

Volume 17,
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CENTERS FOR DISEASE CONTROL AND PREVENTION
NHSN E-Newsletter



PATIENT SAFETY COMPONENT

Training Announcement

Registration for the Centers for Disease Control and Prevention 2022 National Healthcare Safety Network (NHSN) Virtual training event, being facilitated on March 22-24, is now open, click <https://2022nhsntraining.vfairs.com/> to complete registration form.

New Publication! Pathogens attributed to CLABSIs during the COVID-19 Pandemic

The following paper was recently published and provides a summary of pathogen changes for central line-associated bloodstream infections (CLABSIs) from acute care hospitals between 2019 and 2020. Compared to 2019, increases in the proportions of pathogens identified as *Enterococcus faecalis* and coagulase-negative staphylococci were observed during the first year of the COVID-19 pandemic (2020). The paper also provides a summary of common CLABSI pathogens isolated from COVID-19 ICU patients.

Weiner-Lastinger, L., Haass, K., Gross, C., Leaptrot, D., Wong, E., Wu, H., & Dudeck, M. (2022). Pathogens attributed to central line-associated bloodstream infections in US acute care hospitals during the first year of the COVID-19 pandemic. *Infection Control & Hospital Epidemiology*, 1-13. <https://doi.org/10.1017/ice.2022.16>

This paper is also available on our NHSN Reports webpage, here: <https://www.cdc.gov/nhsn/datastat/covid19.html>

HAI Event Form

Clarification of new required COVID-19 question on HAI event form:

The screenshot shows a section of the HAI event form. It includes several checkboxes for clinical signs: 'Pain or tenderness', 'Purulent drainage from affected area', and 'Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam'. Below these are dropdown menus for 'Secondary Bloodstream Infection', 'COVID-19', and 'Died', each with 'N - No' selected. A red arrow points to the 'COVID-19' dropdown. There is also a 'Discharge Date' field with a calendar icon and a 'Pathogens Identified' field with a red asterisk and a prompt to specify if yes.

Users have asked for clarification on this question such as

“The tables of instruction define confirmed COVID-19 as “a patient with a positive COVID-19 (SARS CoV-2) laboratory viral test indicating current infection.” How does this apply to patients that had a positive COVID-19 test in the recent past (say, <30 days) that are no longer testing positive, but are clearly still suffering from their infection? For example, patients with continuing respiratory failure caused by COVID-19 who still require hospitalization but have subsequently tested negative and therefore do not have a test indicating “current” infection – should they be entered as COVID-19 = yes? What about the opposite situation where a patient has an asymptomatic COVID-19 “infection,” and their recent positive test finding was incidental – should they also be entered as COVID-19 = yes?

NHSN response:

The COVID-19 question is required for all HAI events occurring on or after January 1, 2022 and is intended to gather data on HAIs related to the COVID-19 condition. To reduce subjectivity, the lab finding of the most recent COVID-19 viral test prior to or on the date of event (HAI) should be used for the response.

- Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the date of event (HAI). Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status.
- Answer COVID-19 as 'NO' if the most recent lab test prior to or on the date of event (HAI) is negative.

We did not include in our definition a length of time for the patient to be considered 'confirmed'; however, we focus strictly on the current hospitalization and the response should be based on the lab test available within the current patient record.

It is our hope that the data received over time will enable us to identify the risk of the COVID-19 condition on HAIs. You can send any additional questions to NHSN@CDC.gov

New Overflow Location Types in NHSN

In 2022, NHSN introduced two new options for patient care location mapping:

Location Name	CDC Location Code	Description
Onsite Overflow Critical Care (ICU)	IN:ACUTE:CC:OF_ONSITE	Area previously used for non-patient care which has been repurposed to care for critically ill or injured patients
Onsite Overflow Ward	IN:ACUTE:WARD:OF_ONSITE	Area previously used for non-patient care which has been repurposed to care for non-critically ill or injured patients

These location codes can be used by NHSN hospitals to map an appropriate patient care area, per the description above, to be used for HAI and AUR surveillance and reporting. Note that these onsite overflow locations are intended to be used for an area of the hospital that was not previously used for patient care (e.g., cafeteria, storage room) but has been re-purposed to provide patient care.

Note: HAI and AUR reporting for the onsite overflow locations will be enabled in the NHSN application in mid-2022 and, at that time, facilities will be allowed to enter data for these location types beginning with events and summary records for January 2022 and forward. Additional communications will be provided once HAI and AUR reporting have been enabled.

Impact on AUR Surveillance:

Beginning with January 2022 data, facilities submitting data into the AU and/or AR Options should include AU and AR data from these location types only if the data can be accurately electronically captured. For AU Option submissions, AU data should be submitted from these locations individually and these locations should be included in the FacWideIN antimicrobial day and days present counts. For AR Option submissions, AR Events should be submitted from these locations, and they should be included in the FacWideIN patient day and admission counts. All AU and AR FacWideIN records for 2022 should include these locations as applicable.

Impact on HAI Surveillance:

For each facility type, the information below outlines how CMS Quality Reporting rules apply to the new onsite overflow locations, how HAI data from these units should be reported to NHSN, and whether events reported these units will be considered in the Standardized Infection Ratios (SIRs). This information applies to HAI data from January 2022 and forward.

