



TN NHSN User Call

from the Tennessee Department of Health

TN

Monday, December 18, 10am CT

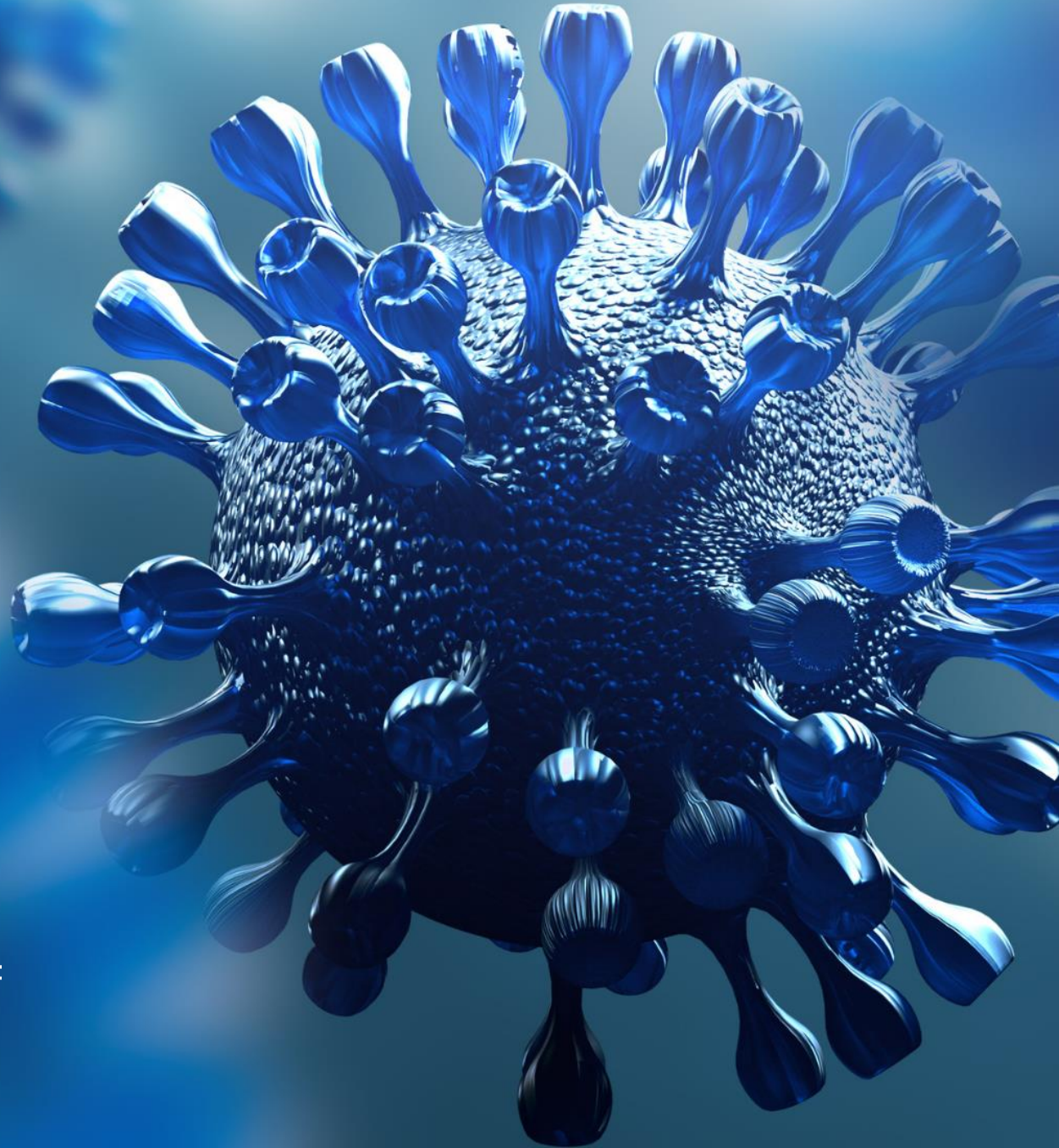
Agenda

- **Respiratory Illness Update**
 - Abigail Marrero, MPH, CPH
- **NHSN Update**
 - Vicky Lindsey, RN, CIC
- **AUR Reporting**
 - Christopher Evans, PharmD
- **2022 Rebaseline**
 - Abigail Marrero, MPH, CPH
- **HCP Flu Dashboard**
 - Mike Norris, RN
- **FDA Recall Saline and Sterile Water**
 - Donna Russell, MBA, BSN, RN, CIC, CPH, CHEP
- **2022 HAI Progress Report Review**
 - Abigail Marrero, MPH, CPH
- **Multi-Drug Resistant Organism (MDRO) Surveillance Team Update**
 - Erika Kirtz, MPH

TDH NHSN Team

- **Abigail Marrero, MPH, CPH**
 - Senior NHSN Epidemiologist
- **Vicky Lindsey, AAS, RN, CIC**
 - Senior NHSN Public Health Nurse Consultant
 - Lead Technological Assistance
 - Infection Prevention and Control Specialist
- **Ashley Gambrell, MPH**
 - Assistant NHSN Epidemiologist
- **Marissa Turner, MPH**
 - Assistant NHSN Epidemiologist
- **Alex Kurutz, MPH**
 - Dialysis Epidemiologist

Respiratory Illness Update



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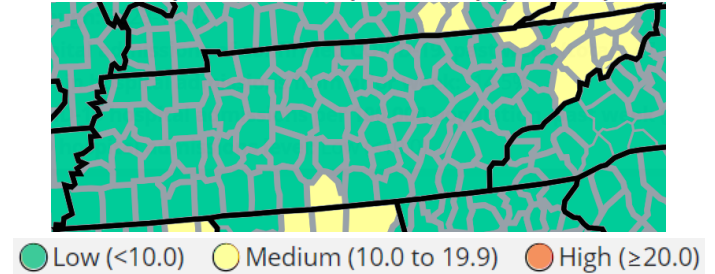
Department of
Health

COVID-19 Trends in TN & US

- Tennessee

- New cases decreased slightly ▼
(total ~5400/week; ~5650 week prior)
- Hospitalizations increased ▲
(362 – hospitalized; 359 – week prior)
- Deaths decreased ▼
(total – 37/week; 60 – week prior)

New COVID-19 hospital admissions per 100,000 population, past week (total)



- U.S.A.

- New hospitalizations increasing ▲
- Deaths increasing ▲

Trend in % Test Positivity **+0.9% in most recent week**

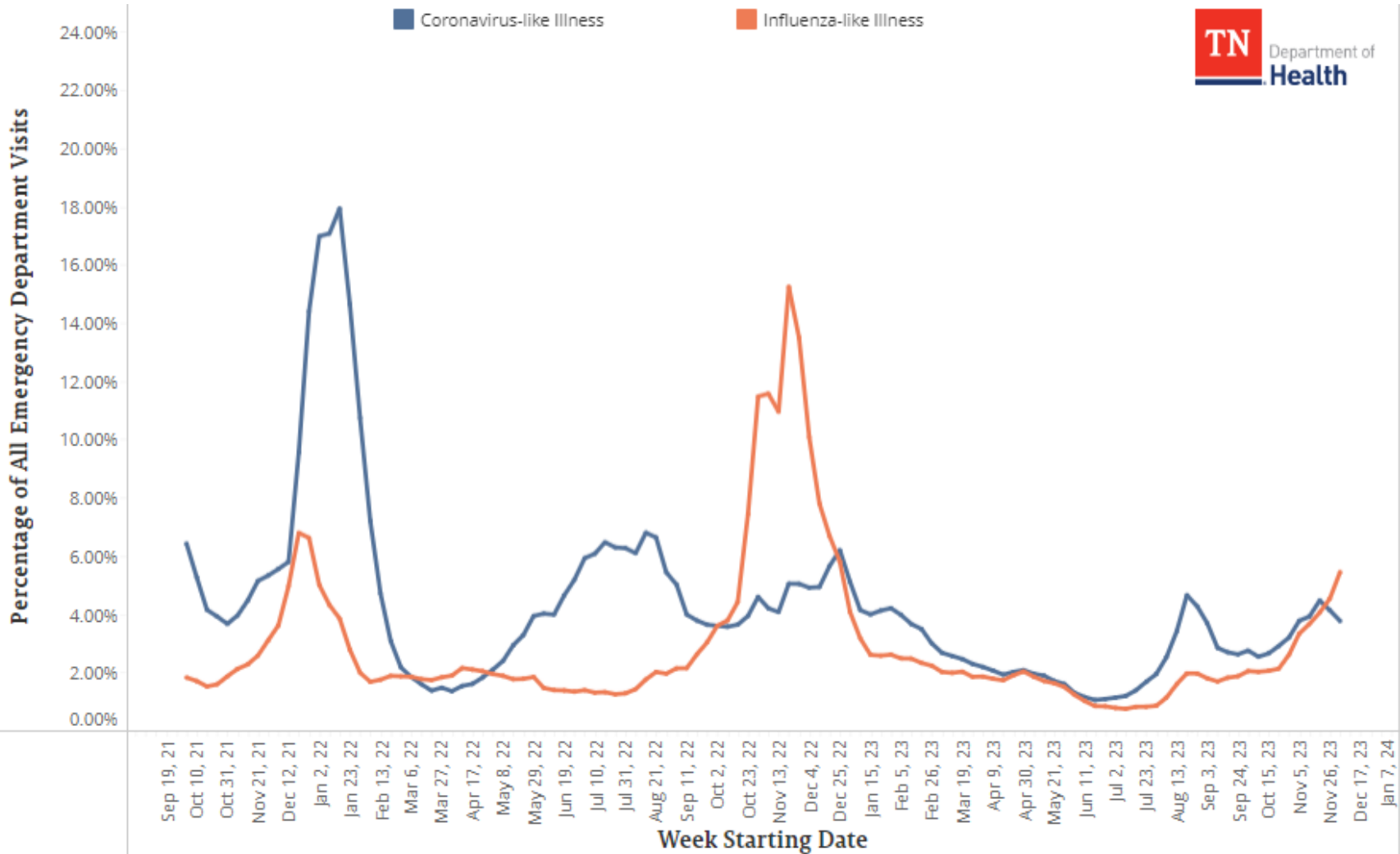
Trend in % Emergency Department Visits **+4% in most recent week**

Trend in Hospital Admissions **+17.6% in most recent week**
Total Hospitalizations **6,544,614**





Trend in % COVID-19 Deaths **+25% in most recent week**
Total Deaths **1,158,185**

Syndromic Surveillance

Emergency Department Data of chief complaint and discharge diagnosis



Influenza in Tennessee Snapshot

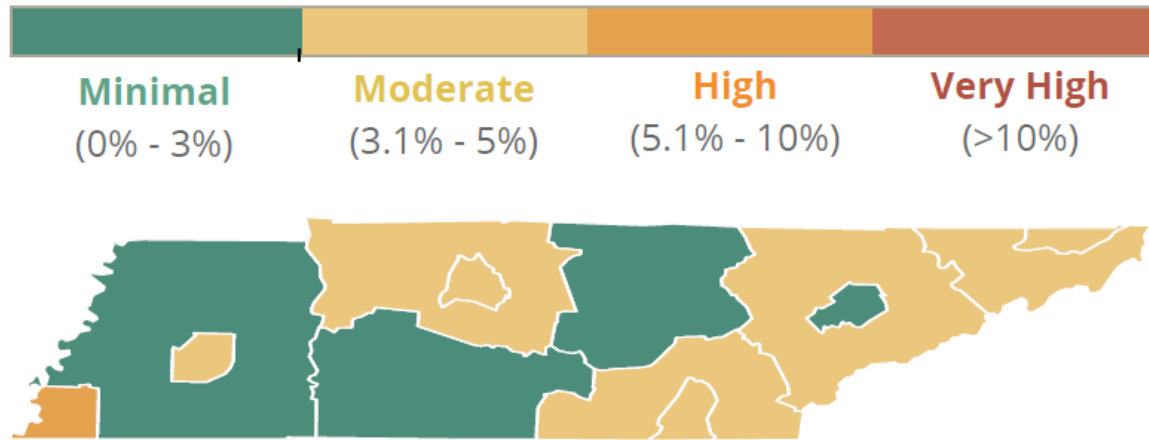
SURVEILLANCE INDICATOR	TREND	CURRENT WEEK	PREVIOUS WEEK
 ILLNESS Percentage of outpatient visits due to influenza-like illness (ILI)	▲	5.0%	4.0%
 LABORATORY Percentage of positive specimens & predominant strain of influenza	▲	4.8%	3.7%
		Flu A H1N1	Flu B
		NEWLY REPORTED	SEASON TOTAL
 OUTBREAKS 2 or more ill persons of a shared setting		<i>since November 25, 2023</i>	<i>since October 1, 2023</i>
 DEATHS Newly reported and season total pediatric influenza-associated deaths in TN		0	1
		0	0

Complete Flu Reports Found Here: <https://www.tn.gov/health/cedep/immunization-program/ip/flu-in-tennessee.html>



