**Explanation for Program Changes or Adjustments**

This Revision includes proposed changes to 10 approved and 2 new NHSN data collection tools detailed below:

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| **Patient Safety Component** |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.101-Hospital Respiratory Data Form (Weekly) (user entry) | Cost  | Respondent hourly wage increased. Total Respondent Cost increased from $9,552,437 to $11,777,225.  | None  |
| 57.101-Hospital Respiratory Data Form (Weekly) (.csv import) | Cost  | Respondent hourly wage increased. Total Respondent Cost increased from $4,114,197 to 5,072,369. | None |
| 57.101-Hospital Respiratory Data Form (Weekly) (API) | Cost  | Respondent hourly wage increased. Total Respondent Cost increased from $1,163,686 to $1,311,817. | None |
| 57.102 Hospital Respiratory Data Form (Daily) (user entry) | Cost | Respondent hourly wage increased. Total Respondent Cost increased from $ $8,250,923 to $10,172,608. | None  |
| 57.102 Hospital Respiratory Data Form (Daily) (.csv import) | Cost | Respondent hourly wage increased. Total Respondent Cost increased from $12,376,384 to $15,258,913. | None  |
| 57.102 Hospital Respiratory Data Form (Daily) (API) | Cost | Respondent hourly wage increased. Total Respondent Cost increased from $3,498,689 to $3,944,053 | None  |
| 57.140 NHSN and Secure Access Management Services (SAMS) enrollment | Title of form changed  | Title of form changed from NHSN and Secure Access Management Services (SAMS) enrollment to National Healthcare Safety Network (NHSN) Registration Form. | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | Average Burden per Response decreased from 60 to 5. Total Burden decreased from 11,500 to 958.  | Decreased – Avg. Burden per Response decreased by 55. Total Burden decreased by 10,542 |
| Cost  | Updated Hourly Wage Rate. Total Respondent Cost decreased from $585,465 to $56,158.  | None  |
| 57.155 Point of Care Testing Results-Manual  | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 6270 to 3135. No. of Responses per Respondent increased from 75 to 150. Avg. Burden per Response increased from 10 to 12. Total Burden Hours decreased from 78,375 to 94,050.  | Decreased-Avg. Burden per Response increased by 2 minutes. Total burden decreased by 15,675  |
| Cost  | Updated Hourly Wage Rate. Total Respondent Cost decreased from $2,863,039 to $5,511,330. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.155 Point of Care Testing Results-.CSV | Addition to show that facilities have been able to submit the data manually or via .csv |  | Increased  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.216 Optional Person Level Reporting of Weekly COVID-19 Vaccination for Long-Term Care Residents (manual) | Burden  | Avg. Burden per Response increased from 60 to 62. Total Burden increased from 8648 to 8,973.  | Increased-Avg. Burden per Response increased by 2 minutes. Total Burden increased by 325.  |
| Cost  | Updated Hourly Wage Rate. Total Respondent Cost decreased from $435,242 to $507,001.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.216 Optional Person Level Reporting of Weekly COVID-19 Vaccination for Long-Term Care Residents (.csv) | Cost | Updated Hourly Wage Rate. Total Respondent Cost decreased from $2. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.217 Optional Person Level Reporting of Weekly COVID-19 Vaccination for Healthcare Personnel (manual) | Burden  | Avg. Burden per Response increased from 60 to 62. Total Burden increased from 4,992 to 5158.  | Increased-Avg. Burden per Response increased by 2 minutes. Total burden increased by 166.  |
| Cost | Updated Hourly Wage Rate. Total Respondent Cost increased from $237,270 to $302,282. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.217 Optional Person Level Reporting of Weekly COVID-19 Vaccination for Healthcare Personnel (.csv) | Cost  | Updated Hourly Wage Rate. Total Respondent Cost increased from $276,261 to $321,809. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       These fields will be required fields in 2025. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.218 Weekly Resident COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities-Manual | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Title change  | Title changed from Weekly Resident COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities to Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (CSV) | None  |
| Cost  | Updated Hourly Wage Rate. Total Respondent Cost increased from $10,813,975 to $13,331,500. | None  |
| 57.218 Weekly Resident COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities-.CSV | Cost  | Updated Hourly Wage Rate. Total Respondent Cost increased from $5,420,480 to 5,876,00. | None  |
| 57.219 Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary-Manual  | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Title Change  | Title changed from Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary to Healthcare Personnel COVID-19 Vaccination Cumulative Summary (CSV) | None  |
| Cost  | Updated Hourly Wage Rate. Total Respondent Cost increased from $4,859,467 to $5,991,264. | None  |
| 57.219 Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary-.CSV | Cost  | Updated Hourly Wage Rate. Total Respondent Cost increased from $1,646,743 to $1,856,364. | None |
| 57.220 Weekly Person Level Respiratory Pathogen and Vaccination for Residents of Long-Term Care Facilities-Long-term Care Facility Component (Manual Entry) | New Data Collection  | The manual collection of data on this form was inadvertently overlooked and was not included in the previous NHSN Revision Package for 0920-1317.The data collection form is being submitted for approval. The data collection allows facilities to track resident COVID-19 vaccination status. Manually reporting resident COVID-19 data requires submission of resident personal level data and allows for an additional option for facilities to submit COVID-19 data for long-term care residents. | Increased  |
| 57.220 Weekly Person Level Respiratory Pathogen and Vaccination for Residents of Long-Term Care Facilities-Long-term Care Facility Component (CSV) | New Data Collection  | The collection of data on this form was inadvertently overlooked and was not included in the previous NHSN Revision Package for 0920-1317.The data collection form is being submitted for approval. The data collection allows facilities to track resident COVID-19 vaccination status. Facilities can upload a CSV file to report resident COVID-19 data. The upload requires submission of resident personal level data and allows for an additional option for facilities to submit COVID-19 data for long-term care residents. | Increased  |
| 57.221 Healthcare Personnel COVID-19 Person Level Vaccination-Long-Term Care Component (Manual) | New Data Collection  | The manual collection of data on this form was inadvertently overlooked and was not included in the previous NHSN Revision Package for 0920-1317.The data collection form is being submitted for approval. The data collection allows long-term care facilities to track their healthcare personal COVID-19 vaccination status. Manually reporting data to NHSN allows for an additional option for long-term care facilities to submit COVID-19 data for their healthcare personal and requires submission of personal level data.  | Increased  |
| 57.221 Healthcare Personnel COVID-19 Person Level Vaccination-Long-Term Care Component (CSV) | New Data Collection  | The collection of data on this form was inadvertently overlooked and was not included in the previous NHSN Revision Package for 0920-1317.The data collection form is being submitted for approval. The data collection allows long-term care facilities to track their healthcare personal COVID-19 vaccination status by uploading a CSV file. The upload requires submission of personal level data and allows for an additional option for long-term care facilities to submit COVID-19 data for their healthcare personal.  | Increased  |
| 57.221 Healthcare Personnel COVID-19 Person Level Vaccination-Healthcare Personnel Safety Component (Manual) | New Data Collection  | The manual collection of data on this form was inadvertently overlooked and was not included in the previous NHSN Revision Package for 0920-1317.The data collection form is being submitted for approval. The data collection allows facilities to track their healthcare personal COVID-19 vaccination status. Manually reporting data to NHSN allows for an additional option for facilities to submit COVID-19 data for their healthcare personal and requires submission of personal level data.  | Increased  |
| 57.221 Healthcare Personnel COVID-19 Person Level Vaccination-Healthcare Personnel Safety Component (CSV) | New Data Collection  | The collection of data on this form was inadvertently overlooked and was not included in the previous NHSN Revision Package for 0920-1317.The data collection form is being submitted for approval. The data collection allows facilities to track their healthcare personal COVID-19 vaccination status by uploading a CSV file. The upload requires submission of personal level data and allows for an additional option for facilities to submit COVID-19 data for their healthcare personal.  | Increased  |
| 57.509 Weekly Patient COVID-19 Vaccination Cumulative Summary for Dialysis Facilities-Manual  | Burden  | No. of Respondents decreased from 7700 to 107. No. of Responses per Respondent decreased from 52 to 12. Avg. Burden per Response decreased from 75 to 45. Total burden decreased from 500,500 to 963.  | Decreased-Avg. Burden per Response decreased by 30. Total Burden decreased by 499,537. |
| Cost  | Type of Respondent changed. Total Respondent Cost decreased from $8,647,929 to $56,432.  | None  |
| 57.509 Weekly Patient COVID-19 Vaccination Cumulative Summary for Dialysis Facilities-.CSV | Addition to show that facilities have been able to submit the data manually or via .csv |  | Increased  |
| 57.510 COVID-19 Dialysis Component Form | Title of form changed  | Title of form changed from COVID-19 Dialysis Component Form to COVID–19 Module Dialysis Outpatient Facility  | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 7,700 to 500. No. of Responses per Respondent decreased from 104 to 12. Average Burden per response decreased from 25 to 20 minutes. Total burden hours decreased from 333,667 to 2000.  | Decrease-Avg. Burden per Response decreased by 5 minutes. Total Burden decreased by 31,667.  |
| Cost  | Total Respondent Cost decreased from $8,647,929 to $117,200. | None  |
| 57.510 COVID-19 Dialysis Component Form-.CSV | Addition to show that facilities have been able to submit the data manually or via .csv |  |  |
| NHSN COVID-19 Hospital Module (Infusion Centers and Outpatient Clinics reporting Inventory & use of therapeutics (MABs) | Retiring Form  | Form no longer in use  | Decreased  |
| 57.141 Monthly Reporting Plan form for Long-term Care Facilities | Retiring Form  | Form no longer in use  | Decreased  |
| 57.144 COVID-19 Module Long Term Care Facility: Resident Impact and Facility Capacity Pathway form | Retiring Form  | Form will be retired 1/1/2025, as it will no longer be in use.  | Decreased  |
| 57.145 Staff and Personnel Impact form-LTCF Personnel | Retiring Form  | Form will be retired 1/1/2025, as it will no longer be in use. | Decreased  |
| Staff and Personnel Impact - Business and Financial Operations Occupations(57.145) | Retire Form  | Form no longer in use  | Decease  |
| Staff and Personnel Impact - Business and Financial Operations Occupations retrospective(57.145) | Retire Form  | Form no longer in use  | Decease  |
| Staff and Personnel Impact - LTCF Personnel retrospective(57.145)  | Retire Form  | Form no longer in use  | Decease  |
| Staff and Personnel Impact - State and Local Health Dept Occupations(57.145)  | Retire Form  | Form no longer in use  | Decease  |
| Staff and Personnel Impact - State and Local Health Dept Occupations retrospective(57.145) | Retire Form  | Form no longer in use  | Decease  |
| 57.159 VA Resident COVID-19 Event Form-LTCF | Retire Form  | Form will be retired 1/1/2025, as it will no longer be in use. | Decease  |
| 57.160 VA Staff and Personnel COVID-19 Event Form-LTCF | Retire Form  | Form will be retired 1/1/2025, as it will no longer be in use. | Decease  |
| 57.203 Healthcare Personnel Safety Monthly Reporting Plan -completed by Dialysis Facilities | Retire Form  | Form no longer in use  | Decease  |
| 57.203 Healthcare Personnel Safety Monthly Reporting Plan -completed by Inpatient Psychiatric Facilities | Retire Form  | Form no longer in use  | Decease  |