Acute Care Hospitals:

- Overflow ICU is a required location for CLABSI and CAUTI reporting under the CMS Hospital-Acquired Conditions Reduction Program (HACRP). The overflow ward is *not* a required location for CLABSI and CAUTI reporting under HACRP. Events from both types of overflow units will be excluded from the CLABSI and CAUTI SIRs, as 2015 baseline data are not available.
- The overflow ICU and overflow ward are both inpatient locations, and therefore fall under the MRSA bacteremia and CDI LabID Event requirements for 'FacWideIN' (facility-wide inpatient) surveillance under HACRP. Patient days and admissions from the overflow locations should be included in the total counts provided on the monthly FacWideIN denominator records. LabID Events from the overflow locations are eligible for inclusion in the FacWideIN MRSA bacteremia and CDI LabID Event SIRs.

Long-Term Acute Care Hospitals, also known as Long-Term Care Hospitals (LTACHs, or LTCHs):

- The overflow ICU and overflow ward are both inpatient locations, and therefore fall under the CLABSI, CAUTI, and CDI LabID Event reporting requirements for the Long-Term Care Hospital Quality Reporting Program (LTCH QRP). Events from these units are eligible to be included in the FacWideIN CDI LabID Event SIR but will not be included in the CLABSI or CAUTI SIRs. Patient days and admissions from the overflow locations should be included in the total counts provided on the monthly FacWideIN denominator records.

Free-standing Inpatient Rehabilitation Facilities (IRFs):

- The overflow ward is included under the CAUTI and CDI LabID Event reporting requirements for the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP). Events from the overflow ward are eligible to be included in the FacWideIN CDI LabID Event SIR but will not be included in the CAUTI SIR. Patient days and admissions from the overflow ward should be included in the total counts provided on the monthly FacWideIN denominator records.

PPS-Exempt Cancer Hospitals:

- The overflow ICU and overflow ward are both inpatient locations, and therefore fall under the CLABSI, CAUTI, MRSA bacteremia, and CDI LabID Event reporting requirements for the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program. Events from these units are eligible to be included in the FacWideIN MRSA bacteremia and CDI LabID Event SIRs but will not be included in the CLABSI or CAUTI SIRs. Patient days and admissions from the overflow locations should be included in the total counts provided on the monthly FacWideIN denominator record.

AUR Module Updates

Reminder: Upload January 2022 AU Option Data

NHSN has resolved the issue that prevented January 2021 and January 2022 AU Option records from successfully importing. Please upload these files and reach out to the NHSN CDA Helpdesk with errors: NHSNCDA@cdc.gov.

New COVID Drugs Added to AU Option: Molnupiravir and Nirmatrelvir

The NHSN AUR Team will add two COVID antiviral agents, molnupiravir and nirmatrelvir, to the AU Option in an upcoming release tentatively scheduled for late March. NHSN will require molnupiravir and nirmatrelvir in AU Option files beginning in March 2022. AU files for summary months on or after March 2022 will fail to upload into NHSN if they do not include these two drugs. Additionally, facilities can optionally include the two drugs in AU files for January and February 2022 (uploaded retrospectively on or after the NHSN release in late March 2022). Please work with your vendor and/or internal informatics team to ensure your AU files include molnupiravir and nirmatrelvir.

2021 NHSN Annual Hospital Survey Responses and Potential SAAR Value Changes

The 2021 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 2021 survey, your 2021 and 2022 SAARs were risk-adjusted based on your 2020 survey responses. Once your facility completes the 2021 survey and you generate new data sets within NHSN, those survey responses will be used to risk adjust your 2021 and 2022 SAARs instead. It is possible for the 2021 survey responses to move your facility to a different risk adjustment category for one or more SAARs. If this happens, you will notice a change in your 2021 and 2022 SAAR values from what they were before your facility completed the 2021 Annual Hospital Survey. Refer to page 22 of the SAAR Guide for more information: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/au-saar-guide-508.pdf>.

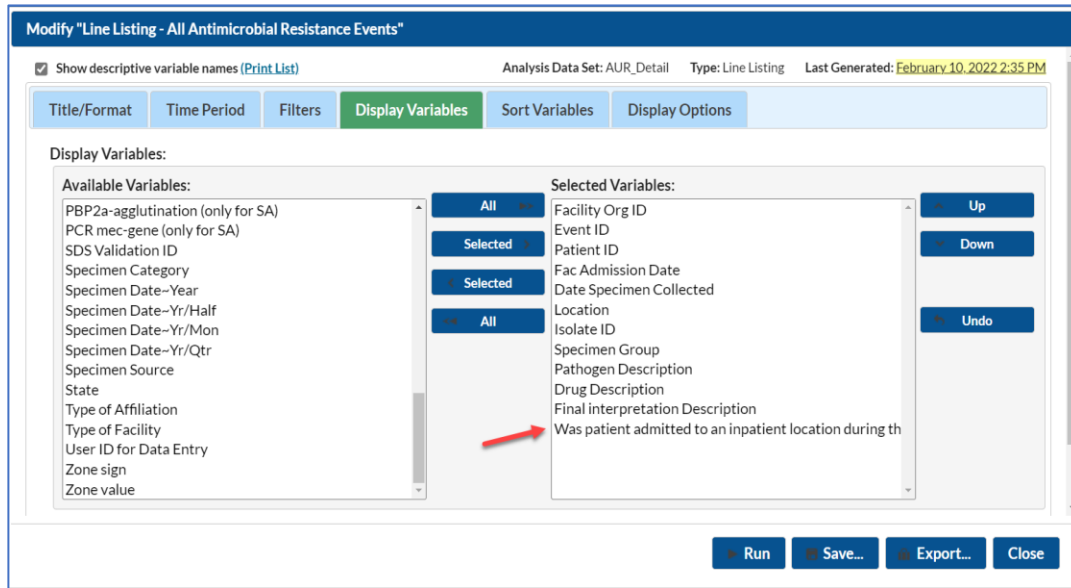
Reminder: Submit Monthly Outpatient Summary Data for AR Option