Influenza-Like Illness

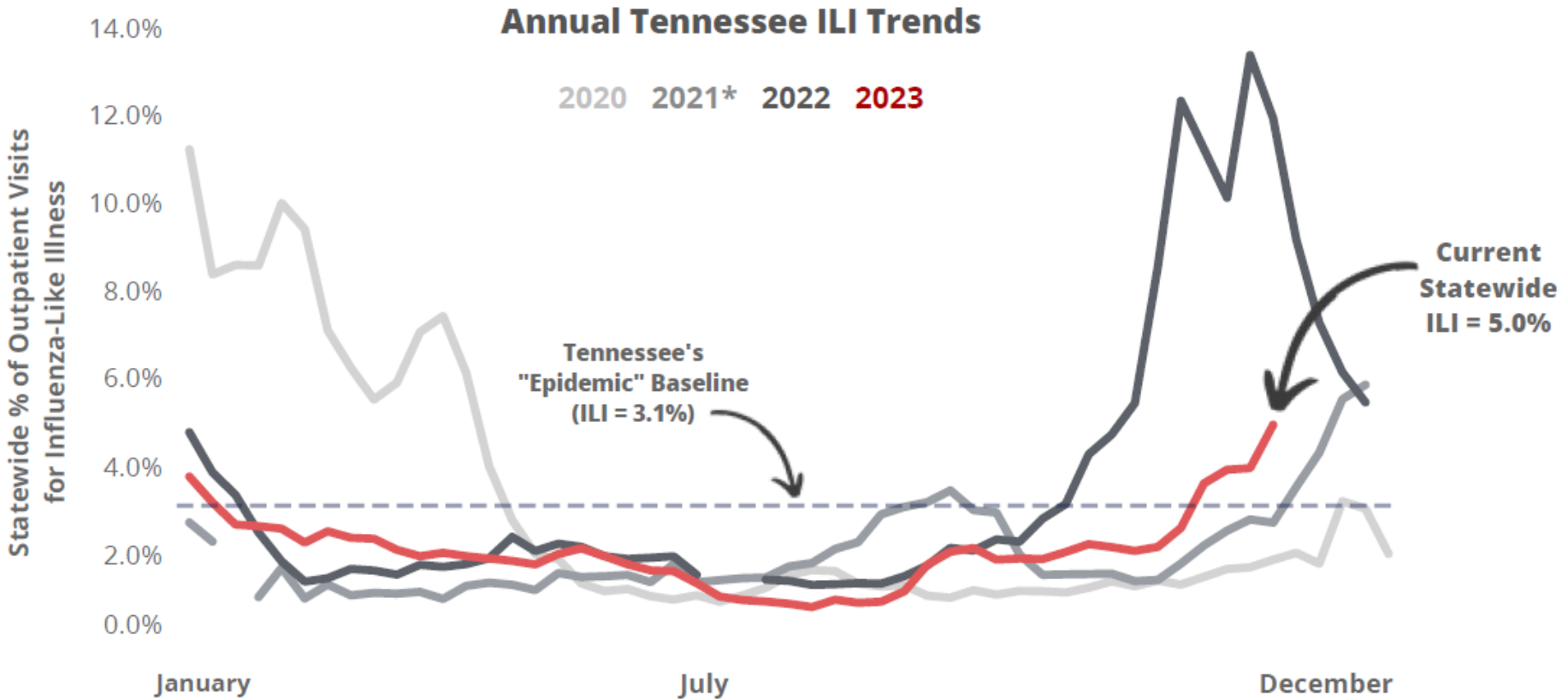
Percent of Outpatient Visits for Influenza-Like Illness Week 48



TN State Average	5.0%
Chattanooga/Hamilton County Metro	5.6%
East Region	5.0%
Jackson/Madison County Metro	5.7%
Knox County Metro	2.3%
Memphis/Shelby County Metro	6.6%
Mid Cumberland Region	3.2%

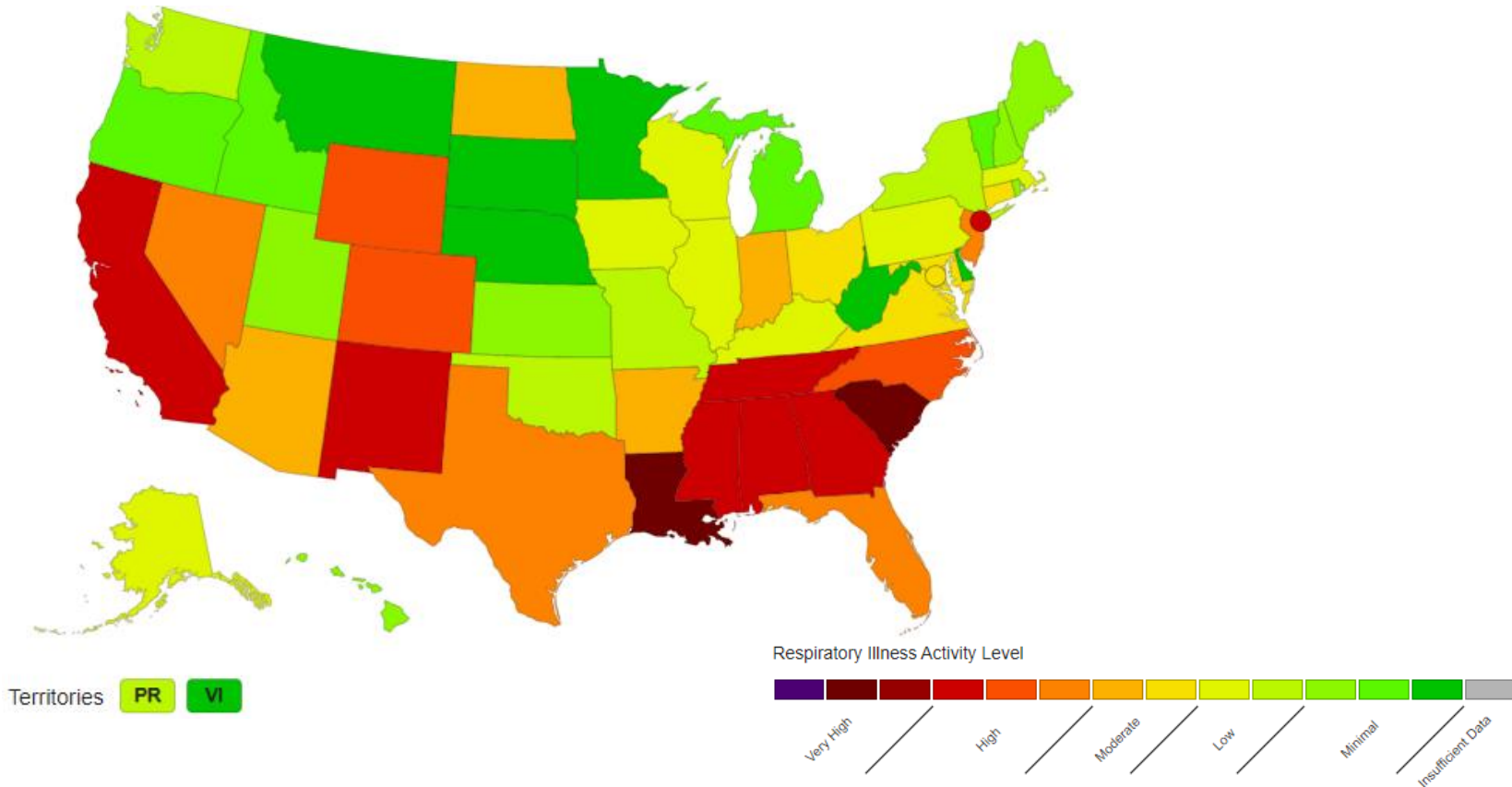
Nashville/Davidson County Metro	5.3%
Northeast Region	5.7%
Southeast Region	4.8%
South Central Region	0.0%
Sullivan County Metro	4.5%
Upper Cumberland Region	0.6%
West Region	0.8%

Seasonal Perspective



Bottom Line

- **Respiratory Illness in Tennessee**
 - Respiratory virus activity in Tennessee is **High**



[Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory/index.html)

CDC Resources

- [Resources to Prepare for Flu, COVID-19, and RSV | CDC](#)
- [Protect yourself from COVID-19, Flu, and RSV \(cdc.gov\)](#)
- [Weekly Viral Respiratory Illness Snapshot \(cdc.gov\)](#)
- [Choosing the Right PPE for COVID-19 | Project Firstline | Infection Control | CDC](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [CDC COVID Data Tracker: Vaccinations in Nursing Homes](#)




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NHSN Updates

Vicky Lindsey, AAS, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases and Emergency Preparedness

NHSN Newsletter

- [NHSN Newsletter - December 2023](#)

	Patient Safety Component	
	Attention! New CMS Required Reporting Measure for CY 2024: NHSN AUR Module Submission Required for the CMS Promoting Interoperability Program	2
	Analysis Updates: Patient Safety Component Analysis Treeview Screen	3
	AUR Module Updates	4
	Updates to the Antimicrobial Resistance and Patient Safety Portal	7
	Coming Soon: NHSN for ASCs Newsletter	7
	NHSN Education and Training	
	2024 NHSN Protocol and Training Events	7
	Healthcare Personnel Safety Component	
	Person-Level Vaccination Forms for HPS Component	9
NHSN Fall 2023 Up to Date Definition: Quarter 4 of 2023	9	
Healthcare Personnel Influenza Vaccination Annual Data Reporting	10	
Dialysis Component		
Mark Your Calendars – Q3 2023 QJP Deadline Approaching	11	
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NHSN Helpdesk: Activity Update	17	
NHSN Enrollment Update (as of December 12, 2023)	17	

CENTERS FOR DISEASE CONTROL AND PREVENTION
NHSN E-Newsletter

NHSN Protocol and Training Events

- NHSN Protocol and Training Team
 - January 17, 2024 – 2024 Protocol Updates
 - February 21, 2024 ‘Get Annual Training Ready’
 - March 18-22, 2024, NHSN Annual Training (virtual)
 - April 16-19, 2024, Society for Healthcare Epidemiology of America (SHEA)(in-person)
 - June 3-5, 2024, Association for Professionals in Infection Control and Epidemiology (APIC) (in-Person)
- “Ask the Expert”
 - These Q & A sessions will be conducted on the 2nd or 3rd Wednesday of the month at 2:00 pm eastern standard time.

NHSN 2024 Summary Updates

- Patient Safety Component:
<https://www.cdc.gov/nhsn/pdfs/pscmanual/2024-psc-summary-508.pdf>
- Outpatient Procedure Component:
<https://www.cdc.gov/nhsn/pdfs/opc/2024-opc-summary-508.pdf>
- Neonatal Component:
<https://www.cdc.gov/nhsn/pdfs/neonatal/losmen/2024-losmen-summary-508.pdf>

NHSN 2024 Summary Updates

- Later this month, NHSN will post the following documents to the website for use beginning in January 1,2024:
 - Patient Safety Component Surveillance Protocols
 - Patient Safety Components Tables of Instructions (TOI)
 - Outpatient Procedure Component Surveillance Protocols
 - Outpatient Procedure Component Tables of Instructions (TOI)
 - Neonatal Component (Late-onset Sepsis/Meningitis Module) Surveillance Protocol

NHSN 2024 Summary Updates

- These documents are to be used beginning January 1, 2024.
 - Once posted, the current links for the 2023 documents will convert to the 2024 documents.
 - NHSN encourages printing a hard copy of 2023 protocols for reference.
 - The full 2023 PSC, OPC, and Neonatal manuals will remain available on the NHSN home page under “Manuals & Protocols” section in the bottom left corner of home page: <https://www.cdc.gov/nhsn/index.html>.

Co-Pays for COVID Treatments

- CMS response-
 - People with Medicare and Medicaid will be able to use the patient assistance portal that HHS announced and will be able to get the treatment without cost sharing see this webpage: <https://aspr.hhs.gov/COVID-19/Therapeutics/Pages/COVID19-Tx-Transition-Guide.aspx>



Sunsetting the U.S. Government COVID-19 Therapeutics Distribution Program

Updated December 8, 2023

First Published October 20, 2023



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AUR Reporting: Why do I have to do this?

Christopher Evans, PharmD | December 18, 2023

NHSN Tennessee AU Mandate



Nationwide, approximately half of all patients admitted to a hospital will receive an antibiotic during their stay. In a ten state study of healthcare-associated infections and antibiotic use published in the Journal of the American Medical Association in 2014, Tennessee had the highest hospital antibiotic prescribing rates.¹ Minimizing unnecessary exposure to antibiotics will reduce the pressure for development of multidrug-resistant organisms with few available treatment options and substantial associated morbidity or mortality.

Because Tennessee has among the highest antibiotic prescribing rates in the United States, mandated NHSN Antibiotic Use reporting by acute care hos-

veillance software system. The process, including necessary validation, can take anywhere from **6 to 18 months**.

We understand that, due to the COVID-19 outbreak, many facilities have dedicated resources away from antibiotic use reporting. To accommodate the COVID-19 response by facilities, we have modified the following phased-in approach for mandating hospital AU reporting into the NHSN AU Option:

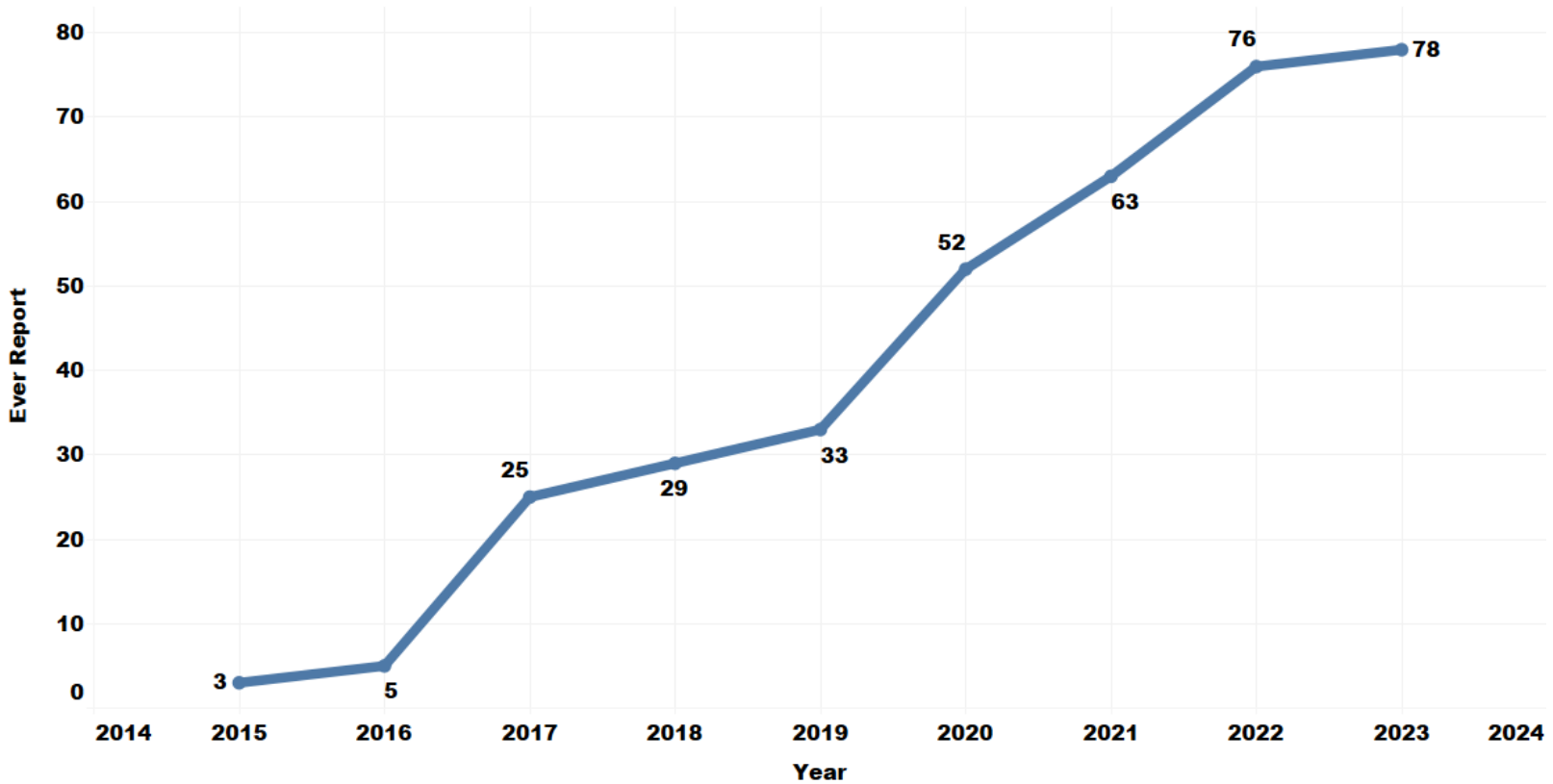
- Acute Care Hospitals with a total bed size of >250: **First month submitted by January 1, 2022 (Previously January 1, 2021)**
- Acute Care Hospitals with a total bed size between

