach the close of the influenza season, we wanted to remind facilities of the May 18, 2026 deadline to report influenza vaccination data among healthcare personnel (HCP).

The Centers for Medicare and Medicaid Services (CMS) requires certain facilities to report annual influenza vaccination data among HCP. CMS-certified free-standing acute care facilities, critical access hospitals, inpatient rehabilitation facilities (IRFs), long-term acute care facilities, prospective payment system-exempt cancer hospitals, and skilled nursing facilities are required to report these data.

In addition, IRF units located within acute care facilities, critical access hospitals, inpatient psychiatric facilities, and long-term acute care facilities are required to report annual influenza vaccination data among HCP.

The reporting period for the 2025-2026 influenza season is from October 1, 2025 through March 31, 2026. Facilities are required to submit one report covering the entire influenza season by May 18, 2026. Facilities report data through NHSN's Healthcare Personnel Safety Component. Please see the [Healthcare Personnel \(HCP\) Safety: Influenza](#) page for training materials.

Long-Term Care Facility Component

Long-Term Care Facility Component Updates

2025 LTCF Annual Survey Now Available: Due by March 1, 2026

The 2025 Long-Term Care Facility (LTCF) Annual Survey is now available in the NHSN application. Facilities that currently participate or plan to participate in the Healthcare Associated Infection (HAI) modules are required to complete the survey by **March 1, 2026**.

Before You Begin: We encourage you to review the paper form and consult with other members of your organization, as you may need input from colleagues to complete certain questions.

- [Annual Facility Survey Paper Form](#) (for data recording purposes only)
- [Annual Facility Survey Table of Instructions](#)
- [Annual Facility Survey Guidance Document](#)

Survey Details:

- **Survey Period:** January 1, 2025 – December 31, 2025
- **Accessing the Survey:** Find it under "Action Items" or click the "Surveys" tab in the left navigation panel.
- **Submission:** The survey must be completed electronically in NHSN by a designee with administrator rights.
- **Important:** The survey must be completed in a single session—incomplete surveys cannot be saved.
- **One survey submission per facility is required.**

Note: Surveys submitted via email will not be accepted.

Respiratory Pathogens and Vaccination Module

While completing the survey is not mandatory for facilities primarily reporting in this module, it is strongly encouraged. An alert will remain visible on your dashboard.

Dialysis Component

Dialysis Updates

Mark Your Calendars – Q4 2025 QIP Deadline

The 2025 Quarter 4 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 Tuesday, March 31 at **11:59 PM PT**. Facilities reporting to NHSN should report all three months (October, November, December 2025) of data no later than March 31, 2026, in order to receive full credit for Q4 2025 reporting and meet requirements for the CMS ESRD QIP.

Coming This Spring - BSI Rebaseline

The NHSN Dialysis Team is in the process of updating the national baseline used to calculate the dialysis bloodstream infection (BSI) standardized infection ratio (SIR) in the Dialysis Component. The new SIR, created using 2023 national data, will better reflect current practice, policy, and surveillance protocols. Measuring progress under an updated national standard is important to understanding BSI prevention efforts and standards in the current healthcare environment. The newly baselined data will continue to drive patient safety and the effort to reduce BSI rates. Updates to the SIR reports in NHSN's Analysis Module are scheduled for completion in 2026, and the Dialysis Team is preparing educational resources (trainings, website) on what the rebaseline is, why it's important, and anticipated changes.

What Is Different

2014 Baseline	2023 Baseline
SIR used 2014 BSI data to establish the expected numbers of infections in SIR calculations.	SIR uses 2023 BSI data to establish the expected numbers of infections in SIR calculations.
Calculated by stratifying and summing expected numbers of infections by access type.	Based on a risk-adjustment model that includes access type, facility location (freestanding vs. hospital affiliated) and number of treatment stations.

Dialysis Healthcare-Associated Infections

May 2026 will see the publication of dialysis data for 2024 on the [Antimicrobial Resistance & Patient Safety Portal, Healthcare-Associated Infections in Dialysis dashboard](#). Dialysis data will include national and state level details for each of the three event types, bloodstream infections (BSI), intravenous antibiotic starts (IVAS) and pus, redness or increased swelling (PRS). BSIs are reported as the standard infection ratio (SIR) while IVAS and PRS are as crude rates per 100

patient-months. Each of the three event types may be further stratified by dialysis access types of central venous catheter (CVC), arteriovenous (AV) fistula, AV graft and other access.

The dashboard is displayed in four sections. The top section displays a brief glimpse of the national level for BSI-SIR, IVAS and PRS crude rates per 100 patient-months for the most recent year of data. Below this, the second section has US maps stratified by event type for years 2019-2024. Users of the dashboard can hover over each state's corresponding data as well as download the underlying data as either a CSV, XLS or JSON file. The third section displays similar state level data in a bar chart form to visualize the values of each state or territory alongside the others. The final section shows the crude rates for each event type (BSI, IVAS or PRS) by each access type (CVC, AV fistula, AV graft or other access type). Data includes total events (numerator), patient-months (denominator), crude rate per 100, 95% upper and lower confidence limits.

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.

March: Confer Rights and Group Visibility

Review best practices for managing Confer Rights, understanding group visibility, and ensuring appropriate access to your facility's data.

April: Frequently Submitted Helpdesk Tickets

We will cover common helpdesk questions and recurring issues, along with guidance to help facilities avoid reporting delays and resolve concerns efficiently.

These Office Hours topics are designed to strengthen your understanding and support accurate, timely NHSN reporting. You can view previous Office Hours materials on the [Dialysis Component Training page](#).

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

2026 Outpatient Dialysis Survey Audits Planned

Now that the 2026 Outpatient Dialysis Survey is available for facilities to complete, we would like to remind all facilities to double-check the Outpatient Dialysis Survey as it is completed. Verify that the counts you have entered throughout the survey are accurate and all selections are appropriate to the operation of your facility. The CDC will be conducting audits of the

Outpatient Dialysis Survey during 2026 and early 2027 and will address outliers through facility and State Health Department outreach.

If there are any questions or you require additional guidance, please submit a ticket through [NHSN-ServiceNow](#) or the NHSN Help Desk (NHSN@cdc.gov) using the subject line “2026 Outpatient Dialysis Survey.”

Biovigilance Component

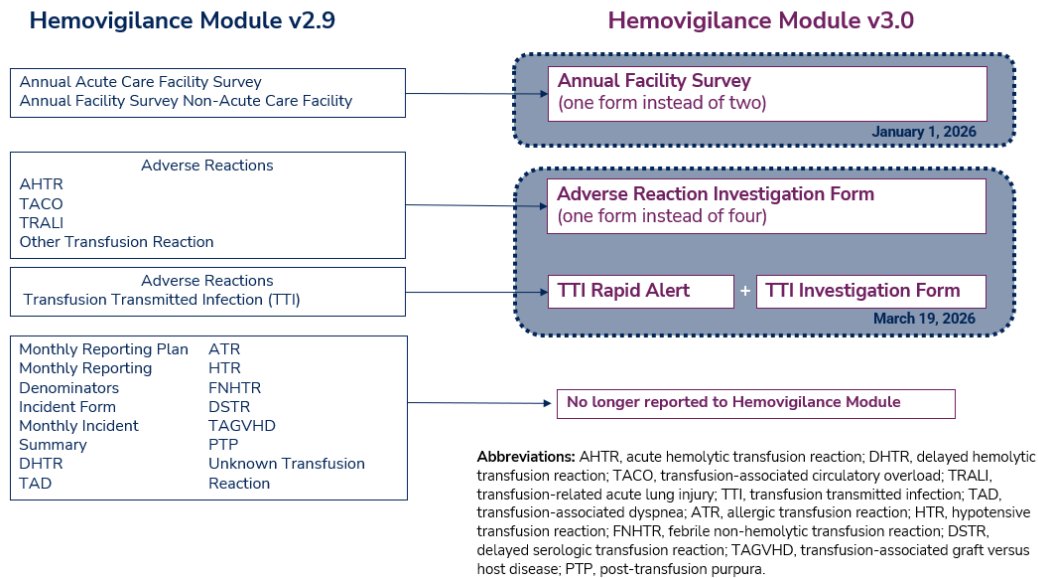
Hemovigilance Reminders

Does your facility transfuse blood?

Please consider reporting to the updated Hemovigilance Module in 2026:

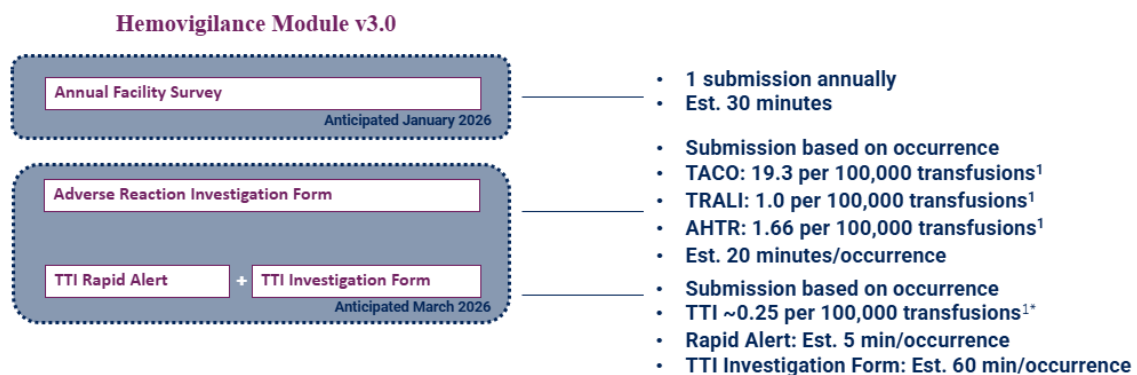
The Hemovigilance Module within NHSN’s Biovigilance Component serves as the national surveillance platform for reporting blood safety events among blood product recipients in U.S. healthcare facilities. On March 19th, the updated Hemovigilance Module will go live in NHSN. Over the past 2 years, we have 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).

The Next Generation the 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 per 100,000 transfusions, AHTR 1.66 per 100,000 transfusions, and TTIs are perhaps even more rare - ~0.25 per 100,00 transfusions.

Would this be a lot of work for your facility?



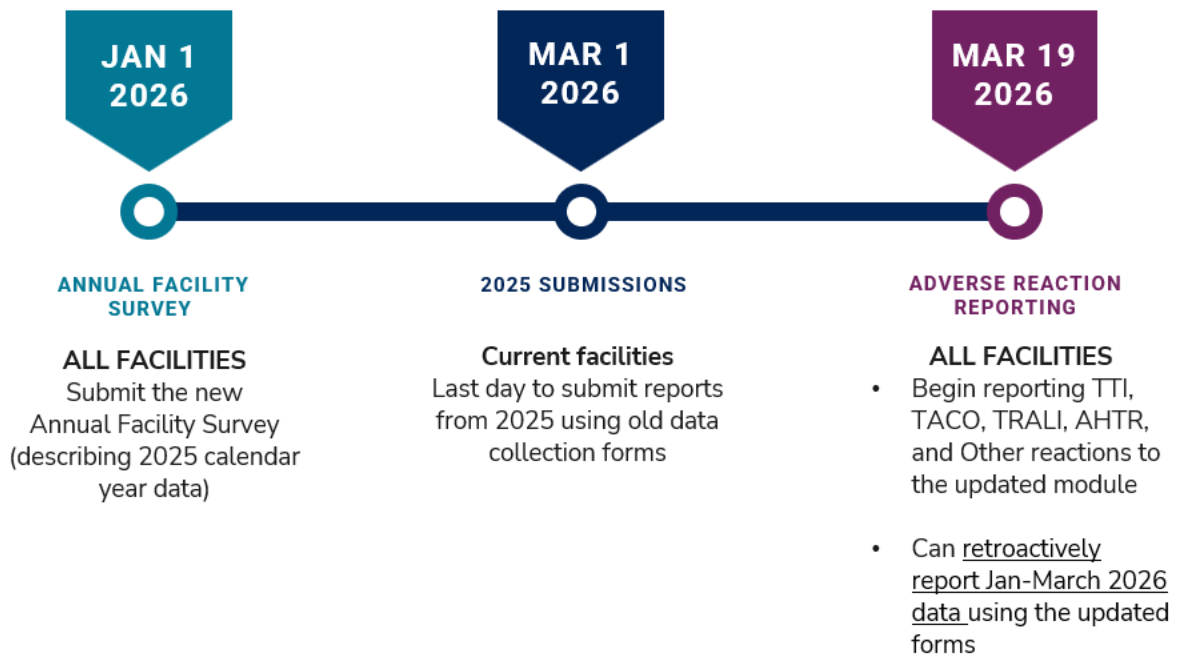
These 4 reactions (Acute Circulatory Overload, Acute Lung Injury, Acute Hemolytic, and Transfusion-Transmitted Infections) are rare.
There may be years where a facility may not have any to report to the module.

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).
- **Hemovigilance Contact Information:** Please verify your facility's hemovigilance contact information such as name, phone number, and email at your earliest convenience. If you are unsure of how to check for this information, email us at Hemovigilance@cdc.gov.
- **Office Hours:** Monthly Hemovigilance Module Office Hours have started! The 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.
 - Wednesday, March 25, 2026, at 2pm EST | Topic: Adverse Reaction Reporting
 - Tuesday, April 28, 2026, at 3pm EST | Topic: TBD
 - Tuesday, May 26, 2026, at 3pm EST | Topic: TBD
- **Weekly Q&A Sessions:** Pop in on our weekly Q&A sessions if you have any questions about the module. Weekly Q&As are informal sessions providing facilities with an opportunity to ask questions and seek guidance on the Hemovigilance Module.
- **Module Updates:** The new TTI Rapid Alert, TTI Investigation, and Adverse Reaction forms will go live March 19, 2026.



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.

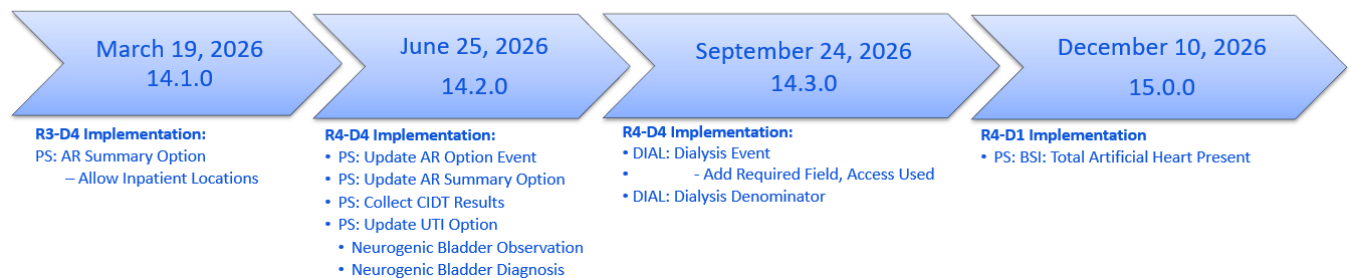
NHSN Vendor Corner

2026 NHSN Release Schedule

- The NPPT site is currently on 14.0.2.
 - 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 14.1.0 – CDA Impact

The list below includes the changes with CDA impact to vendors currently slated for 14.1, which is planned for March 2026:

Patient Safety Component

- **AR Option**
 - Facilities to report summary data (patient days) by individual inpatient location
 - After this release, facilities will be able to retrospectively upload January and February 2026 AR Summary data from inpatient locations. As a reminder, this is optional for all 2026 and will be required in 2027.

CDA submission of these changes can be tested in the NPPT site, v14.1.0.

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 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 7/1/2026.**

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 January 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:

- **Patient Safety Component**
 - BSI Event – NHSN is planning to add a new field, Total Artificial Heart Present. This is optional for all of 2027 and will be required in 2028. Effective date is January 1, 2027.

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

AR Option IG Update

The AR Option will be moving 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 in the coming months.

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	July, 2023 - June, 2024	October, 2023 - September, 2024	January, 2024 - December, 2024	April, 2024 - March, 2025	July, 2024 - June, 2025	October, 2024 - September, 2025
Blood Stream Infection	68%	69%	70%	71%	71%	71%
Urinary Tract Infection (UTI)	55%	55%	55%	54%	55%	55%
Surgical Site Infection	70%	71%	73%	73%	74%	75%
Laboratory Identified Event	80%	81%	81%	82%	83%	83%
Dialysis Events (DEs)	75%	75%	74%	76%	78%	79%
Central Line Insertion Practices (CLIP-PS)	28%	34%	37%	38%	39%	33%
Central Line Insertion Practices (CLIP-DIAL)	0%	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	76%	77%	76%	77%	78%	78%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%	100%
Antimicrobial Use	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%	100%
ICU /Other Summary	51%	53%	54%	56%	57%	58%
SCA ONC Summary	60%	63%	65%	67%	68%	70%
NICU Summary	55%	56%	58%	59%	60%	61%
Surgical Procedure - via CDA	70%	71%	72%	72%	74%	74%
Surgical Procedure - via CSV	26%	25%	24%	24%	23%	23%
MDRO Summary	34%	38%	39%	39%	38%	38%
Dialysis Summary	67%	67%	68%	70%	71%	72%
Flu Summary	0%	0%	0%	0%	0%	0%
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](#).

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	2026	2025	2024	2023
CDA Toolkit Release	14.0.1	13.1	12.2	11.1
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	R4-D1
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	R4-D1
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 IDM, so be sure to refer to the updated protocols.

Other helpful links are the following:

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

NHSN Helpdesk Activity Updates

Quarter 1, 2026

(Averages)

- 39,205 Active Facilities enrolled in NHSN
- 73 Newly enrolled facility this quarter
- 9115 New Tickets received this quarter
- 8891 Closed tickets this quarter

Enrollment Updates

NHSN Enrollment Update (as of March 11, 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

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
Email: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn