

2026

Issued January 2026

# Healthcare-Associated Infections in North Carolina

Reporting Period:

January 1, 2025—September 30, 2025

Product of:

NC Surveillance for Healthcare-Associated and Resistant Pathogens Patient Safety  
(SHARPPS) Program

Communicable Disease Branch

Division of Public Health

NC Department of Health and Human Services



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

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# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Advent Health Hendersonville, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	4,774
Patient Days in 2024:	21,605
Total Number of Beds:	95
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.05

(\*FTE = Full-time equivalent)

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

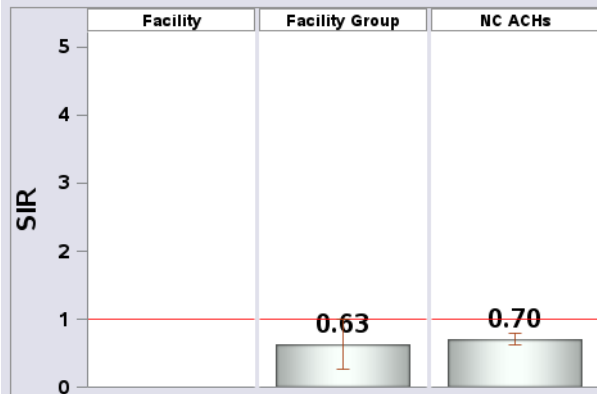


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

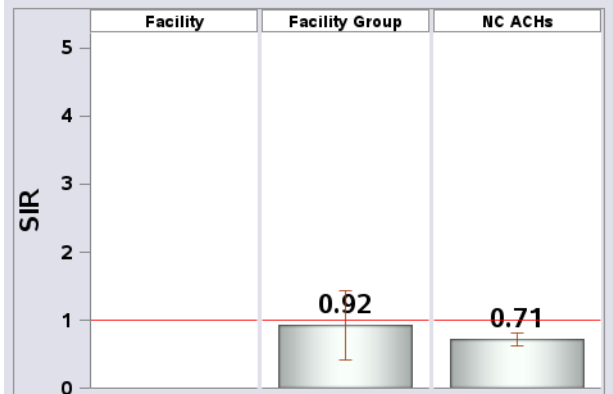


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

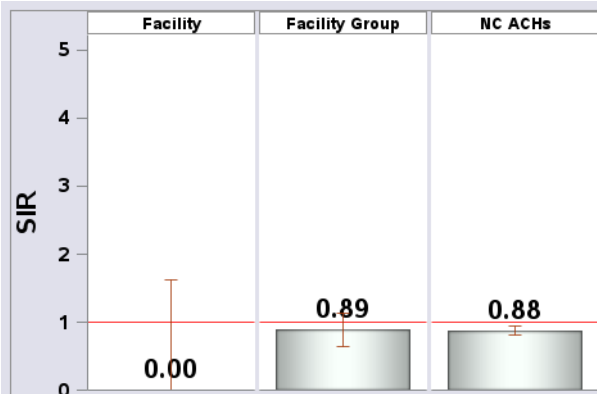


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Advent Health Hendersonville, Hendersonville, Henderson County

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### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

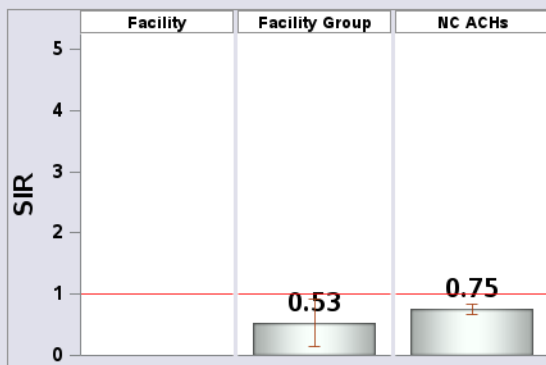


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

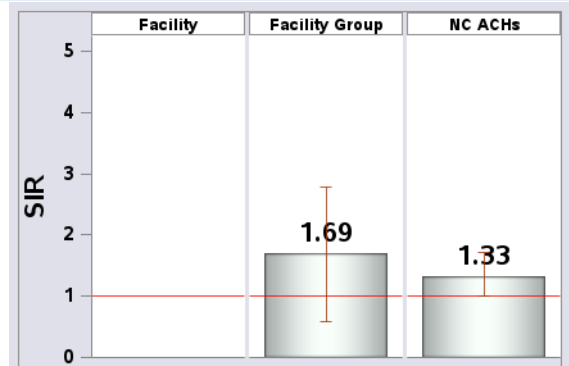


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

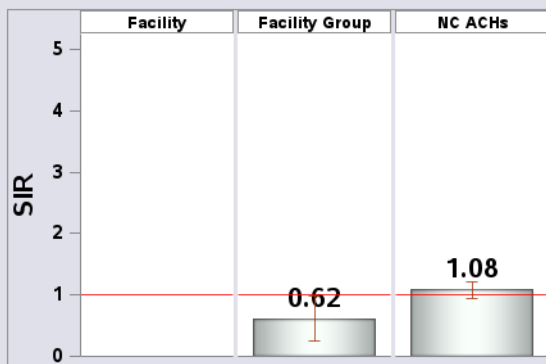


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Alamance Regional Medical Center, Burlington, Alamance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	11,617
Patient Days in 2024:	51,019
Total Number of Beds:	240
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.46

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

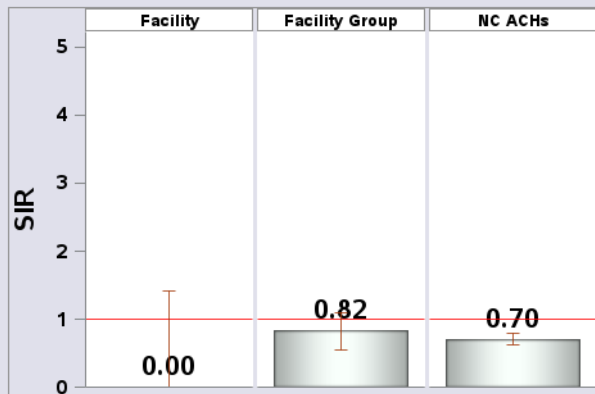


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.1	Same
Adult/Ped Wards	0	1.0	Same
All reporting units	0	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

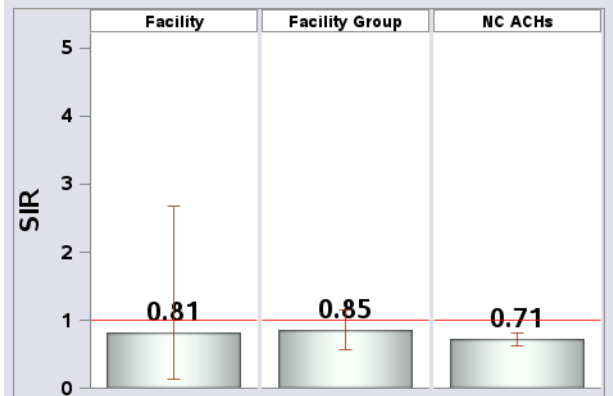


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

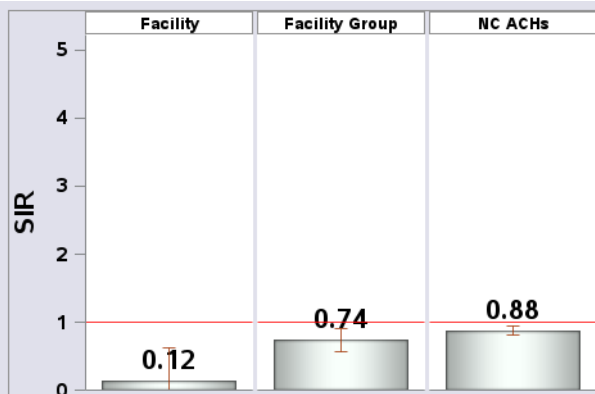


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Alamance Regional Medical Center, Burlington, Alamance County

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### Central Line-Associated Bloodstream Infections (CLABSI)

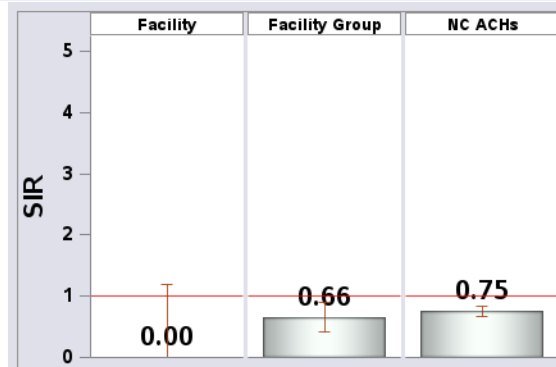


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	0	1.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	0	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

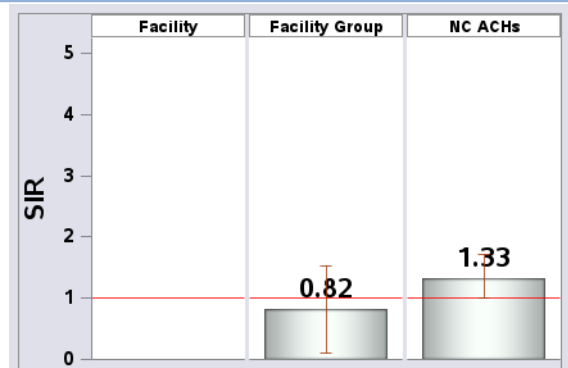


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

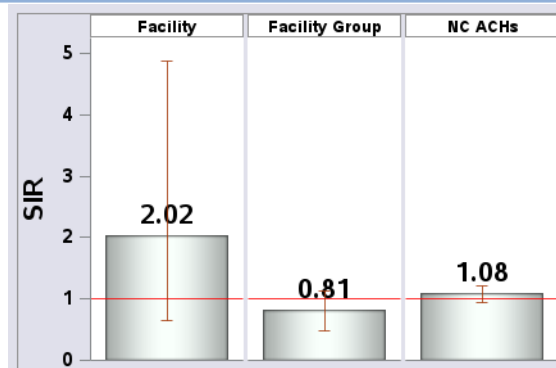


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Annie Penn Hospital, Reidsville, Rockingham County

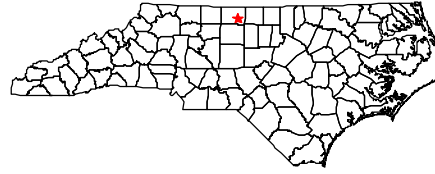
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## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	3,488
Patient Days in 2024:	14,986
Total Number of Beds:	59
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.85