- **Reportable Event for all ACH and CAH:**
 - **Hospitals >100 beds: Currently required to report**
 - **Hospitals <100 beds and CAH: First month by January 1, 2024**

<https://www.tn.gov/health/cedep/hai.html>

NHSN AU Progress – Ever Reporters

Number of Reporting Facilities into NHSN AU by Year



AUR Module data are required in CY 2024

- Beginning in **CY 2024**, AUR Module data are required under the Public Health and Clinical Data Exchange Objective of the CMS PI Program
- Applies to eligible hospitals and critical access hospitals that participate in the CMS PI Program
- **Measure includes submission of both AU and AR Option data**
- For CY 2024 facilities attest to either:
 - Being in active engagement with NHSN to submit AUR data or,
 - Claim an applicable exclusion

Two ways to be in active engagement:

- Option 1 – Pre-production and validation
 - Registration within NHSN
 - Testing & validation of the CDA files
- Option 2 – Production submission
 - Submitting production AU & AR files to NHSN
 - CY 2023 – 90 continuous days of AUR data submission
 - CY 2024 – 180 continuous days of AUR data submission
- Note: Beginning in CY 2024, facilities can only spend one calendar year in Option 1 (pre-production and validation)

Claiming Hardship Exceptions

- **All information available for CY 2022**
 - Eligible hospitals and CAHs can apply for the Medicare PI Program Hardship Exception to avoid a downgrade in payment due to one of the following reasons:
 - Using decertified EHR technology
 - Insufficient Internet Connectivity
 - Extreme and Uncontrollable Circumstances
 - Application does not guarantee acceptance of hardship

Where to find more information:

- **NHSN AUR Homepage:** <https://www.cdc.gov/nhsn/acute-care-hospital/aur/>
- **NHSN AUR Training Videos**
<https://www.cdc.gov/nhsn/training/patient-safety-component/aur.html>
- **AUR Reporting for CMS PIP:**
<https://www.cdc.gov/nhsn/cms/cms-faq-aur.html>
- **NHSN AUR Protocol**
<https://www.cdc.gov/nhsn/PDFs/pscManual/11pscAURcurrent.pdf>
- **NHSN Validation Guidance**
<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AU-Option-Implementation-Data-Validation-P.pdf>



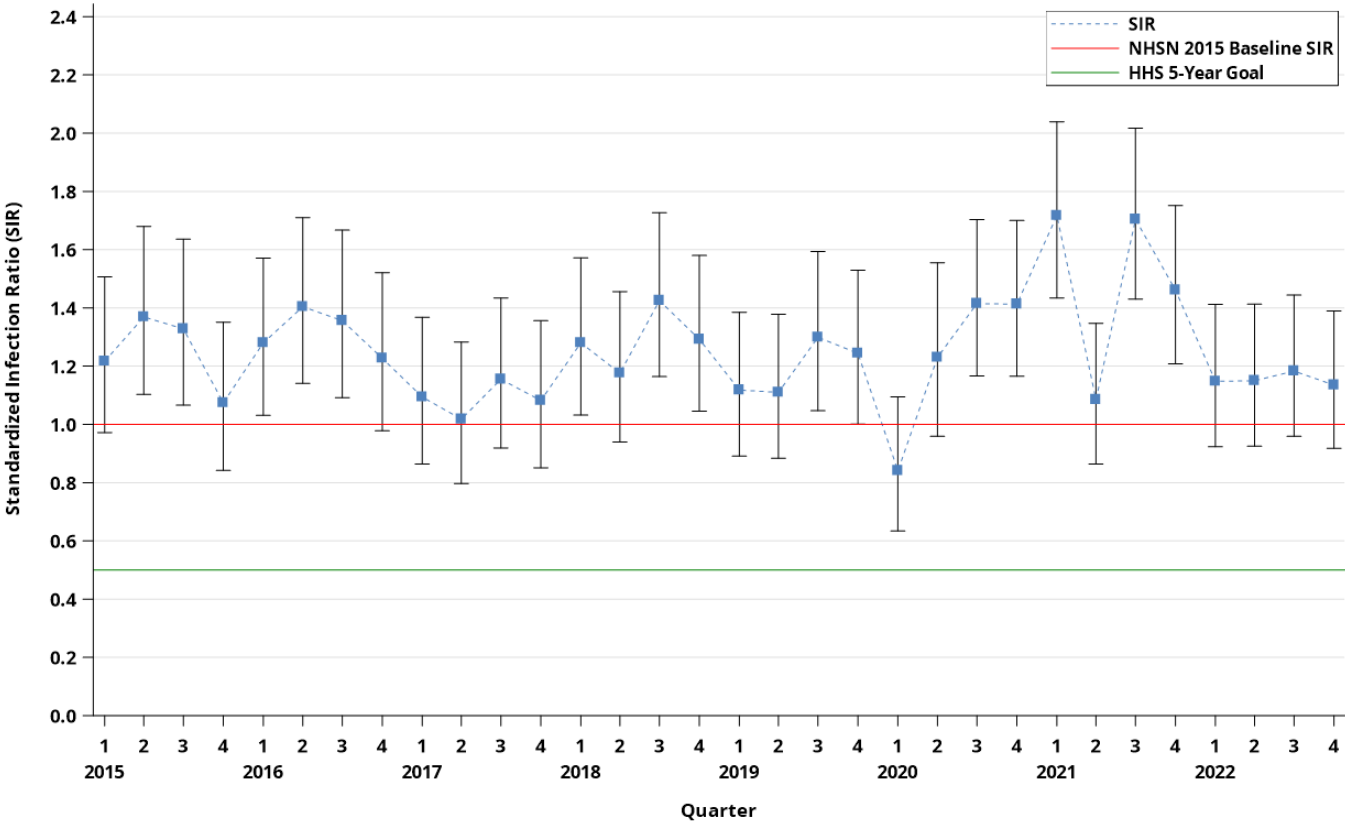
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2022 Rebaseline

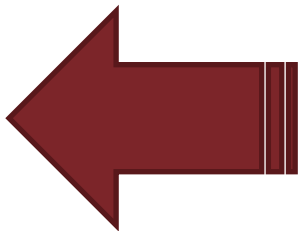
Abigail Marrero, MPH, CPH | December 18, 2023

What is a baseline?

- Remember this?



Data Reported as of May 17, 2023



How is the SIR calculated?

- The Standardized infection ratio formula will **NOT** change

$$\text{SIR} = \frac{\# \text{ observed HAIs}}{\# \text{ predicted HAIs}}$$

- Observed HAIs based on hospital reporting
- Predicted HAIs calculated using
 - Logistic regression model (SSI)
 - Negative binomial regression model (VAE, CAUTI, CLABSI, MRSA, CDI, LabID)

What is the 2022 HAI Rebaseline?

- **Rebaseline- updating the national HAI baselines and risk adjustment models**
 - Updating with the data collected from calendar year 2022 as opposed to our 2015 baseline
- **Risk adjustment models account for the difference in risk of an outcome based off specific factors**

<u>Factor</u>	<u>Parameter Estimate</u>	<u>P-value</u>
<i>Intercept</i>	-8.9463	<0.0001
Inpatient community-onset (CO) admission prevalence rate	0.7339	<0.0001
CDI test type= EIA	-0.1579	<0.0001
CDI test type= NAAT	0.1307	<0.0001
# ICU beds: ≥ 43	0.7465	<0.0001
# ICU beds: 20-42	0.7145	<0.0001
# ICU beds: 10-19	0.6261	<0.0001
# ICU beds: 5-9	0.4394	<0.0001
Oncology hospital (facility type = HOSP-ONC)	1.2420	<0.0001
General acute care hospital (facility type = HOSP-GEN)	0.3740	<0.0001
Total facility bed size	0.0003	<0.0001
CDI LabID surveillance in ED or 24-hour observation location(s)	0.1119	<0.0001
Teaching facility (major, graduate, or undergraduate)	0.0331	0.0028

Why update our risk adjustment model?

- Refreshes the data where policy, practice, and/or protocol changes are used for external benchmark comparisons
- Help drives the progress of preventing HAIs
- To reflect changes in:
 - Surveillance definitions
 - Diagnostic testing
 - Healthcare facility prevention practices
 - Science
 - Technology
 - Hospital operations since the existing (2015) baseline year.

Why 2022?

- 1. The pandemic previously delayed the initial plans for a rebaseline several years ago**
- 2. National level analyses show that HAI incidence has returned to pre-pandemic state**
- 3. Updated risk models that are created using 2022 national data will better reflect current policy, practice, and surveillance protocols**

What can you expect moving forward?

- **SIR calculations may shift closer or farther from 1.0**
- **Number of predicted infections (device days) may increase or decrease depending on HAI or device type**
 - Each hospital will be effected differently
 - We will work closely with you to better understand the impact of the rebaseline together
 - Opportunities for education and communication will be made available to NHSN users throughout the year
- **All previous and current baselines in NHSN will still be available (original, 2015, 2022)**
- **CDCs goal is to roll out all new SIR and SUR reports by **end of 2024****

Upcoming TDH Annual Trainings

- **2024 Patient Safety Manual Updates**
- **Beginning January 22, 2024**
 - Starting with CLABSI/CAUTI
- **Will hold trainings every consecutive Monday focusing on any new changes from 2023 to 2024**
 - Expect invites for these trainings within the next couple weeks
- **Case Studies trainings**
 - Will update you with a registration link for your 3-hour training



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Flu Dashboard

Mike Norris, RN, MSN | December 18, 2023



FDA Recall Saline and Sterile Water

Donna Russell MBA, BSN, RN, CIC, CPH, CHEP
Infection Prevention Manager

CDC Notification: USFDA Recall Saline and Sterile Water

November 21, 2023

FDA U.S. FOOD & DRUG
ADMINISTRATION

[Home](#) / [Medical Devices](#) / [Medical Device Safety](#) / [Safety Communications](#) / [Do Not Use Certain Brands of Saline and Sterile Water Medical Products by Nurse Assist Because They May Not Be Sterile: FDA Safety Communication](#)

Do Not Use Certain Brands of Saline and Sterile Water Medical Products by Nurse Assist Because They May Not Be Sterile: FDA Safety Communication

- 0.9% Sodium Chloride Irrigation USP (100 mL bottles, 250 mL bottles, 500 mL bottles, 1000 mL bottles, 3.1oz spray can, 7.1oz spray can, 3mL syringes, 5mL syringes, and 10mL syringes);
- Sterile Water for Irrigation USP (100 mL bottles, 250 mL bottles, 500 mL bottles, 1000 mL bottles, 120 mL cups, 10mL syringes, and 30mL syringes).

December 5, 2023

FDA U.S. FOOD & DRUG
ADMINISTRATION

[Home](#) / [Safety](#) / [Recalls, Market Withdrawals, & Safety Alerts](#) / [Cardinal Health Issues Medical Device Recall for Nurse Assist Products Contained Within Kits/Trays](#)

COMPANY ANNOUNCEMENT

Cardinal Health Issues Medical Device Recall for Nurse Assist Products Contained Within Kits/Trays

- Addition of saline/sterile water in foley kits.

Recommendations

- **Check** your supply of saline (0.9% sodium chloride) and sterile water medical products (bottles, spray cans, cups, and prefilled syringes)
- **Be aware** that these recalled products may be available as individual units or may be included as part of a kit.
- **Quarantine** these recalled products and follow the recommendations in the company's recall announcements.
- **Alert** clinicians to the recall.

Please refer to the FDA [Nurse Assist Safety Communication](#) and the [Cardinal Health Safety Communication](#) for more details.