Beginning last year with January 2021, facilities should report AR Option summary records for their outpatient locations (ED, pediatric ED, and 24-hour observation area) as applicable. These summary records report the total number of patient encounters for each location/month. This feature was rolled out in the summer of 2021, and facilities will notice AR Option Missing Summary Data alerts for these location types until the summary records have been uploaded.

Of note, the issue causing these alerts to appear for *December 2020 and prior* has been resolved. You should no longer see Missing Summary Data Alerts for Event Type = AR Event for these outpatient location types for December 2020 and prior.

New AR Option Variable to Assess Patient Admission Status

Beginning with specimens collected January 1, 2022, AR Option Event files must now include whether the patient was admitted to an inpatient location during that encounter. This information will be used to calculate the disease burden for inpatient locations. You can view this new field by modifying the AR Option report: Line Listing – All Antimicrobial Resistance Events.



Updated AUR Resources Now Posted

We've updated several documents on our webpages, please see the list below:

- 2022 AUR Module Protocol – <https://www.cdc.gov/nhsn/pdfs/pscmanual/11pscaurcurrent.pdf>
 - The 2022 protocol was updated to reflect the addition of two new COVID drugs to the AU Option, the new patient admission status question for AR Events, updates to the AR Event drug panels, and updated AR Option phenotype definitions.
 - Please bookmark the direct link instead of downloading a copy so you're always viewing the most recent version.
- List of Eligible AUR Antimicrobial Agents - <https://www.cdc.gov/nhsn/psc/aur/index.html>
 - The 2022 list of eligible antimicrobial agents for the AUR Module has been posted. This Excel workbook lists the drug categories and classes along with the specific code used in the AU and AR CDA files. You can find this list in the Supporting Materials section of our AUR webpage.
- AR Option Phenotype Definitions - <https://www.cdc.gov/nhsn/psc/aur/index.html>
 - The AR Option phenotype definitions were updated to reflect the updates made to the AR Option drug panels. You can find this document in the Supporting Materials section of our AUR webpage.
- Meaningful Use/Promoting Interoperability Documents - <https://www.cdc.gov/nhsn/cdaportal/datainteroperability.html>
 - We've updated our webpage and guidance document to reflect the current CMS program name: Promoting Interoperability.

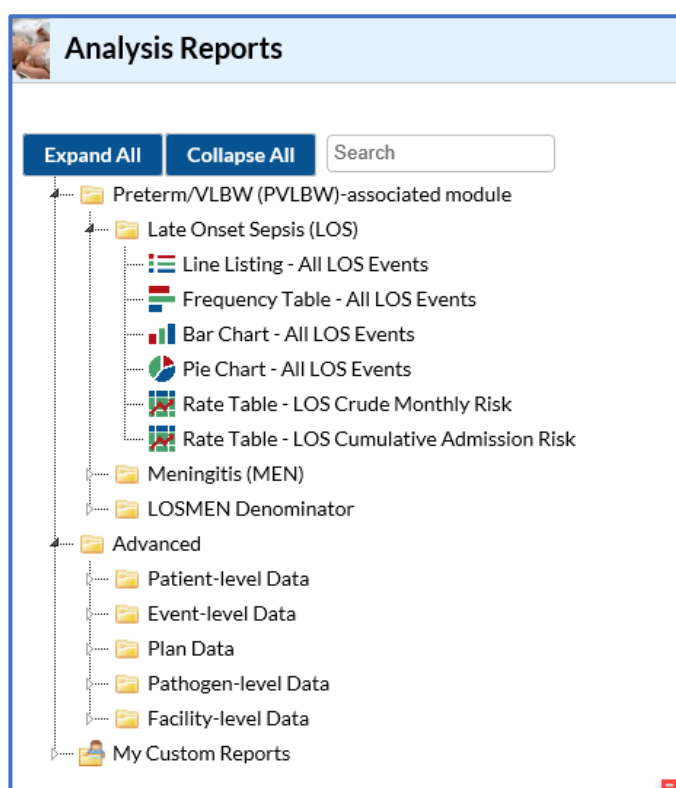
Antimicrobial Resistance Option Synthetic Data Set

The Antimicrobial Resistance Synthetic Data Set (AR SDS) is still under development, but we hope to release it soon. NHSN still plans to have an AR SDS validation requirement phase-in period in 2022 and require full validation in 2023. Please share this information with your vendors to ensure ample opportunity for implementation. There is no direct action needed from your facility. Similar to AU SDS Validation, facilities that create their own AR CDA files in-house using their own "homegrown" IT or informatics resources need to go through the AR SDS Validation process.

