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Form Approved OMB No. 0920-0666 Exp. Date: 06/30/2026 www.cdc.gov/nhsn

## Respiratory Pathogens Surveillance Module Digital Measure Reporting Plan (CDC XX.XXX)

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*Required for saving  *Facility ID:*Start Month:	*Start Y	ear:	_ End Month:	End Year:
Measure				
Respiratory Pathogens Surveillance (RPS) Module				
Respiratory Pathogens Surveillance (RPS) Module: RPS Module data are collected from and include all inpatient locations, emergency departments, and 24-hour observation units.  Required. Select one: CSV or FHIR.				
Measure	CSV	FHIR	]	
Respiratory Pathogens Surveillance (RPS)				
Note: Either CSV or FHIR must be selected. Both options cannot be selected for the same month/year.				
Notes:				
<ul> <li>During the specified reporting period, if FHIR is selected the facility authorizes NHSN to query your</li> </ul>				

- During the specified reporting period, if FHIR is selected the facility authorizes NHSN to query your facility's FHIR server to collect the specified data elements as per the NHSN RPS Module protocol. Based on these data, your facility will be provided with measure results reflecting respiratory pathogen event rates, as well as additional analytic and reporting options (for example, line-level lists).
- To participate in the NHSN RPS Module, a Patient Safety Annual Survey must be completed and submitted. The survey must be completed annually and submitted by the end of February. This will allow addition of reporting plans for the current year. Data will only be pulled when there is a completed annual survey.
- Completion of the reporting plan indicates that data transmitted by your facility conforms to the NHSN RPS Module protocol in entirety during the specified reporting period. This includes ensuring that all local codes used by your facility (for example, medications) are mapped to established value sets (for example, RXNORM) as defined in the protocol.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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