2022 Tennessee Healthcare- Associated Infections Progress Report

Abigail Marrero, MPH, CPH | December 18, 2023

Background and Preview

- **The CDC releases annual reports using data from NHSN's Patient Safety Network on a national and state-level across different types of healthcare facilities**
- **This report focuses on SIR values for each infection from acute care hospitals (ACH) for:**
 - **Tennessee**
 - **2021 vs 2022 comparison**
 - **ARLN Southeast Region States**
 - **Geographic comparison to TN**
 - **Alabama, Florida, Georgia, Louisiana, and Mississippi**
 - **States with a similar population to Tennessee**
 - **Population comparison to TN**
 - **Massachusetts and Indiana**
 - **States or territories that performed the best nationally**
 - **Overall performance comparison to TN**

Analyzing SIR Values

- **SIR = 1**
 - Actual number of infections is same as predicted number of infections
 - Facility performing as expected
 - Not statistically significant
- **SIR < 1**
 - Actual number of infections is less than predicted number of infections
 - Facility performing better than expected
 - Statistically significant
- **SIR > 1**
 - Actual number of infections is greater than predicted number of infections
 - Facility performing worse than expected
 - Statistically significant

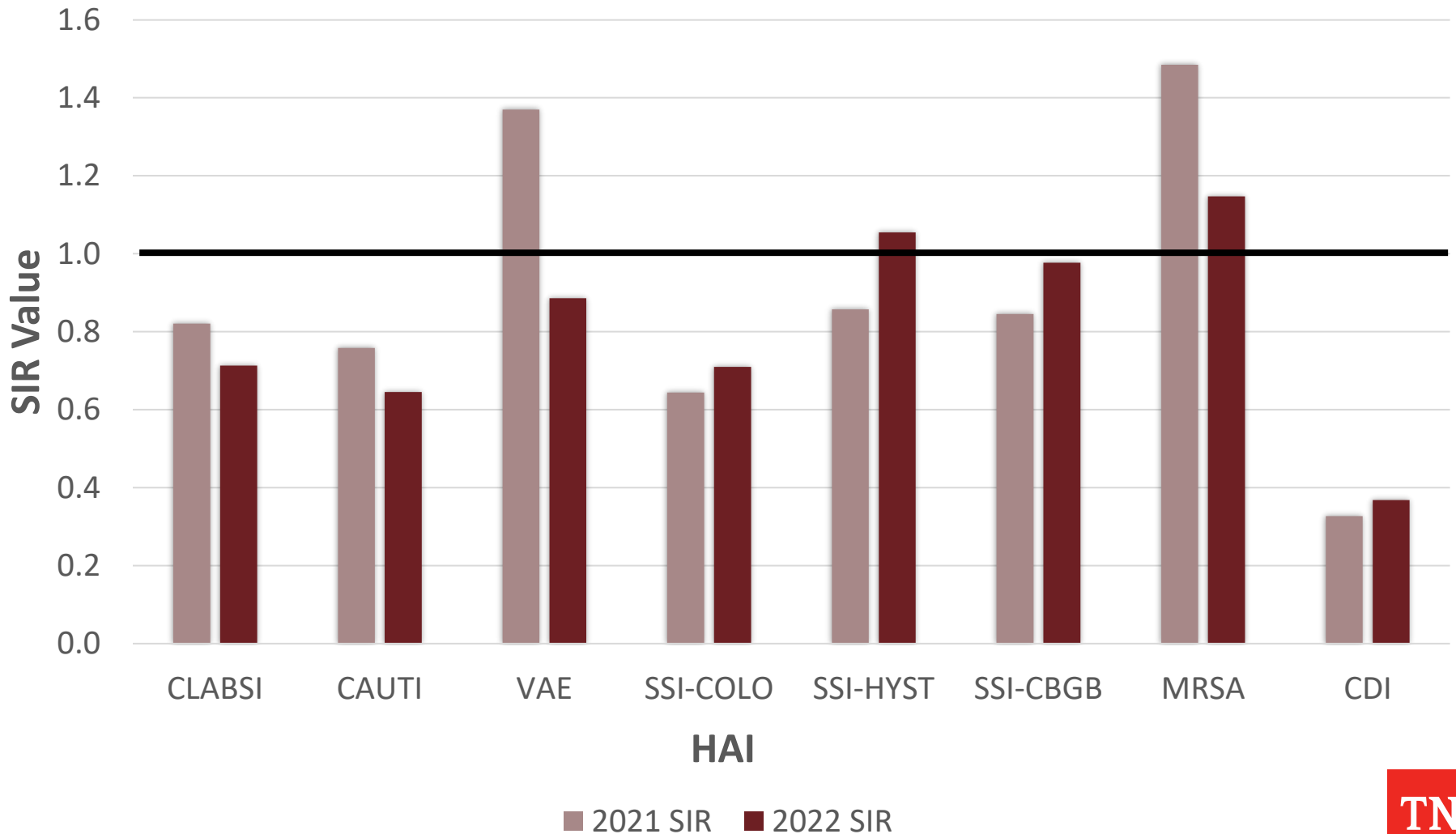
Tennessee 2021 vs 2022 ACH SIR Values

HAI	2021 SIR	2022 SIR	P-value
CLABSI	0.821	0.713	0.0166
CAUTI	0.758	0.645	0.0077
VAE	1.370	0.886	0.0000
SSI-COLO	0.644	0.710	0.4046
SSI-HYST	0.857	1.055	0.3569
SSI-CBGB	0.845	0.977	N/A
MRSA	1.485	1.147	0.0003
CDI	0.327	0.368	0.0329

Note: * direction of change significant at $p < 0.05$

Tennessee 2021 vs 2022 ACH SIR Values

Tennessee SIR Values 2021 vs 2022



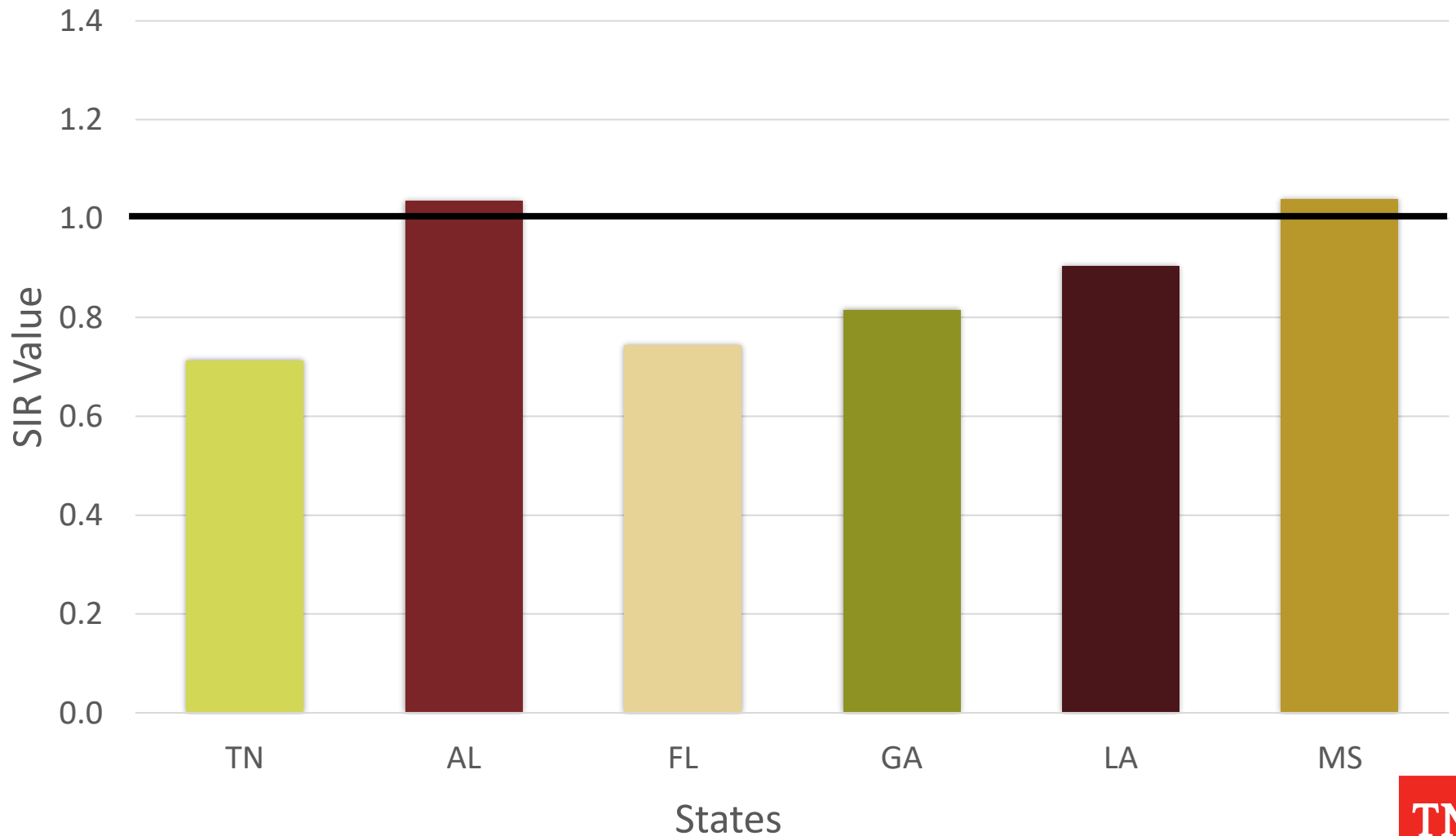
Southeast Region SIR Comparison

HAI	TN	AL	FL	GA	LA	MS
CLABSI	0.713	1.035	0.743	0.815	0.903	1.038
CAUTI	0.645	0.705	0.539	0.641	0.597	0.637
VAE	0.886	0.963	1.637	0.881	1.427	1.232
SSI-COLO	0.710	0.700	0.757	0.839	0.854	1.234
SSI-HYST	1.055	1.101	0.984	1.218	0.996	1.302
SSI-CBGB	0.977	N/A	0.492	0.485	1.167	0.599
MRSA	1.147	1.306	0.935	1.039	1.214	1.272
CDI	0.368	0.520	0.351	0.460	0.442	0.422

