

# CDC/NHSN Patient Safety Component Manual

## Summary of Updates, January 2025

Below is a summary of significant modifications for the NHSN Patient Safety Component Manual, which will go into effect January 1, 2025.

### Chapter 1: NHSN Overview

No significant changes.

### Chapter 2: Identifying HAIs in NHSN

**Addition:** None.

**Clarification:**

- Clarified when the identification of organisms from specimens collected post-mortem are eligible for use in NHSN criteria.
- Clarified that only the EAR (ear, mastoid infection) and UR (upper respiratory tract infection, pharyngitis, laryngitis, epiglottitis) definitions include physician diagnosis as an element.
- Clarified that during the transfer rule and POA timeframe, a single diagnostic test can result in both a present on admission (POA) event and a healthcare-associated (HAI) event.

**Deletion:** None.

### Chapter 3: Monthly Reporting Plan

No significant changes.

### Chapter 4: Bloodstream Infection

**Addition:** None.

**Clarification:** None.

**Deletion:**

- Removal of Atrial catheters (also known as transthoracic intra-cardiac catheters, those catheters inserted directly into the right or left atrium via the heart wall) from the list of “Devices Not Considered Central Lines for NHSN reporting.” If the central line definition is met, these catheters are now eligible for a CLABSI event.

- Removal of reference to the NHSN Organism List via the spreadsheet. Organism categorization is only determined through the use of the NHSN Terminology Browser found here <https://cdcnhsn.clinicalarchitecture.com/SymedicalCDCNHSNViewpoint/#/search>

## Chapter 5: Central Line Insertion Practices (CLIP)

No changes/updates. CLIP surveillance measure will be retired in 2025.

## Chapter 6: Pneumonia

**Addition:** None.

**Clarification:**

- Clarified that for patients without underlying cardiac or pulmonary disease at least one definitive imaging test result is acceptable.
- Clarified (new) footnote #11 (old footnote #12) that any sputum specimen is acceptable, and that any quantity of organism identified is acceptable.

**Deletion:**

- Deleted footnote #11 – information from the footnote was incorporated into the PNU3 laboratory element (Table 4).

## Chapter 7: Urinary Tract Infection

**Addition:**

- Added new NHSN definition of Spinal Cord Injury-associated Neurogenic Bladder (SCI-NB).

**Clarification:**

- Clarified that any yeast or yeast species cannot be used to meet the UTI definition.
- Clarified that Mixed flora cannot be reported as a pathogen for a UTI event.
- Clarified what descriptions of lower back pain (*left, right, or bilateral*) and flank pain (*left, right, or bilateral*) can be used to meet costovertebral angle pain or tenderness.

**Deletion:** None.

## Chapter 9: Surgical Site Infection (SSI) Event

### Addition:

- Added 'or re-accessed' to the deliberate opening element of Superficial Incisional SSI 'c' and Deep Incisional SSI 'b'.
- Added examples of gross anatomic evidence of organ/space infection in the comments of organ/space SSI.
- Planned/staged returns to the OR will be excluded from consideration as 'deliberate opening' for Deep Incisional SSI 'b'.

### Clarification:

- Clarified that Organ/Space SSI involves the organ/space tissues [deeper than the muscle/fascia]
- Clarified the DOE is the date of the first element used to meet the SSI criteria at the deepest tissue level for the criteria that is met.

### Deletion:

- Removed 'redness/warmth/swelling' from the diagnosis of cellulitis of the Superficial Incision SSI reporting instruction.
- Removed 'dry-gangrene' from examples of PATOS.

### Notes:

The SSI Events FAQ section has been re-ordered/re-numbered

## Chapter 10: Ventilator- Associated Event (VAE)

### Addition:

- Added antimicrobial agents to Appendix: List of Antimicrobial Agents Eligible for IVAC, PVAP – Cefepime/Enmetazobactam and Ceftobiprole Medocaril.

### Clarification:

- Definitions section of the chapter was restructured for improved flow of information, including breaking out definitions for Baseline Period and Period of Worsening Oxygenation. No significant changes were made to the content. Added clarifying language and tables to some examples.

### Deletion:

- Deleted the following Frequently Asked Questions (FAQs): nos. 3, 4, 6, and 17. Information from these FAQs was incorporated into the definitions within the protocol.

## Chapter 11: Pediatric Ventilator-Associated Event (PedVAE)

### Addition:

- Added antimicrobial agents to Appendix: List of Eligible Antimicrobial Agents – Cefepime/Enmetazobactam and Ceftobiprole Medocaril.

### Clarification:

- Added clarifying language and tables to some examples.

**Deletion:** None.

## Chapter 12: MDRO & CDI

No significant changes.

## Chapter 14: Antimicrobial Use and Resistance

### Addition:

- For the AU Option:
  - Added: CEFEPIME/ENMETAZOBACTAM, CEFTOBIPROLE MEDOCARIL, and PIVMECILLINAM
- For the AR Option:
  - Added: genus and all species level terms for *Candida*, *Citrobacter*, *Klebsiella*, and *Proteus*
  - Added: *Streptococcus pyogenes* (Group A *Streptococcus*)
  - Added: skin, soft tissue, wound and musculoskeletal as non-invasive specimens
  - Added: indwelling catheter specimen as non-invasive specimen
  - Updated: all antimicrobial susceptibility testing panels were updated along with associated AR Option phenotype definitions
  - Added: *Candida* isolates without antimicrobial susceptibility testing are eligible for AR Option reporting
- Change log was added to the end of the AUR Module protocol

### Clarification:

- For the AU Option:
  - Days present definition updated to state the patient can contribute an encounter as soon as they have had an initial interaction with a medical professional (for example, the beginning of triage) when in an eligible outpatient location.
- For the AR Option:
  - Admission status definition clarified for the scenario referencing transfer to another facility
  - Admission definition updated to match AU Option. Specifically, transfer from an inpatient to an outpatient ED, pediatric ED, or 24-hour observation location then back to an inpatient location is counted as two separate admissions.

- Encounter definition updated to state the patient can contribute an encounter as soon as they have had an initial interaction with a medical professional (for example, the beginning of triage)

#### **Deletion:**

- For the AU Option:
  - Removed: CHLORAMPHENICOL
- For the AR Option:
  - None

## **Chapter 15: Locations**

No significant changes.

## **Chapter 16: Key Terms**

#### **Addition:**

- Added a note that the Chapter 16 general key terms are intended to be utilized for NHSN surveillance and may not align with clinical or facility specific definitions.

#### **Clarification:**

- Clarified that Chapter 16 summarizes general key terms that are included in two or more Patient Safety Component (PSC) protocols.
- Clarified that gross anatomical exam examples can be found in PSC Chapter 9.

#### **Deletion:**

- Removed 'CDC location' as it can be found in Chapter 15 and Locations FAQ.
- Removed Date of event (DOE) synonyms: 'Event date' and 'Infection date'.

## **Chapter 17: Surveillance Definitions**

#### **Addition:**

- **ENDO Appendix added with the following:**
  - ENDO 3 criterion: 'Intraoperative evidence of endocarditis on gross anatomic exam during a cardiac operative procedure.'
  - New imaging tests including cardiac CT and 18 F-fluorodeoxyglucose positron emission tomography/computed tomography.
  - Updated typical infectious endocarditis organisms for native and prosthetic valves.

- Additional patient history elements: 'endovascular cardiac implantable electronic devices (CIED) and 'more than mild regurgitation or stenosis of any etiology'.
- Criteria element, "New valvular regurgitation on auscultation".

**Clarification:**

- MEN 2c Reporting Instruction: "Seizures does not meet the cranial nerve sign element for MEN 2 or MEN 3."

**Deletion:**

- VASC: Removed atrial catheters from list of vascular access devices in the 'Pus at the Vascular Access Site' exclusion.