Explanation for Program Changes or Adjustments

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

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	None

		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.	
	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 To Ethnicity 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	Increased

		Black or African American Native Hawaiian or Pacific Islander White To Race (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.	
	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 To Ethnicity Hispanic or Latino	Increased

		Not Hispanic or Latino Unknown Declined to respond These fields will be required fields in 2025.	
	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 White To Race (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	Increased

		These fields will be required fields in 2025.	
	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	None

		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.	
	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 To Ethnicity 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	Increased

		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 White To Race (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.	
	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-	Increased

		Primary-Language-List.xlsx	
	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	Increased

		Ethnicity Hispanic or Latino Not Hispanic or Latino To Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond These fields will be required fields in 2025.	
	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 White To Race (Select all that apply): American Indian or Alaska Native Asian	Increased

		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.	
	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	None

		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.	
	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 To Ethnicity 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 White To Race (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	Increased

		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	
	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	None

		be deleted as the 'Gender Identity' and 'Sex at Birth' fields will be required for collection and will improve the accuracy of data collection.	
	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 To Ethnicity 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	Increased

		White To Race (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.	
	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	Logo	Updated NHSN Logo on form	None

Cumulative Summary for Long-Term Care Facilities-Manual	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	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	Increased

Long-Term Care Facilities-Long-term Care Facility Component (Manual Entry)		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.	
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	Increased

		of personal level data and allows for an additional option for long-term care facilities to submit COVID-19 data for their healthcare personal.	
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	Addition to show that facilities have been able to submit the data		Increased

Cumulative Summary for Dialysis Facilities-.CSV	manually or via .csv		
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	Retiring Form	Form will be retired 1/1/2025, as it will no longer be in	Decreased

Long Term Care Facility: Resident Impact and Facility Capacity Pathway form		use.	
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	Retire Form	Form no longer in use	Decease

-completed by Dialysis Facilities			
57.203 Healthcare Personnel Safety Monthly Reporting Plan -completed by Inpatient Psychiatric Facilities	Retire Form	Form no longer in use	Decease