*Bold=state with best SIR value in the region

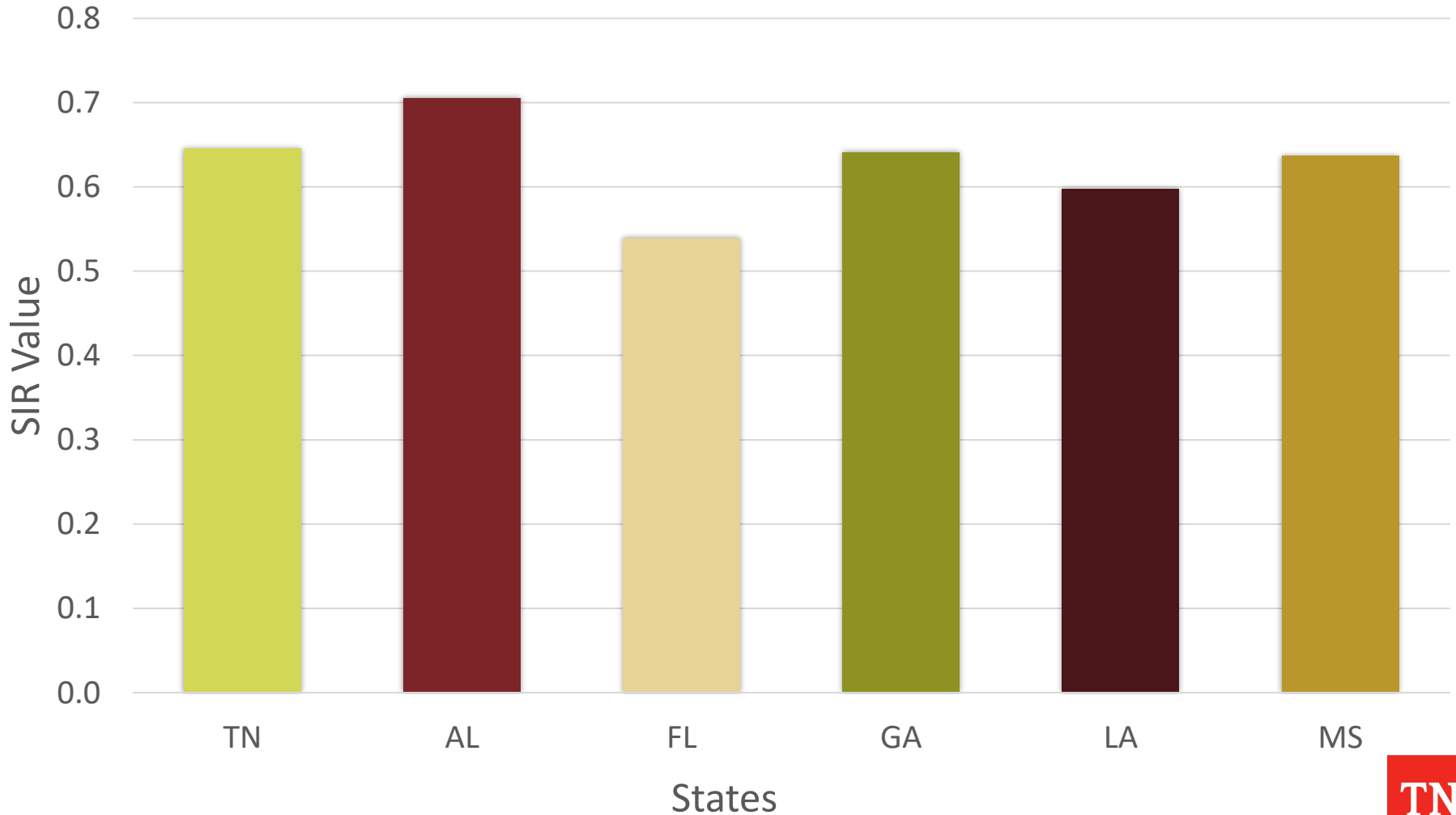
Southeast Region CLABSI SIR Comparison

CLABSI SIRs for Southeast States



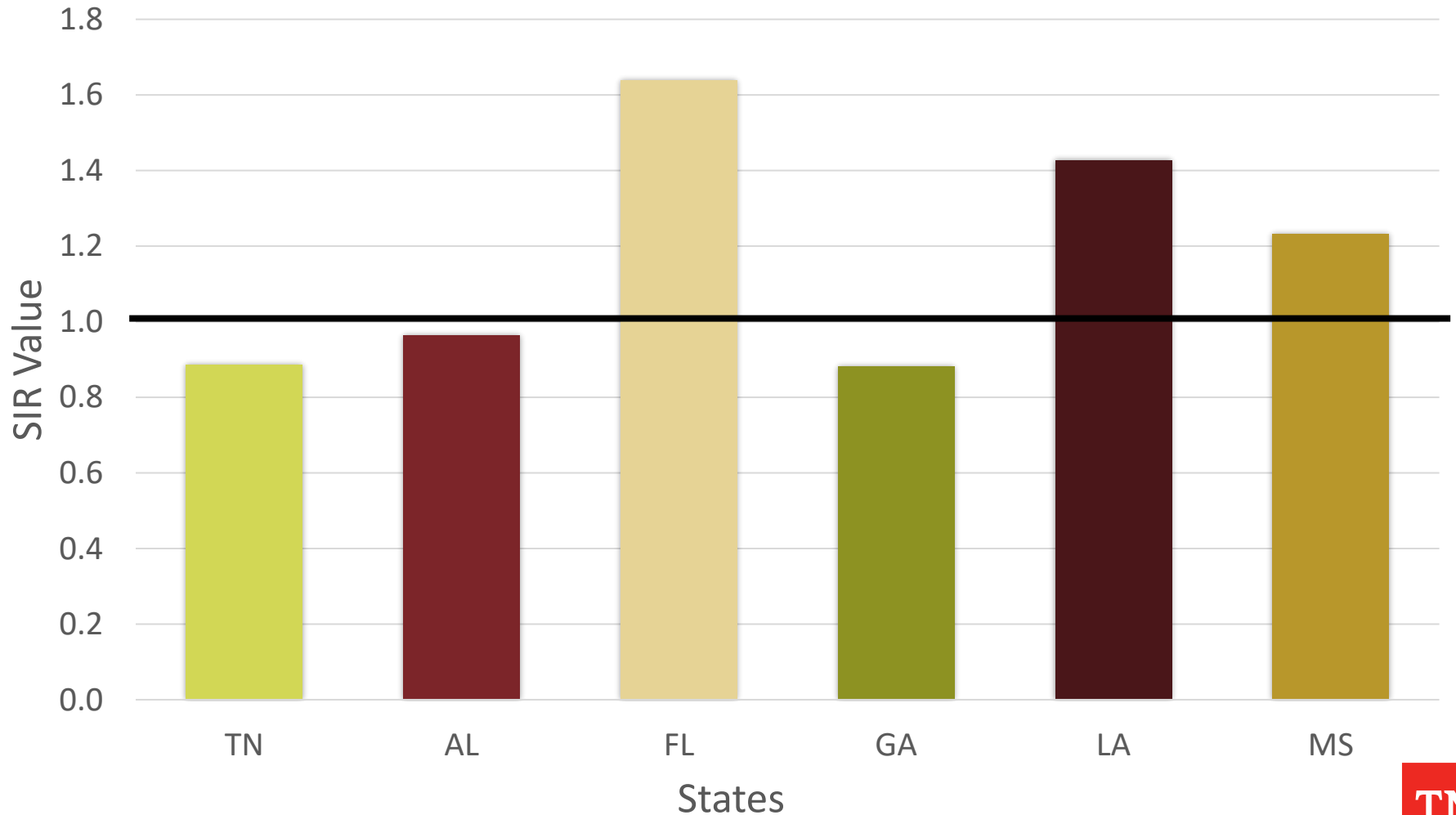
Southeast Region CAUTI SIR Comparison

CAUTI SIRs for Southeast States



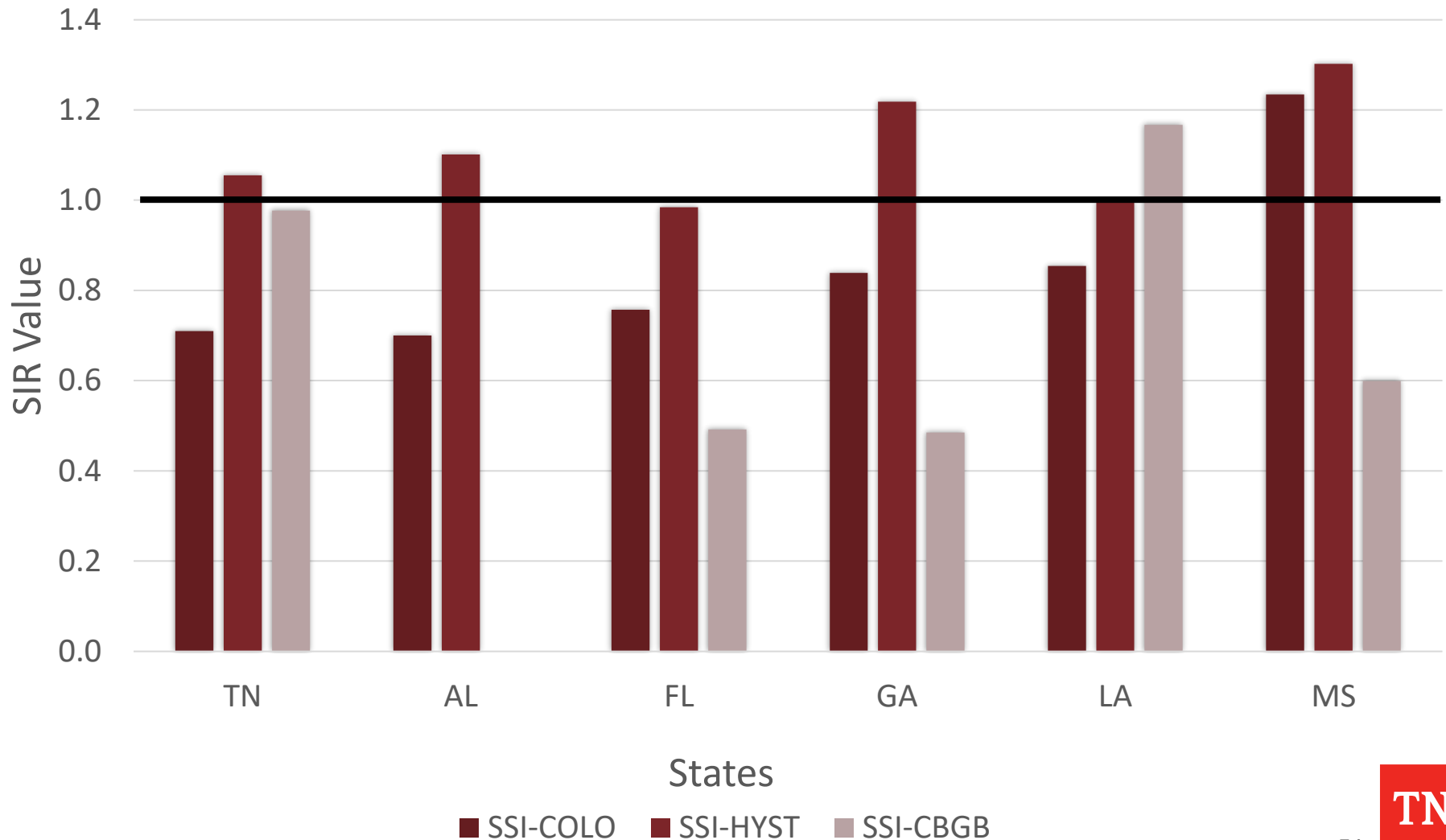
Southeast Region VAE SIR Comparison

VAE SIRs for Southeast State



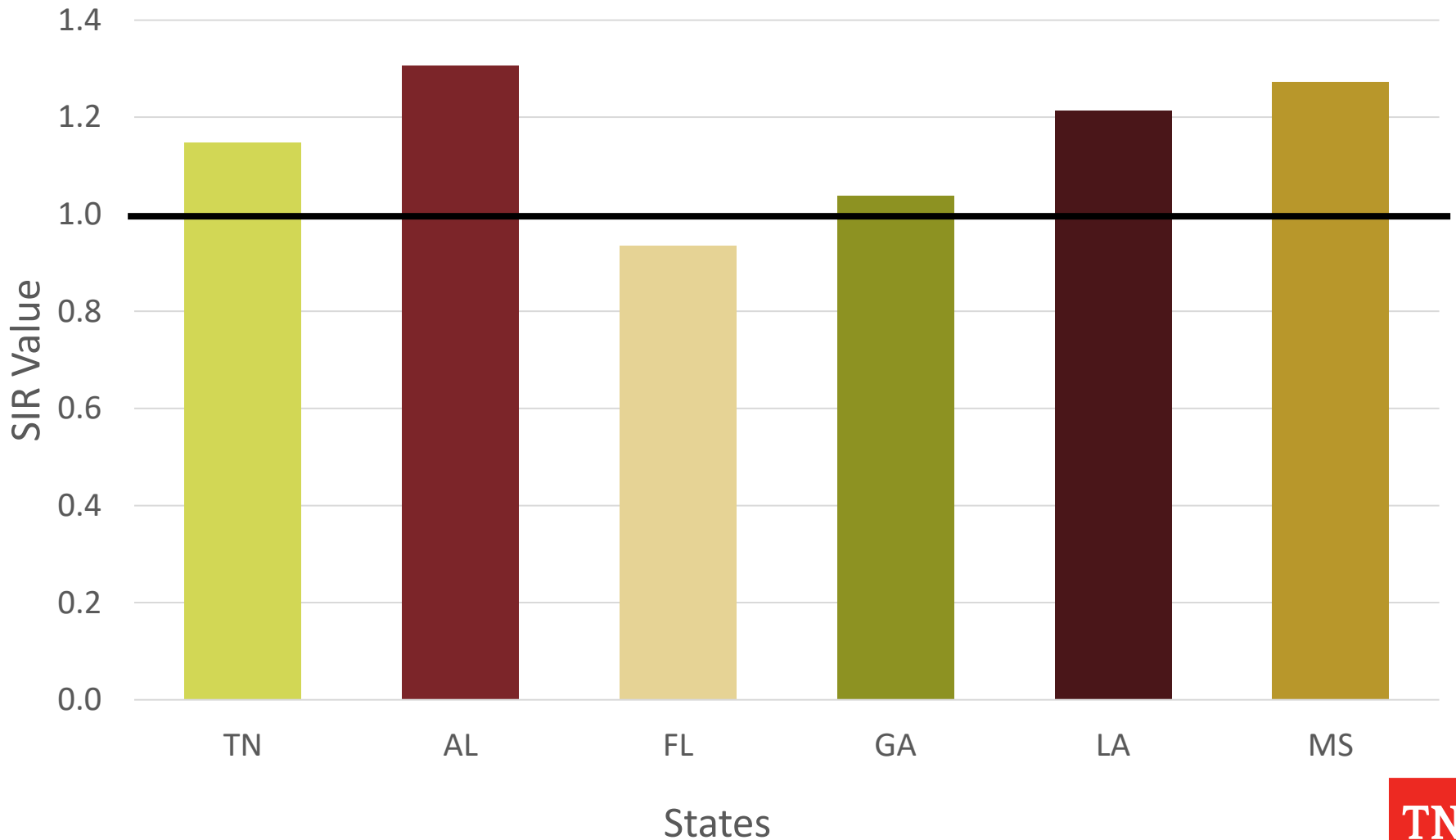
Southeast Region SSI SIR Comparison

SSI SIRs for Southeast States



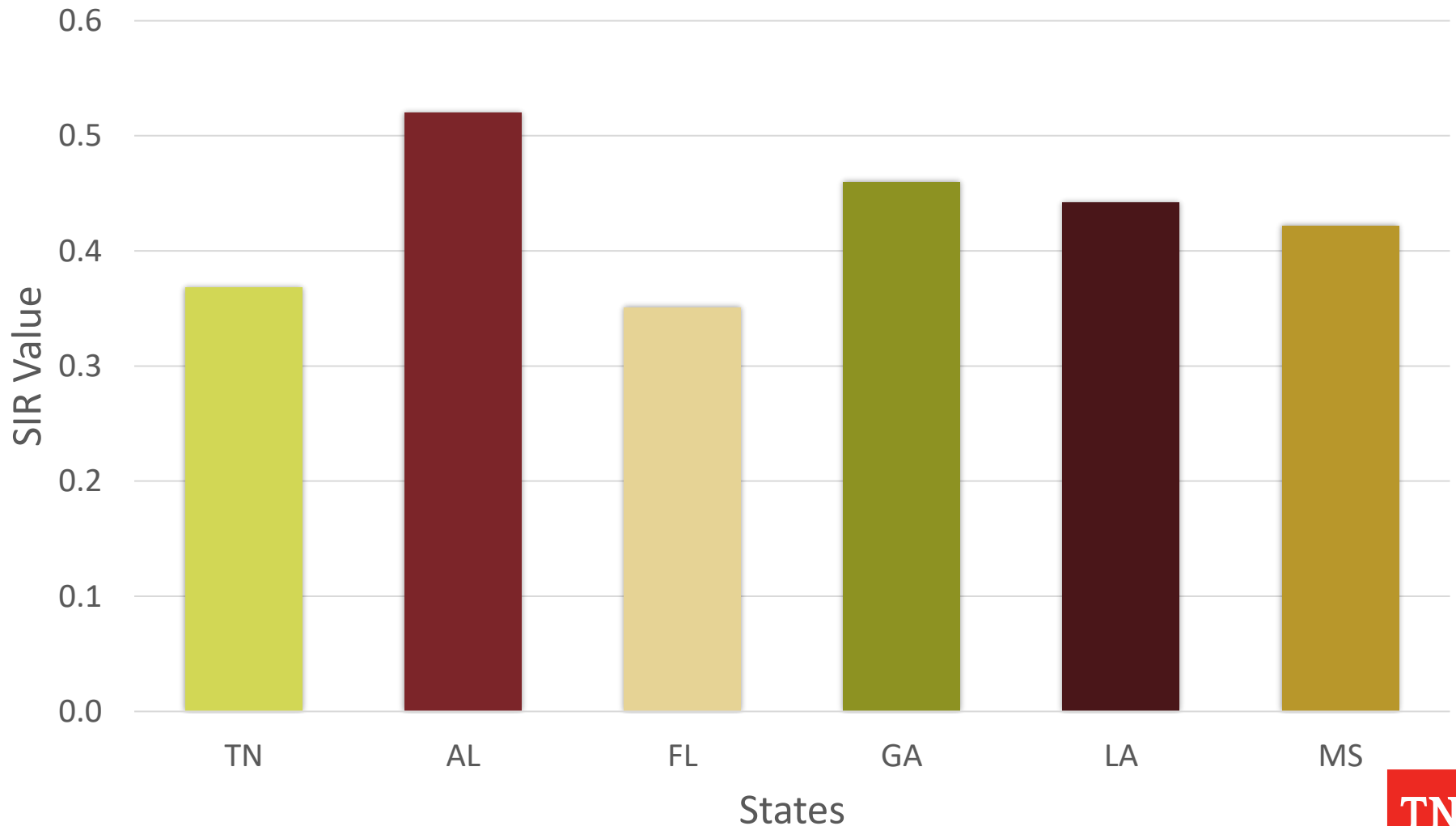
Southeast Region MRSA SIR Comparison

MRSA SIRs for Southeast States



Southeast Region CDI SIR Comparison

CDI SIRs for Southeast States



Population SIR Comparisons

HAI	TN	MA	IN
CLABSI	0.713	0.752	0.785
CAUTI	0.645	0.941	0.654
VAE	0.886	1.084	1.348
SSI – COL	0.710	0.948	0.939
SSI – HYST	1.055	0.445	0.990
SSI - CABG	0.977	1.145	0.498
MRSA	1.147	0.659	0.873
CDI	0.368	0.649	0.462

*Bold=state with best SIR value

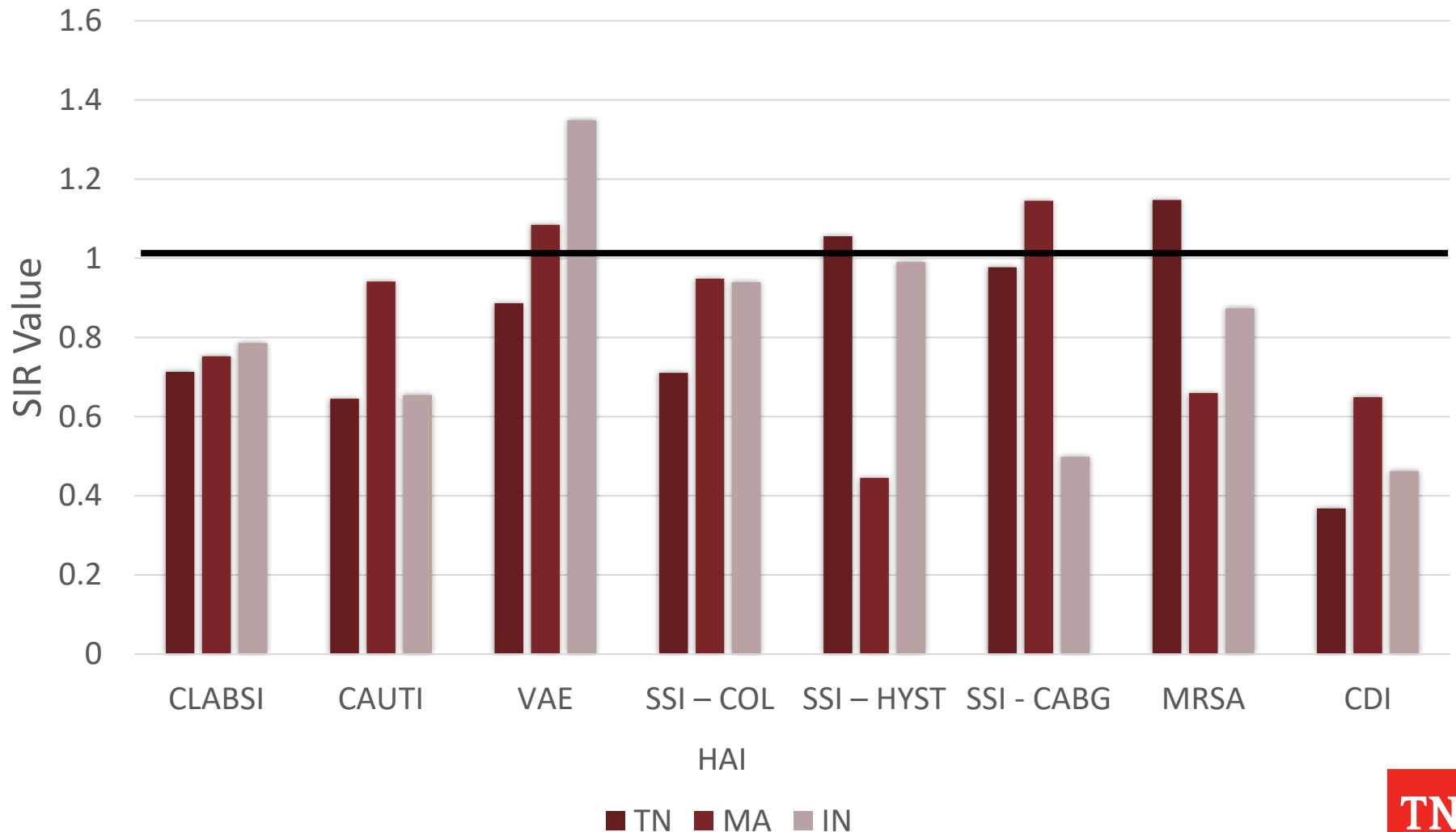
2022 Population

- Tennessee - 7.05 million residents
- Massachusetts – 6.98 million residents
- Indiana – 6.83 million residents

Source: <https://www.statista.com/statistics/183497/population-in-the-federal-states-of-the-us/>

Population SIR Comparisons

SIR Comparisons by Similar Population Size



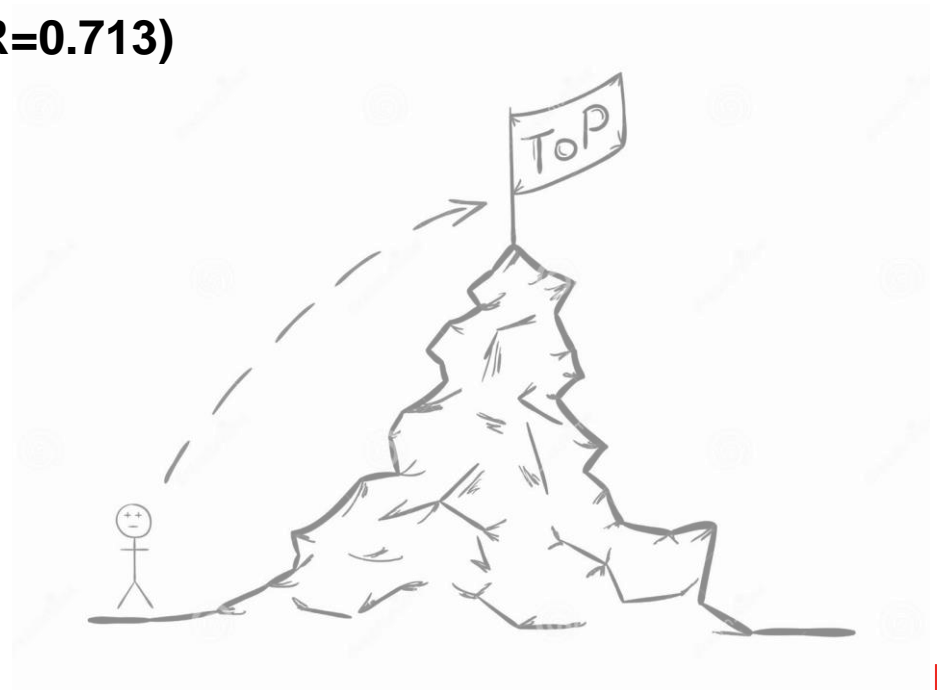


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National Rankings

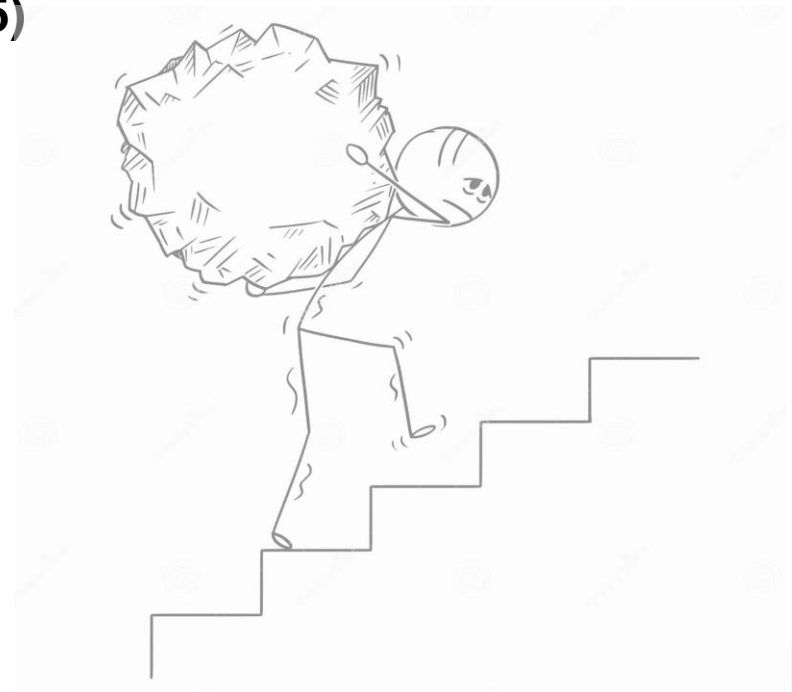
Central Line-associated Bloodstream Infections

- **Top 3 States**
 - 1. Alaska (SIR=0.375)
 - 2. North Dakota (SIR=0.535)
 - 3. Idaho (SIR=0.589)
- **Tennessee**
 - Ranked 9th for CLABSIs (SIR=0.713)



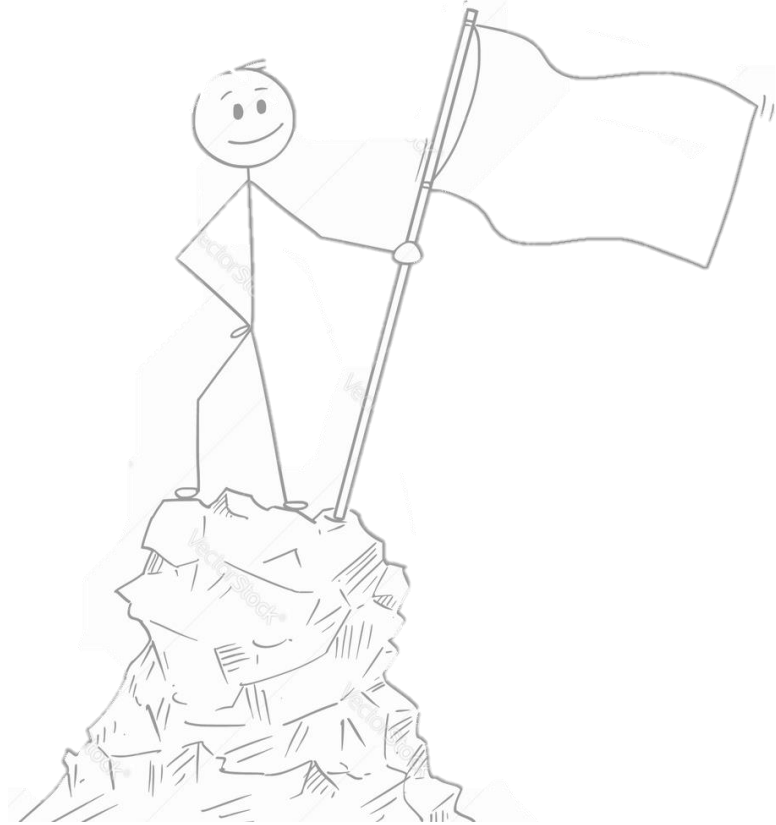
Catheter-associated Urinary Tract Infections

- **Top 3 States or Territories**
 - 1. Wyoming (SIR=0.418)
 - 2. North Dakota (SIR=0.436)
 - 3. Connecticut (SIR=0.463)
- **Tennessee**
 - Ranked 16th for CAUTIs (SIR=0.645)



Ventilator-associated Events

- **Top 3 States or Territories**
 - 1. Wyoming (SIR=0.000)
 - 2. West Virginia (SIR=0.505)
 - 3. Arizona (SIR=0.755)
- **Tennessee**
 - Ranked 8th for VAEs (SIR=0.886)
 - Top 10 ranking!



Surgical Site Infections

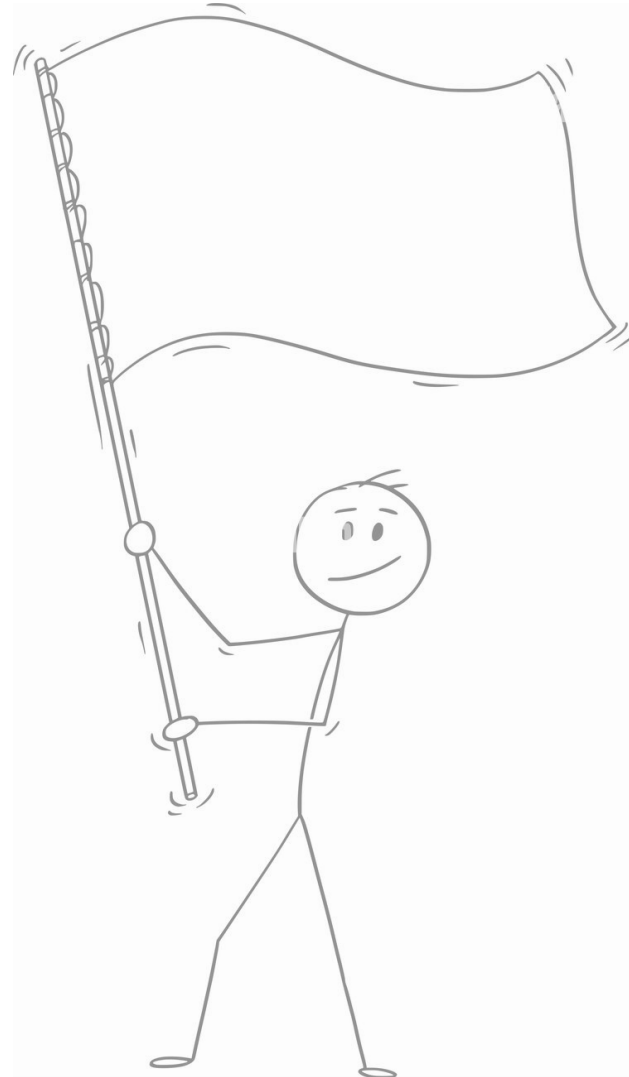
- **Colon Surgeries**
 - **Top 3 States**
 - 1. Wyoming (SIR=0.312)
 - 2. Iowa (SIR=0.512)
 - 3. New Hampshire (SIR=0.583)
 - **Tennessee – Ranked 9th for COL SSIs (SIR=0.710)**
- **Abdominal Hysterectomies**
 - **Top 3 States**
 - 1. Wyoming (SIR=0.000)
 - 2. Hawaii (SIR=0.249)
 - 3. Massachusetts (SIR=0.445)
 - **Tennessee – Ranked 33rd for HYST SSIs (SIR=1.055)**
- **Coronary Artery Bypass Grafts**
 - **Top 3 States**
 - 1. Georgia (SIR=0.485)
 - 2. Florida (SIR=0.492)
 - 3. Indiana (SIR=0.498)
 - **Tennessee – Ranked 22nd for CABG SSIs (SIR=0.977)**

Methicillin-resistant *Staphylococcus aureus* Infections

- **Top 3 States**
 - 1. Puerto Rico (SIR=0.227)
 - 2. Vermont (SIR=0.358)
 - 3. Montana (SIR=0.438)
- **Tennessee**
 - Ranked 47th in the MRSA infections (SIR=1.147)

Clostridioides difficile Infections

- **Top 3 States or Territories**
 - 1. Alaska (SIR=0.247)
 - 2. Puerto Rico (SIR=0.280)
 - 3. Rhode Island (SIR=0.290)
- **Tennessee**
 - Ranked 7th in CDI infections
 - Top 10 again isn't so bad!





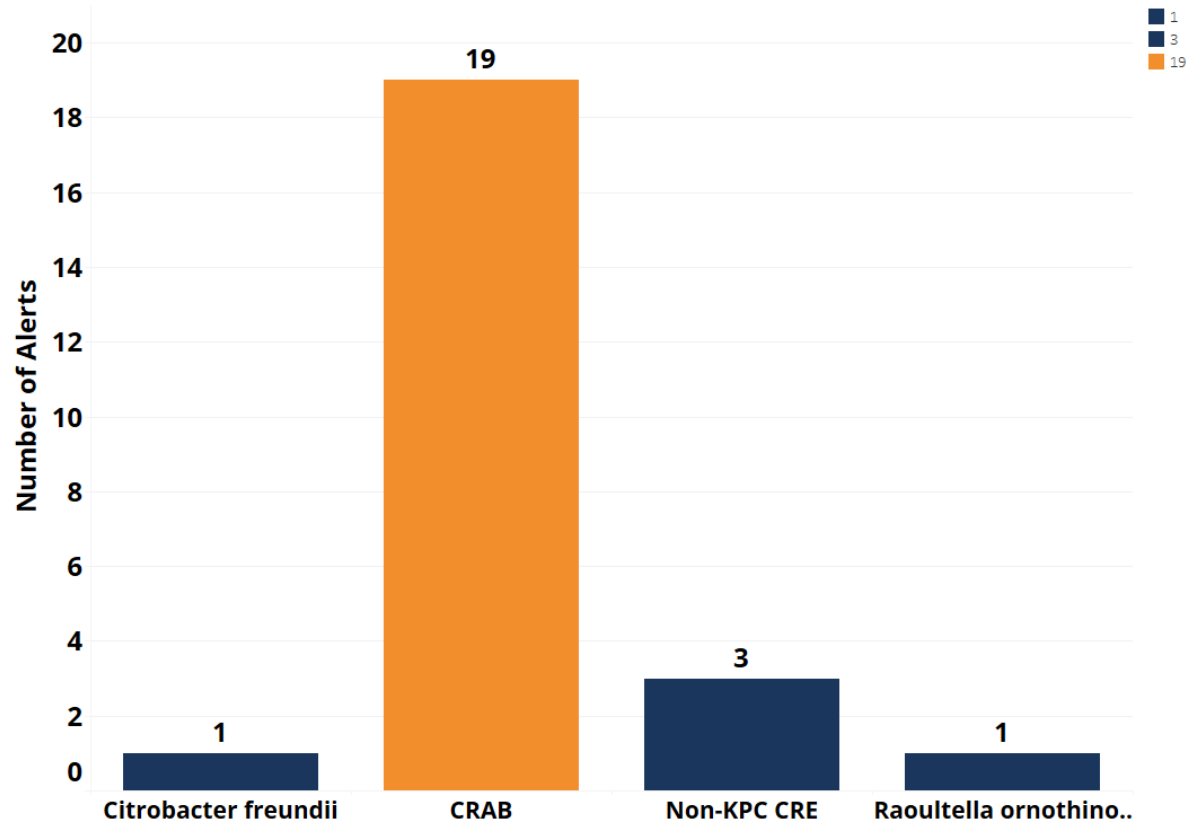
Multi-Drug Resistant Organism (MDRO) Outbreak Team Update

November 15th – December 15th, 2023

MDRO Alerts

MDRO Alerts by Organism Order
(Nov 15th - Dec 15th)

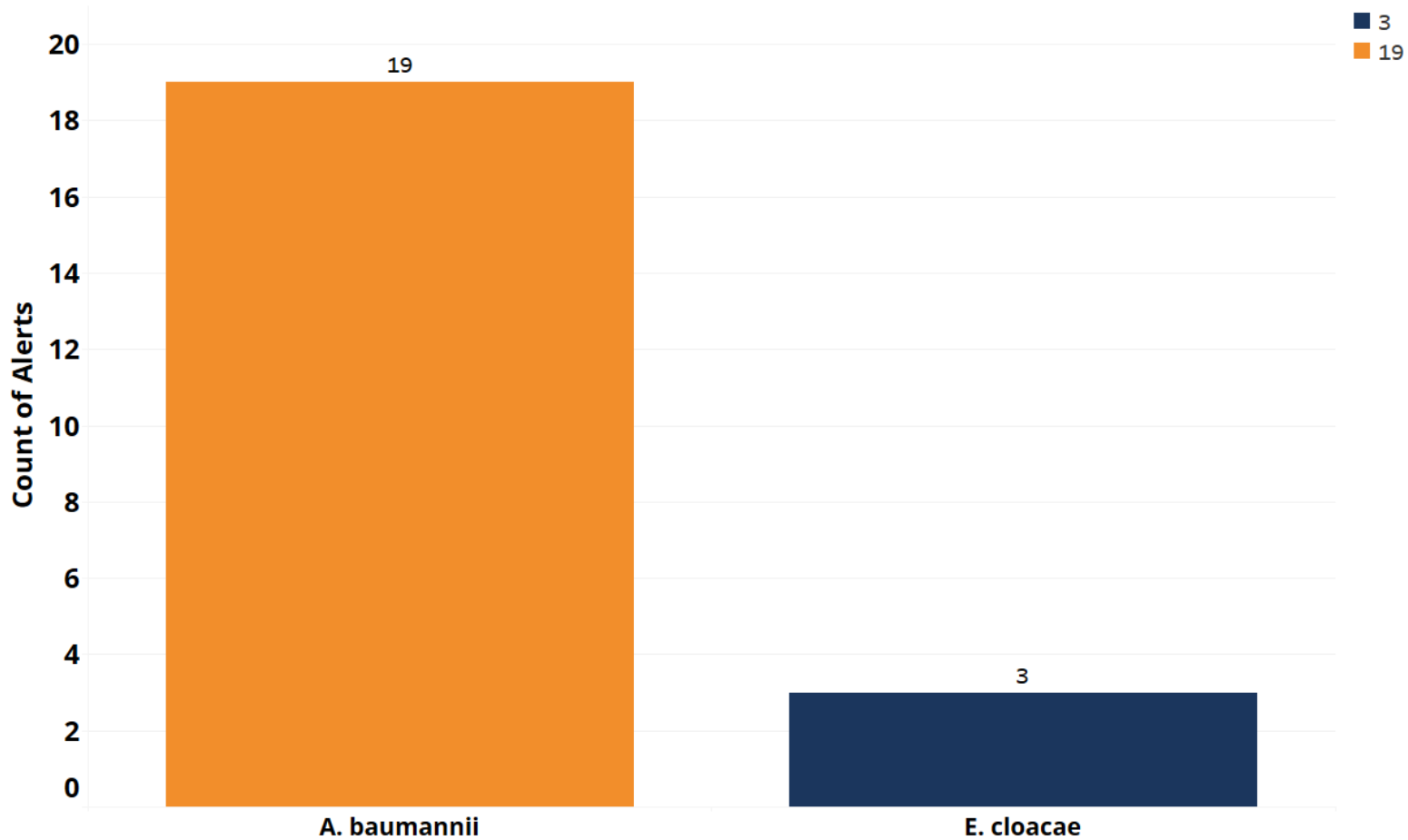
- **CRAB – Carbapenem-resistant *Acinetobacter baumannii***
- **CRE - Carbapenem-resistant *Enterobacterales***
- **CRPA – Carbapenem-resistant *Pseudomonas aeruginosa***
- **KPC – *Klebsiella pneumoniae* Carbapenemase-producing**



Count of Alerts for each Organism (group). Color shows details about count of Alerts. The marks are labeled by count of Alerts. The data is filtered on Date of Notification, which ranges from 11/15/2023 to 12/15/2023. The view is filtered on Organism (group), which excludes Null, C. auris, Candida auris and no associated organism.

MDRO Alert by Organism

Alerts by Organism
(Nov 15th - Dec 15th)



Count of Alerts for each Organism. Color shows details about count of Alerts. The marks are labeled by count of Alerts. The data is filtered on Date of Notification, which ranges from 11/15/2023 to 12/15/2023. The view is filtered on Organism, which keeps 12 of 32 members.

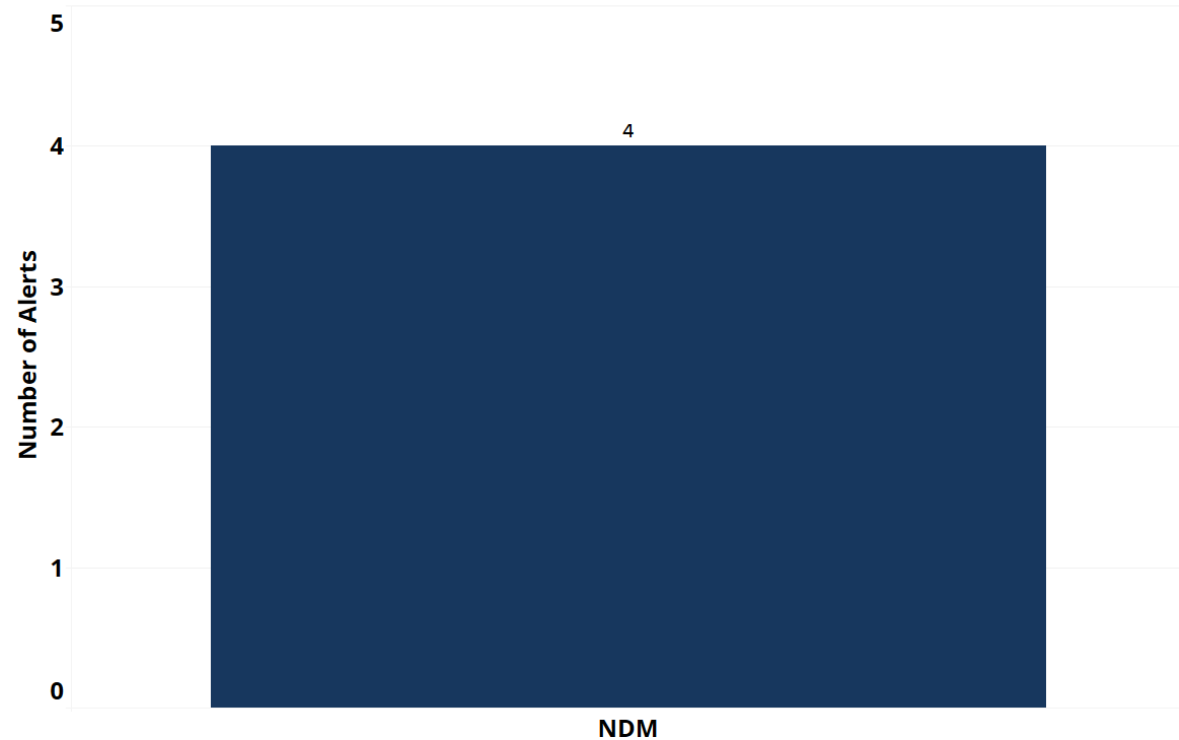
Non-KPC CRE Genes

- **Carbapenemase-producing genes:**

- “Big Five”

- KPC
- IMP
- NDM
- OXA-48
- VIM

MDRO Alerts by Resistance Gene
(Nov 15th - Dec 15th)



Count of Alerts for each Resistance Gene. The marks are labeled by count of Alerts. The data is filtered on Date of Notification, which ranges from 11/15/2023 to 12/15/2023. The view is filtered on Resistance Gene, which keeps 7 members.

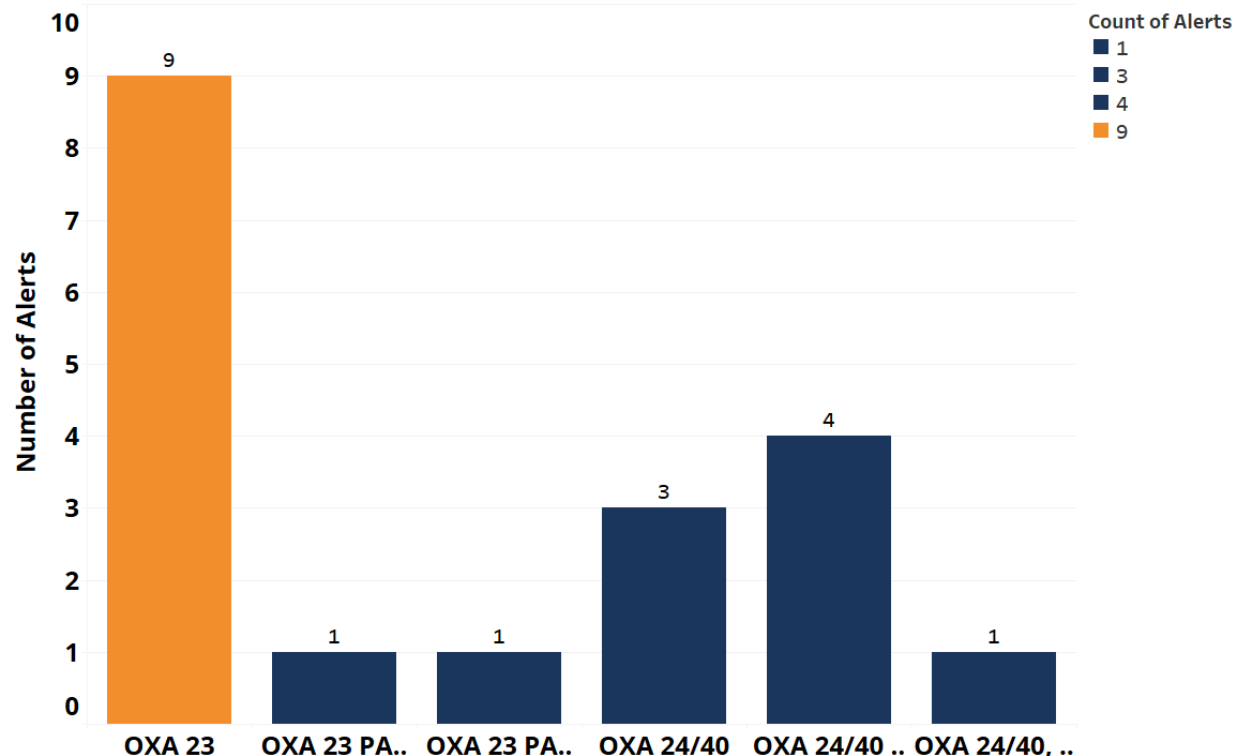
CRAB Alerts

Carbapenemase-producing genes:

- **Other Oxacillinases**

- OXA-24/40
- OXA-23 PAN-NS
- OXA-23 PAN-R
- OXA 24/40 PAN-NS
- OXA 24/40, OXA 48

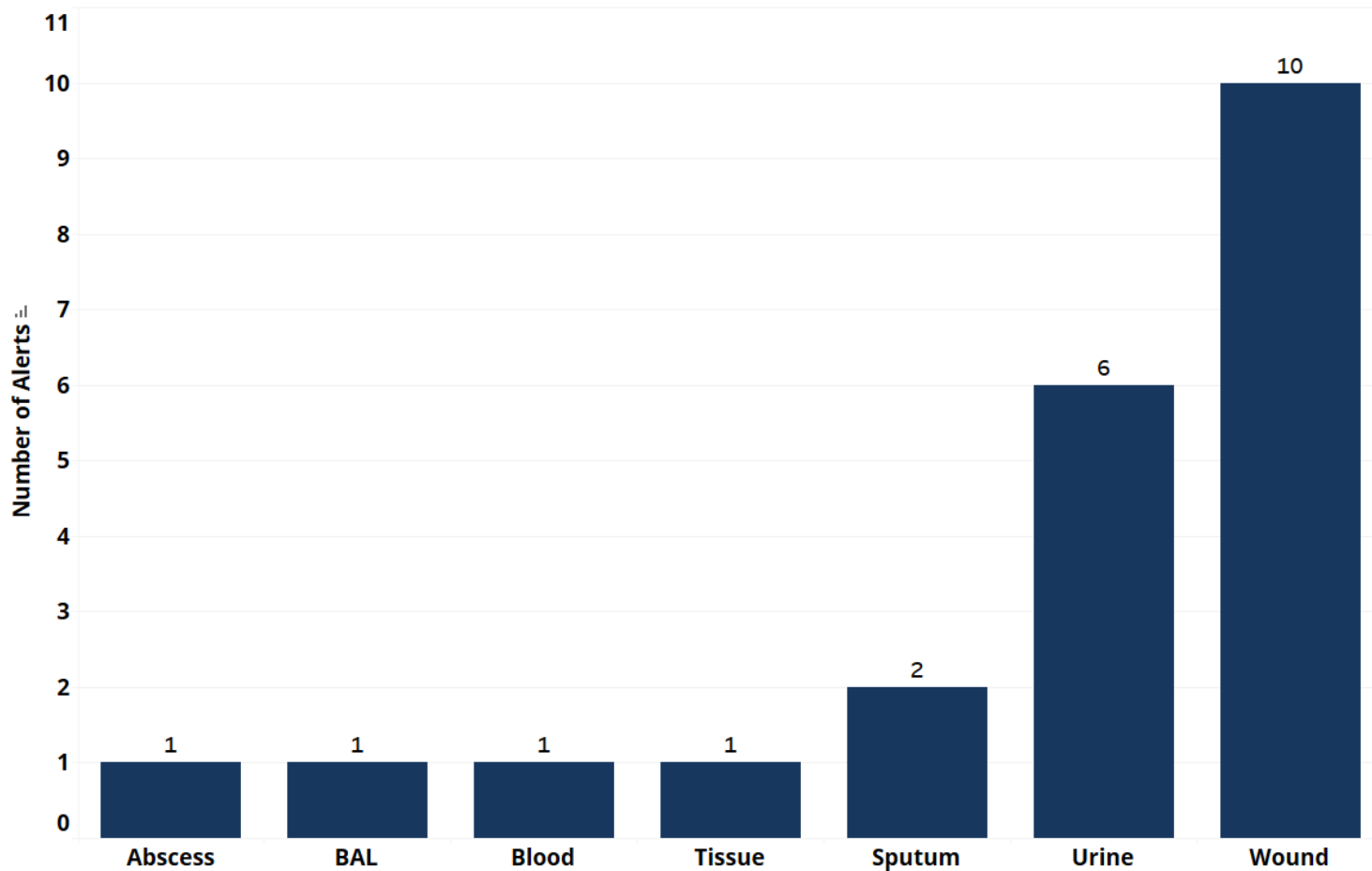
CRAB Isolates
(Nov 15th - Dec 15th)



Count of Alerts for each Resistance Gene. Color shows details about count of Alerts. The marks are labeled by count of Alerts. The data is filtered on Organism and Date of Notification. The Organism filter keeps A. baumannii. The Date of Notification filter ranges from 11/15/2023 to 12/15/2023.

Specimen Sources

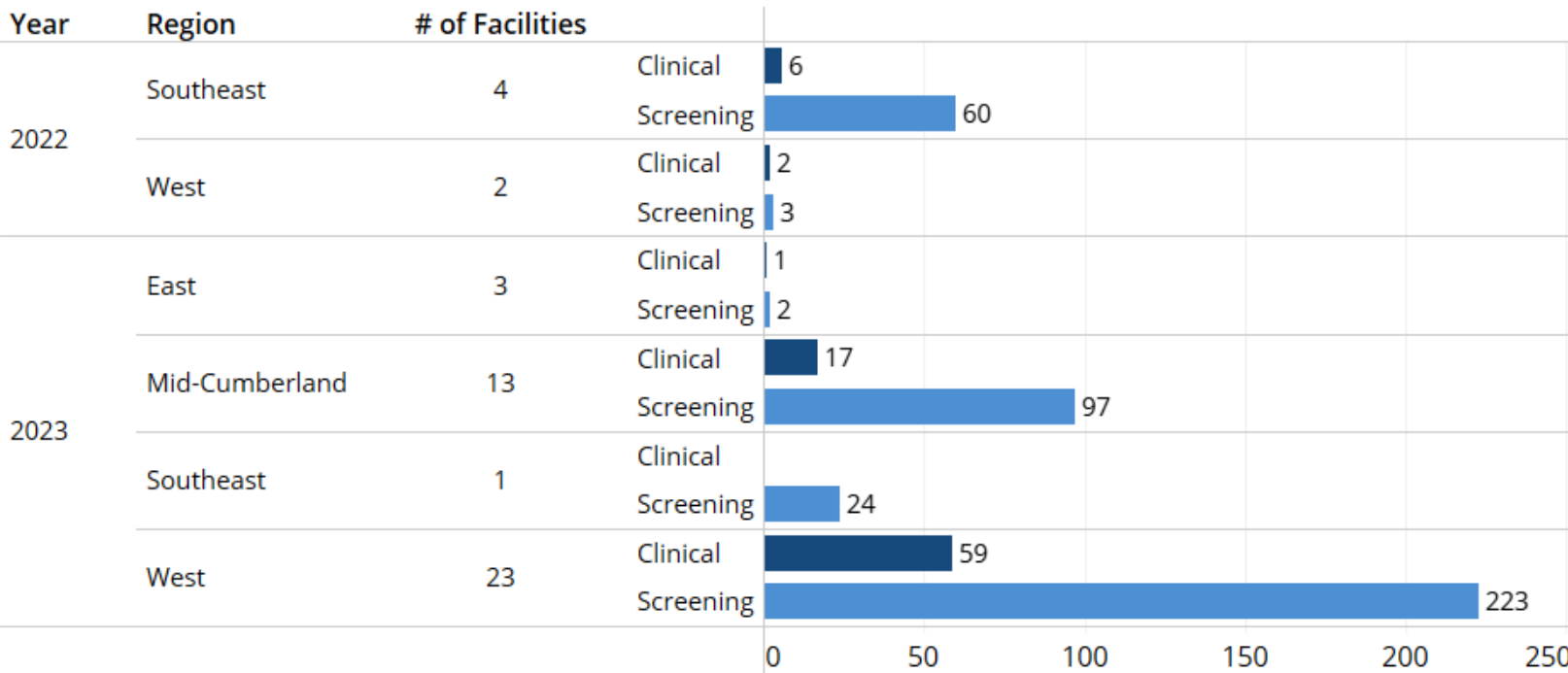
Alerts by Specimen Source
(Nov 15th - Dec 15th)



Count of Alerts for each Specimen Source. The marks are labeled by count of Alerts. The data is filtered on Date of Notification, which ranges from 11/15/2023 to 12/15/2023. The view is filtered on Specimen Source, which keeps 21 members.

2023 *C. auris* Cases (As of Dec. 5th 2023)

Screening vs Clinical *Candida auris* Cases by Region



TN MDRO Alerts for 2023

- **202 CRAB specimens**

- 147 OXA-23
- 51 OXA-24/40
- 1 OXA 24/40, OXA 48
- 1 OXA 23 PAN-NS
- 1 OXA 23 PAN-R
- 1 OXA 48

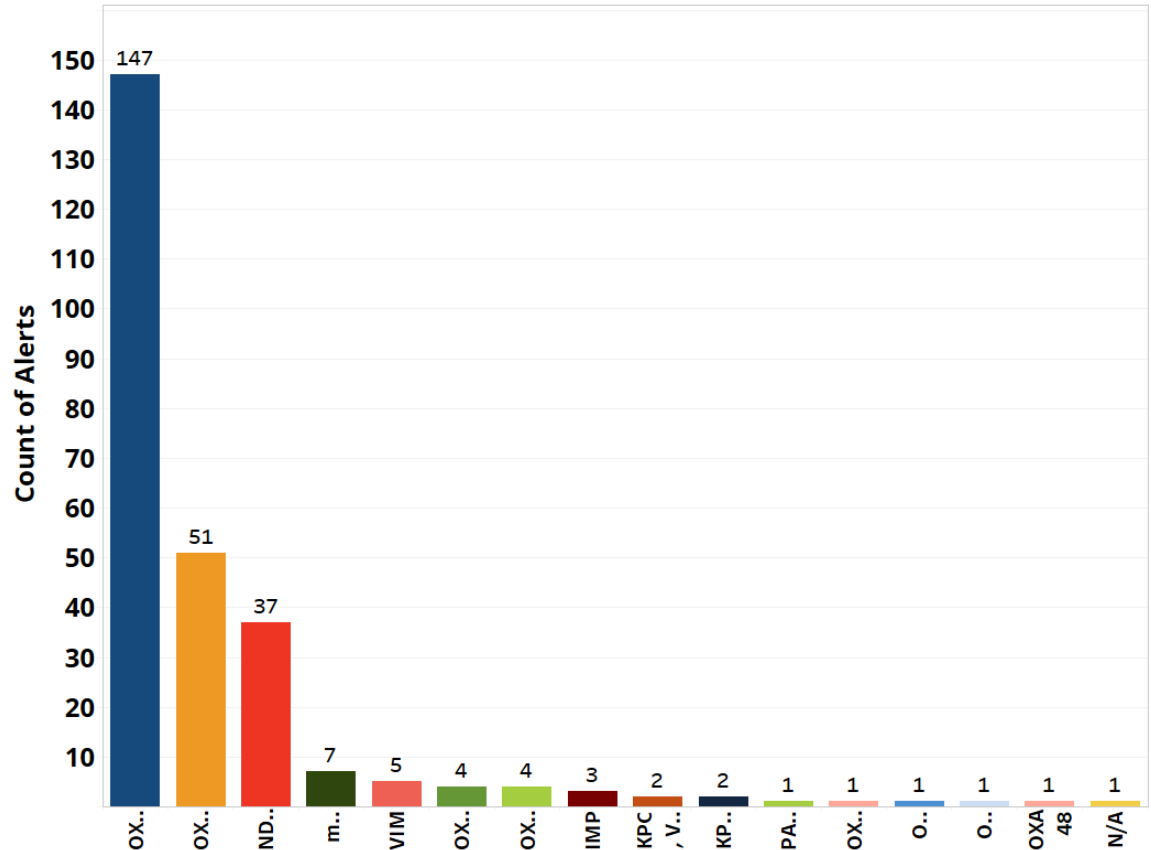
- **64 non-KPC CRE**

- 37 NDM
- 7 mCIM+/PCR-
- 5 VIM
- 4 OXA-48
- 4 OXA 24/40 PAN-NS
- 3 IMP
- 2 KPC, VIM
- 2 KPC, NDM

- ***C. auris***

- 77 Clinical cases
- 409 Screening cases

MDRO Alerts in 2023, by Gene (As of December 18, 2023)



Next NHSN User Call

- **Tuesday, January 16, 2023**
 - **10am CT / 11am ET**
- **NHSN Related**
 - Vicky.Lindsey@tn.gov
 - Abigail.Marrero@tn.gov
- **AU/AR Module**
 - Christopher.Evans@tn.gov
- **Infection Prevention**
 - HAI.Health@tn.gov