Analysis Updates: LOS/MEN Events

CDC's National Healthcare Safety Network (NHSN) Late-Onset Sepsis/Meningitis events in the Preterm/Very Low Birth Weight (PVLBW)-associated Module are currently available for reporting within the **Neonatal Component**. This module was created to identify late-onset sepsis and meningitis events in very low birthweight infants 401 – 1500 grams between day of life (DOL) 4 and 120. In addition to the module, there are webinars and self-paced training available on the website linked here: <https://www.cdc.gov/nhsn/neonatal/los-men/index.html>.

As with other modules and components, there are analysis features available in the NHSN application for the LOS/MEN module. The screenshot below highlights the available analysis reports. After generating the analysis datasets, analysis reports (A&R) for LOS/MEN events are available in the NHSN application as seen in the screenshot below.



Neonatal Component Quick Reference Guides (QRGs) for the following are now available at:

<https://www.cdc.gov/nhsn/neonatal/qrq.html>.

1. Line List for LOS/MEN Events and LOS/MEN Denominators
2. Frequency Table for LOS/MEN Events and LOS/MEN Denominators

If you have any questions related to the Late-Onset Sepsis/Meningitis module, please email us at NHSN@cdc.gov.

Analysis Updates: Useful Tips before Reporting Deadlines

This article will help NHSN users to dissect and overcome any last-minute data disconnects between their NHSN HAI data submissions and CMS data in QualityNet/IQEIS (CMS programs) for acute care hospitals (ACHs), long-term acute care hospitals (LTACHs), inpatient rehabilitation facilities (IRFs) and PPS – exempt cancer hospitals.

1. List of the steps for reporting data for CMS

- a. CMS data must be in-plan for all 3 months within the Quarter.
 - i. “In-plan” means that data are included on the monthly reporting plan
 - ii. **More information on the Patient Safety Monthly Reporting Plans:**
https://www.cdc.gov/nhsn/pdfs/pscmanual/3psc_monthlyreportingplancurrent.pdf
- b. For device-associated HAIs such as CLABSI and CAUTI, please make sure the CMS reportable locations are mapped correctly and data reported accordingly <https://www.cdc.gov/nhsn/pdfs/cms/Location-Mapping-Checklist.pdf>.
- c. For SSIs, follow the guidance outlined in the Checklist document to ensure that Inpatient setting COLO and HYST are added on your monthly reporting plan, and any related Alerts are addressed prior to the CMS reporting deadline date
 - i. <https://www.cdc.gov/nhsn/PDFs/CMS/How-to-Report-No-Events-SSI.pdf>
- d. For LabID events such as MRSA bacteremia and CDI, follow the guidance outlined in the below documents to ensure that the correct locations and data elements have been indicated on the monthly reporting plans and denominator records:
 - i. Acute care hospitals and PPS-exempt cancer hospitals:
<https://www.cdc.gov/nhsn/pdfs/cms/how-to-set-up-and-report-mrsa-cdi.pdf>
 - ii. LTACHs: https://www.cdc.gov/nhsn/pdfs/cms/ltac/setting-up-and-reporting-labid-event_ltch.pdf
 - iii. Free-standing IRFs:
https://www.cdc.gov/nhsn/pdfs/cms/irfs/settingup_reporting_labid_event_freestanding_irf.pdf
 - iv. IRF units within a hospital:
https://www.cdc.gov/nhsn/pdfs/cms/irfs/settingup_reporting_labid_event_irf_acutec.pdf
- e. Report denominator and numerator data accordingly (denominator data: summary data, device days, patient days, procedure data | numerator data: events)
- f. Address all pertinent **Alerts** prior to deadline date.
 - i. How to Resolve Alerts: <https://www.cdc.gov/nhsn/pdfs/gen-support/nhsn-alerts.pdf>
- g. Generate datasets
- h. Run the **CMS analysis reports** to reflect the most up to date data you have reported

2. Additional resources to support the CMS reporting process via NHSN

- a. Checklists, operational guidance, and CMS reporting resources for ACHs, please see: <https://www.cdc.gov/nhsn/cms/ach.html>
- b. Checklists, operational guidance, and CMS reporting resources for LTACHs, please see: <https://www.cdc.gov/nhsn/cms/ltach.html>

- c. Checklists, operational guidance, and CMS reporting resources for IRFs, please see: <https://www.cdc.gov/nhsn/cms/irf.html>
- d. Checklists, operational guidance, and CMS reporting resources for PPS – exempt cancer hospitals, please see: <https://www.cdc.gov/nhsn/cms/pps.html>

3. Reporting deadlines for CMS Quality Reporting Programs

- a. The CMS deadlines are available here: <https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements-deadlines.pdf>

4. Reaching out to NHSN regarding CMS-related data

- a. Kindly note the below timelines for responses from NHSN user support with respect to quarterly CMS reporting questions. We strongly encourage facilities to review their HAI data in NHSN **well before** the applicable CMS deadline, allowing enough time for the facility to reach out to the NHSN helpdesk if needed.
 - i. From 15 to 5 business days before a CMS reporting deadline, 95% of subject matter expert help requests directly related to CMS reporting requirements will be resolved **within 5 business days**.
 - ii. Requests for subject matter expertise received within 4 business days or less before a CMS reporting deadline will be placed in queue, and every effort will be made to resolve each request but without a guarantee of 95% resolution before the deadline.
 - iii. Prior to 15 days of a reporting deadline, 95% subject matter expert help requests directly related to CMS reporting will be resolved within 7 business days.

For additional information not covered in the above list, please send inquiries to NHSN@cdc.gov

Reminder! Data for CMS Quality Reporting Programs Due Soon!

The following data must be entered into NHSN by **May 16, 2022**, for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Value-Based Purchasing (VBP) and Hospital-Acquired Conditions (HAC) Reduction Programs:

2021 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data

- All ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards
- Includes Veterans Affairs and Department of Defense (DoD) acute care hospitals

2021 Quarter 4 (October 1 – December 31) Inpatient COLO and HYST SSI data

2021 Quarter 4 (October 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

- FacWideIN
- ED and 24-hour observation locations
- Includes DoD acute care hospitals

2021 Quarter 4 & 2022 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

2021 Quarter 4 (October 1 – December 31) COVID-19 Vaccination Coverage Among Healthcare Personnel

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:

2021 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data (all bedded inpatient care locations)
2021 Quarter 4 (October 1 – December 31) Inpatient COLO and HYST SSI data
2021 Quarter 4 (October 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset and community-onset)
2021 Quarter 4 & 2022 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data
2021 Quarter 4 (October 1 – December 31) COVID-19 Vaccination Coverage Among Healthcare Personnel

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:

2021 Quarter 4 (October 1 – December 31) CAUTI data (all bedded inpatient locations)
2021 Quarter 4 (October 1 – December 31) *C. difficile* LabID Events (all healthcare-onset and community-onset)

- Freestanding IRFs: Reporting by FacWideIN
- IRF units within other settings (for example, within acute care or critical access hospitals): Reporting by each CMS IRF unit

2021 Quarter 4 & 2022 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

- IRF units within acute care or critical access hospitals must submit a separate summary record specifically for the IRF unit: <http://www.cdc.gov/nhsn/pdfs/training/vaccination/hcp-flu-vaccination-summary-reporting-irf-training-slides.pdf>.

2021 Quarter 4 (October 1 – December 31) COVID-19 Vaccination Coverage Among Healthcare Personnel

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:

2021 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data (all bedded inpatient locations)
2021 Quarter 4 (October 1 – December 31) *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)
2021 Quarter 4 & 2022 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data
2021 Quarter 4 (October 1 – December 31) COVID-19 Vaccination Coverage Among Healthcare Personnel

Inpatient Psychiatric Facilities (IPFs) that participate in the Inpatient Psychiatric Facility Quality Reporting Program:

2021 Quarter 4 (October 1 – December 31) COVID-19 Vaccination Coverage Among Healthcare Personnel

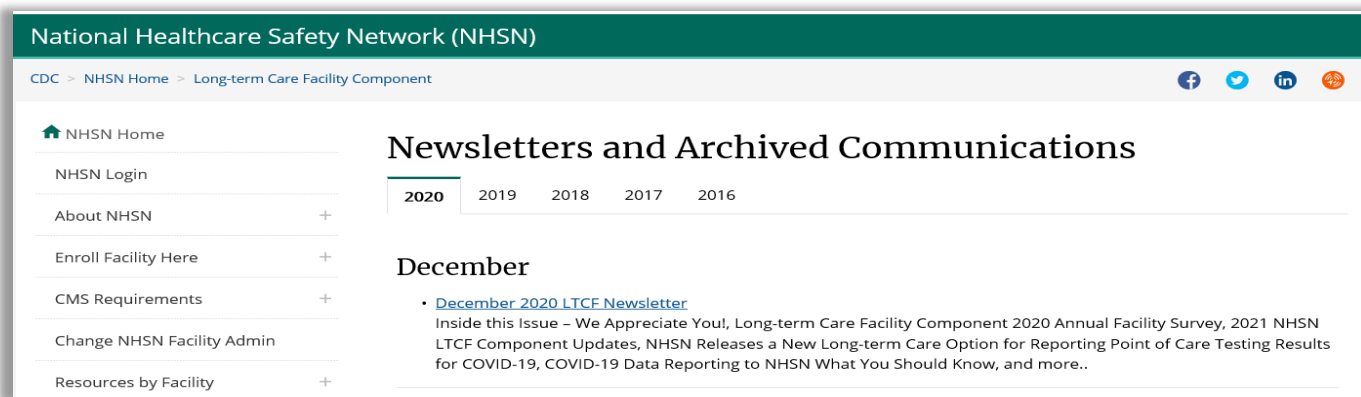
Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee that your data is accurately entered into NHSN, verify that; 1) your monthly reporting plans are complete; 2) you've entered appropriate summary and event data or checked the appropriate no events boxes; and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: <https://www.cdc.gov/nhsn/cms/index.html>

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. The NHSN Helpdesk is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.