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

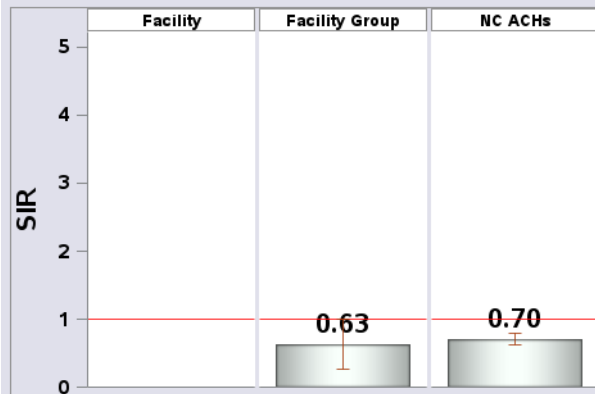


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

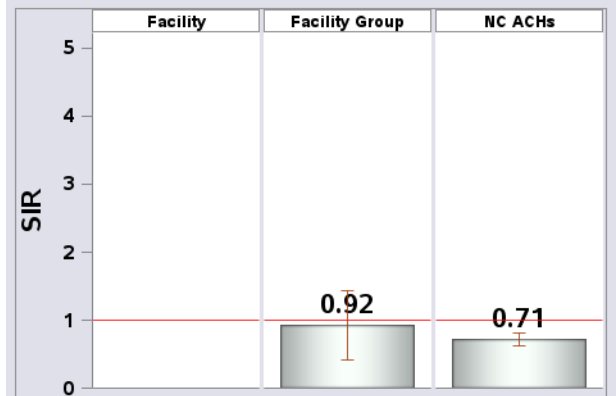


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

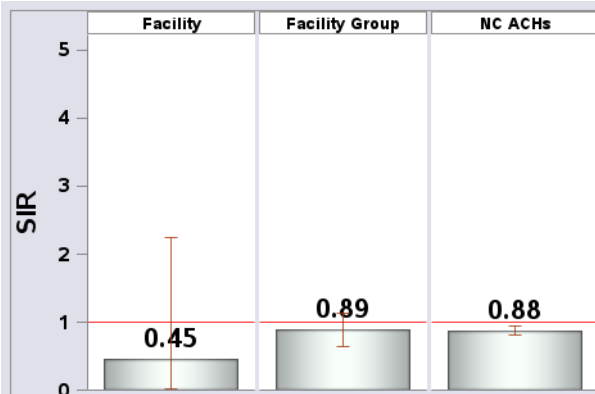


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N.C. HAI 2025 Q3 Report

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Annie Penn Hospital, Reidsville, Rockingham County

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## Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

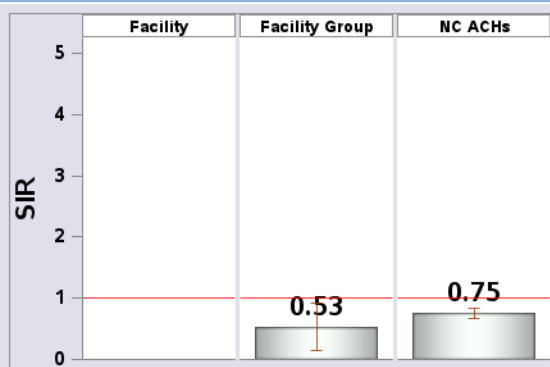


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

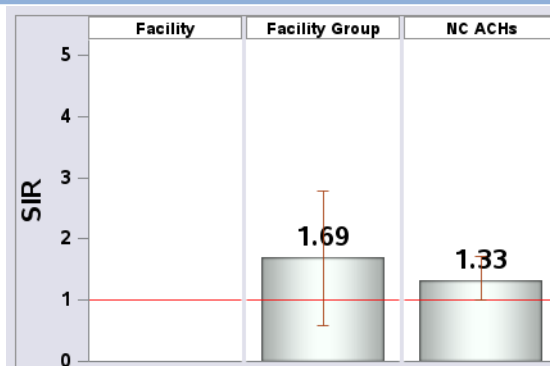


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

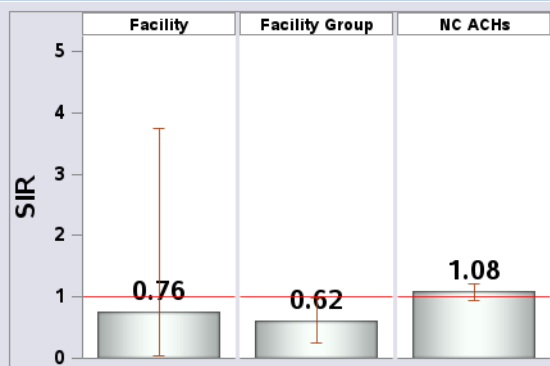


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## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ARHS-Watauga Medical Center, Boone, Watauga County

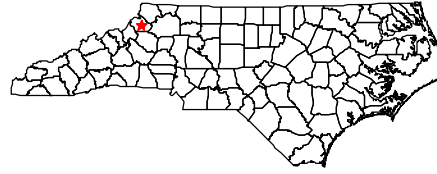
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### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	6,933
Patient Days in 2024:	21,295
Total Number of Beds:	117
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.45
Number of FTEs* per 100 beds:	1.24

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

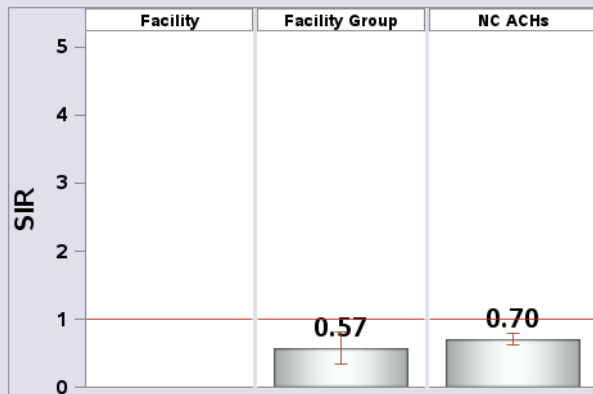


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

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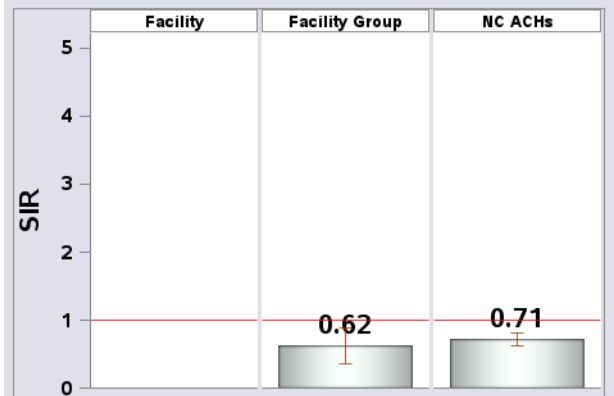


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### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

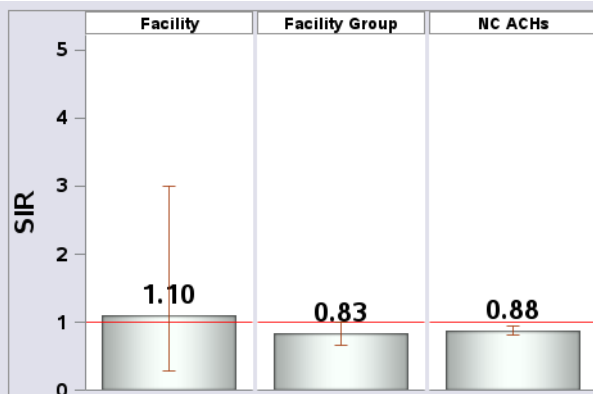


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ARHS-Watauga Medical Center, Boone, Watauga County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

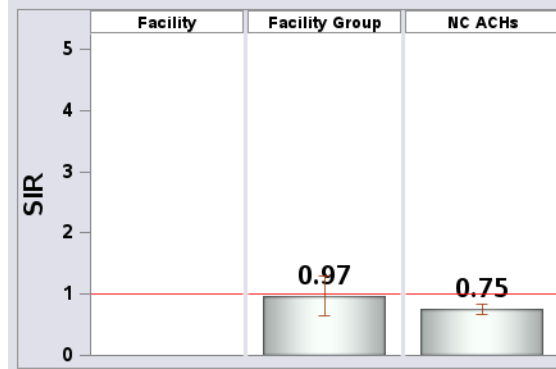


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

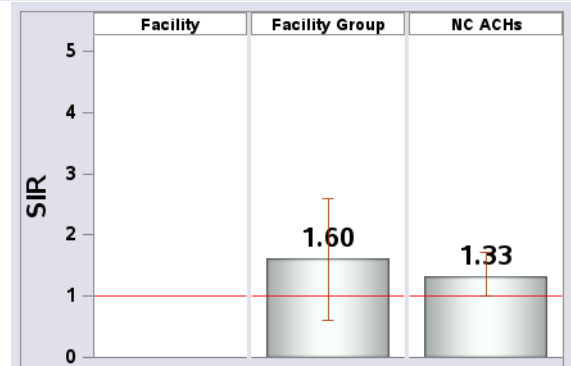


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

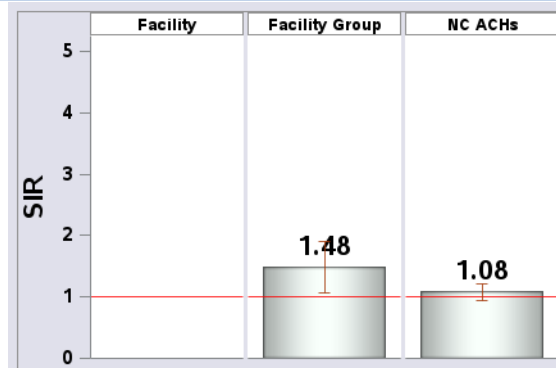


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Atrium Health Cabarrus, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	14,462
Patient Days in 2024:	165,858
Total Number of Beds:	501
Number of ICU Beds:	74
FTE* Infection Preventionists:	3.50
Number of FTEs* per 100 beds:	0.70

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

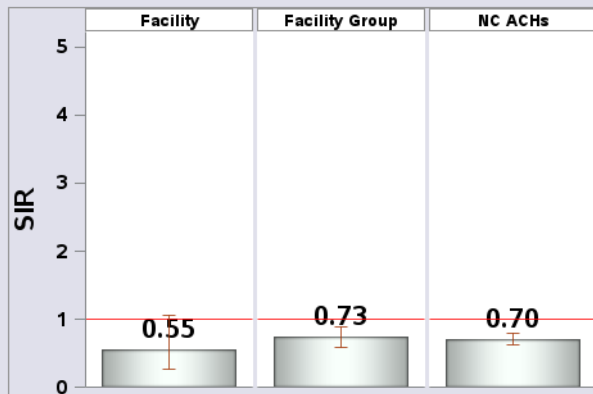


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	6.1	Better
Adult/Ped Wards	7	8.4	Same
All reporting units	8	14	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	8.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

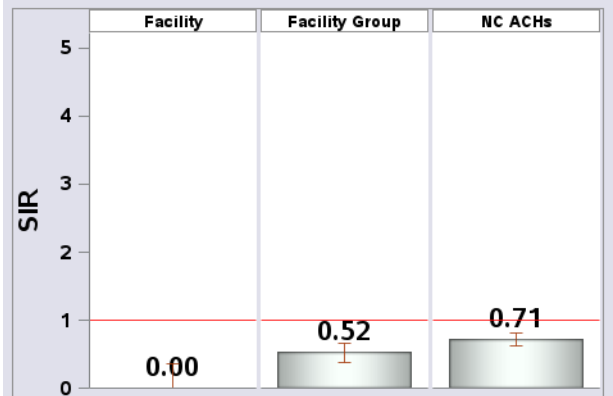


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	23	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

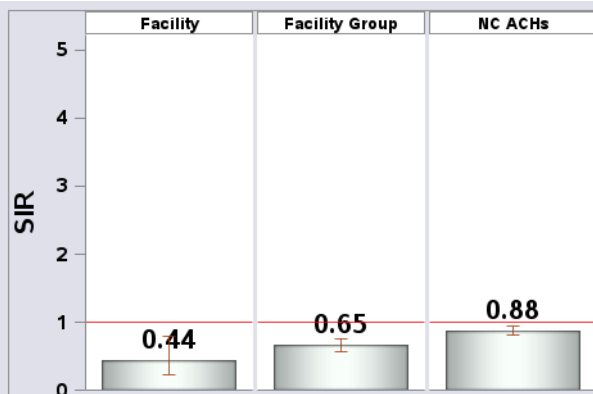


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Atrium Health Cabarrus, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

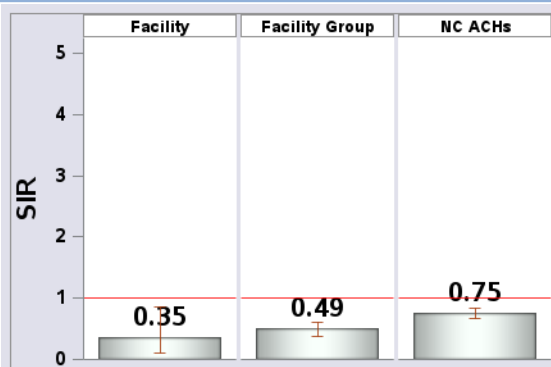


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	4.7	Same
Adult/Ped Wards	0	6.2	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	4	11	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

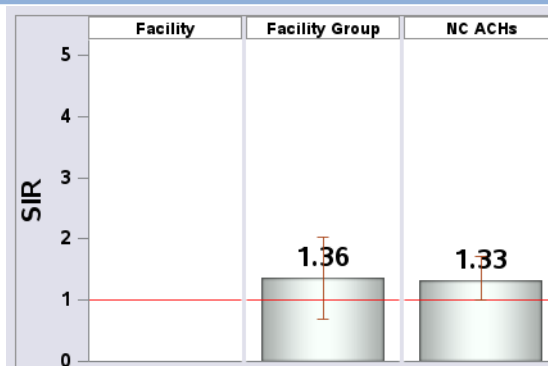


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	5.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

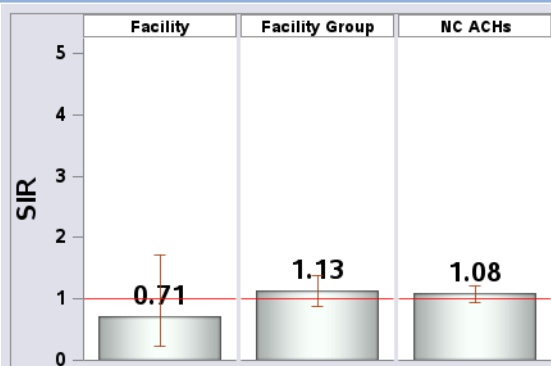


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Atrium Health Lincoln, Lincolnton, Lincoln County

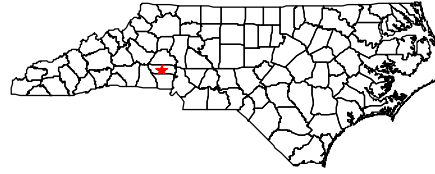
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Major  
Admissions in 2024: 6,850  
Patient Days in 2024: 24,009  
Total Number of Beds: 101  
Number of ICU Beds: 10  
FTE\* Infection Preventionists: 0.75  
Number of FTEs\* per 100 beds: 0.74

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

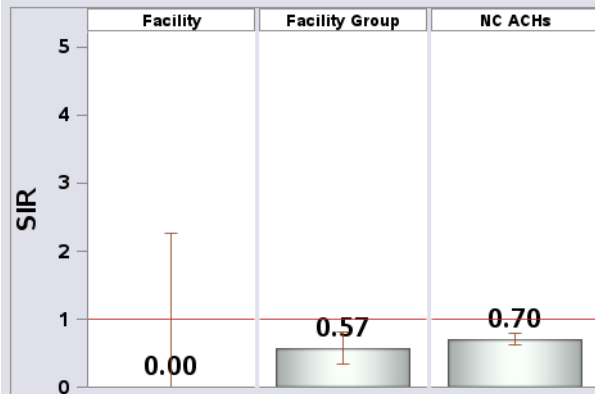


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

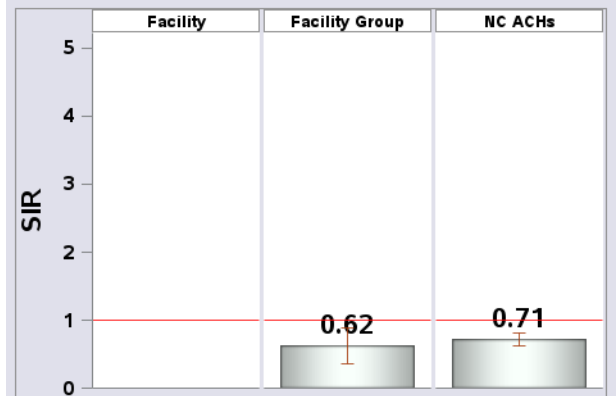


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

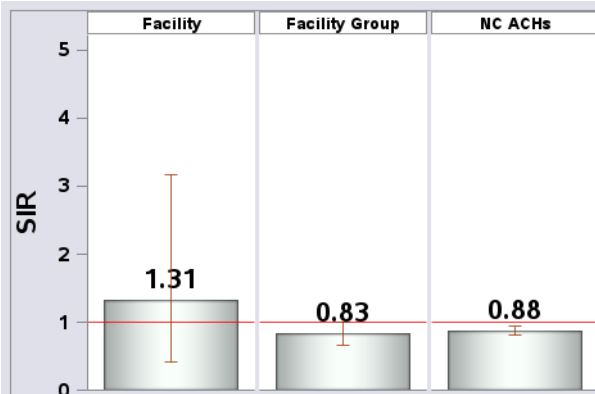


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Atrium Health Lincoln, Lincolnnton, Lincoln County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

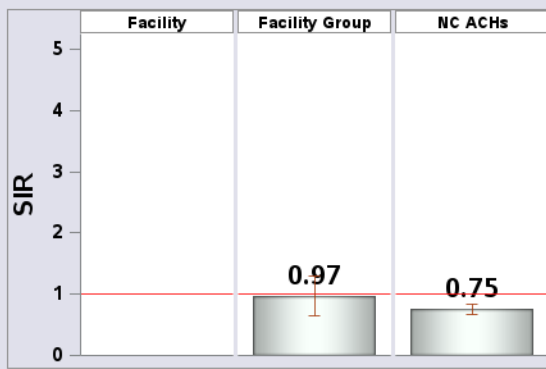


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

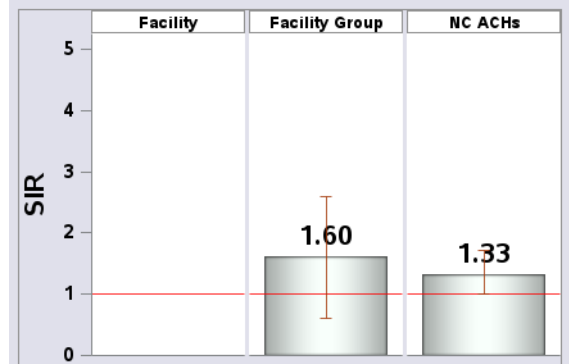


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

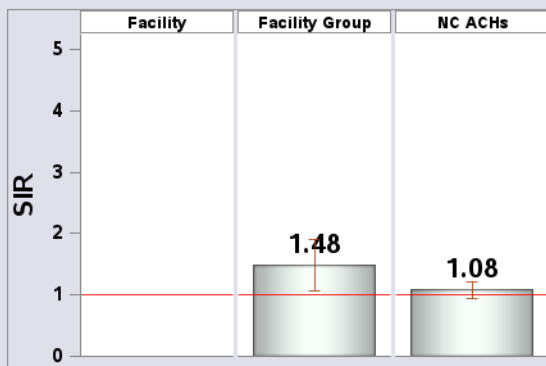


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Atrium Health Stanly, Albemarle, Stanly County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	4,708
Patient Days in 2024:	20,247
Total Number of Beds:	109
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.46

(\*FTE = Full-time equivalent)

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

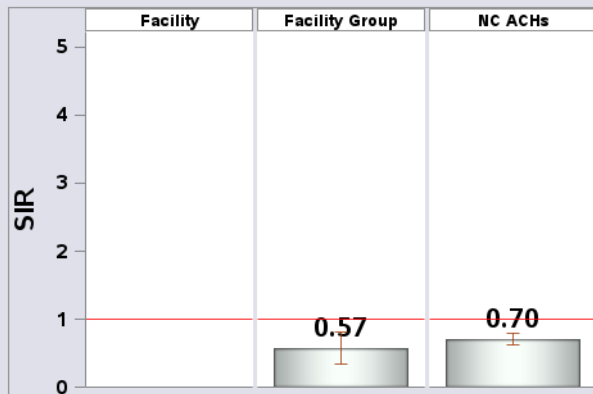


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

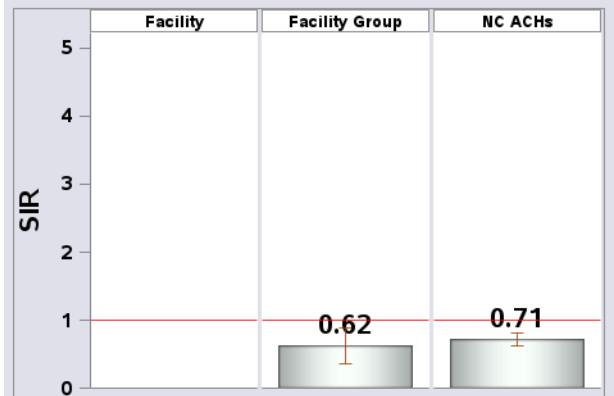


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

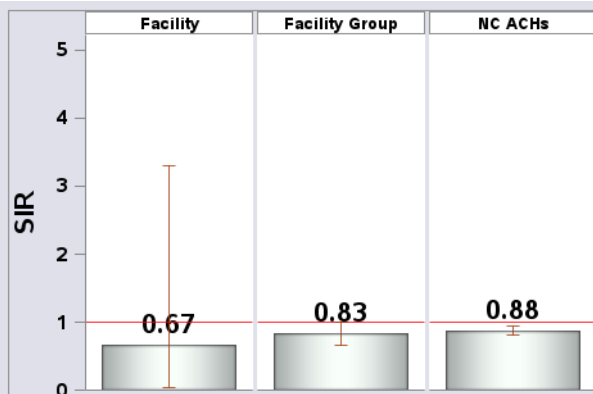


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Atrium Health Stanly, Albemarle, Stanly County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

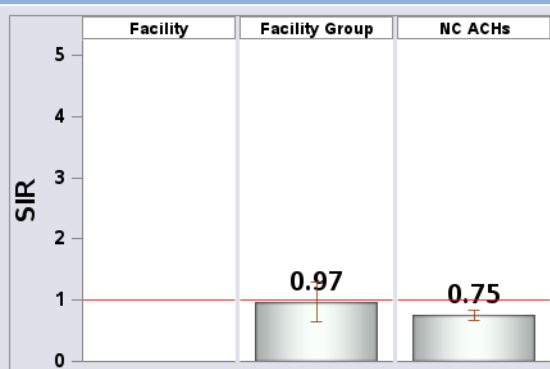


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

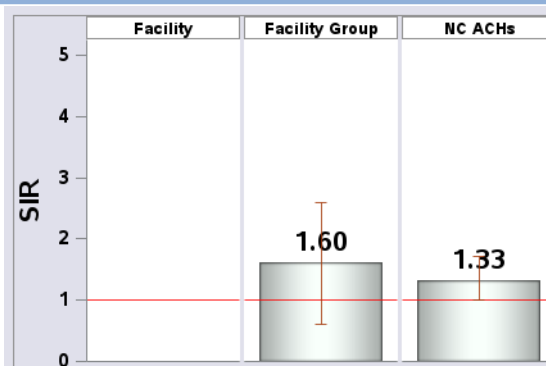


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

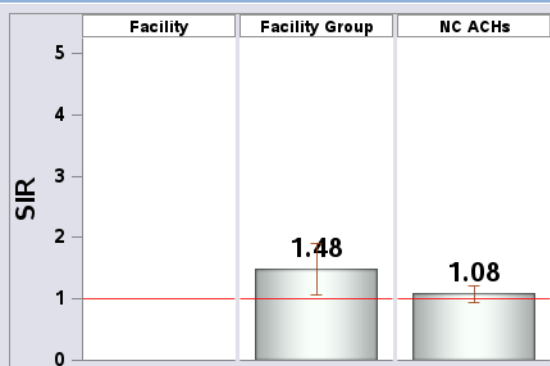


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Atrium Health University City, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	9,195
Patient Days in 2024:	45,970
Total Number of Beds:	117
Number of ICU Beds:	17
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

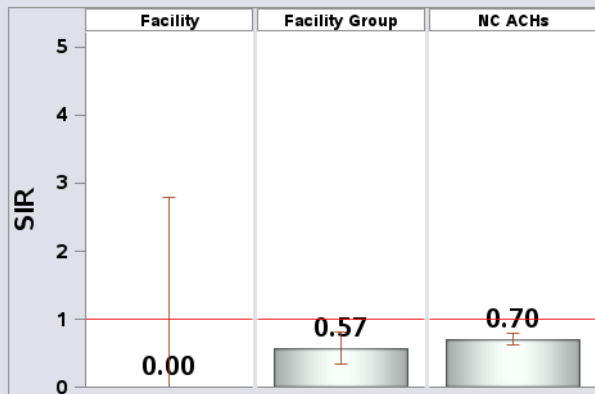


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

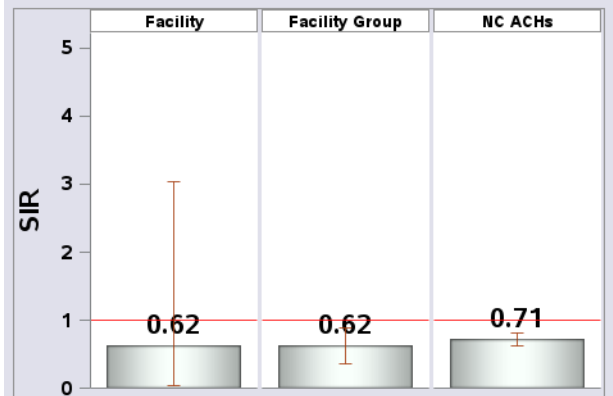


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

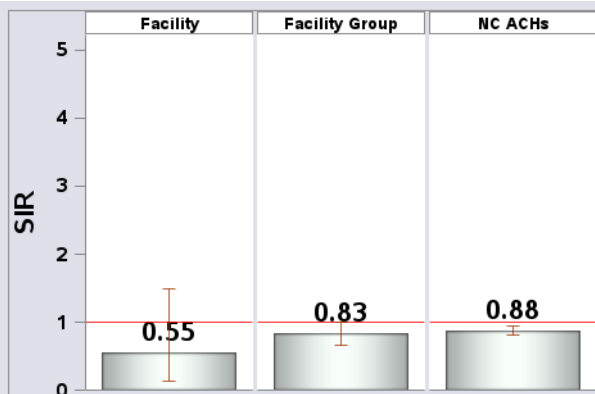


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Atrium Health University City, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

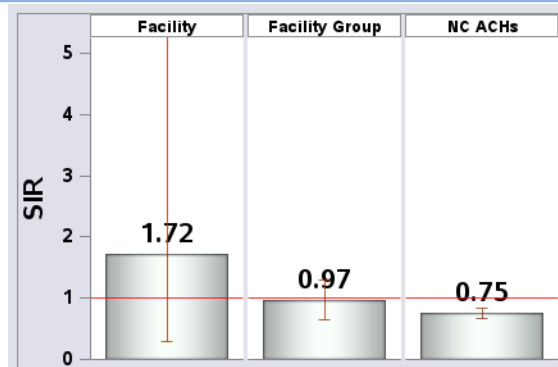


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>2</b>	<b>1.2</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

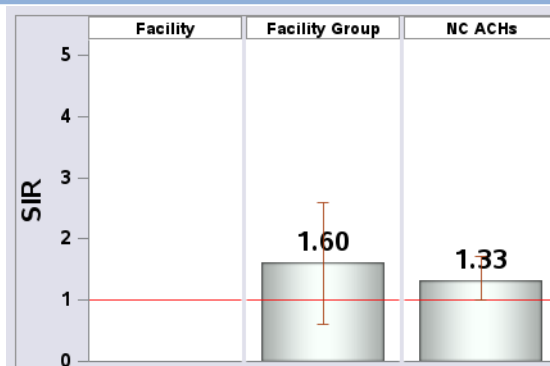


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

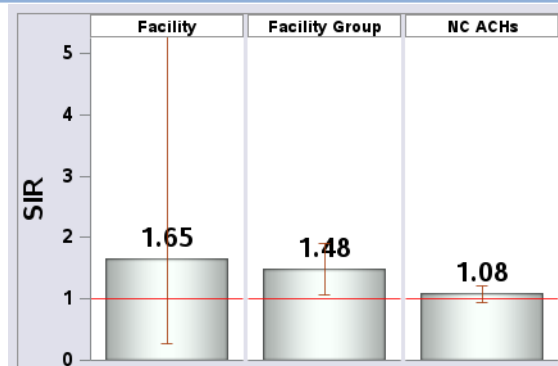


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

**Betsy Johnson Hospital, Dunn, Harnett County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	2,682
Patient Days in 2024:	12,819
Total Number of Beds:	87
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.57

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

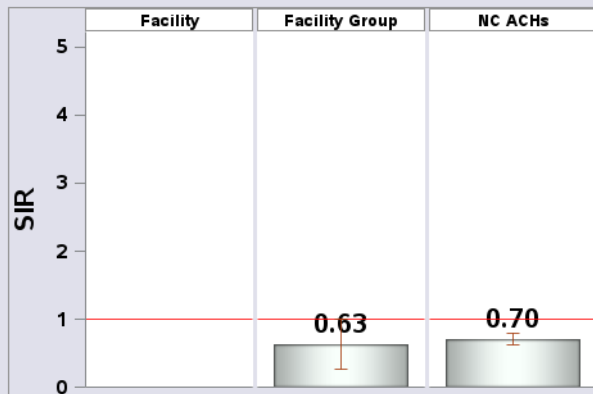


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>2</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

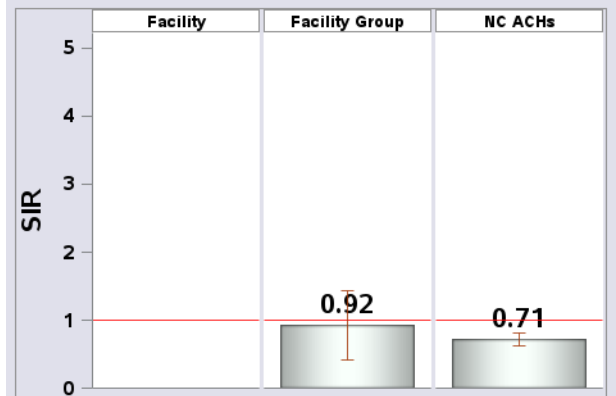


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

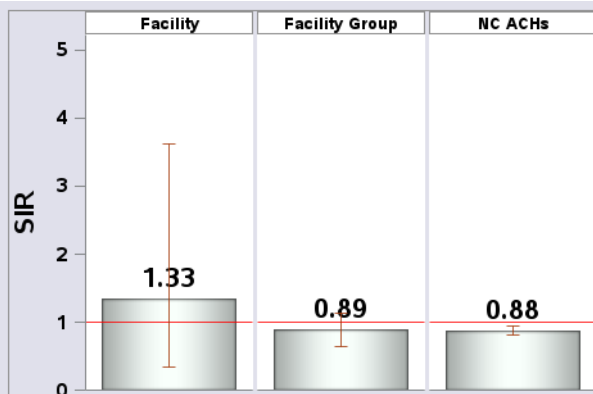


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

**Betsy Johnson Hospital, Dunn, Harnett County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>1</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

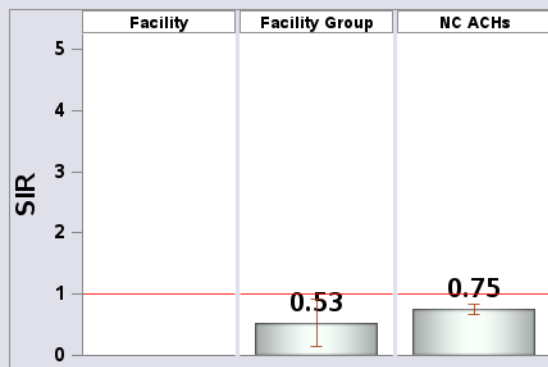


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

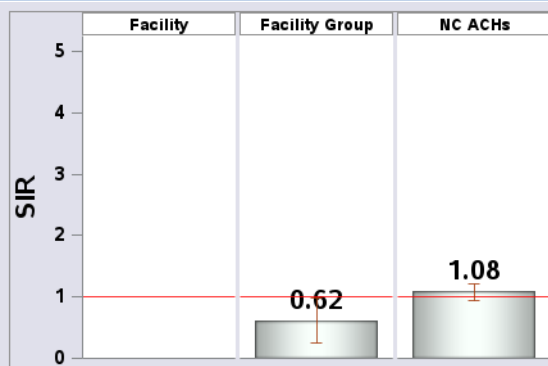


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Broughton Hospital, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	188
Patient Days in 2024:	59,003
Total Number of Beds:	165
Number of ICU Beds:	0
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.82

[\*FTE = Full-time equivalent]

[. = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.*

Note from N.C. Division of Public Health: This facility did not have locations required to report MRSA during this time period

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Note from N.C. Division of Public Health: This facility did not have locations required to report CDI during this time period



## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Broughton Hospital, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

#### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

#### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Caldwell Memorial Hospital, Lenoir, Caldwell County

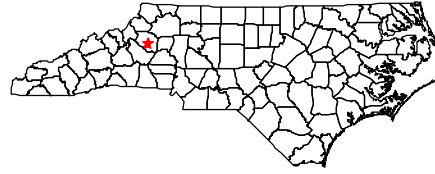
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	4,622
Patient Days in 2024:	21,457
Total Number of Beds:	137
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.73

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

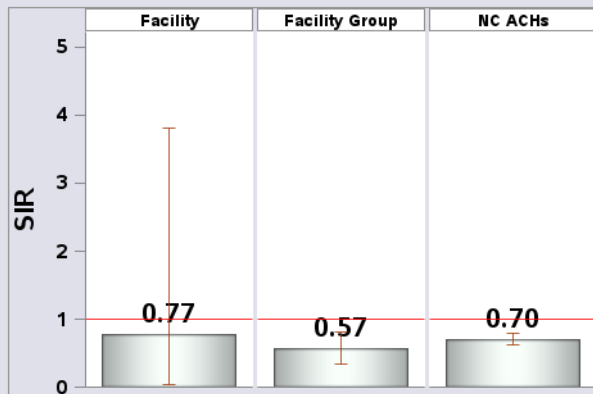


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>1</b>	<b>1.3</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

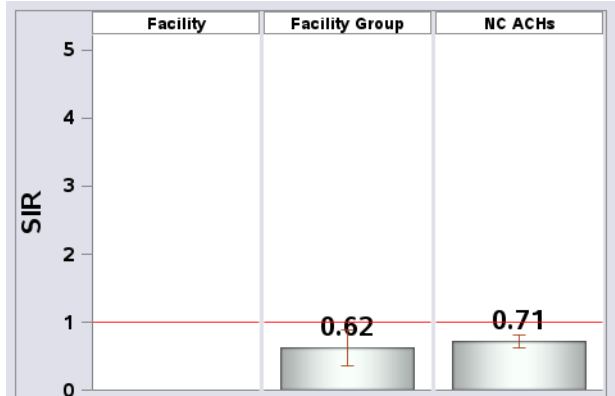


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

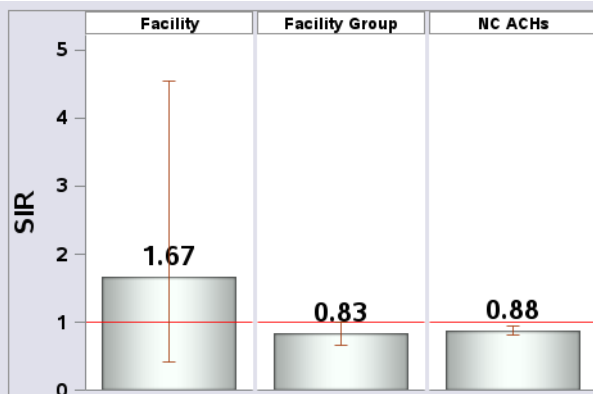


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Caldwell Memorial Hospital, Lenoir, Caldwell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

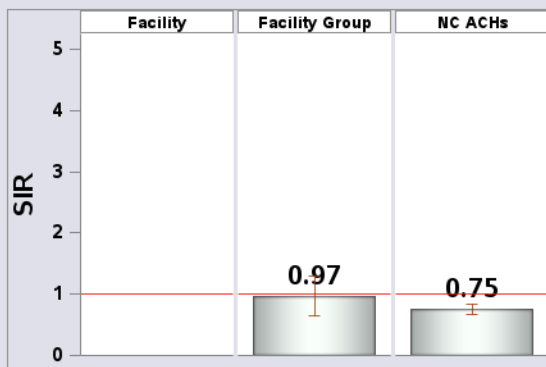


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

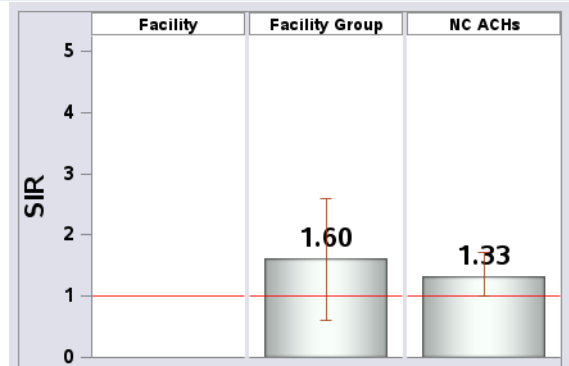


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

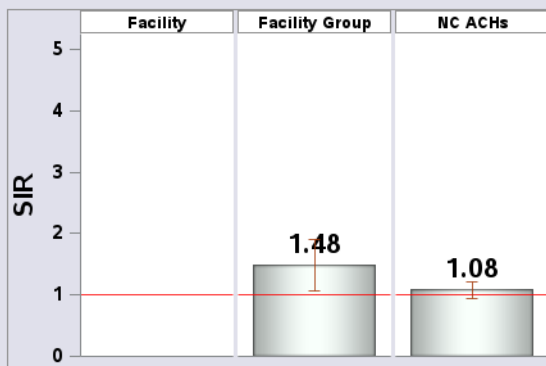


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Cape Fear Valley Health System, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	32,604
Patient Days in 2024:	176,811
Total Number of Beds:	636
Number of ICU Beds:	136
FTE* Infection Preventionists:	6.00
Number of FTEs* per 100 beds:	0.94

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

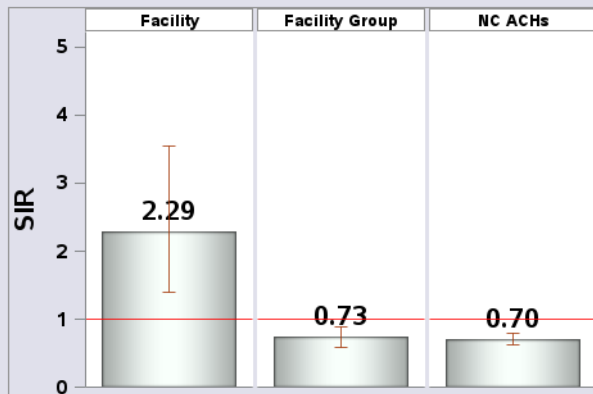


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	10	4.9	Worse
Adult/Ped Wards	8	3.0	Worse
All reporting units	18	7.9	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	11	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

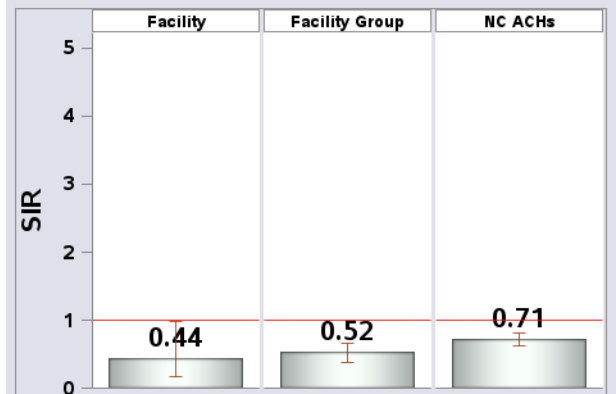


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	33	28	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= **Same:** About the same number of infections as predicted by the national baseline experience

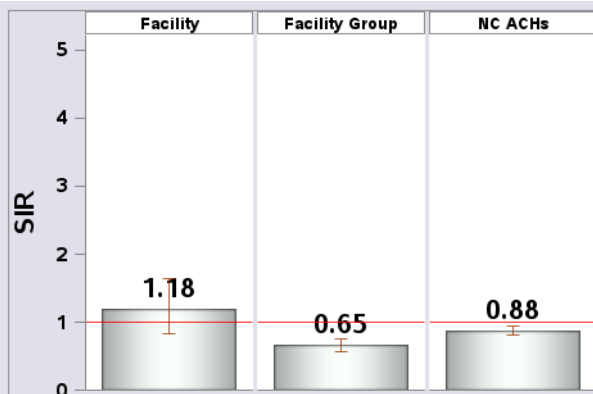


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Cape Fear Valley Health System, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

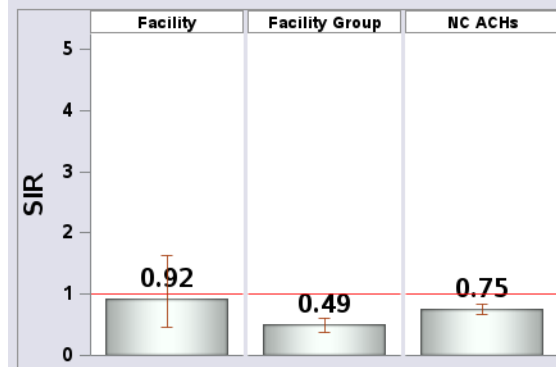


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	7.5	Same
Adult/Ped Wards	1	2.9	Same
Neonatal Units	4	Less than 1.0	No Conclusion
All reporting units	10	11	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

