Explanation for Program Changes or Adjustments

This Revision includes proposed changes to 74 approved and 10 new NHSN data collections detailed below:

Patient Safety Component			
Form Number and Title	**Type of Change**	**Itemized Changes / Justification**	**Impact to Burden**
57.100 NHSN Registration Form	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
	Cost	Total Respondent Cost increased from $7,938 to $9,786	None
57.101 Facility Contact Information	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
	Cost	Total Respondent Cost increased from $15,827 to $19,514	None
57.102 NHSN Help Desk Customer Satisfaction Survey	New data collection	The purpose of this data collection is to assess customer satisfaction with the NHSN Help Desk and identify opportunities to improve the customer experience. The Survey is available to all customers that submit Help Desk tickets.	Increased
57.103 Patient Safety Component--Annual Hospital Survey	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 increased from 5311 to 5400. Avg. Burden per Response increased from 135 to 137. Total burden increased from 11,950 to 12,330.	Increased- Avg. Burden per Response increased by 2 minutes. Total burden increased by 380.
	Cost	Total Respondent Cost increased from $567,984 to $722,538.	None
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.	Increased Avg. Burden per Response increased by 2 minutes. Total burden increased by 380.
57.104 NHSN Facility Administrator Change Request Form	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
	Form	Form updated to match what is collected in the online application. Noted fields that are required and optional. Provided clarification on what is required to submit in the application. Noted that MM/DD/YYYY is needed for the Date of Request Field. Reformatted Current NHSN Facility Admin information and New NHSN Facility Admin information. Updated question 'Does the new NHSN Facility Administrator currently have access to CDC's Secure Access Management Services (SAMS)? (Select one)' to 'Does the new NHSN Facility Admins currently have SAMS access? (optional) to match the online application. Deleted	None

		the fax number to contact NHSN for assistance.	
	Cost	Total Respondent Cost increased from $3,185 to $3,926.	None
57.105 Group Contact Information	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
	Cost	Total Respondent Cost increased from $3,801 to $4,221.	None
57.106 Patient Safety Monthly Reporting Plan	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
	Cost	Total Respondent Cost increased from $1,115,196 to $1,374,932.	None
	Remove CLIP data element	CLIP is being retired as a reporting option in 2025 so needs to be removed from the Monthly Reporting Plan.	None
57.108 Primary Bloodstream Infection (BSI)	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 increased from 5775 to 6000. No. of Responses per Respondent increased from 5 to 12. Avg. Burden per Response increased from 39 to 42. Total Burden increased from 18,769 to 50400.	Decrease- Avg. Burden per Response increased by 3 minutes. Total burden increased by 31631.
	Cost	Total Cost increased from $892,091 to	None

		$2,953,440.	
	Sex at Birth, Gender Identity, and Gender data collection questions	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	Increased

		'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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	Race	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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	
	Interpreter needed	This question can help identify differences in infection risk by	Increased

		communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	
57.111 Pneumonia (PNEU)	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	Avg. Burden per Response increased from 31 to 34 minutes. The Total Burden increased from 1860 to 2040.	Avg. Burden per Response increased by 3 minutes. Total burden increased by 180.
	Cost	The Total Respondent Costs increased from $88,406 to $119,544.	None
	Sex at Birth, Gender Identity, and Gender data collection questions	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increase

		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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increase
57.112 Ventilator-Associated Event	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	Avg. Burden per Response increased from 29 to 32 minutes. Total Burden increased from 21,124 to 23,309.	Increased- Avg. Burden per Response increased by 3 minutes. Total burden increased by 2,185.
	Cost	Total Respondent Cost increased from $1,004,024 to $1,365,907.	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	None

		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	Increased

		Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in	Increased

		2025 and become a required field in 2026.	
57.113 Pediatric Ventilator-Associated Event (PedVAE)	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	Avg. Burden per Response increase from 31 to 34. Total Burden increased from 173 to 189.	Increase, Avg. Burden per Response increased by 3 minutes. Total Burden increased by 16.
	Cost	Total Respondent Cost increased from $8,223 to $11,075.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	Language	By diving deeper into population sub-groups who speak languages other than English, more specific and actionable	Increased

		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	
	Interpreter needed	This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.114 Urinary Tract Infection (UTI)	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
	Average Burden per Response update	No. of Responses per Respondent increased from 5 to 12. Avg. Burden per Response increased from 21 to 24 minutes. The Total Burden increased from 10,500 to 28,800.	Increase-Avg. Burden per Response increased by 3 minutes. Total burden increased by 18,300.
	Total Cost update	The Total Respondent Cost increased	None

		from $499,065 to $1,687,680.	
	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	
	New Date Element-Neurogenic Bladder	Data collection for these new data points will allow NHSN to review the number of CAUTI events where SCI and/or neurogenic bladder are present, which can then be used assess if adjustments should be made to current NHSN UTI criteria. urrently, NHSN does not collect this data and have received feedback from spinal cord injury professional associations stating that the NHSN UTI criteria may not accurately reflect the unique physiological and anatomical differences of patients who have neurogenic bladders.	Increased
57.115 Custom Event	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	Avg. Burden per Response increased from 36 to 39. Total Burden Hours increased from 32,760 to 35490.	Increase-Avg. Burden per Response decreased by 3 minutes. Total burden increased by 2730.
	Cost	Total Respondent Cost increased from $1,557,083 to $2,079,714.	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	None

		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	Increased

		Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Native Hawaiian or Pacific Islander White Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.116 Denominators for	Logo	Updated NHSN Logo on form	None

Neonatal Intensive Care Unit (NICU)	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Burden	Avg. Burden per Response was reported in hours (4). This was updated to be 240 minutes. The Total Burden increases from 880 to 52,800.	Increase-Total burden increased by 51,920
	Total Cost	The Total Respondent Costs increased from $41,826 to $2,509,584.	None
57.117 Denominators for Specialty Care Area (SCA)/Oncology (ONC)	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	Avg. Burden per Response was reported in hours (5). This was updated to 300 minutes. The Total Burden increases from 500 to 30000.	Increase-Total burden increased by 29,500
	Total Cost Update	The Total Respondent Costs increased from $23,765 to $1,758,000.	None
57.118 Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	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	Avg. Burden per Response was reported in hours (5). Changed to 300 minutes. The Total Burden increases from 27,500 to 1,650,000.	Increase-Total burden increased by 1,622,500
	Total Cost Update	Type of Respondent updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $1,087,350 to $96,690,000.	None
57.120 Surgical Site Infection	Logo	Updated NHSN Logo on form	None

(SSI)	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Burden	Avg. Burden per Response decreased from 36 to 14. Total burden decreased from 27,360 to 10,640.	Decreased-Avg. Burden per Response decreased by 22 minutes. Total Burden decreased by 16,720.
	Total Cost	Type of Respondent updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60.Total Respondent Cost decreased from $1,081,814 to $623,504.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.121 Denominator for Procedure	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	Avg. Burden per Response increased from 10 to 14. Total burden increased from 7600 to 10,640.	Increased-Avg. Burden per Response increased by 4 minutes. Total Burden increased by 3040.
	Cost	Type of Respondent updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $300,504 to $623504.	None
	Update to data element	Under Spinal Level the data element	None

		'Atlas-axis/Cervical' was separated to delineate an 'Atlas-axis' procedure and a 'Atlas-axis/Cervical' procedure.	
	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 Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026. 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 This field will be optional for reporting in 2025 and become a required field in	Increased

		2026.	
	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

		This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.122 HAI Progress Report State Health Department Survey	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	Avg. Burden per Response increased from 28 to 50. Total Burden increased from 26 to 46.	Increased-Avg Burden per Response increased by 22. Total Burden increased by 20.
	Total Cost	Total Cost increased from $1,191 to $2,339.	None
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.	Increased-Avg. Burden per Response increased by 22 minutes. Total burden increased by 20.
57.123 Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables-Initial Set-up	Adding burden and cost that was not included in previous packages.	Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates.	Increased
57.123 Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables-Yearly Maintenance	Adding burden and cost that was not included in previous packages.	Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates.	Increased
57.123 Antimicrobial Use and Resistance (AUR): Microbiology Laboratory Data Monthly Electronic Upload Specification Tables-Monthly	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Addition	Added additional specimen sources: skin, soft tissue, wound and musculoskeletal. Expand specimen sources captured in NHSN AR Option surveillance to better match previous data source used for CDC's AR Threats report.	None
	Removal	Removed Specimen body site/system	None

		from the form. The specimens are grouped into specimen source buckets only. Removed this field from the form as NHSN does not group specimens by body site/system.	
	Revision	Allow facilities using certain antimicrobial susceptibility testing machines to report data to NHSN AR Option. Changed from Eligible organisms include specific *Candida*, *Citrobacter*, *Klebsiella*, and *Proteus* species. To Eligible organisms include genus level and all species for *Candida*, *Citrobacter*, *Klebsiella*, and *Proteus*.	None
	Addition	Add *Streptococcus pyogenes* as an eligible organism.	None
	Revision	The AR Option susceptibility testing panels (Table 3a on the form) include more than just antibiotics. Updated this term to accurately reflect what's captured. Changed from Variable "antibiotic" and description "Antibiotic used for susceptibility test" To	None

		Variable "drug test" and description "Antimicrobial used for susceptibility test"	
	Addition	Add the ability to report rapid molecular detection of antimicrobial resistance markers and the result of those tests.	None
	Revision	Updated antimicrobial susceptibility testing panels to align with Clinical and Laboratory Standards Institute guidance. Add amphotericin b, ceftibuten, plazomicin, rezafungin, and sulbactam/durlobactam to the antimicrobial susceptibility testing panels. Remove chloramphenicol, doripenem, gemifloxacin, quinupristin-dalfopristin, sulfisoxazole, and trimethoprim from the antimicrobial susceptibility testing panels.	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. The fields will be required for 2025.	
	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 This field will be optional for reporting in 2025 and become a required field in 2026.	None
	Race	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	None

		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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	None
57.124 Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables-Initial Set-up	Adding burden and cost that was not reported in previous packages.	Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates.	Increased
57.124 Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables-Yearly Maintenance	Adding burden and cost that was not presented in previous packages.	Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates.	Increased
57.124 Antimicrobial Use and Resistance (AUR): Pharmacy Data Monthly Electronic Upload Specification Tables-Monthly	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Cost Change	Change of Type of Respondent from Registered Nurse to Pharmacist. Hourly Wage Rate Hourly Wage Rate increased from $39.54 to $69.36. Total Respondent Cost increased from $217,470 to $381,480.	None
	Addition	Added three antimicrobials approved	None

		by FDA: cefepime/enmetazobactam, ceftobiprole medocaril, and pivmecillinam.	
	Addition	Potentially add one antimicrobial that is pending FDA approval as of September 1, 2024: etzadroxil/probencid. If it is not approved by FDA, it will not be added to the AU Option reporting.	None
	Removal	Remove one antimicrobial no longer used or available for purchase: chloramphenicol	None
57.125 Central Line Insertion Practices Adherence Monitoring	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
	Race, Ethnicity, Language, Interpreter Needed	We are retiring the ability to enter new events on this form beginning January 1, 2025. The current form will remain available, as is, so facilities can enter events that occurred prior to January 1, 2025. Additional new data will not be collected past 12/31/2024.	None
57.126 MDRO or CDI Infection Form	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 Responses per Respondent increased from 11 to 12. Avg. Burden per Response increased from 31 to 34.	Decreased-Avg. Burden per Response increased by 3 minutes. Total burden increased by 804.

		Total Burden increased from 4092 to 4896.	
	Total Cost	Cost increased from $194,493 to $286,906.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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):	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	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
	Cost	Total Cost increased from $1,895,259 to $2,336,675.	None
57.128 Laboratory-identified MDRO or CDI Event	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 Responses per Respondent decreased from 79 to 12. Avg. Burden per Response increased from 21 to 24 minutes. Total burden decreased from 132,720 to 23,040.	Decreased-Avg Burden per Response increased by 3 minutes. Total burden decreased by 109,680.
	Total Cost	Total Cost decreased from $6,308,182 to $1,350,144.	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	Increased

		Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased

57.129 Adult Sepsis	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 Responses per Respondent decreased from 250 to 12. Avg. Burden per Response increased from 25 to 28 minutes. Total Burden decreased from 5208 to 280.	Decreased-Total burden decreased by 4928.
	Cost	Total Respondent Cost decreased from $247,536 to $16,408.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial Set up	Form being removed, data collection being combined with form 57.132.		None
57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Yearly Maintenance	Form being removed, data collection being combined with form 57.132.		None
57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-Infection Preventionist	Form being removed, data collection being combined with form 57.132.		None

57.130 Patient Safety Component CSV Data Collection-Infection Preventionist CSV Data	Form being removed, data collection being combined with form 57.132.		None
57.130 Pathogens of High Consequence	New Data Collection	The data collection will be a tool to help inform the Centers for Disease Control and Prevention (CDC) of the incidence and prevalence of select high consequence pathogens of public health importance in acute care hospitals. It is important for CDC to be aware of which patient populations (i.e., pediatric and adult populations) are being affected by these pathogens and needs for healthcare infection prevention and control. Since this form is collecting data on hospitalized patients, it may also help inform on the severity of illness a high consequence pathogen is causing, and what region(s) of the country may be more affected. This form is also tied to Division of Healthcare Quality and Promotion's (DHQP) Surveillance Branch (SB) objectives, including creating new surveillance measures to support preparedness, emergency response, and resilience in healthcare systems, as well as growing our (SB's) leadership in the nation's evolving healthcare and public health informatics infrastructure. It is crucial for CDC to be aware of cases of these select pathogens of high consequence	Increased

		to help ensure that local and state authorities are equipped to contain and prevent further spread, because, as stated by CDC's Office of Readiness and Response, what starts locally can quickly become a global emergency. Data collection is optional. If facilities opt in to filling out this form, they will only need to fill it out for days in which they have cases of high consequence pathogens to report. If they do not have any cases to report, the form will default to zero cases to help reduce reporting burden.	

57.132 Acute Care Hospital Monthly Fast Healthcare Interoperability Resources (FHIR) Measures

In alignment with CDC's Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events that adopt new healthcare data exchange standards **(**Fast Healthcare Interoperability Resources i.e. FHIR) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Hospital-Onset Bacteremia & Fungemia (HOB), Healthcare facility-onset, antibiotic-Treated Clostridiodes difficile Infection (HT-CDI), Venous Thromboembolism (VTE), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP), Adult Sepsis, and RPS. The way the data collection has been designed, new measures can be added and calculated off of the single stream of data without requiring the addition of new data elements to the collection as outlined by the FHIR Data Dictionary. Each of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.

Because of the shift to new healthcare data exchange standards (FHIR) and fully electronic definitions for metrics, these new measures will require very little human time to input answers to a traditional form. An infection preventionist will be required to fill out the digital Measures Reporting plan once to enter the start date and year for each measure their facility wishes to participate in plus a single question about the testing type/algorithm used for CDI at their facility. If they choose, they can also enter an end month/year for each measure.

The majority of the time burden estimated for this proposal is for the Information Technology/Clinical Informatics team at the facility. It will be their responsibility to read over the requirements documents and ensure that their systems meet the standardized terminology requirements, NHSN FHIR IG requirements, and that their facility's data is mapped to the appropriate FHIR data elements. The data fields will not be filled by a person, but rather will be pulled from existing EHR data electronically. Thus by shifting to fully electronic measures and expanding surveillance via FHIR, burden is being removed from clinicians and shifted to electronic reporting that is supported by Information Technologists. The time required per facility will vary based on their current FHIR readiness. Once this data is collected, it can be used by NHSN to calculate patient-level risk adjusted metrics.

The NHSN Respiratory Pathogens Surveillance (RPS) Measure can be captured via FHIR or for facilities that are not "FHIR ready," data will be collected via 100% electronically

automated data capture from the facility's electronic health record (EHR) and exported to Comma Separated Values (CSV) files for submission to NHSN. CSV files will be submitted to the NHSN via NHSN DIRECT automation, or they can be manually imported into the NHSN. Manual data entry is not available for the NHSN Respiratory Pathogens Surveillance module.			
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Initial Set up	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
	Cost	Total Respondent Cost increased from $7,442,820 to $8,390,250.	None
	Title Change	Changed title of form from 'Patient Safety Component FHIR Measures-HOB, HT-CDI Modules-IT Initial Set up' to 'Patient Safety Component Digital Measure Reporting Plan'. The Patient Safety Digital Measure Reporting Plan has been updated to reflect how the data will be collected within the NHSN Application on a single screen. New measures (Venus Thromboembolism (VTE), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP), and Adult Sepsis) have been added, each are optional for reporting. These new measures have been added to the Patient Safety digital measures as they are all high-consequence patient safety events that should be under surveillance and reported on a national level. Each facility may choose which measures they wish to "follow." The fields of Start Month and Start Year are conditionally required only if the "Following" option is selected for a particular measure.	None
	57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial	Combined several forms to better	None

	Set up data collection being combined with form 57.132	reflect electronic data collection.	
	FHIR Data Dictionary Updates	Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled "TOC – Monthly". For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility's FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the "Abbreviations" tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled "FHIR DD Change Log" (2025 OMB FHIR Measures Data Dictionary_Updates.xlsx and 2025 OMB FHIR RPS Data Dictionary_Updates.xlsx.). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were	None

		identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in "FHIR DD Change Log" tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. For RPS, 3 data elements increased their constraint to Required (highlighted in yellow in "FHIR DD Change Log" tab). 8 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report),	

		however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.	
	57.133 Patient Safety Component FHIR Measures-VTE Module-IT Initial Set up data collection being combined with form 57.132.	Combined several forms to better reflect electronic data collection.	None
	NEW Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as a FHIR measure collected under this form.	In alignment with CDC's Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for quality measures that adopt new healthcare data exchange standards (i.e., Fast Healthcare Interoperability Resources (FHIR)) that will be collected via new collection methods (NHSNLink). This new model is based on submission of	None

		FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Adult Sepsis and Nonventilator Hospital-acquired Pneumonia (NVHAP). Both of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.	
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Yearly Maintenance	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
	Cost	Total Respondent Cost increased from $5,513,200 to $6,215,000.	None
	Title Change	Changed title of form from 'Patient Safety Component FHIR Measures-HOB, HT-CDI Modules-IT Yearly Maintenance' to 'Patient Safety Component Digital Measure Reporting Plan'. The Patient Safety Digital Measure Reporting Plan has been updated to reflect how the data will be collected within the NHSN Application on a single screen. The Venus Thromboembolism (VTE) and	None

		Respiratory Pathogens Surveillance (RPS) measure and new measures Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) and Adult Sepsis have been added, each are optional for reporting. These new measures have been added to the Patient Safety digital measures as they are all high-consequence patient safety events that should be under surveillance and reported on a national level. Each facility may choose which measures they wish to "follow." The fields of Start Month and Start Year are conditionally required only if the "Following" option is selected for a particular measure.	
	57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial Set up data collection being combined with form 57.132	Combined several forms to better reflect electronic data collection.	None
	FHIR Data Dictionary Updates	Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled "TOC – Monthly". For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility's FHIR server, regardless of the data element designation of NRT, NR, MS or R	None

		(definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary_Updates.xlsx and 2025 OMB FHIR RPS Data Dictionary_Updates.xlsx.). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the	

		facilities. 16 data elements increased their constraint to Required (highlighted in yellow in "FHIR DD Change Log" tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. For RPS, 3 data elements increased their constraint to Required (highlighted in yellow in "FHIR DD Change Log" tab). 8 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull	

		has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.	
	57.133 Patient Safety Component FHIR Measures-VTE Module- IT Yearly Maintenance data collection being combined with form 57.132.	Combined several forms to better reflect electronic data collection.	None
	NEW Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as a FHIR measure collected under this form.	In alignment with CDC's Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for quality measures that adopt new healthcare data exchange standards (i.e., Fast Healthcare Interoperability Resources (FHIR)) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to	None

		Adult Sepsis and Nonventilator Hospital-acquired Pneumonia (NVHAP). Both of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.	
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-Infection Preventionist	Title Updated	Changed title of form from 'Patient Safety Component FHIR Measures-HOB, HT-CDI Modules-Infection Preventionist' to 'Patient Safety Component Digital Measure Reporting Plan'. The Patient Safety Digital Measure Reporting Plan has been updated to reflect how the data will be collected within the NHSN Application on a single screen. The Venus Thromboembolism (VTE) and Respiratory Pathogens Surveillance (RPS) measure and new measures Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) and Adult Sepsis have been added, each are optional for reporting. These new measures have been added to the Patient Safety digital measures as they are all high-consequence patient safety events that should be under surveillance and reported on a national level. Each facility may choose which measures they wish to "follow." The	None

		fields of Start Month and Start Year are conditionally required only if the "Following" option is selected for a particular measure.	
	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 Responses per Respondent decreased from 6 to 4. Avg. Burden per Response increased from 6 to 10. Total Burden increased from 3300 to 3667.	Increased-Avg. Burden per Response increased by 4. Total Burden increased by 367.
	Cost	Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $130,482 to $174,277.	None
	57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial Set up data collection being combined with form 57.132	Combined several forms to better reflect electronic data collection.	None
	57.133 Patient Safety Component FHIR Measures-VTE Module- Infection Preventionist data collection being combined with form 57.132	Combined several forms to better reflect electronic data collection.	None
	NEW Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as a FHIR measure collected under this form.	In alignment with CDC's Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to	None

		minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for quality measures that adopt new healthcare data exchange standards (i.e., Fast Healthcare Interoperability Resources (FHIR)) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Adult Sepsis and Nonventilator Hospital-acquired Pneumonia (NVHAP). Both of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.	
57.132 Digital Reporting Plan-	Logo	Updated NHSN Logo on form	None

RPS-CSV			
	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Cost	Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $2,645,898 to $3,921,336.	None
	57.130 Patient Safety Component CSV Data Collection form is being removed, data collection being combined with form 57.132.	Combined several forms to better reflect electronic data collection. The NHSN RPS module is developed to enable the measurement of the facility and unit-specific incidence and prevalence of Coronavirus 2019 (COVID-19), Influenza, and Respiratory Syncytial Virus (RSV) disease among patients admitted to the hospital, and specific associated patient outcomes using technical solutions that will maximize use of healthcare data in electronic form and minimize manual processes of data collection and reporting. The RPS module electronically collects patient-level data on those hospitalized patients with a respiratory illness due to one or more of the pathogens under surveillance. Data collected via the RPS module may be used both by facilities for quality improvement and patient care planning purposes, as well as by local,	None

		state, and federal public health agencies in coordination and response to public health outbreaks.	
57.133 Patient Safety Component FHIR Measures-VTE Module-IT Initial Set up	Form being removed, data collection being combined with form 57.132.		None
57.133 Patient Safety Component FHIR Measures-VTE Module-IT Yearly Maintenance	Form being removed, data collection being combined with form 57.132.		None
57.133 Patient Safety Component FHIR Measures-VTE Module- Infection Preventionist	Form being removed, data collection being combined with form 57.132.		None
57.133 Patient Safety Attestation	New Data Collection.	Healthcare facilities must remain vigilant about maintaining patient safety in order to serve their patients, families, healthcare personnel, and the broader population well and meet or exceed established standards. Vigilance requires that patient safety be integrated and prioritized in all aspects of work—decision-making at the leadership level, developing and implementing policy, sustaining a safety culture and ongoing learning, engaging with patients and their families, and maintaining a system of accountability and transparency; gaps in any of these areas compromise the safety of everyone. This measure requires facilities to attest to taking a wholistic approach to maintaining patient safety and serves as a	Increase

		mechanism to hold facilities accountable for delivering on this obligation.	
57.135 Late Onset Sepsis/ Meningitis Denominator Form: Late Onset Sepsis/ Meningitis Denominator Form: Data Table for monthly electronic upload	Form number, 57.135 is being changed to 57.601.	The current form number, 57.135, is a Patient Safety Component form number. This form is captured under the Neonatal Component within NHSN. The form number is being updated to 57.601 to reflex that the form is collected under the Neonatal Component. See the Neonatal Comment section in this document for further revisions to the form.	None
57.136 Late Onset Sepsis/ Meningitis Event Form: Data Table for Monthly Electronic Upload	Form number, 57.136 is being changed to 57.602.	The current form number, 57.136, is a Patient Safety Component form number. This form is captured under the Neonatal Component within NHSN. The form number is being updated to 57.602 to reflex that the form is collected under the Neonatal Component. See the Neonatal Comment section in this document for further revisions to the form.	None
57.149 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Long-Term Care Facilities	Form is being retired	Form is no longer in use.	Decreased
57.150 LTAC Annual Survey	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 increased from 392 to 395. Avg. Burden per Response increased from 89 to 102. Total Burden increased from 581 to 672.	Increased-Avg. Burden per Response increase by 13. Total Burden increased by 91.
	Cost	Total Respondent Cost increased from $27,615 to $39,379.	None
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.	Increased-Avg. Burden per Response increased by 13 minutes. Total burden increased by 85.
57.151 Rehab Annual Survey	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 1,160 to 395. Avg. Burden per Response increased from 89 to 102. Total Burden decreased from 1721 to 672.	Avg. Burden per Response increased by 13 minutes. Total burden decreased by 1,049.
	Cost	Total Respondent Cost decreased from $81,799 to $39,379.	None
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.	Avg. Burden per Response increased by 13 minutes. Total burden decreased by 1,049.
57.408 Monthly Survey Patient Days & Nurse Staffing	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	Avg. Burden per Response was reported in hours (5) and was updated to 300 minutes. Total burden increased from 30,000 to 150,000.	Increased-Total Burden Increased by 120,000
	Cost	Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Cost increased from $1,186,200 to $8,790,000.	None

Long-Term Care Facility Component			
Form Number and Title	**Type of Change**	**Itemized Changes / Justification**	**Impact to Burden**

57.136 Respiratory Tract Infection Event	Form is being retired	Form was never implemented	Decreased
57.137 Long Term Care Facility Component—Annual Facility Survey	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 17,700 to 6,270. Avg. Burden per Response increased from 120 to 135. Total burden decreased from 35,400 to 14,108.	Decreased-Avg. Burden per Response increased by 15 minutes. Total Burden decreased by 21,292.
	Cost	Total Respondent Cost decreased from $1,682,562 to $826,729.	None
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.	Decreased-Avg. Burden per Response increased by 15 minutes. Total Burden decreased by 21,292.
57.138 Laboratory-identified MDRO or CDI Event for LTCF	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 1,086 to 286. Avg. Burden per Response increased from 20 to 23. Total Burden decreased from 8688 to 2631.	Decreased-Total Burden decreased by 6057.
	Cost	Total Respondent cost decreased from $412,941 to $154,177.	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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	
57.139 MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF	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 1019 to 738. Avg. Burden per Response decreased from 20 to 10. Total Burden decreased from 4076 to 1476.	Decreased-Avg. Burden per Response decreased by 10. Total Burden decreased by 2600.
	Cost Change	Total Respondent Cost decreased from $193,732 to $86,494.	None
57.140 Urinary Tract Infection (UTI) for LTCF	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 Respondent decreased from 339 to 373. No. of Responses per Respondent decreased from 36 to 24. Avg. Burden per Response increased from 35 to 38. Total Burden decreased from 7119 to 5670.	Decreased-Avg. Burden per Response increased by 3 minutes. Total Burden decreased by 1449.
	Cost Change	Total Respondent Cost decreased from $338,366 to $332,262.	None
	Sex at Birth, Gender Identity, and Gender	Data collection on demographic characteristics such as gender identity	None

		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.	
	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	Increased

		To Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown /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	Increased

		2026.	
	Added gram-negative organisms	Added Klebsiella pathogen and sensitivities, which is a common gram-negative bacterium that affects nursing homes.	Increased
57.141 Monthly Reporting Plan for LTCF	Burden	No. of Respondents decreased from 1,099 to 546. Avg. Burden Per Response decreased from 15 to 5. Total Burden decreased from 2499 to 546.	Decreased-Avg. Burden per Response decreased by 10. Total Burden decreased by 1953.
	Cost	Total Respondent Cost decreased from $156,706 to $31,996.	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
57.142 Denominators for LTCF	Burden	No. of Respondents increased from 715 to 724. Total Burden increased from 5005 to 5068.	Increased-Total Burden increased by 70.
	Cost	Total Respondent Cost increased from $237,554 to $296,985.	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
57.143 Prevention Process Measures Monthly Monitoring for LTCF	Burden	No. of Respondents increased from 357 to 434. Total Burden increased from 357 to 434.	Increased-Total Burden increased by 77.

	Cost	Total Respondent Cost decreased from $16,986 to $25,432.	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
57.144 Resident Respiratory Pathogens Event Form	Retire form	Form not in use.	Decrease
57.145 Long Term Care Antimicrobial Use (LTC-AU) Module-Electronic Upload Specification Tables	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
	Cost	Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $652,410 to $966,900.	None

HealthCare Personnel Safety Component			
Form Number and Title	**Type of Change**	**Itemized Changes / Justification**	**Impact to Burden**
57.200 Healthcare Personnel Safety Component Annual Facility Survey	Retire Form	Form no longer in use	Decrease
57.203 Healthcare Personnel Safety Reporting Plan	Retire Form	Form no longer in use	Decrease
57.204 Healthcare Worker Demographic Data	Retire Form	Form no longer in use	Decrease
57.205 Exposure to Blood/Body Fluids	Retire Form	Form no longer in use	Decrease
57.206 Healthcare Worker Prophylaxis/Treatment	Retire Form	Form no longer in use	Decrease
57.207 Follow-Up Laboratory Testing	Retire Form	Form no longer in use	Decrease
57.210 Healthcare Worker Prophylaxis/Treatment-Influenza	Retire Form	Form no longer in use	Decrease
57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities	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
	Form is blank on the OMB website	The form is OMB approved, but does not populate on the OMB website	None
	Burden	No. of respondents decreased from 125 to 117. No. of Responses per Respondent decreased from 52 to 12.	Increased-Total Burden decreased by 3,802,500.

		Total burden increased from 6,500 to 585.	
	Cost	Hourly Wage Rate updated to reflect rate for an Occupational Health RN/Specialist. Total Respondent Cost decreased from $257,010 to $27,261.	None
57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities	.CSV submission	Adding additional way facilities have been able to submit data to NHSN.	Increased
57.214 Annual Healthcare Personnel Influenza Vaccination 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
	Form is blank on the OMB website	The form is OMB approved, but does not populate on the OMB website	None
	Burden	No. of Respondents increased from 5,000 to 22,000 as skilled nursing facilities are required to report this data. Total Burden increased from 10,000 to 44,000.	Increased-Total Burden increased by 34,000.
	Cost	Hourly Wage Rate updated to reflect rate for an Occupational Health RN/Specialist. Total Respondent Cost increased from $395,400 to $2,050,400.	None

57.214 Annual Healthcare Personnel Influenza Vaccination Summary-.CSV	.CSV submission	Adding additional way facilities have been able to submit data to NHSN.	Increased
57.215 Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel	Data has been collected on this form since the 2012-2013 influenza season, the form was overlooked and is now being submitted for OMB approval.	The Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel is an optional data collection form. However, facilities are encouraged to complete this survey as the information can help CDC examine the relationship of different vaccination program elements to facility-reported vaccination percentages.	Increased
57.218 Weekly Resident Influenza Vaccination Cumulative Summary for Long-Term Care Facilities	Retire Form	Form no longer in use	Decrease

Biovigilance Component *Unless otherwise specified in the measure name, burden numbers are based on previous trends in data collection, as the data collection form is submitted by the facilities when the specified incident occurs.			
Form Number and Title	**Type of Change**	**Itemized Changes / Justification**	**Impact to Burden***
57.300 Hemovigilance Module Annual Survey	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 500 to 63. Total Burden decreased from 717 to 90.	Decreased-Total Burden decreased by 627.
	Cost	Total cost decreased from $26,974 to $3,493	None
	Sex at Birth, Gender Identity, and Gender data collection questions	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	Increased

		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.	
57.301 Hemovigilance Module Monthly Reporting Plan	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 500 to 108. Avg. Burden per Response decreased from 60 to 1. Total Burden decreased from 6,000 to 22.	Decreased-Avg. Burden per Response decreased by 59 minutes. Total Burden decreased by 5,978.
	Cost	Total Respondent Cost decreased from $225,720 to $854.	None
57.302 Hemovigilance Module Monthly Incident Summary	Cost	Total respondent cost increased from $2,032 to $2,096.	None

57.303 Hemovigilance Module Monthly Reporting Denominators	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 500 to 102. Avg. Burden per Response decreased from 77 to 70. Total burden decreased from 7,700 to 1,428.	Decreased-Avg. Burden per Response decreased by 7 minutes. Total Burden decreased by 6,272.
	Cost	Total cost decreased from $289,674 to $53,421.	None
57.305 Hemovigilance Incident	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 500 to 13. No. of Responses per Respondent increased from 10 to 77. Total Burden decreased from 833 to 167.	Decreased-Total Burden decreased by 666.
	Cost	Total Respondent Cost decreased from $31,337 to $6,481.	None
57.306 Hemovigilance Module Annual Survey - Non-acute care facility	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	Decreased-Avg. Burden per Response decreased by

		500 to 20. Avg. Burden per Response decreased from 36 to 35. Total burden decreased from 300 to 12.	1 minute. Total Burden decreased by 288.
	Cost	Total Respondent Cost decreased from $11,286 to $466.	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	None

		and will improve the accuracy of data collection.	
57.307 Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction	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 500 to 8. No. of Responses per respondent decreased from 4 to 2. Avg. Burden per Response increased from 21 to 22. Total Burden decreased from 700 to 6.	Decreased-Avg. Burden per Response increased by 1 minute. Total Burden decreased by 694.
	Cost	Total Respondent Cost decreased from $26,334 to $233.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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	
	Interpreter needed	This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.308 Hemovigilance Adverse Reaction - Allergic Transfusion Reaction	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 500 to 50. No. of Responses per Respondent increased from 4 to 11. Avg. Burden per Response increased from 21 to 22. Total Burden decreased from 700 to 202.	Decreased-Avg. Burden per Response increased by 1 minute. Total Burden decreased by 517
	Cost	Total Respondent Cost decreased from $26,334 to $6,884	None
	Sex at Birth, Gender Identity, and Gender	Data collection on demographic characteristics such as gender identity	None

		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.	
	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	Increased

		To Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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):	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a	Increased

		required field in 2026.	
57.309 Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction	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 500 to 9. No. of Responses per Respondent increased from 1 to 2. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 6.	Decreased- Avg. Burden per Response decreased by 1 minute. Total burden decreased by 169
	Cost	Total Respondent Cost decreased from $6584 to $233.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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	
	Interpreter needed	This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.310 Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction	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 500 to 19. No. of Responses per Respondent increased from 2 to 5. Avg. Burden per Response decreased from 21 to 20. Total burden decreased from 350 to 32.	Decreased- Avg. Burden per Response decreased by 1 minute. Total burden decreased by 318
	Cost	Total Respondent Cost decreased from $13,167 to $1,242.	None
	Sex at Birth, Gender Identity, and Gender	Data collection on demographic characteristics such as gender identity	None

		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.	
	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	Increased

		To Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional	Increased

		for reporting in 2025 and become a required field in 2026.	
57.311 Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction	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 500 to 85. No. of Responses per Respondent increased from 4 to 13. Avg. Burden per Response decreased from 21 to 20. Total burden decreased from 700 to 368.	Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 332
	Cost	Total Respondent Cost decreased from $26,334 to $13,844.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	Language	By diving deeper into population sub-	Increased

		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	
	Interpreter needed	This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknownquestion. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.312 Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction	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 500 to 23. No. of Responses per Respondent increased from 1 to 3. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 23.	Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 152
	Cost	Total Respondent Cost decreased from	None

		$6,584 to $893.	
	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	Increased

		'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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	
57.313 Hemovigilance Adverse Reaction – Infection	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 500 to 2. No. of Responses per Respondent increased from 1 to 2. Avg. Burden per Response decreased from 21 to 20. Total burden decreased from 175 to 1.	Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174
	Cost	Total Respondent Cost decreased from $6,584 to $39.	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 This field will be optional for reporting in 2025 and become a required field in	Increased

		2026.	
	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

		This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.314 Hemovigilance Adverse Reaction - Post Transfusion Purpura	Logo	Updated NHSN Logo on form	None
	Assurance of Confidentiality statement is being	Statement is being updated due to a	None

	updated	new mailing address.	
	Burden	No. of Respondents decreased from 500 to 2. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 1.	Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174
	Cost	Total Respondent Cost decreased from $6,584 to $39.	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,	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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-	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.315 Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea	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 500 to 18. No. of Responses per Respondent increased from 1 to 3. Total Burden decreased from 167 to 18.	Decreased-Total Burden decreased by 149
	Cost	Total Respondent Cost decreased from $6,283 to $699.	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	None

		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	Increased

		Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased

57.316 Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease	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 500 to 1. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 0.33.	Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174.67
	Cost	Total Respondent Cost decreased from $6,584 to $13.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.317 Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury	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 500 to 1. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 0.33.	Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174.67
	Cost	Total Respondent Cost decreased from $6,584 to $13.	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	None

		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	Increased

		Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a	Increased

		required field in 2026.	
57.318 Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload	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 Change	None
	Cost was calculated incorrectly.	Total Respondent Cost decreased from $13,167 to $2,173.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.319 Hemovigilance Adverse Reaction - Unknown Transfusion Reaction	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 500 to 15. No. of Responses per Respondent increased from 1 to 3. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 15.	Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 160
	Cost	Total Respondent Cost decreased from $6,584 to $582.	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	None

		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	Increased

		Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a	Increased

		required field in 2026.	
57.320 Hemovigilance Adverse Reaction - Other Transfusion Reaction	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 500 to 39. No. of Responses per Respondent increased from 1 to 3. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 39.	Decreased - Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 136
	Cost	Total Respondent Cost decreased from $6,584 to $1,514.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	Language	By diving deeper into population sub-groups who speak languages other than	Increased

		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	
	Interpreter needed	This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased

Outpatient Procedure Component

Form Number and Title	Type of Change	Itemized Changes / Justification	Impact to Burden
57.400 Outpatient Procedure Component—Annual Facility Survey	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 Changed from Outpatient Procedure Component—Annual Facility Survey to Outpatient Procedure Component — Annual Ambulatory Surgery Center Survey	To provide clarification for the facility type that this survey applies to.	None
	Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.400-toi.pdf.	To increase ease of locating instructions for filling out the annual survey	None
	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $2,293 to $3,399.	None
57.401 Outpatient Procedure Component - Monthly Reporting Plan	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	Updated Avg Burden per Response from 15 to 10 minutes. Total burden decreased from 1050 to 700.	Decreased- Avg. Burden per Response decreased by 5 minutes. Total burden decreased by 350.
	Total Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage	None

		increased from $39.54 to $58.60. Total cost decreased from $41,517 to $41,020.	
	Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf	To increase ease of locating instructions for filling out the monthly reporting plan	None
	Update Title of section data collection question on form. Title changed from Four Same Day Outcome Measures+ to Same Day Outcome Measures+.	Updated as the title was redundant with the explanation.	None
57.402 Outpatient Procedure Component Same Day Outcome Measures	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
	Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf	To increase ease of locating instructions for filling out the monthly reporting plan	None
	Burden	Avg. Burden per Response increased from 40 to 43. Total Burden increased from 33 to 36.	Increased-Avg. Burden per Response increased by 3 minutes. Total Burden increased by 6.
	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $1,305 to $2,110.	None
	Sex at Birth, Gender Identity, and Gender	Data collection on demographic characteristics such as gender identity	None