LONG-TERM CARE FACILITY COMPONENT

LTCF Updates

Updates can be found in the LTCF newsletters, available here:



<https://www.cdc.gov/nhsn/ltc/newsletters/index.html>

HEALTHCARE PERSONNEL SAFETY COMPONENT

Updates to Weekly COVID-19 Vaccination Modules

February webinars

CDC's National Healthcare Safety Network (NHSN) hosted two webinars in February 2022 that reviewed collecting and reporting cumulative COVID-19 vaccination data through NHSN and recent updates to the NHSN COVID-19 Vaccination Modules. Please note that the webinar slides are now available on the NHSN website. The recent changes reviewed during the webinar included:

Removal of eligibility question on the COVID-19 vaccination data collection form

In the February 2022 release of the NHSN application, the question on individuals **eligible** for an additional dose or booster dose of COVID-19 vaccine was removed from the COVID-19 Vaccination Modules. This was previously question 4 on the form. Removing the question on the number of individuals eligible to receive an additional or booster dose simplifies reporting for users. In addition, most individuals are now eligible for a booster dose 5 months after receiving their primary series vaccination. Facilities will continue to report on the number of individuals who received an additional or booster dose of COVID-19 vaccine.

Data tracking worksheet

NHSN updated the data tracking worksheet on the COVID-19 vaccination webpages in January 2022. The data tracking worksheet is being built into the NHSN application. NHSN is working to create a new functionality in the application to allow users to manage their person-level tracking worksheet in the application and automatically calculate the numbers that are entered on the form. Training webinars are being planned for Spring 2022.

Guidance on vendors

Previously, CDC instructed facilities not to include vendors as healthcare personnel. After receiving stakeholder feedback, the guidance has been updated to now include vendors under the other contract personnel category of the data collection form if they regularly work in the facility each week, regardless of clinical responsibility or patient contact.

CDC recommends that facilities report data on vendors from this point forward and if possible, revise data reported for prior weeks in accordance with this new guidance. For more information, please see the updated frequently asked questions, specifically questions 14 and 15, under the “Data Reporting; General” section: [FAQs on Reporting COVID-19 Vaccination Data | NHSN | CDC](#).

Guidance on medical contraindications after one dose of mRNA vaccine

In accordance with CDC’s latest definition of a medical contraindication, we have clarified that an individual who has a severe allergic reaction after one dose of a COVID-19 vaccine (Pfizer or Moderna) should be classified as a medical contraindication rather than a partial vaccination.

Defects resolved

During the February 10, 2022 release, CDC resolved a recently identified defect that impacted the NHSN COVID-19 Vaccination Modules. The defect allowed for .CSV COVID-19 vaccination data uploaded by a *group* to overwrite COVID-19 vaccination data entered by a facility (whether uploaded via a .CSV file or entered directly into the NHSN application). As of February 10, 2021, .CSV upload by a group no longer overwrites COVID-19 Vaccination data entered by a facility.

CDC recommends that if you are a facility that allows for group .CSV upload of COVID-19 vaccination data, you should review your data submitted prior to February 10, 2021, using the line list reports noted below and make updates within the NHSN application as needed.

Detailed instructions are outlined in the following line list reports:

- Long-term Care Facility Component
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/covidvax-ltc-linelist-508.pdf>
- Healthcare Personnel Safety Component
<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/covidvax-hps-linelist-508.pdf>
- Dialysis Component
<https://www.cdc.gov/nhsn/pdfs/dialysis/covidvax/dial-linelist-summary-508.pdf>

During the February 10, 2022 release, CDC resolved a defect impacting the display of vaccination coverage in resident bar charts in the Long-Term Care Facility Component. This had no impact on the data saved in the application and only impacted data displayed on a single report. Previously the “Bar Chart- LTC Resident COVID-19 Vaccination Coverage” reports incorrectly summed the percentage of individuals with complete and partial vaccine. With the new release, this issue has been resolved and percentages now display on the report as expected.

Resources

Long-Term Care Facilities COVID-19 Vaccination Component: [COVID-19 Module | LTCF | NHSN | CDC](#)

Dialysis Facilities COVID-19 Vaccination Component: [COVID-19 Module | Dialysis | NHSN | CDC](#)

Healthcare Personnel COVID-19 Vaccination Component: [Weekly HCP COVID-19 Vaccination | HPS | NHSN | CDC](#)

FAQs: [FAQs on Reporting COVID-19 Vaccination Data | NHSN | CDC](#)

DIALYSIS COMPONENT

Mark Your Calendars – Q4 2021 QIP Deadline

The 2021 Quarter 4 deadline (payment year 2023) for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) is right around the corner! The deadline for reporting is Thursday, March 31, 2022 at 11:59 PM PT. Facilities reporting to NHSN should report all three months (October, November, December 2021) of data no later than March 31, 2022 in order to receive full credit for Quarter 4 reporting and meet requirements for the CMS ESRD QIP.

Quarterly Data Quality Checks for NHSN Dialysis Event (DE) Surveillance Reporting

For an organization to deliver data with good quality, it is recommended that facilities perform NHSN Dialysis Event (DE) Surveillance Data Quality Checks (DQC) prior to submission deadline. Facilities are responsible for reporting complete and accurate data. Facilities should log into NHSN regularly to review data and ensure the facility information and staff are up to date. Facilities are encouraged to follow up on all hospitalizations to determine if a positive blood culture was collected within one calendar day of admission.

