## Vice, Rudith (CDC/NCEZID/OD)

**From:** NCEZID PRAmailbox (CDC)
**Sent:** Thursday, August 28, 2025 7:48 AM
**To:** edupree@gnyha.org
**Subject:** CDC-2025-0023-National Healthcare Safety Network (NHSN) Patient Impact Module for Coronavirus (COVID-19) Surveillance in Healthcare Facilities

Dr. DuPree,

Thank you for submitting your comment on CDC NHSN's OMB package 0920-1317. Please see our follow-up regarding each of your specific comments below.

1. Streamline reporting requirements so that existing laboratory data sources are used and states can easily use the data for local purposes, minimizing the administrative burden to hospital staff.

We are cognizant of the need to limit overall reporting burden and in consideration of specific uses of these data elements, we identified as many data elements as possible for which a snapshot is acceptable.

2. Provide timely, facility-specific feedback that can inform infection prevention strategies. If certain data points must be collected, then hospitals should receive clear, actionable insights in return—ideally in a format that supports local decision-making and quality improvement.

Reporting hospital respiratory data can improve situational awareness of severe respiratory illness and assess potential impact of flu, COVID-19, and RSV co-circulation, allow for hospitalization forecasting, resource allocation, and help inform guidance and recommendations for public health professionals, clinicians, and the general public. Understanding influenza and RSV hospitalizations and admissions can also help to understand potential strains on the PPE supply chain. Jurisdiction-level respiratory data can be found here: Weekly Hospital Respiratory Data (HRD) Metrics by Jurisdiction, National Healthcare Safety Network (NHSN) | Data | Centers for Disease Control and Prevention

3. Explore automation and integration options to minimize manual data entry, especially for facilities that currently rely on manual abstraction

NHSN offers an automated data submission option for hospital respiratory data. Please find details here: https://www.cdc.gov/nhsn/pdfs/Hospital-Respiratory-Data-Submission_NHSN-API-Instructions-and-FAQs.pdf

4. Reassess the overall burden estimate and consider the operational impact on hospital staff, particularly infection prevention teams

The burden calculations are estimates based on the data received by CDC NHSN and are based on estimates for all facilities that collect the data, including acute care hospitals. Some facilities may take longer to collect data and submit data as compared to other facilities and we must submit an overall estimated calculation for all facilities that submit data. We will, however, take your feedback into consideration.