General Key Terms

Definitions specific to individual protocols are found in the respective protocol.

Term	Definition
Active Surveillance Culture/Testing (ASC/AST)	For purposes of NHSN surveillance, Active Surveillance Culture/Testing (ASC/AST) refers to testing that is intended to identify the presence/carriage of microorganisms for the purpose of instituting or discontinuing isolation precautions (for example, nasal swab for MRSA, rectal swab for VRE), or monitoring for eradication of a carrier state/colonization. ASC/AST does NOT include identification of microorganisms with cultures or tests performed for diagnosis and treatment purposes (for example, specimens collected from sterile body sites including blood specimens). Also, see Surveillance cultures.
Apnea	See Vital Signs.
Aseptically obtained	Specimen obtained in a manner to prevent introduction of organisms from the surrounding tissues.
Birthweight	Weight of the infant at the time of birth. Birthweight should not be changed as the infant gains weight. The NHSN birthweight categories are as follows: A = ≤750 g; B = 751-1000 g; C = 1001-1500 g; D = 1501-2500 g; E = >2500 g.
Calendar Day	For NHSN purposes, a calendar day is midnight (00:00) to 11:59pm.
CDC location	A CDC-defined designation given to a patient care area housing patients who have similar disease conditions or who are receiving care for similar medical or surgical specialties. Each facility location that is monitored is "mapped" or assigned to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the **80% Rule.** The 80% Rule requires that 80% of the patients in a location are of a certain acuity level and service type (for example, if 80% of the patients in a ward level area are pediatric patients receiving orthopedic care, this area should be designated as an Inpatient Pediatric Orthopedic Ward). When mapping facility locations to CDC locations, use the following points: • Acuity billing data (if available) is the most reliable and objective method of determining appropriate location mapping. • Admission/transfer diagnosis may be used to determine location mapping if billing data is not available. Ideally one year's worth of data is used for analysis to make this determination. Only if that is not available, a shorter period of at least 3 months is acceptable, along with continued efforts to collect and analyze data

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	including longer periods of time consistently in the future, using the same method. For detailed instructions on how to map locations, including Virtual Locations, see "Instructions for Mapping Patient Care Locations in NHSN" in the Locations and Descriptions chapter.
Clinical correlation	Physician documentation of antimicrobial treatment for site-specific infection related to equivocal findings (not clearly identified) of infection on imaging test. For example, when applying intraabdominal infection (IAB) criterion "3b", the finding of 'fluid collection seen in the lower abdominal cavity' on an imaging test, may or may not represent an infection. This finding is not clearly identified as an infection and should be confirmed with clinical evidence that an infection is present. In the case of IAB criterion "3b", the clinical evidence that is required, is physician documentation of antimicrobial therapy for treating the intraabdominal infection.
Date of event (DOE)	The date the first element used to meet an NHSN site-specific infection criterion occurs for the first time within the seven-day infection window period. *Synonyms: infection date, date of infection, event date.* In the case of a process measure, the date the process or intervention was performed (for example, the day a central line was inserted is the date of CLIP event). This definition does not apply to LabID Event, SSI, PedVAE, or VAE. See Date of event for VAE, SSI, LabID Event, and PedVAE in respective protocols.
Days present	The denominator "days present" is **only** used in the AUR Module. See Antimicrobial Use and Resistance (AUR) Module.
Device-associated infection	An infection meeting the HAI definition is considered a device-associated HAI (for example, associated with the use of a ventilator, central line, or indwelling urinary catheter) if the device was in place for >2 calendar days on the date of event, and was also in place on the date of event or the day before the event (with date of insertion and date of removal counted as a Device Day). If the device was in place for >2 calendar days and then removed, the date of event must be the day of device discontinuation or the next day to be device associated. For a patient who has a central line in place on hospital admission, day of first inpatient access is considered Device Day 1. For a patient who has a ventilator or indwelling urinary catheter in place prior to inpatient admission, the device day count that determines device–association begins with the admission date to the first inpatient location.

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Device days	A count of the number of patients with a specific device in place in a patient care location during a time period. This count can be determined electronically or manually by a daily count, or weekly sampling. See Denominator Data section within individual protocols for further details.
Died	The patient died during the current facility admission.
Event contributed to death	The event either directly caused death or exacerbated an existing disease condition that then led to death as evidenced by available documentation (for example, death/discharge note, autopsy report, etc.).
Event date	See Date of event.
Equivocal imaging	Findings from medical imaging studies that do not definitively identify an infection or infectious process. Equivocal imaging findings must be clinically correlated specifically physician documentation of antimicrobial therapy treating the infection or infectious process. Example of definitive imaging: abscess visualized in the right lower quadrant. Example of equivocal imaging: fluid collection visualized in the right lower quadrant.
Fever	For NHSN surveillance purposes fever is defined as >38 degrees Celsius, or >100.4 degrees Fahrenheit documented in the medical record. Conversions for different collection sources or methodologies are not applied.
Gross anatomical exam	Gross anatomic evidence of infection is evidence of infection elicited or visualized on physical examination or observed during an invasive procedure. This includes findings elicited on physical examination of a patient during admission or subsequent assessments of the patient and may include findings noted during a medical/invasive procedure, dependent upon the location of the infection as well as the NHSN infection criterion. Examples: • An intra-abdominal abscess will require an invasive procedure to actually visualize the abscess. • Visualization of pus or purulent drainage (includes from a drain). • SSI only: Abdominal pain or tenderness **post Cesarean section (CSEC) or hysterectomy (HYST or VHYS)** is sufficient gross anatomic evidence of infection without an invasive procedure to meet general Organ Space SSI criterion 'c' **when a Chapter 17 Reproductive Tract Infection criteria is met**. Allowing the documentation of abdominal pain or tenderness as gross anatomic evidence of infection to meet general Organ/ Space SSI criterion 'c' enables the user to report an SSI-OREP, SSI-EMET or SSI-VCUF event. Abdominal pain or tenderness cannot be applied as 'other

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	evidence of infection on gross anatomic exam' to meet Deep Incisional SSI criterion 'c' or to meet any **Chapter 17** site-specific criterion (for example, OREP '2'). **Note**: Imaging test evidence of infection cannot be applied to meet gross anatomic evidence of infection. Imaging test evidence has distinct findings in the HAI definitions (for example, IAB '3b').
Healthcare-associated infection (HAI)	An infection is considered a HAI if the date of event of the NHSN site-specific infection criterion occurs on or after the 3rd calendar day of admission to an inpatient location where day of admission to an inpatient location is calendar day 1. See Identifying HAIs chapter. **Note:** Rules for HAI do not apply to SSI, VAE, PedVAE, or LabID Events.
Hypotension	See Vital signs.
Infant	A patient who is ≤ 1 year (≤ 365 days) of age.
Infection date	See Date of Event.
Infection window period (IWP)	The 7 days during which all site-specific infection criteria must be met. It includes the date the first positive diagnostic test that is used as an element of the site-specific infection criterion was obtained, the 3 calendar days before, and the 3 calendar days after. **Note:** Rules for IWP do not apply to SSI, VAE, PedVAE, or LabID Events.
Inpatient location	See Location.
In-plan surveillance	The NHSN surveillance protocol(s) is used, in its entirety for the full month, for that particular HAI, SSI, VAE, PedVAE, or LabID event types as outlined in the NHSN Monthly Reporting Plan (MRP). Only in-plan data are submitted to CMS in accordance with CMS's Quality Reporting Programs and are included in NHSN annual reports or other NHSN publications.
Intensive care unit (ICU)	Also known as a Critical Care Unit, the ICU is a nursing care area that provides intensive observation, diagnostic and therapeutic procedures for adults and/or children who are critically ill. An ICU excludes nursing areas that provide step-down, intermediate care or telemetry only. The type of ICU is determined by the type of patients cared for in that unit according to the 80% Rule –which means 80% of the patients in a location are of a certain type. For example, if 80% of the patients in an area are patients receiving critical care for trauma, this area should be designated as an Inpatient Trauma Critical Care Unit. When an ICU houses roughly equal populations of medical and surgical patients (a 50/50 to 60/40 mix), it is called a medical/surgical ICU.

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Location	The patient care area to which a patient is assigned while receiving care in the healthcare facility. **Note:** Only mapped inpatient locations where denominator data are collected can be used for attribution and reporting infection events via the Device-associated Module. Operating rooms (including cardiac catheter labs, C-section rooms, and interventional radiology), emergency departments and outpatient locations are not valid locations for attribution of device-associated infection events (see Location of Attribution). Also, see CDC Location.
Location of attribution (LOA)	The inpatient location where the patient was assigned on the date of event (see also Date of Event and Transfer Rule terms). Non-bedded patient locations, (for example, PACU or OR) are not eligible for assignment of location of attribution for HAI events. Location of attribution must be a location where denominator data can be collected. See individual HAI protocol(s) for additional details.
Neonate	A patient who is ≤ 30 days of age.
Non-Bedded Patient Location	A patient care location that does not house patients overnight; therefore, for NHSN reporting purposes, a device associated HAI event cannot be attributed to this type of location. No patient or device day counts are collected in Non-bedded Patient Locations **Note:** There are non-bedded locations that are considered inpatient non-bedded locations such as the OR, inpatient dialysis, interventional radiology or, the cardiac catheterization lab.
Non-culture based microbiologic testing	Identification of microorganisms using a method of testing other than a culture. Culture based testing requires inoculation of a specimen to culture media, incubation, and observation for actual growth of microorganisms. Depending on the organism identified, culture based testing can take several days to weeks for a final report. In contrast, non-culture based testing methods generally provide faster results, which can assist with early diagnosis and tailoring of antimicrobial therapy. Examples of non-culture based testing include but are not limited to PCR (polymerase chain reaction) and ELISA (Enzyme-linked immunosorbent assay). With the exception of Active Surveillance Culture/Testing (ASC/AST), any test methodology (culture or non-culture based) that provides a final laboratory report in the medical record and identifies an organism, is eligible for use in meeting an NHSN infection definition.
Off-plan surveillance	Facility has **not** indicated in their NHSN Monthly Reporting Plan that the NHSN surveillance protocol(s) will be used, in its entirety, for a particular HAI event type. Off-plan data are not submitted to CMS in accordance with CMS's Quality

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	Reporting Programs and are not included in NHSN annual reports or other NHSN publications.
Patient days	A count of the number of patients in a patient care location during a defined time period. This count can be determined electronically or manually by a daily count or, depending on the location type, weekly sampling. See Denominator Data section within individual protocols.
Present on admission (POA)	An infection meeting an NHSN site-specific infection criterion with a date of event that occurs on the day of admission to an inpatient location (calendar day 1), the 2 days before admission, or the calendar day after admission (POA time period). See Identifying HAIs in NHSN. **Note:** Rules for POA do not apply to SSI, VAE, PedVAE, or LabID Events.
Physician	For purpose of NHSN surveillance, the term physician includes physician or physician's designee, specifically, nurse practitioner or physician's assistant.
Repeat infection timeframe (RIT)	The 14-day timeframe during which no new infections of the same type are reported. Rules for applying RIT: • Applies to both POA and HAI event determinations. • The date of event is Day 1 of the 14-day RIT. • If criteria for the same type of infection are met and the date of event is within the 14-day RIT, a new event is not identified or reported. • Additional pathogens recovered during the RIT from the same type of infection are added to the event and the original date of event is maintained as is the original 14-day RIT. • Device association determination and location of attribution are not amended. • Do not apply to SSI, VAE, PedVAE, or LabID Events. See Identifying HAIs in NHSN
Secondary BSI attribution period (SBAP)	The period in which a blood specimen must be collected for a secondary bloodstream infection to be attributed to a primary site infection. This period includes the Infection Window Period (IWP) combined with the Repeat Infection Timeframe (RIT). It is 14-17 days in length depending upon the date of event. **Notes:** • Secondary BSI Attribution Period does not apply to VAE, PedVAE, or LabID Events. • The Secondary BSI Attribution Period for SSI is a 17-day period that includes the date of event of the SSI, 3 days prior to the date of event, and 13 days after the SSI date of event.

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Standardized Infection Ratio (SIR)	Summary measure used to track HAIs over time. It compares the number of reported HAIs to the number of predicted HAIs, based on NHSN baseline data. The SIR adjusts for several factors that may impact the risk of acquiring an HAI. See the SIR Guide for more information.
Surveillance cultures	Those cultures reported as part of a facility's infection prevention and control surveillance are not used in patient diagnosis and treatment. Surveillance cultures include but are not limited to stool cultures for vancomycin-resistant *Enterococci* (VRE) and/or nasal swabs for methicillin-resistant *Staphylococcus aureus* (MRSA) surveillance. These cultures are also called active surveillance cultures or testing (ASC/AST). **Note:** Positive cultures collected from sterile body sites including blood specimens are not surveillance cultures and are eligible for use in meeting NHSN HAI, LabID, VAE, and SSI event criteria. Also, see Active Surveillance Culture/Testing (ASC/AST).
Surveillance Period for SSI	The timeframe following an NHSN operative procedure for monitoring and identifying an SSI event. The surveillance period is determined by the NHSN operative procedure category (for example, COLO has a 30-day SSI surveillance period and KPRO has a 90-day SSI surveillance period, see Table 2 within the SSI protocol). Superficial incisional SSIs are only followed for a 30-day period for all procedure types. Secondary incisional SSIs are only followed for a 30-day period regardless of the surveillance period for the primary site.
Teaching hospital	NHSN defines three types of teaching hospitals: • **Major:** Facility has a program for medical students and post-graduate medical training. • **Graduate:** Facility has a program for post-graduate medical training (residency and/or fellowships). • **Undergraduate:** Facility has a program for medical / nursing students only.
Temperature	See Fever.
Temperature instability	See Vital signs.
Transfer rule	The process of assigning location of attribution when the date of event is on the date of transfer or discharge, or the next day; the infection is attributed to the transferring/discharging location. If the patient was housed in multiple locations within the transfer rule time frame, attribute the infection to the **first** location in which the patient was housed the **day before** the infection's date of event. Note: The Transfer rule for HAI does not apply to LabID Events.

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Vital signs	Clinical measurements used to assess a patient's essential body functions. If a specific vital sign parameter is not stated in a CDC/NHSN HAI definition or criterion (for example, hypotension and temperature instability) the facility should use the vital sign parameter(s) as stated in its policies and procedures for clinical practices. **Notes:** • For apnea in ventilated patients < 1 year of age, apnea **cannot** be determined by changes /adjustments in ventilator settings or by worsening oxygenation.