Below are three steps your organization can follow to enhance the integrity of reported data:

- 1) Have Monthly DE Reporting Requirements Been Met? **Useful Reports:** Run Line Listing – CMS ESRD QIP Rule Report
 - a. DE Reporting Plan submitted?
 - b. Event Numerator Reported?
 - c. Event Denominator/Summary Data Reported?
- 2) Is facility information current and updated? **Useful Reports:** Run Line Listing – CMS ESRD QIP Rule Report
 - a. Verify the facility's CCN is present and correct
 - b. Verify facility name and locations are correct
- 3) Is Data Submitted Correct and Complete? **Useful Reports:** Run Line Listing – Dialysis Events (detailed) AND Line Listing – ALL Denominators
 - a. Run Line Listing Report to check all dialysis events have been reported correctly.
 - b. Run Line Listing Report to review denominator data across months for each vascular access type.

To assist facilities with the Data Quality Checks (DQC), NHSN Dialysis team will perform internal checks on data that has been submitted. During this process, we may reach out to your facility with preliminary findings and recommendations to review your data and make necessary corrections.

Users can obtain resources for the Dialysis Component and Data Quality Checks by visiting the Dialysis home page <https://www.cdc.gov/nhsn/dialysis/index.html>

Additional information on implementing data quality checks and evaluations can be obtained at:

<https://www.cdc.gov/nhsn/pdfs/dialysis/Network-Data-Quality-Checklist.pdf>

Users can obtain resources for the Dialysis Component and Data Quality Checks by visiting the Dialysis home page

<https://www.cdc.gov/nhsn/dialysis/index.html>

Additional information on implementing data quality checks and evaluations can be obtained at:

<https://www.cdc.gov/nhsn/pdfs/dialysis/Network-Data-Quality-Checklist.pdf>

GENERAL NHSN INFORMATION

Data Quality (DQ) Corner

Data Quality (DQ) Corner:

Reminder: The COVID-19 field is a required field on the HAI event data collection forms for **CLABSI, CAUTI, PedVAE, PNEU, VAE and SSI** effective from **01/01/2022**. Please see below the description of the same in the Table of Instructions (TOI) for these HAIs:

COVID-19

Required. Check Y if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check N.
Definition of 'Confirmed COVID-19': A patient with a positive COVID-19 (SARS-CoV-2) laboratory viral test indicating current infection (**NOTE:** this does not include serology testing for antibody). Please refer to the article in this newsletter on [HAI Event Form](#) for additional information.

CDA Corner

Reminder: Upload January 2022 AU Option Data

NHSN has resolved the issue that prevented January 2021 and January 2022 AU Option records from successfully importing. Please upload these files and reach out to the NHSN CDA Helpdesk with errors: NHSNCDA@cdc.gov.

AR Option Events must use R3 IG

As a reminder, AR Option Events for specimens collected January 1, 2022, and forward must use the R3 (aka R3-N1) Implementation Guide (IG). The old R1 IG will continue to be accepted for specimens collected December 31, 2021, and prior. Please see the AR Option CDA Toolkit for the updated documentation including updated sample files: <https://www.cdc.gov/nhsn/cdaportal/toolkits.html>.

CDA Toolkits

Antimicrobial Use & Resistance (AUR)

- [Antimicrobial Resistance \(AR\) Toolkit](#)  [ZIP - 6 MB] (Print only content) 
- [Antimicrobial Use \(AU\) Toolkit](#)  [ZIP - 3 MB] (Print only content)

New AR Option Variable to Assess Patient Admission Status

Beginning with specimens collected January 1, 2022, AR Option Event files must now include whether the patient was admitted to an inpatient location during that encounter. If the patient was admitted to an inpatient location at any time during that encounter, report "true" for Yes. If the patient went directly to an inpatient location, report "true" for Yes. If the patient was only in an outpatient location (ED, pediatric ED and/or 24-hour observation area) and was never admitted to an inpatient location, report "false" for No.

New COVID Drugs Added to AU Option: Molnupiravir and Nirmatrelvir

The NHSN AUR Team will add two COVID antiviral agents, molnupiravir and nirmatrelvir, to the AU Option in an upcoming release tentatively scheduled for late March. NHSN will require molnupiravir and nirmatrelvir in AU Option files beginning in March 2022. AU files for summary months on or after March 2022 will fail to upload into NHSN if they do not include these two drugs. Additionally, facilities can optionally include the two drugs in AU files for January and February 2022 (uploaded retrospectively on or after the NHSN release in late March 2022).

Please use the information below to report molnupiravir and nirmatrelvir in AU CDA files:

- Molnupiravir
 - NHSN drug code: MOLNU
 - RxNorm code: 2587901
- Nirmatrelvir
 - NHSN drug code: NIRMA
 - RxNorm code: 2587892

As a reminder, NHSN uses the ingredient (IN) level RxNorm codes for AU Option submission. Please review your facilities' data feeds to ensure use reported with a more granular RxNorm code term type (e.g., SCDC, SCD/GPCK, etc.) is rolled up and reported to NHSN using the ingredient level code.

