CDC/NHSN Patient Safety Component Manual

Summary of Updates, January 2026

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

Chapter 1: NHSN Overview

Addition:

- Added information for two new NHSN Components: Medication Safety and Healthcare Preparedness.

Clarification: None.

Deletion: None.

Chapter 2: Identifying Healthcare-associated Infections (HAIs) in NHSN

Addition:

- Added vector-borne bacteria to list of community organisms that cannot be used to meet any NHSN definition.
- Added an extended Infection Window Period (IWP), increasing it to 21 days, for the osteomyelitis (BONE) definition.
- Added BONE to the list of infections (previously ENDO only) for which the Repeat Infection Timeframe (RIT) continues for the duration of the patient's current admission.
- Added BONE to the list of infections (previously ENDO only) for which the secondary BSI attribution period includes the 21-day IWP and all remaining days of the patient's current admission.
    - Added an example to illustrate that, due to the extended secondary BSI attribution period, secondary BSI pathogen assignment is limited to blood organisms that match those used to meet the BONE definition.

Clarification:

- Clarified that an event must fully meet NHSN criteria before a Present on Admission (POA) RIT can be established.
- Clarified that additional pathogens recovered during the RIT from the same type of infection are not required to match.
- Clarified RIT guidance for transfers between inpatient rehabilitation facilities (IRFs) and acute care hospitals (ACHs), noting that when an IRF is located within an ACH, movement between

them is considered a single continuous stay and the original RIT continues uninterrupted, regardless of billing-related visit numbers.

Deletion: None.

Chapter 3: Monthly Reporting Plan

No significant changes.

Chapter 4: Bloodstream Infection

Addition:

- Added a CLABSI exclusion for patients with a Total Artificial Heart (TAH), specifying that BSIs meeting Laboratory Confirmed Bloodstream Infection (LCBI) criteria with an eligible central line meet the exclusion when the TAH is in place for more than 2 days on the BSI Date of Event (DOE) and remains in place on the DOE or the day before.
    - Added TAH to list of devices not considered a central line.
- Added Shiga toxin–producing *E. coli* (STEC), Enterotoxigenic *E. coli* (ETEC), Enteroinvasive *E. coli* (EIEC), Enteroaggregative *E. coli* (EAEC), Diffusely adherent *E. coli* (DAEC), and *Giardia* to the list of excluded LCBI pathogens; these organisms remain eligible for use in secondary BSI determinations.
- Added vector-borne bacteria to list of community organisms that cannot be used to meet any NHSN definition.
- Added a new example (Example 6) to demonstrate pathogen assignment using Scenario 1 in applying secondary BSI attribution.

Clarification:

- Clarified that any intravascular catheter (e.g., introducers, midlines, arterial catheters) may be considered a central line depending on tip location and device use.
- Clarified that midlines are not considered central lines unless they meet the central line definition.
- Clarified that “two or more blood specimens drawn on separate occasions” refers to blood cultures that are assigned separate specimen numbers, processed individually, and are reported separately in the final laboratory report.

Deletion: None

Chapter 5: Central Line Insertion Practices CLIP)

The CLIP module has been retired, and the chapter will be removed from the NHSN Patient Safety Component Manual.

Chapter 6: Pneumonia

Addition:

- Added vector-borne bacteria to list of community organisms that cannot be used to meet any NHSN definition.
- Added key words to each of the Footnotes for ease of identification and use.

Clarification:

- Revised and reformatted Settings section for clarity.
- Updated reporting instruction for concurrent LUNG and PNEU to match LUNG reporting instruction in Chapter 17.

Deletion: None.

Chapter 7: Urinary Tract Infection

Addition:

- Added a new subsection titled 'Identifying a CAUTI', which includes one new example.

Clarification:

- Moved 'All elements of the SUTI criterion must occur during the IWP (See IWP Definition Chapter 2 Identifying HAIs in NHSN)' language out of each criterion and into a note above Table 1.
- Moved 'Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause' language out of each SUTI criterion and into the SUTI Comments section.
- Revised ABUTI element '3' for clarity.

Deletion: None.

Chapter 9: Surgical Site Infection (SSI) Event

Addition:

- Definition of an Ambulatory Surgery Center for Outpatient Procedure Component reporting.
- Added reference to Association of periOperative Registered Nurses [AORN] for wound classifications available within the NHSN application.
- Superficial Incisional SSI 'c' update. This criterion now includes the following elements:

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' is now a stand alone criterion for 'organism identified' and will read as follows: 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])
- The updated Deep Incisional SSI 'c' criterion will now include the following elements:

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.

- Added a definition for 'spontaneous dehiscence': 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.
- Added for SSI Event Reporting Instruction #3 [PATOS]: For C- Section [CSEC] procedures ONLY: chorioamnionitis [including suspected chorioamnionitis] documented in the operative narrative is eligible for use for PATOS at the organ/space tissue level.

Clarification:

- Clarified that physician designee will include Advanced Practice Nurse [APN] or Physician's Assistant [PA].
- Clarification to Appendix B for LAM procedures: 2 LAM procedures may be reported [each at different spinal levels].

Deletion: None.

Chapter 10: Ventilator- Associated Event (VAE)

Addition:

- Added antimicrobial agents to Appendix: Aztreonam/Avibactam and Clesrovimab.
- Updated 'Data Analyses' section to include information re: 2022 NHSN baseline.
- Added webpage FAQ #5 re: ECLS or paracorporeal membrane oxygenation and FAQ #22 re: brain injury/brain death patients.
- Updated excluded organisms to include vector-borne bacteria.

Clarification: None.

Deletion:

- Deleted protocol FAQ nos. 8, 9, 10, 13, 19 as deemed duplicative. All concepts are covered in protocol proper.

Chapter 11: Pediatric Ventilator-Associated Event (PedVAE)

Addition:

- Added antimicrobial agents to Appendix: Aztreonam/Avibactam and Clesrovimab.
- Updated 'Data Analyses' section to include information re: 2022 NHSN baseline.
- Added webpage FAQ #4 re: brain injury/brain death patients.
- Updated excluded organisms to include vector-borne bacteria.

Clarification:

- Headers added in protocol for enhanced clarity.

Deletion: None.

Chapter 12: MDRO & CDI

Addition:

- Added information on descriptive analysis reports.
- Updated 'Data Analysis' sections to include information re: 2022 NHSN baseline.

Clarification:

- Added clarifying statement that the LabID event 14-day timeframe is between positive *specimens* in the location, not 14 days between *events*.
- Updated 'Examples of Multi-step Testing Interpretations' table with more detailed examples and explanations.

Deletion: None.

Chapter 14: Antimicrobial Use and Resistance

Addition:

- For the AU Option:
  - Added: Aztreonam-avibactam, clesrovimab, gepotidacin, sulopenem/probenecid.
- For the AR Option:
  - Added: AR Summary data can now be reported from individual inpatient locations. This is optional for 2026 and will be required in 2027.
  - Updated: susceptibility testing panels for *Acinetobacter* and *Candida.*
  - Updated: added and removed specimen sources to align with SNOMED CT 2025-09. See Vendor IDM for complete list of changes.

Clarification: None.

Deletion:

- For the AU Option:
  - None
- For the AR Option:
  - Removed three Candida organisms:
    - *Candida duobushaemulonii*
    - *Candida haemulonii*
    - *Candida stellatoidea*

Chapter 15: Locations

Addition:

- Modified the Telemetry ward definition to be specific to Cardiac patients. New Telemetry ward definition: Area dedicated to providing evaluation and treatment of cardiac patients with orders for continuous cardiac monitoring.

Clarification:

- Re-ordered Mapping guidance steps and modified language for clarity.

Deletion:

- Streamlined the "Master CDC Locations and Descriptions" table.
- Link provided within the table under specific healthcare setting directing to the NHSN CDA Support Portal, NHSN Healthcare Facility Patient Care Location table where underutilized mappings remain and are explained in detail.

Chapter 16: Key Terms

Addition:

- Added the term 'Standardized utilization ratio (SUR)'.

Clarification:

- Updated 'Physician' definition to 'Physician/Physician designee'.
- Updated 'Equivocal imaging' definitions to include the statement "*Physician or physician designee documentation cannot be used to determine equivocal imaging findings. Clinical correlation verifies the presence of an infection by physician documentation of antimicrobial treatment for that specific infection*."

Deletion:

- Removed 'Teaching hospital' as this term is not used in the NHSN PSC protocols and is defined in the Annual Survey Tables of Instructions (TOI) and FAQs.

Chapter 17: Surveillance Definitions

Addition:

- Note 3: Examples of "suspected infection."
- Note 5: Added vector-borne bacteria to list of community organisms that cannot be used to meet any NHSN definition.
- ***BONE:*** Expanded timeframes
    - IWP: 21 days.
    - RIT: extended to include the remainder of the patient's current admission.

  - SBAP: 21-day infection window period and all subsequent days of the patient's current admission.
- ***PJI 3:*** Two new elements added.
  - Synovial fluid alpha-defensin positive.
  - Physician diagnosis of periprosthetic joint infection.
- ***MEN Reporting Instruction:*** Organisms identified from explanted ventricular shunts are eligible for MEN 1.
- ***MED Reporting Instruction:*** MED 4b: Mediastinal stranding, mediastinal fluid collection, mediastinal edema, and mediastinal abscess are eligible imaging findings to meet the "mediastinal widening on imaging test" element.
- ***UR:*** Nasal cavity added as an eligible site of infection.
- ***GE Comment Revision:*** The reference to "enteric pathogens" describes pathogens that are not considered to be normal flora of the intestinal tract. Enteric pathogens identified on culture or with the use of other diagnostic laboratory tests include *Salmonella, Shigella, Yersinia, Campylobacter, Listeria, Vibrio,* STEC: Shiga toxin-producing *E. coli,* ETEC: Enterotoxigenic *E. coli,* EPEC: Enteropathogenic *E. coli,* EIEC: Enteroinvasive *E. coli,* EAEC: Enteroaggregative *E. coli,* DAEC: Diffusely adherent *E. coli,* or *Giardia.*
- ***LUNG Reporting Instructions:***
  - Lung tissue or pleural fluid are the only specimens eligible for LUNG.
  - Lower respiratory tract secretions (such as sputum, endotracheal/tracheal aspirate, bronchoalveolar lavage) are not eligible for LUNG.
- ***OREP:***
  - Added term "Pelvic tissue/space" as an eligible site of infection.
  - Reporting Instruction: If the patient meets for an OREP (HAI or organ/space SSI) and UTI criterion, report both events.
- ***SKIN Reporting Instruction:*** If a breast infection is identified after an NHSN operative procedure, assess for an SSI.
- ***ST Reporting Instruction:*** If a breast infection is identified after an NHSN operative procedure, assess for an SSI.
- ***ENDO:***
  - Immune complex-mediated glomerulonephritis criteria added.

Clarification:

- ***ENDO:***
  - Clarification of "new valvular regurgitation on auscultation". The following added to the element: "when an echocardiogram is not available.".
  - Definition of "significant new valvular regurgitation" added.
  - Revision to ENDO 7 criterion requirements.

Deletion:

- ***PJI Comments:***
  - The NHSN definition of PJI is closely adapted from the Musculoskeletal Infection Society's (MSIS's) definition of PJI (Proceedings of the International Consensus Meeting on Periprosthetic Joint Infection, 2013), and subsequent studies validating this guidance.

  - The standard laboratory cutoff values in criteria 3a - 3d are provided by NHSN for HPRO and KPRO SSI surveillance purposes only. The NHSN laboratory cutoffs are not intended to guide clinicians in the actual clinical diagnosis and management of acute or chronic PJI. Clinicians should refer to the MSIS consensus definition and other scientific evidence for clinical use.
- ***OREP Reporting Instruction:*** If patient has epididymitis, prostatitis, or orchitis and meets OREP criteria, and they also meet UTI criteria, report UTI only, unless the OREP is a surgical site organ/space infection, in which case, only OREP should be reported.