		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.	
	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	Increase

		To Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a	Increased

		required field in 2026.	
57.403 Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures	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
	Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf	To increase ease of locating instructions for filling out the monthly reporting plan	None
	Added a 'No Events Reported' check box	This was added so that facilities could indicate if they had no events to report for that time period.	None
	Form title changed from Outpatient Procedure Component Monthly Denominators for Same Day Outcome Measures to Outpatient Procedure Component Denominator for Same Day Outcome Measures	The title was changed to reduce the use of the word month.	None
	For the question '*Total number of encounters (admissions) for the month: _____', the word 'admissions was deleted and the question now reads '*Total number of encounters for the month: _____'.	The reason for the deleting the word (admissions) is to add clarity around facility type and the data being collected.	None
	Burden	Avg. Burden per Response decreased from 40 to 20. Total burden decreased from 13,333 to 6,667.	Decreased-Avg Burden per Response decreased by 20. Total burden decrease by 6,666

	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost decreased from $527,187 to $390,686.	None
57.404 Outpatient Procedure Component - SSI Denominator	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	Avg. Burden per Response increased from 10 to 23. Total burden increased from 5,000 to 11,500.	Increase-Avg. Burden per Response increased by 13. Total burden increased by 6,500.
	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $197,700 to $673,900	None
	Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf	To increase ease of locating instructions for filling out the monthly reporting plan	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	None

		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	Increased

		This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
57.405 Outpatient Procedure	Logo	Updated NHSN Logo on form	None

Component - Surgical Site (SSI) Event	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Burden	Avg Burden per Response increased from 35 to 40. Total burden increased from 6300 to 7200.	Increased- Avg. Burden per Response increased by 5. Total burden increased by 900.
	Total Cost	Total cost increased from $299,439 to $342,216.	None
	Added these options to the Signs & Symptoms and Laboratory sections: Added to Signs and Symptoms □ Sinus tract □ Wound spontaneously dehisced Added to Laboratory section: □ Organism(s) identified from ≥ periprosthetic specimens □ Other positive laboratory test	The reason for adding these additional check boxes is to collect the needed data for SSI criteria.	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+	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
	Race	As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding 'Middle	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	Language	By diving deeper into population sub-groups who speak languages other than	Increased

		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	
	Interpreter needed	This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased

Outpatient Dialysis Component			
Form Number and Title	**Type of Change**	**Itemized Changes / Justification**	**Impact to Burden**
57.500 Outpatient Dialysis Center Practices Survey	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 7400 to 6900. Avg Burden per Response increased from 12 to 150 minutes. Total burden increased from 1480 to 17,250.	Increased-Avg. Burden per Response increased by 138 minutes. Total burden increased by 15,770.
	Total Cost	Total cost increased from $70,344 to $1,010,850.	None
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.	Avg. Burden per Response increased by 138 minutes. Total burden increased by 15,770.
57.501 Dialysis Monthly Reporting Plan	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
	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60.Total Respondent Cost increased from $292,596 to $433,640.	None
	Addition to instruction	Question changed from '□ Not Participating in NHSN this Month' to	None

		'□ Not Participating in NHSN this Month (Check ONLY if facility is closed for the entire month)', as update clarifies for facilities when this box should be checked.	
	Deletion of Patient Vaccination section	Patient Vaccination, Influenza Vaccination – Dialysis Patients section deleted as the CDC does not collect this data any longer.	None
57.502 Dialysis Event	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 Responses per Respondent increased from 12 to 30. Avg. Burden per Response increased from 15 to 50 minutes. Total Burden increased from 22,200 to 185,000.	Increased-Avg. Burden per Response increased by 35. Total Burden increased by 162,800.
	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $877,788 to $10,841,000.	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	None

		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	Increased

		Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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	Increased

		Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026.	
	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 Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
	Question to go from option to required.	Question is going to be required so NHSN can understand which access is used at the time of dialysis treatment for surveillance purposes. Optional: Access used for dialysis at	None

		the time of the event: (if more than one access was used for the dialysis treatment, please indicate the access with the higher risk of infection) Fistula Graft Tunneled central line Non-tunneled central line Other vascular access device Required: Access used for dialysis at the time of the event: (if more than one access was used for the dialysis treatment, please indicate the access with the higher risk of infection) Fistula Graft Tunneled central line Non-tunneled central line Other vascular access device Catheter-Graft Hybrid	
	Question being removed	The question 'Patient's dialyzer is reused? Yes/No' is being removed as dialyzers are rarely, if ever, reused any longer. There is not sufficient data to indicate this question should remain.	Decreased
	Question updated for clarity	The question is being updated to avoid confusion. Current Question: *Suspected source of positive blood culture (check one): Vascular access A source other than the vascular access Contamination Uncertain Updated to: What is the suspected source of the organism or organisms identified on the positive blood	None

		culture? Vascular access A source other than the vascular access Contamination Uncertain	
57.503 Denominator for Outpatient Dialysis	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 Responses per respondent decreased from 24 to 12. Total burden decreased from 29,600 to 14,800.	Decreased-Total burden decreased by 14,800
	Total Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total cost decreased from $1,170,384 to $867,280.	None
	Revision to question	Question updated from '*Other vascular access device (e.g., catheter-graft hybrid, port)' to '* Other vascular access device (e.g., port)', to add a new cell specifically for catheter-graft hybrid for clarity	None
	Created new cell	Catheter-graft hybrid new cell created to separate catheter-graft hybrid from "Other vascular access device" cells.	None

57.504 Prevention Process Measures Monthly Monitoring for Dialysis	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	Avg. Burden per Response decreased from 75 to 60. Total Burden decreased from 25,950 to 20,760.	Decreased-Avg. Burden per Response decreased by 15 minutes. Total Burden decreased by 5,190.
	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost decreased from $1,026,063 to $1,216,536.	None
57.505 Dialysis Patient Influenza Vaccination	Retire Form	Form no longer in use	Decrease
57.506 Dialysis Patient Influenza Vaccination Denominator	Retire Form	Form no longer in use	Decrease
57.507 Home Dialysis Center Practices Survey	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 increased from 450 to 550. Avg. Burden per Response increased from 36 to 65. Total Burden increased from 270 to 596.	Increase-Avg. Burden per Response increased by 30. Total Burden increased by 326.
	Cost	Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total	None

		Respondent Cost increased from $12,833 to $34,926.	
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.	Avg. Burden per Response increased by 30 minutes. Total burden increased by 326.

Neonatal Component

57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module

In alignment with CDC's Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events that adopt new healthcare data exchange standards **(**Fast Healthcare Interoperability Resources i.e. FHIR) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Hospital-Onset Bacteremia & Fungemia (HOB), Healthcare facility-onset, antibiotic-Treated Clostridiodes difficile Infection (HT-CDI), Venous Thromboembolism (VTE), Late Onset Sepsis Meningitis (LOSMEN), Hospital-onset Acute Kidney Injury (HAKI), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) Hyperglycemia (Hyper), Opioid-related Adverse Events (ORAE), Adult Sepsis, and Hypoglycemia (Hypo). The way the data collection has been designed, new measures can be added and calculated off of the single stream of data without requiring the addition of new data elements to the collection as outlined by the FHIR Data Dictionary. Each of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.

Because of the shift to new healthcare data exchange standards (FHIR) and fully electronic definitions for metrics, these new measures will require very little human time to input answers to a traditional form. An infection preventionist will be required to fill out the digital Measures Reporting plan once to enter the start date and year for each measure their facility wishes to participate in plus a single question about the testing type/algorithm used for CDI at their facility. If they choose, they can also enter an end month/year for each measure.

The majority of the time burden estimated for this proposal is for the Information Technology/Clinical Informatics team at the facility. It will be their responsibility to read over the requirements documents and ensure that their systems meet the standardized terminology requirements, NHSN FHIR IG requirements, and that their facility's data is mapped to the appropriate FHIR data elements. The data fields will not be filled by a person, but rather will be pulled from existing EHR data electronically. Thus by shifting to fully electronic measures and expanding surveillance via FHIR, burden is being removed from clinicians and shifted to electronic reporting that is supported by Information Technologists. The time required per facility will vary based on their current FHIR readiness. This burden estimate is based on initial pilot studies. Once this data is collected, it can be used by NHSN to calculate patient-level risk adjusted metrics.

The Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) is the most comprehensive surveillance system for healthcare-associated infections in the U.S., yet aside from device-associated central line associated BSI's (CLABSI's) the system does not exclusively track meningitis and non-central line related bacteremia events in very low birthweight infants. To meet the national needs for more comprehensive and timely surveillance of late-onset sepsis and meningitis events while avoiding increased reporting burden on hospitals to the fullest extent, NHSN plans to add the Late-Onset Sepsis/Meningitis (LOS/MEN) Event module (FHIR option) to its surveillance system.

The NHSN Late-Onset Sepsis/Meningitis Event module is developed to enable the measurement of facility and unit-specific risks of late-onset sepsis and meningitis events among very low birthweight infants using technical solutions that will maximize use of healthcare data in electronic form and minimize manual processes of data collection and reporting. The LOS/MEN Event module electronically collects patient-level data on very low birthweight infants with positive blood and cerebrospinal fluid specimens under surveillance. Data collected via the Late-Onset Sepsis/Meningitis Event module may be used both by facilities for quality improvement and patient care planning purposes.

Form Number and Title	Type of Change	Itemized Changes / Justification	Impact to Burden

57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-IT Initial Set up	FHIR Data Dictionary Updates	Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled "TOC – Monthly". For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility's FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the "Abbreviations" tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled "FHIR DD Change Log" (2025 OMB FHIR Measures Data Dictionary_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some	None

		data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in "FHIR DD Change Log" tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory	

		results to the data dictionary.	
	Cost	Total Respondent Cost increased from $7442820 to $8,390,250.	None
57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-IT Yearly Maintenance	FHIR Data Dictionary Updates	Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed	None

		for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in "FHIR DD Change Log" tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of	

		specific kidney-related laboratory results to the data dictionary.	
	Cost	Total Respondent Cost increased from $5,513,200 to $6,215,000.	None
57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-Infection Preventionist	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
	Cost	Respondent Type updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $130,482 to $193,380.	None
57.600 Neonatal Component Late Onset Sepsis Meningitis (LOSMEN) Module CDA Data Collection-Infection Preventionist	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
	Cost	Respondent Type updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $86,988 to $128,920.	None
57.601 Late Onset Sepsis/ Meningitis Denominator Form: Late Onset Sepsis/ Meningitis Denominator Form: Data Table for monthly electronic upload	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Logo	Updated NHSN Logo on form	None
	Form number change	The current form number, 57.135, is a Patient Safety Component form number. This form is captured under	None

		the Neonatal Component within NHSN. The form number is being updated to 57.601 to reflex that the form is collected under the Neonatal Component.	
	Cost	Total Respondent Cost increased from $7,130 to $8,790.	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	None

		the 'Gender Identity' and 'Sex at Birth' fields will be required for collection and will improve the accuracy of data collection.	
57.602 Late Onset Sepsis/ Meningitis Event Form: Data Table for Monthly Electronic Upload	Assurance of Confidentiality statement is being updated	Statement is being updated due to a new mailing address.	None
	Logo	Updated NHSN Logo on form	None
	This form was approved in 2020, but the OMB website does not have the correct form posted on the website.		None
	Burden	Avg. Burden per Response increased from 5 to 6. Total burden increased from 150 to 180.	Increased
	Cost	Total Respondent Cost increased from $7,130 to $10,548.	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	None

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	Increased
	Race	As described in the March 28, 2024 update to the Statistical Policy	Increased

		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 This field will be optional for reporting in 2025 and become a required field in 2026.	
	Language	By diving deeper into population sub-	Increased

		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	
	Interpreter needed	This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.	Increased

Medication Safety Component

57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)

In alignment with CDC's Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events that adopt new healthcare data exchange standards **(**Fast Healthcare Interoperability Resources i.e. FHIR) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Hospital-Onset Bacteremia & Fungemia (HOB), Healthcare facility-onset, antibiotic-Treated Clostridiodes difficile Infection (HT-CDI), Venous Thromboembolism (VTE), Late Onset Sepsis Meningitis (LOSMEN), Hospital-onset Acute Kidney Injury (HAKI), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) Hyperglycemia (Hyper), Opioid-related Adverse Events (ORAE), Adult Sepsis, and Hypoglycemia (Hypo). The way the data collection has been designed, new measures can be added and calculated off of the single stream of data without requiring the addition of new data elements to the collection as outlined by the FHIR Data Dictionary. Each of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.

Because of the shift to new healthcare data exchange standards (FHIR) and fully electronic definitions for metrics, these new measures will require very little human time to input answers to a traditional form. An infection preventionist will be required to fill out the digital Measures Reporting plan once to enter the start date and year for each measure their facility wishes to participate in plus a single question about the testing type/algorithm used for CDI at their facility. If they choose, they can also enter an end month/year for each measure.

The majority of the time burden estimated for this proposal is for the Information Technology/Clinical Informatics team at the facility. It will be their responsibility to read over the requirements documents and ensure that their systems meet the standardized terminology requirements, NHSN FHIR IG requirements, and that their facility's data is mapped to the appropriate FHIR data elements. The data fields will not be filled by a person, but rather will be pulled from existing EHR data electronically. Thus by shifting to fully electronic measures and expanding surveillance via FHIR, burden is being removed from clinicians and shifted to electronic reporting that is supported by Information Technologists. The time required per facility will vary based on their current FHIR readiness. This burden estimate is based on initial pilot studies. Once this data is collected, it can be used by NHSN to calculate patient-level risk adjusted metrics.

Form Number and Title	Type of Change	Itemized Changes / Justification	Impact to Burden
57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE) - IT Initial Set up	FHIR Data Dictionary Updates	Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled "TOC – Monthly". For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the	None

		facility's FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the "Abbreviations" tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled "FHIR DD Change Log" (2025 OMB FHIR Measures Data Dictionary_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in	

		yellow in "FHIR DD Change Log" tab). 15 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.	
	NEW Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE). measures are being added as a FHIR measure collected under this form.	The goal of the NHSN Medication Safety Component is to enable collection of inpatient metrics to improve patient safety, facilitate hospital quality improvement efforts, and inform national benchmarking. The Medication Safety Component has expanded to include additional measures that will help accomplish this goal, including Hyperglycemia, Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse	None

		Events (ORAE). These new measures are all important hospital medication safety or hospital adverse events that impact patients and should be under national surveillance. The addition of the measures to the current glycemic control reporting plan requires a name change to reflect current and future measures included in the Medication Safety Component. In effort to standardize the reporting guidance across the various modules, the data fields of end month and end year are now optional. This change aligns with the measures added to the component. The reflected changes will not impact the data collection burden because of how the FHIR data pull has been structured to allow for calculation of multiple measures off a single data stream.	
	Title Change	Form title changed from 'Medication Safety Component FHIR Measure-Glycemic Control Module Hypoglycemia-IT Initial Set up' to 'Medication Safety-Digital Measure Reporting Plan- IT Initial Set up'. Changing the title of the form for clarity. The name change also reflects the digital measures added to the medication safety component.	None
	Cost	Total Respondent cost increased from $7,442,820 to $8,390,250.	None
57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE) -IT Yearly Maintenance	FHIR Data Dictionary Updates	Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures.	None

		The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in	

		the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in "FHIR DD Change Log" tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.	
	NEW Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE).	The goal of the NHSN Medication Safety Component is to enable	None

	measures are being added as a FHIR measure collected under this form.	collection of inpatient metrics to improve patient safety, facilitate hospital quality improvement efforts, and inform national benchmarking. The Medication Safety Component has expanded to include additional measures that will help accomplish this goal, including Hyperglycemia, Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE). These new measures are all important hospital medication safety or hospital adverse events that impact patients and should be under national surveillance. The addition of the measures to the current glycemic control reporting plan requires a name change to reflect current and future measures included in the Medication Safety Component. In effort to standardize the reporting guidance across the various modules, the data fields of end month and end year are now optional. This change aligns with the measures added to the component. The reflected changes will not impact the data collection burden because of how the FHIR data pull has been structured to allow for calculation of multiple measures off a single data stream.	
	Title Change	Form title changed from ‘Medication Safety Component FHIR Measure-	None

		Glycemic Control Module Hypoglycemia-IT Initial Set up' to 'Medication Safety-Digital Measure Reporting Plan- IT Initial Set up'. Changing the title of the form for clarity. The name change also reflects the digital measures added to the medication safety component.	
	Cost	Total respondent cost increased from $5513200 to $6,215,000	None
57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE) - Infection Preventionist	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 Responses per Respondent decreased from 6 to 4. Avg. Burden per Response increased from 6 to 10. Total Burden increased from 3300 to 3667.	Increased-Avg. Burden per Response increased by 4. Total Burden increased by 367.
	Cost	Type of Respondent updated from RN to microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $130,482 to $214,886.	None
	Title Change	Form title changed from 'Medication Safety Component FHIR Measure-Glycemic Control Module Hypoglycemia-IT Initial Set up' to	None

		'Medication Safety-Digital Measure Reporting Plan- IT Initial Set up'. Changing the title of the form for clarity. The name change also reflects the digital measures added to the medication safety component.	
	Required Fields	Start month and Start year are required IF a facility selects "Following" for that specific measure.	Increase 0.5 minutes
	Optional Fields	End month and end year were required fields for Hypoglycemia. These data fields are now optional and data is collected if the dMRP is edited or the user is in the "view" screen	Decrease
57.701 Glycemic Control Module-HYPO Annual Survey	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	Avg. Burden per Response increased from 120 to 180. Total Burden increase from 20 to 30.	Increased-Avg. Burden per Response increased by 60 minutes. Total Burden increased by 10.
	Cost	Type of Respondent updated from RN to microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $791 to $1758.	None
	Detailed changes to the data collection.	See document D2. Explanation for Program Changes or Adjustments	Increased Avg. Burden per Response increased by 2

		2024, for the detailed data collection changes made to this form.	minutes. Total burden increased by 380.

Other			
Form Number and Title	**Type of Change**	**Itemized Changes / Justification**	**Impact to Burden**

Billing Code Data: 837I Upload	In alignment with CDC's Data Modernization Initiative, NHSN is developing a new approach to collect surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events with patient-level risk adjustment. In order to obtain the most accurate data for risk adjustment, NHSN will be collecting billing code data based on the Centers for Medicare & Medicaid Services (CMS) -1450 form (also known as Uniform Billing Form-04 [UB-04]) which is the standard format used by institutional providers to transmit health care claims electronically. Participating facilities will submit select UB-04 data elements to NHSN via csv template.	In order to allow for inter-facility comparison and national baseline of patient safety data, NHSN provides risk adjustment to the facility data. There has been a push in public health to improve risk adjustment and move from facility-level to patient-level risk adjustment. In order to best understand the patient mix within each facility, NHSN needs to collect the data found within the electronic UB-04 forms which contains the condition and procedure codes associated with the admission, which can be used to identify comorbidities and other risk factors. The data contained in the UB-04 forms are produced by each facility for billing purposes and already exists within their billing system. These forms are required to be sent to CMS and other insurance providers for reimbursement of services provided to their beneficiaries; therefore, the reporting burden will be relatively low to submit these data to NHSN. The data will be sent to NHSN on a quarterly basis, so files will need to be uploaded or transmitted four times per year. Billing data from the UB-04 forms – Quarterly upload of data elements listed on the Billing Code Data CSV Template.	None
	Cost	Total Respondent Cost increased from $72,477 to $85,326.	None
57.801 External Validation Summary Report	NHSN will be collecting data via REDCap from Public Health Jurisdictions (e.g. state and local health departments) about their external validation projects. NHSN partners with public health jurisdictions to conduct external validation of data reported to NHSN by facilities. Jurisdictions will complete the REDCap form when they complete a validation period to report back to NHSN information such as sampling methodology, HAI being validated, and the number of facilities refusing to participate. They will fill out a form for each external validation project they complete (typically 1-2 per year).	NHSN needs to work with public health jurisdictions in order to perform external validation of the data reported to NHSN to ensure that NHSN receives accurate and complete data. The jurisdictions are provided with toolkits that provide instructions on how to perform external validation, including sample creation, data collection and report creation. In order for NHSN to be able to track the external validation that has been completed and to collect information about the validation process (for example, if facility selection methods were adhered to), NHSN needs to survey the jurisdictions. The data will be used to inform updates to the toolkits, identify areas of needed education for facilities, and provide details to jurisdictions about how much time and resources they will need to complete validation projects in the future.	Increased
57.802 Bed Capacity	This is a new measure aimed at collecting the number of occupied and unoccupied beds in acute care, inpatient psychiatric, and inpatient rehabilitation hospitals. Bed types collected include: Adult, Pediatric, Specialty, Emergency Department, Surge Beds, and Additional Beds. Data submission	With the COVID-19 pandemic demonstrated a gap in the healthcare system and patient safety. CDC has since introduced the Data Modernization Initiative which is focused on public health readiness and response while upgrading existing systems to better reflect health burden. The NHSN has focused on upgrading systems to show capabilities, capacity, and hospitalizations.	Increased

	can be automated to relieve burden via a Java Script Object Notation (JSON format) files or data can be submitted manually to NHSN	Through the creation of a system that collects hospital bed data participating jurisdictions will have the opportunity to utilize this impactful information during emergency events with minimal burden on hospital workers as the system can update automatically. Data can be submitted to NHSN every 3 hours providing state health departments, federal agencies, and other affiliated organizations current information on facilities. CDC's use of this data has piqued interest from other federal agencies such as FEMA and ASPR for its potential role in increasing national readiness.	
57.803 All Hazards	To date there has been a limited unified, all-hazards understanding of healthcare facility status, capacity, resources, and capabilities during emergencies. Collection of these data are in effort to develop a national all-hazards standardized set of Essential Elements of Information (EEIs) data that drive action for all-hazards emergency preparedness and response.	These data will be voluntarily collected from any facility enrolled in NHSN impacted by an emergency event when its operational status changes. These data are expected to provide a standardized lens into healthcare situational awareness, specifically the readiness of, stress on, and resources available in healthcare facilities before and during emergencies (including infectious epidemics, all-hazard incidents, etc.). During response incidents, immediate patient care needs, power outages, and competing priorities can be significant challenges in maintaining shared situational awareness. Stakeholders of the healthcare readiness community such as jurisdictions, federal agencies, hospital associations, hospitals, medical operations coordination centers, and more are expected to use these data for preparedness planning, response efforts, and decision-making needs.	Increased

New Data Collection Forms				
Form Number and Title	**NHSN Component**	**Type of Change**	**Itemized Changes / Justification**	**Impact to Burden**
57.102 NHSN Help Desk Customer Satisfaction Survey	NHSN	New data collection form.	See above sections for details.	See above sections for details.
57.130 Pathogens of High Consequence	Patient Safety	New Data Collection	See above sections for details.	See above sections for details.
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)	Patient Safety	Adult Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as new FHIR measures collected under form 57.132.	See above sections for details.	See above sections for details.
57.133 Patient Safety Attestation	Patient Safety	New Data Collection	See above sections for details.	See above sections for details.
57.215 Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel	Healthcare Personal Safety	Data has been collected on this form since the 2012-2013 influenza season, the form was overlooked and is now being submitted for OMB approval	See above sections for details.	See above sections for details.
57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)	Medication Safety	Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE) measures are being added as new FHIR measures collected under form 57.700.	See above sections for details.	See above sections for details.

57.801 External Validation Summary Report	NHSN	New data collection form.	See above sections for details.	See above sections for details.
57.802 Bed Capacity	NHSN	New data collection form.	See above sections for details.	See above sections for details.
57.803 All Hazards	NHSN	New data collection form.	See above sections for details.	See above sections for details.