Notes on the NHSN Release Schedule

- Release 10.1.2 is scheduled to be deployed on March 25, 2022
- Release 10.1.1 was deployed on February 10, 2022
 - Defects were effective post deployment
- Release 10.1 was deployed on December 18, 2022
 - Defects were effective post deployment
 - CRs are effective January 1, 2022
- The NPPT site is currently on **v10.1.1.3**
 - Please send any issues found to NHSNCDA@CDC.GOV

COVID-19 Data Uploads

- Please visit the NHSN COVID-19 Information webpage for more details:
<https://www.cdc.gov/nhsn/covid19/index.html>
- Direct CSV Submission is available for the Long-Term Care and Dialysis pathways, Point of Care (POC) reporting, and vaccination uploads - specifically in the long-term care, dialysis, and healthcare personnel safety components. The accepted file formats are either CSV or HL7 2.5.1.

- Instructions on how to sign up for Direct and use this method is available on the NHSN website: <https://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>
- COVID-19 Module is available for Long Term Care and Dialysis facilities

COVID-19 Addition to HAI CDAs for January 2022

The following CDAs have a new COVID-19 question added: BSI, SSI, VAE, and UTI. COVID-19 = Yes/No

- Required beginning with events January 1, 2022, and after
- The R4-D1 IG can be found in the “CDA 10.1 Guides” zip file within the Release 10.1 toolkit

<https://www.cdc.gov/nhsn/cdaportal/toolkits.html> or the HL7 GitHub Site: <https://github.com/HL7/cda-hai>

Antimicrobial Resistance Option Synthetic Data Set Validation

As noted in the Antimicrobial Use and Resistance Module Updates section above, we hope to release an Antimicrobial Resistance Synthetic Data Set (AR SDS) soon. NHSN still plans to have an AR SDS validation requirement phase-in period in 2022 and require validation beginning January 2023. Once AR SDS is available, we will post the downloadable release package including instructions on the NHSN website and email vendors the link. It will be very similar to the current AU SDS release package and processes noted on the [AU SDS 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:							
Query Date Range	January, 2019 - December, 2019	April, 2019 - March, 2020	July, 2019 - June, 2020	October, 2019 - September, 2020	January 2020- December 2020	April, 2020 - March, 2021	June, 2020 - July, 2021
Blood Stream Infection	44%	47%	49%	51%	56%	53%	55%
Urinary Tract Infection	46%	47%	47%	48%	45%	49%	50%
Surgical Site Infection	45%	47%	49%	51%	42%	53%	54%
Laboratory Identified Event	67%	68%	69%	70%	64%	72%	73%
Dialysis Event	77%	77%	77%	76%	74%	74%	74%
Central Line Insertion Practices (CLIP)	25%	26%	28%	30%	23%	32%	34%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	8%	12%	16%	22%	0%	37%	44%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%	100%	100%
Antimicrobial Use	100%	100%	100%	100%	100%	100%	100%
ICU /Other Summary	30%	30%	30%	30%	27%	32%	34%
SCA/ONC Summary	37%	38%	38%	39%	33%	41%	41%
NICU Summary	32%	32%	32%	32%	28%	35%	36%
Surgical Procedure - via CDA	42%	45%	47%	50%	34%	54%	55%
Surgical Procedure - via CSV	50%	47%	46%	43%	56%	40%	39%
MDRO Summary	9%	10%	10%	11%	8%	12%	13%
Dialysis Summary	62%	62%	63%	66%	56%	66%	68%
Hemovigilance Summary	0%	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 GitHub site: <https://github.com/HL7/cda-hai>
 - The latest CDA Schema is located on the HL7 GitHub site: <https://github.com/HL7/cda-core-2.0/tree/master/schema/extensions>
- Release 10.1 IDM for vendors is available on the CDA Portal Implementation Toolkits & Resources Website: <https://www.cdc.gov/nhsn/cdaportal/toolkits.html>

Guide to CDA Versions

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	2022	2021	2020	2019
CDA Toolkit Release	10.1	9.5 & 10.0	9.4	9.2 & 9.3
DIALYSIS				
Dialysis Event	R3-D4	R3-D4	R3-D1.1	R3-D1.1
Dialysis Denominator	R3-D3	R3-D3	R3-D3	R3-D1 or R3-D3
EVENTS				
Primary Bloodstream Infection (BSI)	R4-D1	R3-D3	R3-D3	R3-D2
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1

As an Important Reminder...

Not all NHSN changes are documented in the IDM, be sure to reference the updated protocols. Other helpful links are the following:

- Archived Newsletters: <https://www.cdc.gov/nhsn/newsletters/index.html>
- Archived NHSN email communication: <https://www.cdc.gov/nhsn/commup/index.html>
- CDA vendor webinars & training videos: <https://www.cdc.gov/nhsn/cdaportal/webinars.html>

Update for CDA Direct Automation

At this time, over 8,600 facilities from 59 separate vendors 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 CSSP site:

<http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>

NHSN Help Desk Activity Update

Quarter 1, 2022

(Averages)

176 newly enrolled facility this quarter

398 Avg. user Inquiries per day

1989.6 Avg. user inquiries per week (including weekends)

23,875 User inquiries per quarter

NHSN Enrollment Update

NHSN Enrollment Update (as of March 01, 2022):

8,042 Hospitals (this includes 618 Long-term Acute Care Hospitals
and 486 Free-standing Inpatient Rehabilitation Facilities)

8,556 Outpatient Hemodialysis Facilities

5,698 Ambulatory Surgery Centers (ASCs)

18,592 Long-term Care Facilities

40,888 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)
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E-mail: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn