



Sepsis Awareness Month

Partner Call

August 19, 2026

Updates in Sepsis Surveillance and Quality Measurement

Raymund Dantes, MD MPH

Medical Advisor

Surveillance Branch

Division of Healthcare Quality Promotion

Pediatric Sepsis National Estimates

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

National Estimates of Pediatric Sepsis in US Hospitals Using Clinical Data

Chanu Rhee, MD, MPH; Fran Balamuth, MD, PhD; Kevin Dysart, MD, MBI; Evan Miller, MA; Zeyu Li, MSc; Jing Huang, PhD; Deepthi Gunturi, MS; Svetlana Ostapenko, MS; Robert Jin, MS; Laura DelloStritto, MPH; Jeffrey Guy, MD, MSc; Russell Poland, PhD; Kenneth Sands, MD, MPH; Tellen D. Bennett, MD; Halden F. Scott, MD, MSc; Elizabeth R. Alpern, MD, MSCE; L. Nelson Sanchez-Pinto, MD, MBI; Seth Russell, MS; Peter E. DeWitt, PhD; Margaret N. Rebull, MA; Charlotte Gray, MPH; Latasha Daniels, MA; Seth Otto, MS; Camille Carter, BS; Lawrence J. Cook, PhD; Elena Tsemberis, MD; Jenna T. Jordan, BS; Jack Kapes, MS; Robert Tunick, BA; Sameer S. Kadri, MD, MS; Brittany L. Badesch, MD; Huai-Chun Chen, PhD; Michael Klompas, MD, MPH; Scott L. Weiss, MD, MSCE

IMPORTANCE Pediatric sepsis causes substantial morbidity and mortality, but population surveillance relies on administrative codes with limited and variable accuracy.

OBJECTIVE To estimate US national incidence, mortality, and trends of sepsis in nonneonatal children using a Pediatric Sepsis Event (PSE) definition adapted from the 2024 Phoenix criteria for scalable electronic health record (EHR)-based surveillance using routinely captured clinical data.

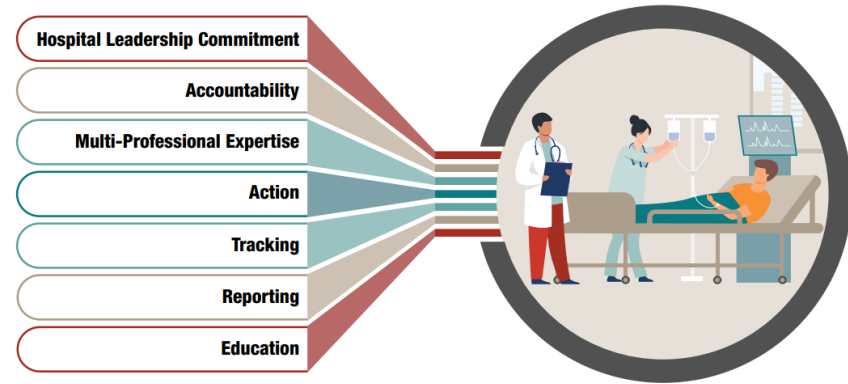
 Editorial page 1304

 Supplemental content

- Sepsis in 1.3% of hospitalizations
- 10.1% in-hospital mortality
- More than 18,000 sepsis cases per year
- At least 1,800 deaths per year

Hospital Sepsis Program Core Elements

- Provide framework for optimizing and monitoring hospital sepsis programs and management
- Complement existing sepsis guidelines and facilitate implementation of recommended practices



Hospital Sepsis Program Core Elements (continued)



Hospital Leadership Commitment

Dedicating the necessary human, financial, and information technology resources.



Accountability

Appointing a leader or co-leaders responsible for program goals and outcomes.



Multi-Professional Expertise

Engaging key partners throughout the hospital and healthcare system.



Action

Implementing structures and processes to improve the identification of, management of, and recovery from sepsis.



Tracking

Measuring sepsis epidemiology, management, and outcomes to assess the impact of sepsis initiatives and progress toward program goals.



Reporting

Providing information on sepsis management and outcomes to relevant partners.



Education

Providing sepsis education to healthcare professionals, patients, and family/caregivers.

2025 NHSN Annual Survey: What's New?

- National Sepsis Core Elements **uptake is measured through [CDC's National Healthcare Safety Network \(NHSN\) Patient Safety Component Annual Hospital Survey](#)**.
- This year's survey was **analyzed thematically by [28 Sepsis Program Priorities](#)**, which make up the Hospital Sepsis Program Core Elements Score.
- Sepsis coordinators can check with their NHSN Facility Administrator to access **[their hospital's score](#)**.

2025 NHSN Survey Results: Progress & Opportunities

NEW CDC DATA

When people get sepsis, 1 in 5 adults & 1 in 10 children die or go to hospice in the U.S.

U.S. hospitals are using CDC's Sepsis Core Elements to improve patient outcomes.*

Across U.S. hospitals, there were improvements in all 28 Sepsis Program Priorities, most notably in:

- Antimicrobial delivery processes
- Sepsis tool optimization
- Patient education



CS360846

**2025 survey of 5,000+ hospitals*
<https://www.cdc.gov/sepsis/hcp/core-elements/index.html>

Opportunities to Further Strengthen Sepsis Programs, 2025

Percent of hospitals that report having:



A dedicated
**sepsis
coordinator**



Support from
a **nurse and
physician
leader**



**Data analytics
and IT support**

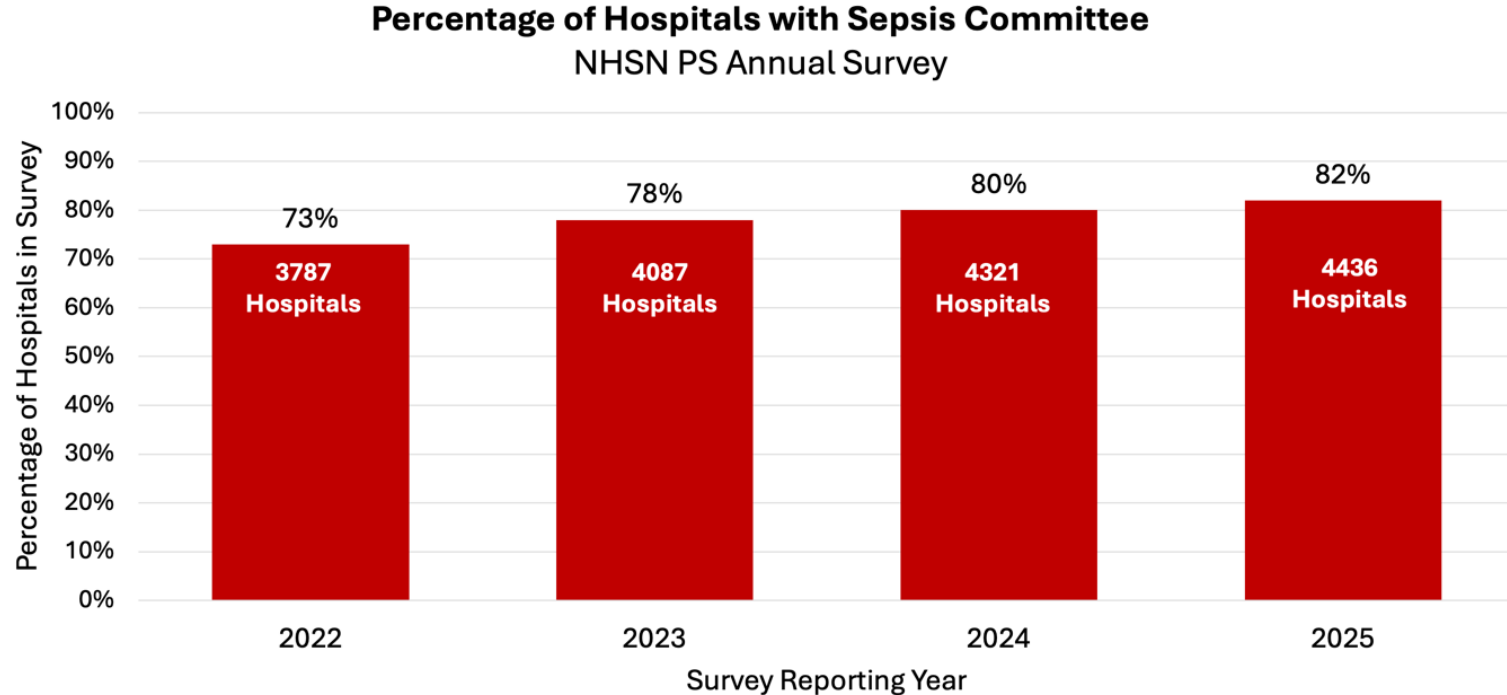


Internal data
**reporting &
reviews**



Find resources on how to optimize sepsis programs:
cdc.gov/sepsis

Hospital Sepsis Committees Increasingly Common



Overall Gains

- Increased uptake of 24 of 28 Sepsis Program Priorities from 2024 to 2025

Sepsis Program Priority	2024 Uptake % (n=5,337) [†]	2025 Uptake % (n=5,430) [‡]	Absolute % difference
Leadership 1	48	51	3
Leadership 2	71	72	1
Leadership 3	61	62	1
Leadership 4	57	59	2
Leadership 5	73	75	2
Accountability 1	80	82	2
Accountability 2	75	77	2
Accountability 3	65	67	2
Accountability 4	58	60	2
Accountability 5	33	36	3
Expertise 1	33	36	3
Expertise 2	63	65	2
Expertise 3	64	65	1
Expertise 4	29	32	3
Action 1	93	93	0
Action 2	73	75	2
Action 3	87	87	0
Action 4	72	76	4
Action 5	58	60	2
Tracking 1	51	54	3
Tracking 2	79	79	0
Tracking 3	73	74	1
Tracking 4	38	42	4
Tracking 5	69	70	1
Reporting 1	28	31	3
Education 1	39	42	3
Education 2	65	65	0
Education 3	52	56	4

[†] Data based on ACH (Acute Care Hospital) and CAH (Critical Access Hospitals) 2024 survey frozen on June 1, 2025, including 5377 hospitals completed the survey among 5524 National Healthcare Safety Network-enrolled and active hospitals (97% completion rate).

[‡] Data based on ACH (Acute Care Hospital) and CAH (Critical Access Hospitals) 2025 survey frozen on June 1, 2026, including 5,430 hospitals completed the survey among 5,571 National Healthcare Safety Network-enrolled and active hospitals (97% completion rate).

Overall Gains (continued)

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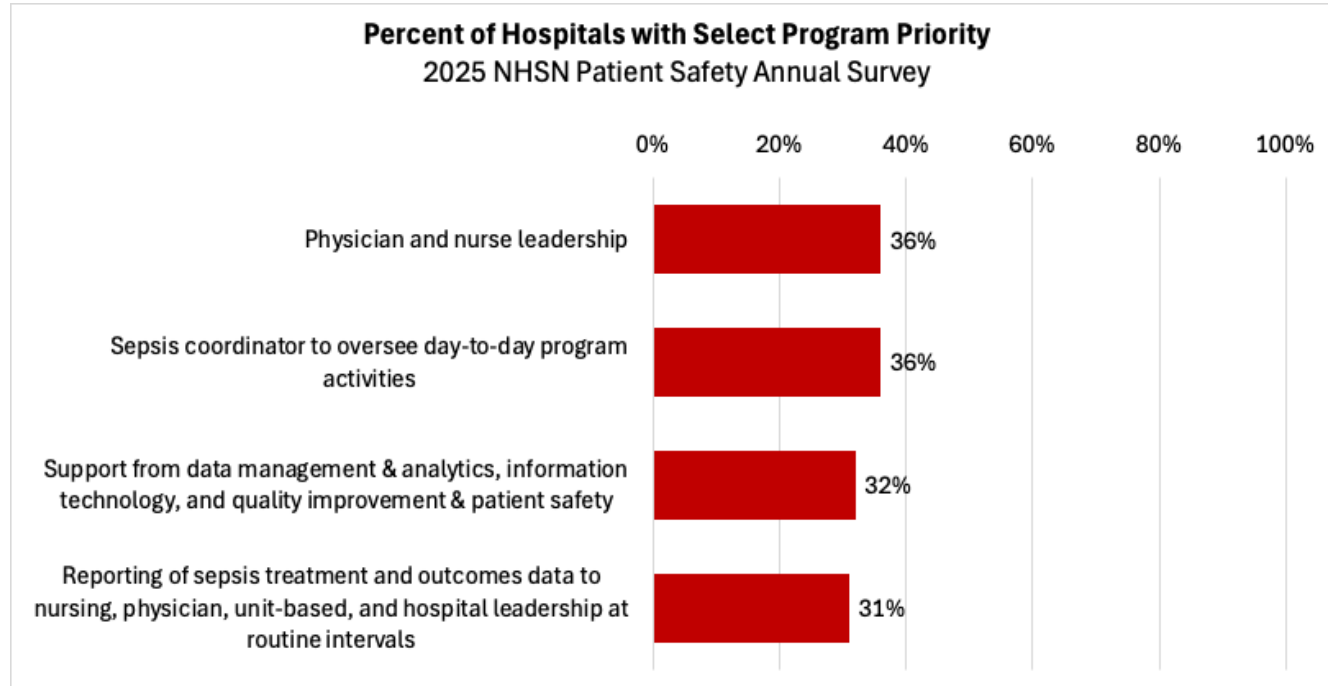
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Largest Gains in Sepsis Programs

Sepsis Program Priority	Description	2024 Uptake % (n=5,337)†	2025 Uptake % (n=5,430)‡	Absolute % difference
Action 4	Our hospital has structures and processes in place to facilitate prompt delivery of antimicrobials.	72	76	4
Tracking 4	Our hospital assesses use, usability, and impact of hospital sepsis tools to inform their ongoing improvement, such as use of sepsis order sets.	38	42	4
Education 3	Our hospital provides written and verbal sepsis education to patients, families, and/or caregivers prior to discharge.	52	56	4

Notable Opportunities for Improvement



Hospital Sepsis Program Core Elements

Structural Measure

- Assesses uptake of evidence-based sepsis program best practices described in the CDC Hospital Sepsis Program Core Elements
- Facilities receive points based on their responses to the corresponding Annual Survey questions to produce a score out of 28
- Available now in NHSN Application

Adult Community-onset Sepsis Standardized Mortality Ratio Outcome Measure

- Provides hospitals with a nationally benchmarked metric of adult community-onset sepsis mortality outcomes, which can be used to measure their progress to improving the care of patients with sepsis
- Event determination, exclusions, and risk adjustment based on a combination of EHR data and Claims data
- In data pipeline testing with NHSN CoLab partners, early adopter enrollment to follow

Addressing Sepsis in Other Populations and Settings

David T. Kuhar, MD

Director, Office of Healthcare Worker Safety

Team lead, Hospital Infection Prevention Team

Prevention and Response Branch

Division of Healthcare Quality Promotion

CDC's Newest Focus Areas

Dialysis

Long-Term
Care

Maternal
Sepsis

Protecting Patients on Dialysis

- In outpatient dialysis clinics, completed a **scoping review** reporting current practices, and any associated gaps regarding sepsis prevention, recognition, and escalation for patients receiving maintenance dialysis
- Provided a CDC TRAIN [webinar on sepsis](#) recognition, risks, and response in partnership with Association of State and Territorial Health Officials (ASTHO)



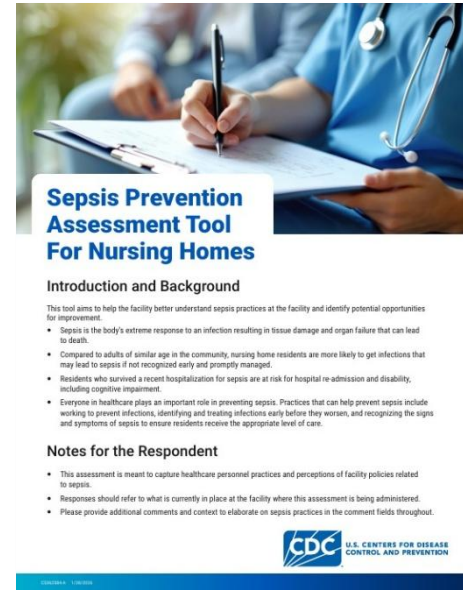
Ms. M is a 51-year-old female with ESKD on hemodialysis T/Th/Sat for 2 years

CDC TRAIN



Protecting Residents in Long-Term Care

- Sepsis Prevention Assessment Tool (SPAT) launched
 - **Identifies gaps** in sepsis policies, training, and practices in Nursing Homes that can be targeted to improve infection prevention practices, sepsis recognition, and resident outcomes
 - Currently working with partners on use and refinement of the tool



Sepsis Prevention Assessment Tool

Protecting Pregnant and Postpartum Women

- Developed and completing validation of **surveillance definition of maternal sepsis** with plans to publish
- Exploring appropriate **data sources** for estimating national maternal sepsis burden using validated definition



Get Ahead of Sepsis Campaign Update

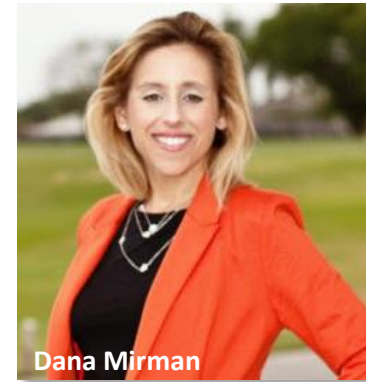
Nicole Gladden

Health Communication Specialist

Division of Healthcare Quality

Promotion

Protecting Patients is What Matters Most



CDC's *Get Ahead of Sepsis* Campaign Increases Sepsis Awareness

- **Goals**
 - **Prevent and reduce infections** that can lead to sepsis
 - **Optimize healthcare quality and patient safety** by raising awareness, knowledge, and motivating behavior change related to sepsis early recognition and appropriate treatment among consumer and healthcare professional (HCP) priority audiences.
- **Priority audiences**
 - Healthcare professionals (HCPs)
 - Patients and families
- **Alignment with cross-agency efforts**
 - *Be Antibiotics Aware* and *C. diff* Campaigns



**GET AHEAD
OF SEPSIS**

Get Ahead of Sepsis Campaign Activities

- Materials
- Website
- Emails
- Social media
- Earned media
- Partner & Policy Coordination

GET AHEAD OF SEPSIS

NEW

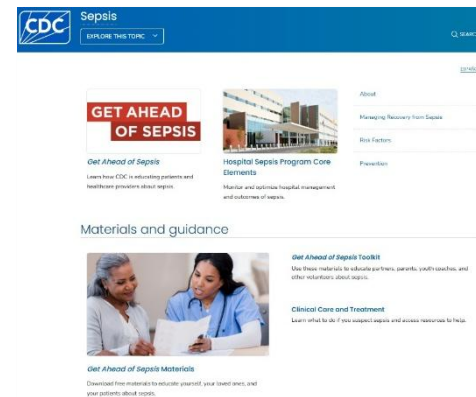


Materials

NEW



Social media



Website

Sepsis Awareness Month 2026 Activities

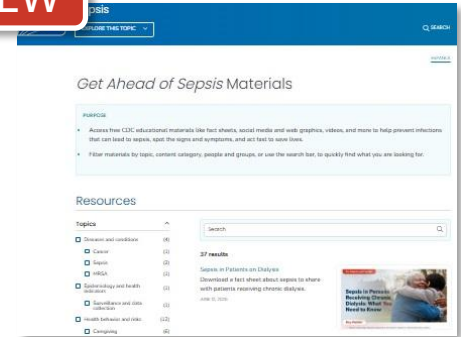
- Web updates
- Social media
- Adobe Campaign emails
- Direct partner outreach
- Earned and free media
- Policy engagement
- Partner events

NEW



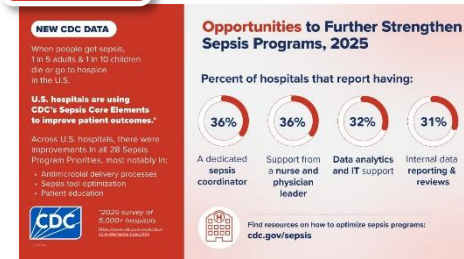
Social media

NEW



Web Updates

NEW



Adobe Campaign emails

...and more!

Other New Communications Activities

HOSPITALS

Sepsis Core Elements Materials

CHILDREN

JAMA

Original Investigation | Caring for the Critically Ill Patient

National Estimates of Pediatric Sepsis in US Hospitals Using Clinical Data

Chanu Rhee, MD, MPH^{1,2}; Fran Balamuth, MD, PhD³; Kevin Dysart, MD, MBI³; et al.

➤ Author Affiliations | Article Information

Hospital Toolkit for Pediatric Sepsis Event Surveillance



Centers for Disease Control and Prevention
2,211,561 followers
3mo •

New national data from a CDC-funded study published in JAMA show the high burden of sepsis in U.S. children. The study advances monitoring for pediatric sepsis, which can improve prevention efforts. Read here: <https://bit.ly/3Qd8BaH>

Sepsis is a medical emergency.



Each year, more than **18,000** children in the U.S. **develop sepsis**.



More than **1,800** children who develop sepsis die during their hospitalization or are discharged to hospice.

GET AHEAD
OF SEPSIS

Learn more at
cdc.gov/sepsis



👥 You and 176 others

3 comments • 36 reposts

NURSING HOMES



Sepsis Prevention Assessment Tool For Nursing Homes

Introduction and Background

This tool aims to help the facility better understand sepsis practices at the facility and identify potential opportunities for improvement.

- Sepsis is the body's extreme response to an infection resulting in tissue damage and organ failure that can lead to death.
- Compared to adults of similar age in the community, nursing home residents are more likely to get infections that may lead to sepsis if not recognized early and promptly managed.
- Residents who survived a recent hospitalization for sepsis are at risk for hospital re-admission and disability, including cognitive impairment.
- Everyone in healthcare plays an important role in preventing sepsis. Practices that can help prevent sepsis include working to prevent infections, identifying and treating infections early before they worsen, and recognizing the signs and symptoms of sepsis to ensure residents receive the appropriate level of care.

Notes for the Respondent

- This assessment is meant to capture healthcare personnel practices and perceptions of facility policies related to sepsis.
- Responses should refer to what is currently in place at the facility where this assessment is being administered.
- Please provide additional comments and context to elaborate on sepsis practices in the comment fields throughout.



Sepsis Prevention Assessment Tool

COMING SOON

Sepsis Impacts the U.S. and Our Hospital

- Each year, about **1.7 million** adults and more than **18,000** children in America develop sepsis.^{2,3}
- At least **350,000** adults and more than **1,800** children who develop sepsis die during their hospitalization or are discharged to hospice.^{1,3}
- In 2018, the total cost of hospital stays and follow-up nursing care for all Medicare patients with sepsis (including fee-for-service and Medicare Advantage) reached **\$41.5 billion**.⁴

Our Hospital

XX admissions with sepsis each year

XX principal diagnosis

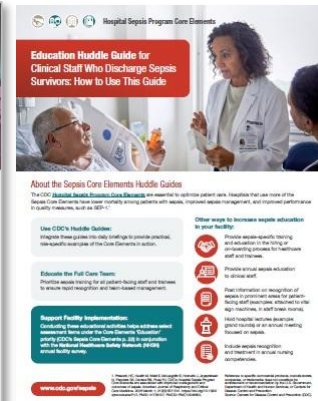
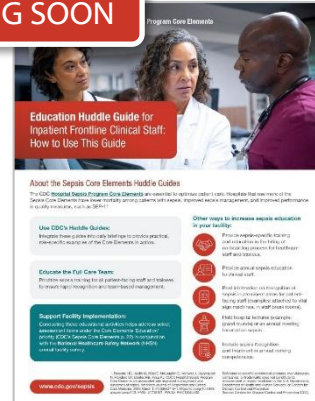
\$XX total cost

Hospitals that use more of the Sepsis Core Elements have:¹

- Lower mortality among patients with sepsis
- Improved sepsis management
- Improved performance in quality measures, such as SEP-1

Hospital Leadership PPT

COMING SOON



Pediatric sepsis burden & toolkit / JAMA paper

Huddle Guides

New GAOS Materials

MATERNAL SEPSIS

COMING SOON

Pregnant or postpartum?

You're at higher risk of getting an infection, and that infection could lead to sepsis.

Social Media GIF

DIALYSIS

COMING SOON

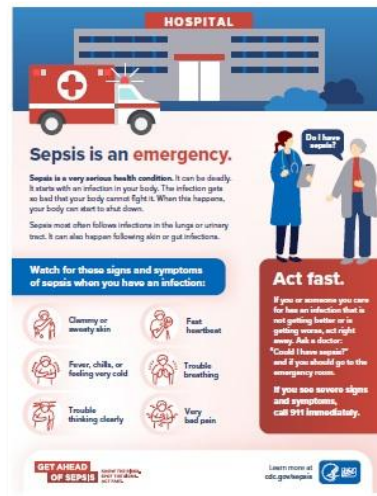
Receiving chronic dialysis?

You have a higher risk of infection, which can lead to sepsis.

Social Media Carousel

LOW LITERACY

COMING SOON



Fact Sheet

PEDIATRIC HCPs

COMING SOON



Fact Sheet

➔ Visit our New [Get Ahead of Sepsis Materials Collection](#)

Get Ahead of Sepsis Continues to Make an Impact

<i>Get Ahead of Sepsis</i> Campaign Results	
Metrics	2025-2026
Website (Pageviews)	May 1, 2025 – June 10, 2026: 492,315
File & Materials (Downloads)	September 1, 2025 – August 10, 2026: 135.9K+
Organic Social Media	September 1, 2025 – May 2026: 23K+ impressions 510 engagements 2.01% average engagement rate 8 posts total
Adobe Campaign Emails (Unique Clicks)	2026: 1,165 1 email

Partnership in Action: AAP

American Academy of Pediatrics (AAP)

- Partnering to strengthen recognition and management of pediatric sepsis in schools, communities, and youth camp settings.
- AAP's Extension for Community Healthcare (ECHO) Program trains school nurses and primary care providers on sepsis prevention, identification, treatment, and return to school after care.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Outpatient Setting
Pediatric Sepsis Checklist for Rapid Recognition and Immediate Action

Disclaimers: For information only. This is intended to guide clinical care and support decision-making. It is not a validated screening tool.

1. Initial Screen

- ☐ Fever
- ☐ Lethargy
- ☐ Poor feeding (infant)
- ☐ Vomiting or diarrhea
- ☐ Suspected or confirmed

2. Check for Red Flags (If)

- a. Appearance**
 - ☐ Altered mental status
 - ☐ Pale, mottled, blotchy
- b. Vitals**
 - ☐ Tachycardia (age)
 - ☐ Tachypnea
 - ☐ Hypotension (IA)
 - ☐ Oxygen (if SpO2 < 92%)
 - ☐ Weak Pulse
- c. Perfusion**
 - ☐ Capillary refill* > 2 seconds
 - ☐ Cold hands/feet
- d. Respiratory**
 - ☐ Labored breathing

3. IF SEPSIS SUSPECTED: Call 911/EMS (Orange team)

- ☐ Activate emergency
- a. Airway/Breathing**
 - ☐ Position airway
 - ☐ Give oxygen if SpO2 < 92%
- b. Circulation**
 - ☐ Keep warm
 - ☐ Establish IV/IO as appropriate

School Health Setting
Pediatric Sepsis Checklist for Rapid Recognition and Immediate Action

Disclaimers: This is intended to guide clinical care and support decision-making. It is not a validated screening tool.

1. Initial Screen (Any ill student)

- ☐ Fever (≥ 38.5 degrees C or 101.3 degrees F) OR unusually cold
- ☐ Complaints of feeling very ill, weak or "not right"
- ☐ Vomiting or not drinking fluids
- ☐ Decreased urination (if known)
- ☐ Recent or suspected infection (recent illness, wound, hospitalization, etc.)

There should be a higher level of concern for high-risk patients, including:

- Age < 5 years (especially < 1 year if applicable in setting)
- Immunocompromised
- Have a chronic illness (asthma, diabetes, heart disease, etc.)
- Had a recent surgery/hospitalization
- Has a medical device (eg, any device requiring a port, C-tube or urinary catheter)

If yes to any of the above – check for red flags

2. Check for Red Flags (this should be done quickly)

- a. Appearance**
 - ☐ Very drowsy/hard to wake
 - ☐ Confused, disoriented, unusual behavior
 - ☐ Pale, mottled, bluish skin
- b. Vitals (if blood pressure monitor and pulse oximeter is available)**
 - ☐ Hypotension (DATE sign)
 - ☐ Oxygen level is < 92%
- c. Circulation**
 - ☐ Capillary refill* > 2–3 seconds
 - ☐ Cold hands/feet (not related to environment)
 - ☐ Weak OR fast pulse
- d. Breathing**
 - ☐ Trouble breathing, retractions, grunting
 - ☐ Fast breathing
- e. Other**
 - ☐ Non-blanching rash (does not fade when pressed)

***Instructions on how to check capillary refill:**
Capillary refill time is the time it takes for color to return to an external capillary bed after pressure has caused blanching (turning white).
1. Make sure the child is warm, and arms and/or hands are at heart level.
2. Press on a fingertip or nail bed.
3. Hold for 5 seconds, then let go and watch the color return.
4. If it takes longer than 2–3 seconds, it may mean poor blood flow.

If any of the red flags are identified, call 911 immediately.

3. IF SEPSIS SUSPECTED – ACT IMMEDIATELY
Call 911/EMS Immediately

- ☐ State "Child with possible sepsis"

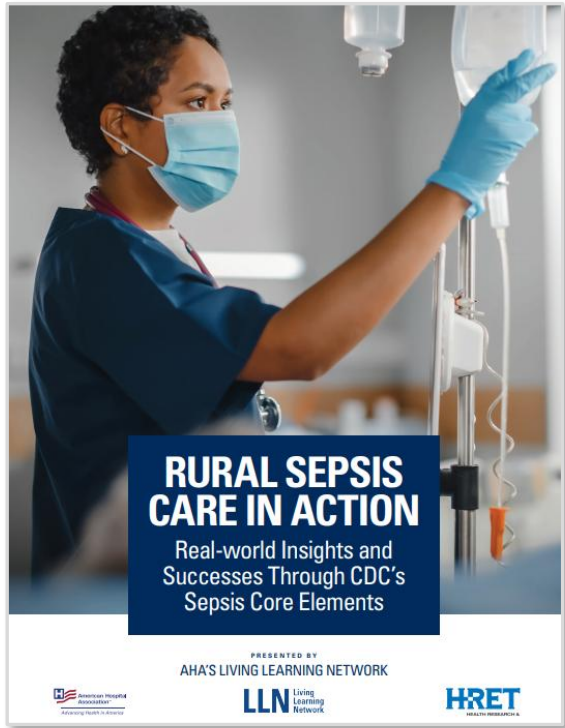
DO NOT:

- Do NOT delay EMS activation
- Do NOT give food/fluids by mouth if decreased alertness
- Do NOT send student home



**Project ECHO is a
telementoring program
for communities of health
care providers, fostering
an “all learn, all teach”
approach.**

Partnership in Action: HRET

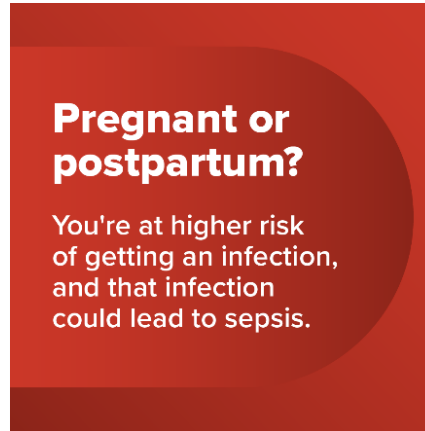


American Hospital Association (AHA)/Health Research & Educational Trust (HRET)

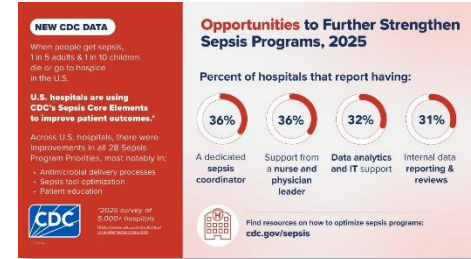
- Partnering to educate health systems on the Sepsis Core Elements through the Living Learning Network (LLN), a dynamic virtual community of members dedicated to advancing health care and public health.
- Members explore challenges and opportunities in patient safety, quality improvement, infection prevention and control, emergency preparedness, rural health and more to strengthen systems and improve outcomes across the health care landscape.

We Need Your Help!

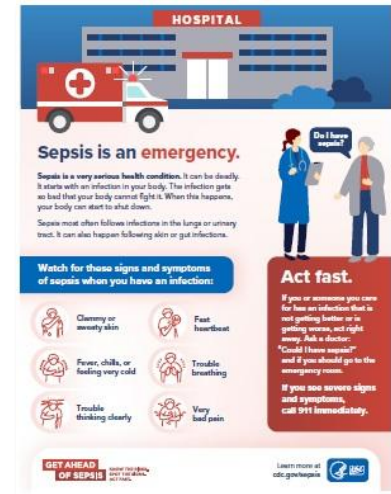
- Help disseminate CDC's new resources on your communication channels, including:
 - New data
 - Fact sheets
 - Social media
 - HCP training materials
- Share your stories!
- Send us feedback.



Social Media Assets



New Data



Fact Sheets



HCP Training Materials

Questions?

Sepsis Awareness Month: Round Robin Updates

All Partners

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 [cdc.gov](https://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.