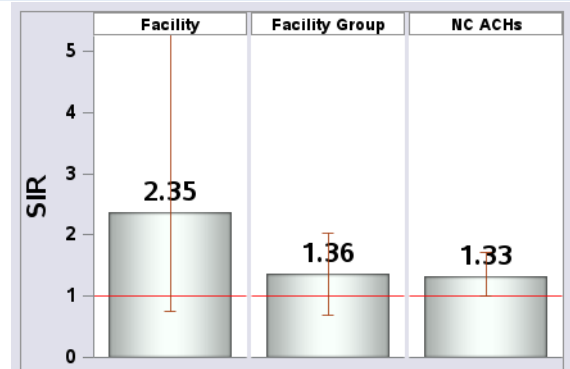


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	6.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

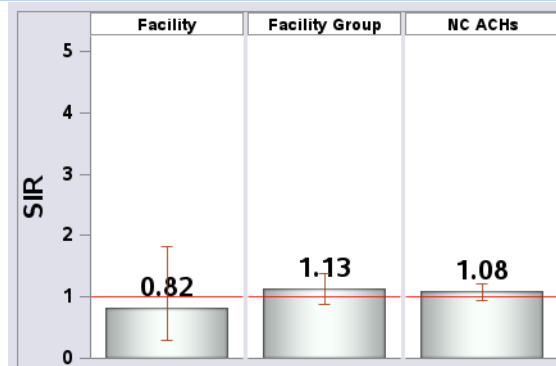


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	1,637
Patient Days in 2024:	5,049
Total Number of Beds:	41
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.73

(\*FTE = Full-time equivalent)

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

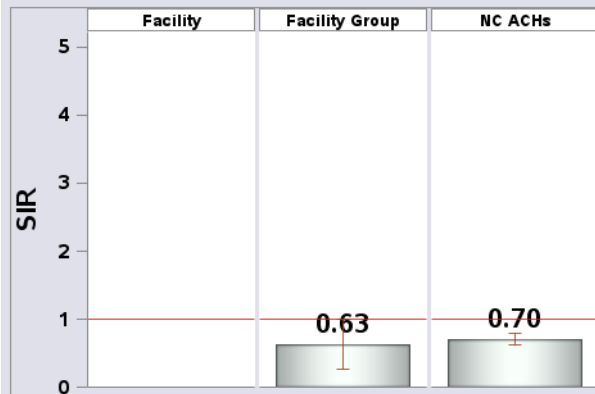


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>0</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

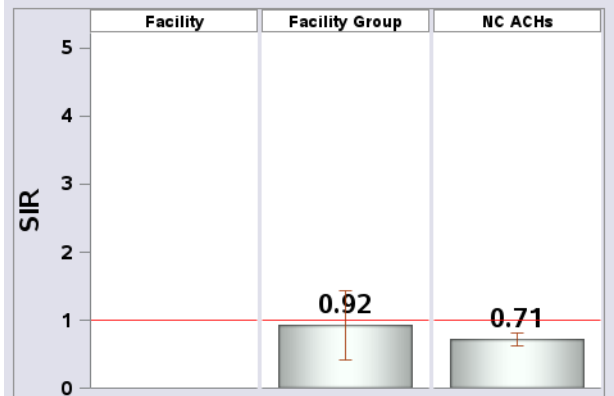


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

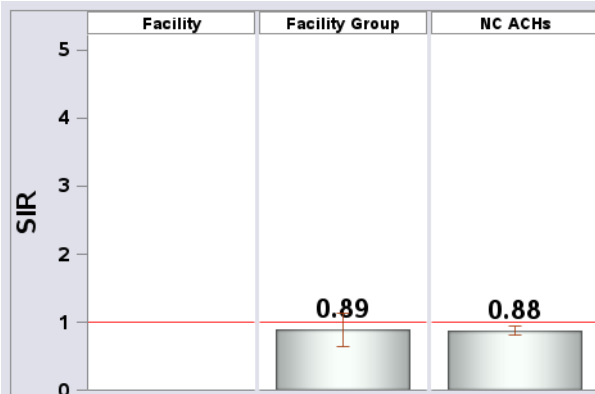


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>0</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

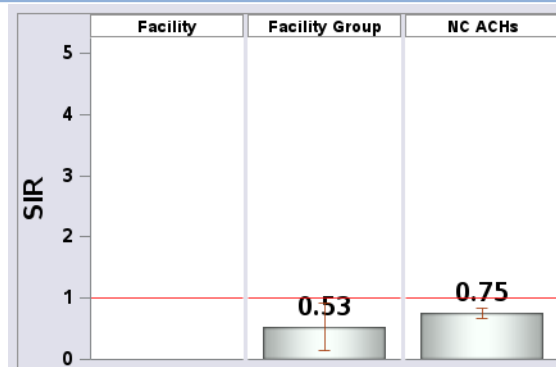


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

CarolinaEast Medical Center, New Bern, Craven County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	14,046
Patient Days in 2024:	71,900
Total Number of Beds:	350
Number of ICU Beds:	33
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	1.14

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

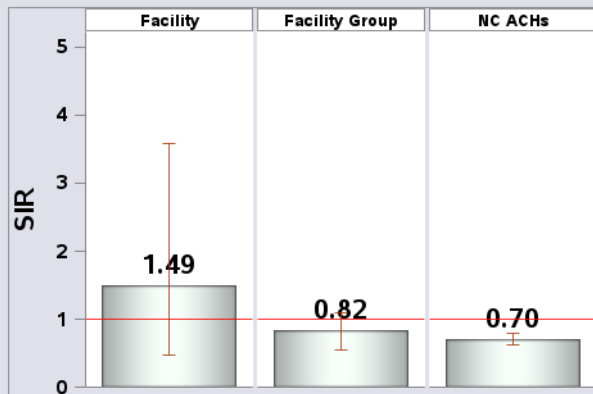


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.8	Same
All reporting units	4	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

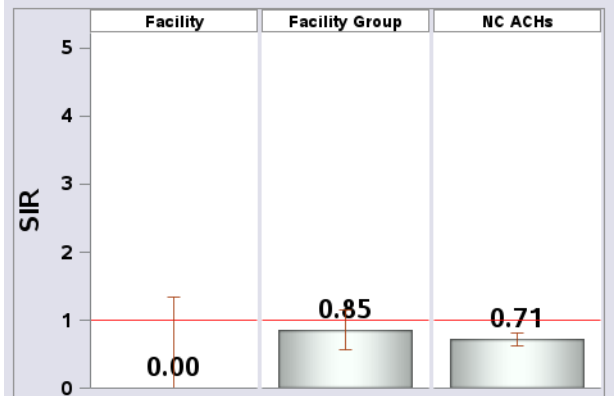


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	5.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

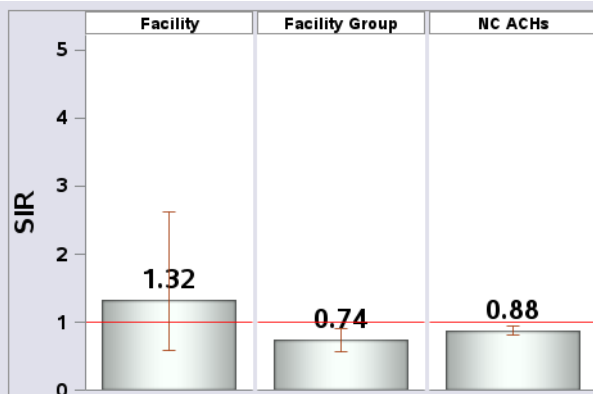


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## CarolinaEast Medical Center, New Bern, Craven County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

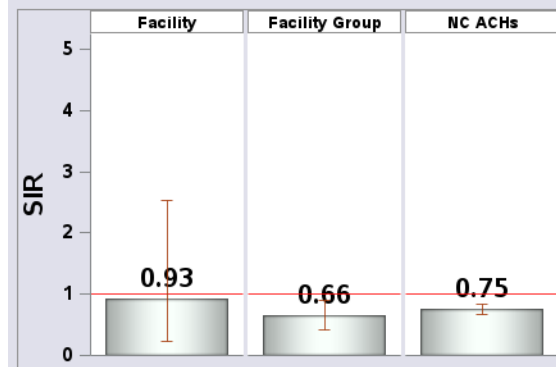


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.5	Same
Adult/Ped Wards	3	1.8	Same
All reporting units	3	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

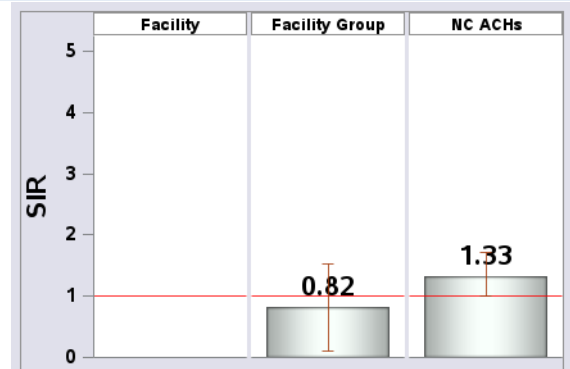


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

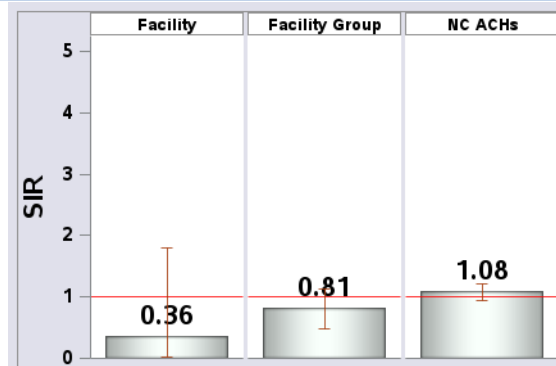


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Healthcare System Anson, Wadesboro, Anson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	587
Patient Days in 2024:	1,796
Total Number of Beds:	15
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	1.33

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

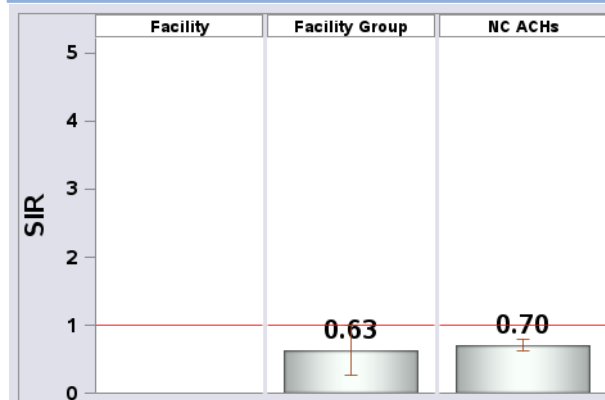


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

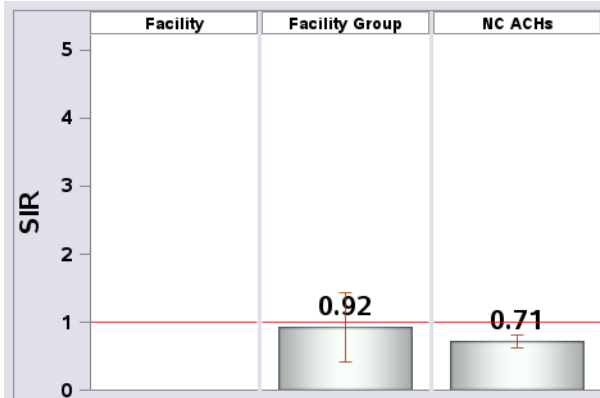


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

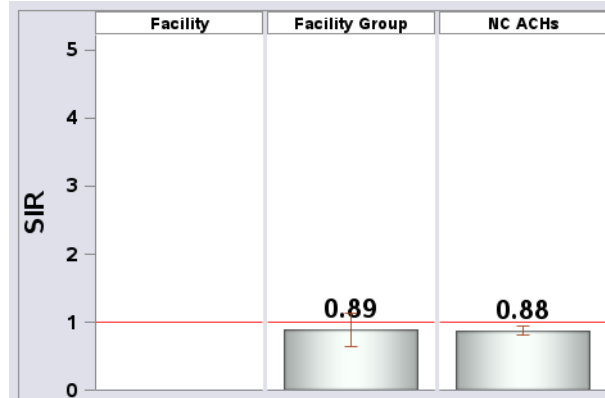


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Healthcare System Anson, Wadesboro, Anson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

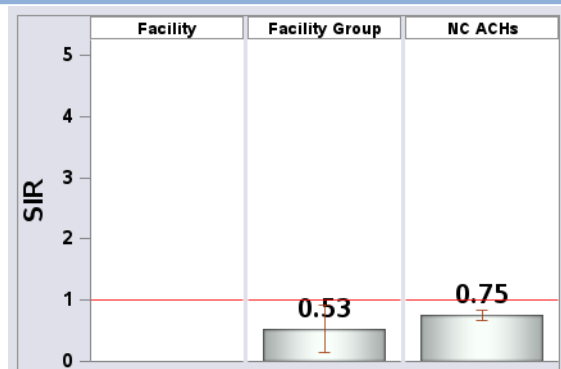


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Healthcare System Cleveland, Shelby, Cleveland County

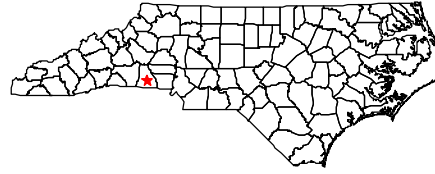
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	12,237
Patient Days in 2024:	58,222
Total Number of Beds:	241
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.41

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

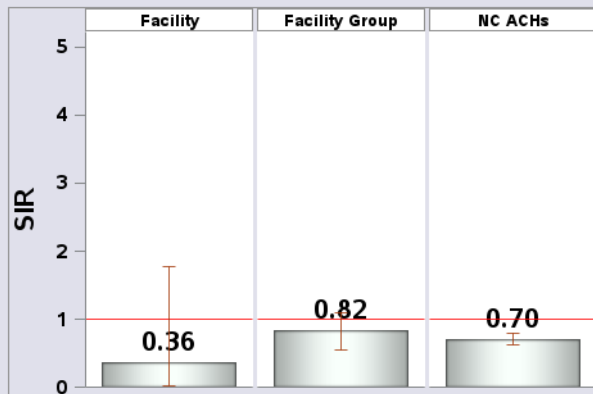


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	1	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

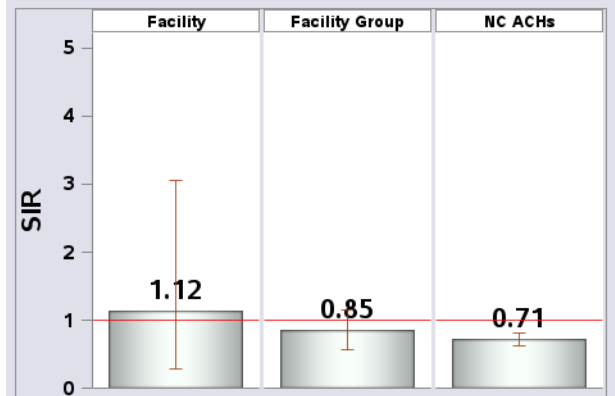


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

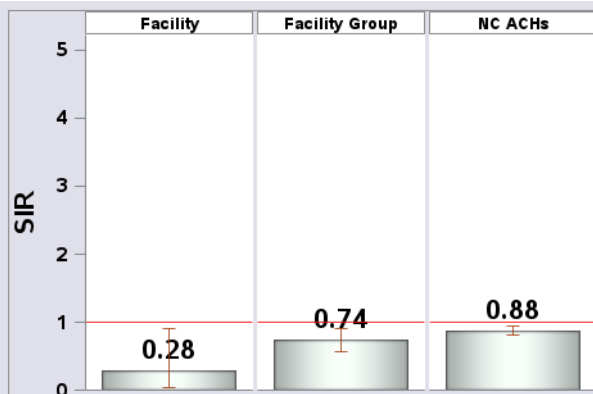


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Healthcare System Cleveland, Shelby, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

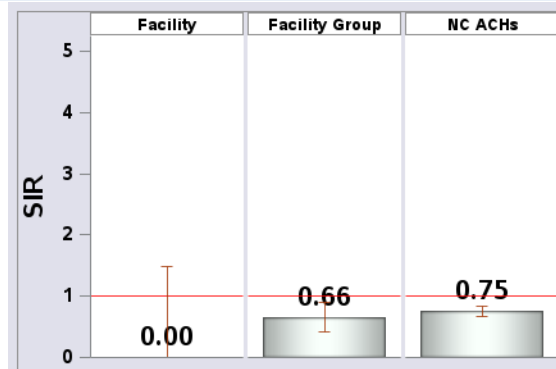


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

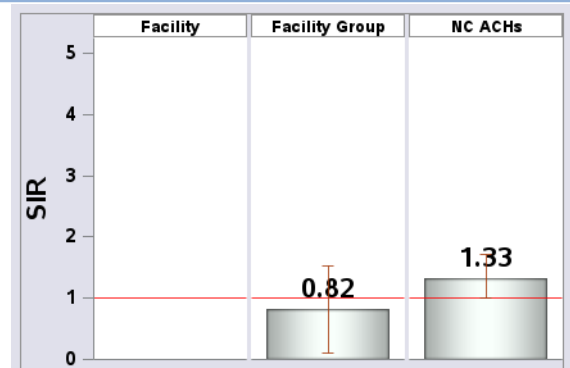


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

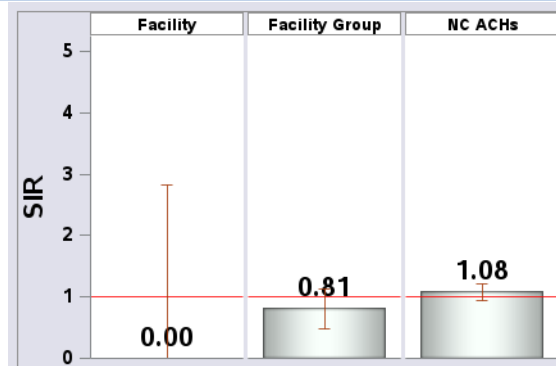


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Carolinas Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	20,750
Patient Days in 2024:	363,644
Total Number of Beds:	868
Number of ICU Beds:	243
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	0.86

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

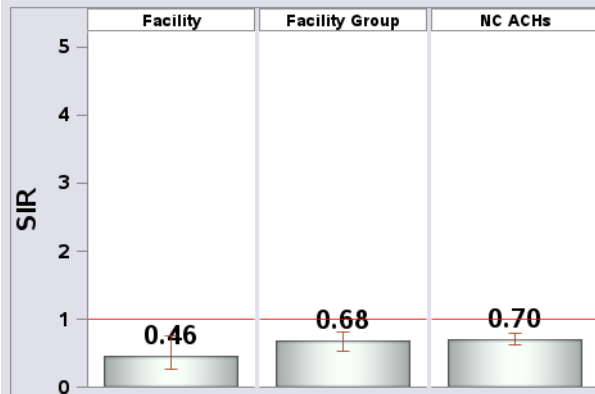


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	20	Better
Adult/Ped Wards	7	8.4	Same
All reporting units	13	28	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	20	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

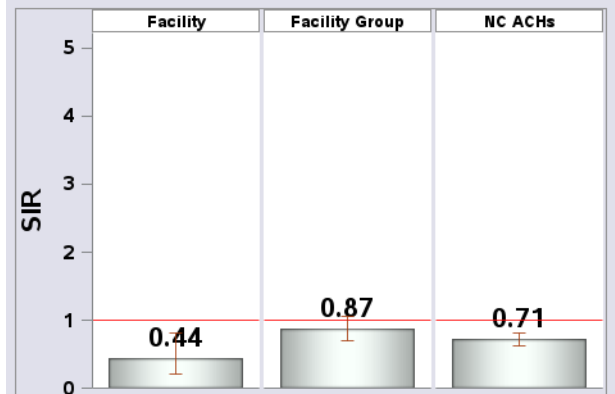


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	59	55	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

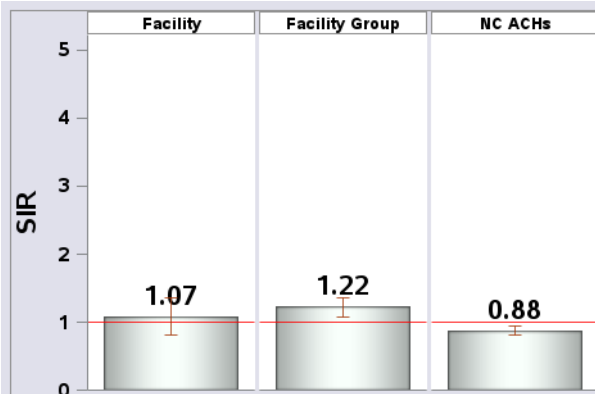


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

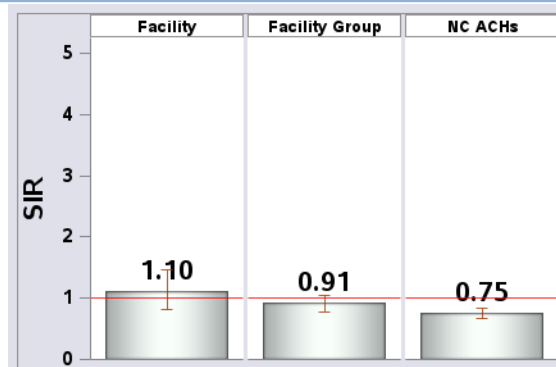


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	20	26	Same
Adult/Ped Wards	20	12	Worse
Neonatal Units	6	4.1	Same
All reporting units	46	42	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

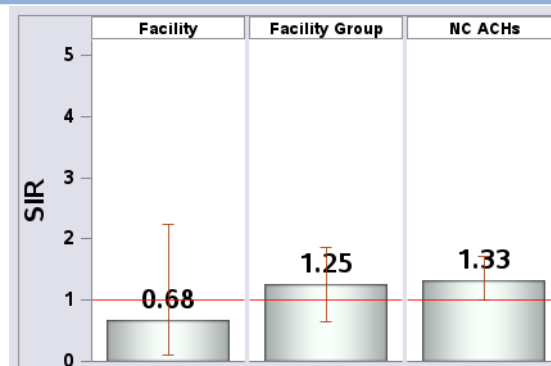


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	13	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

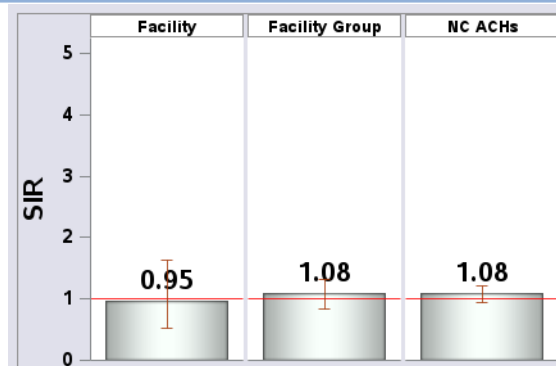


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	4,848
Patient Days in 2024:	72,024
Total Number of Beds:	207
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.97

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

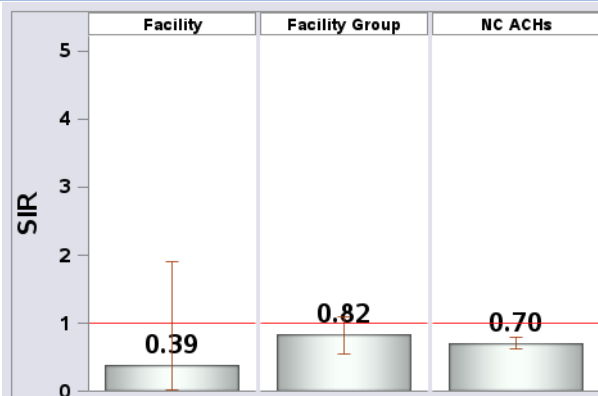


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	1	1.4	Same
All reporting units	1	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

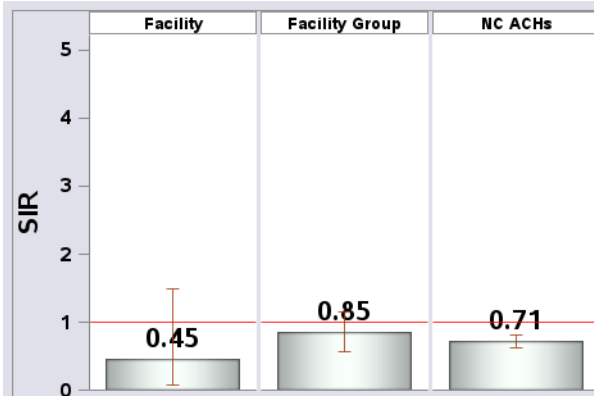


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	11	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

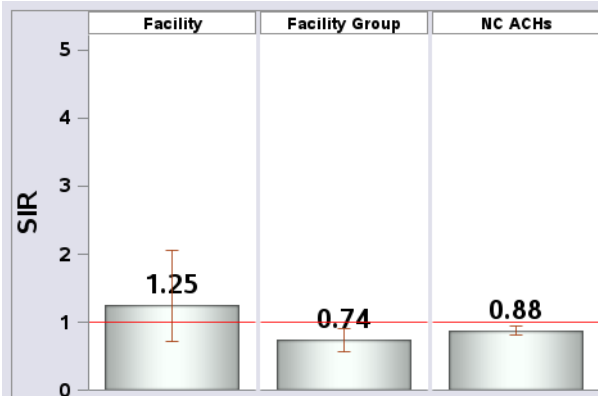


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

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### Central Line-Associated Bloodstream Infections (CLABSI)

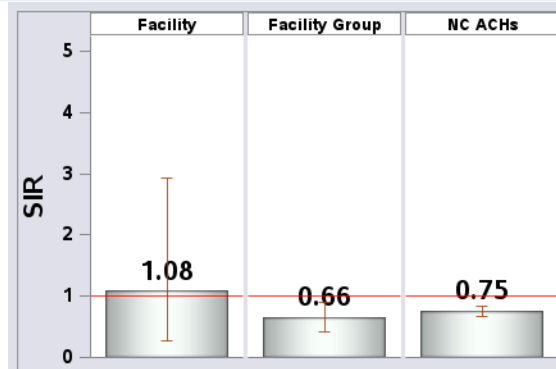


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.4	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	3	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	24,897
Patient Days in 2024:	99,456
Total Number of Beds:	308
Number of ICU Beds:	56
FTE* Infection Preventionists:	2.08
Number of FTEs* per 100 beds:	0.67

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

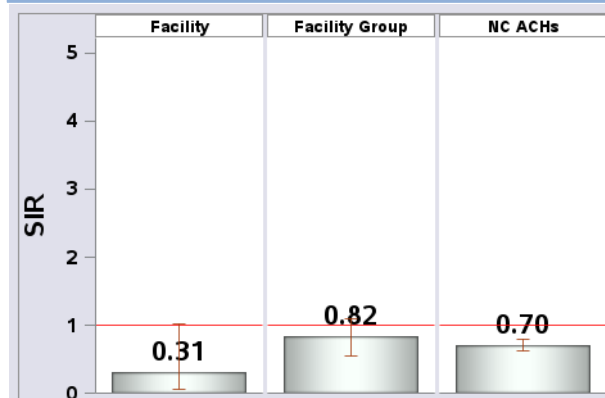


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	3.2	Same
Adult/Ped Wards	0	3.2	Better
All reporting units	2	6.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

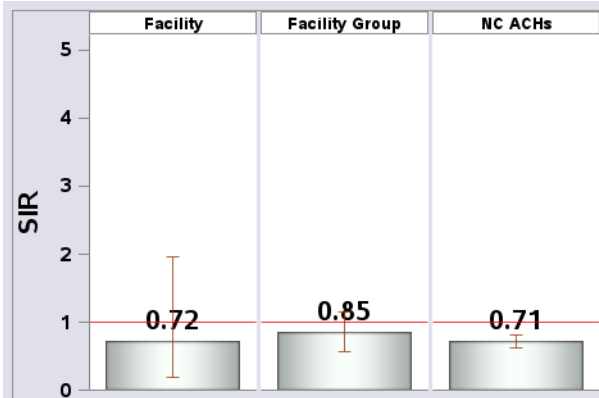


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	15	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

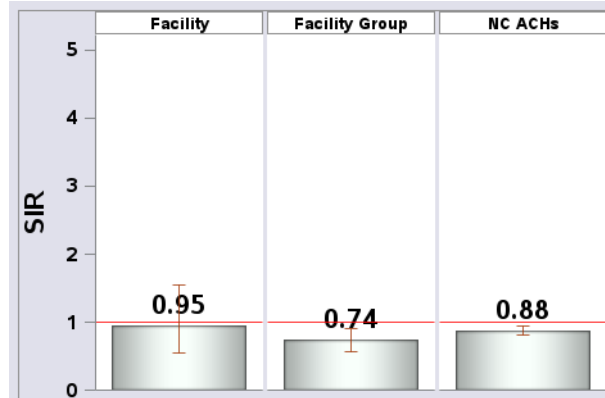


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# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

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### Central Line-Associated Bloodstream Infections (CLABSI)

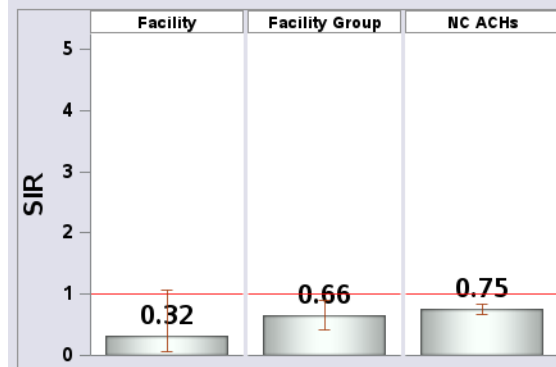


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	3.9	Better
Adult/Ped Wards	2	2.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	6.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

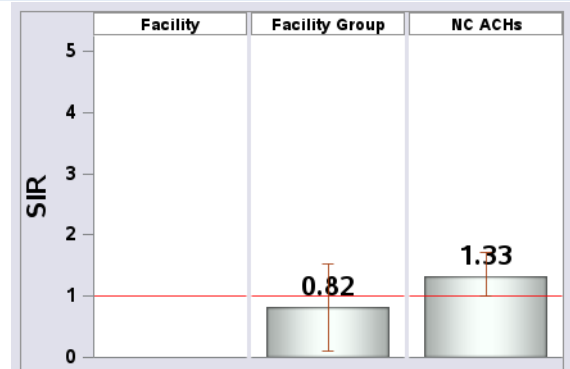


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

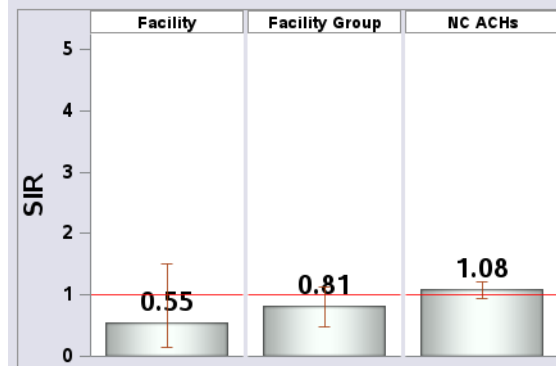


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Medical Center-Union, Monroe, Union County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Admissions in 2024: 10,065  
 Patient Days in 2024: 51,374  
 Total Number of Beds: 142  
 Number of ICU Beds: 14  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.70

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

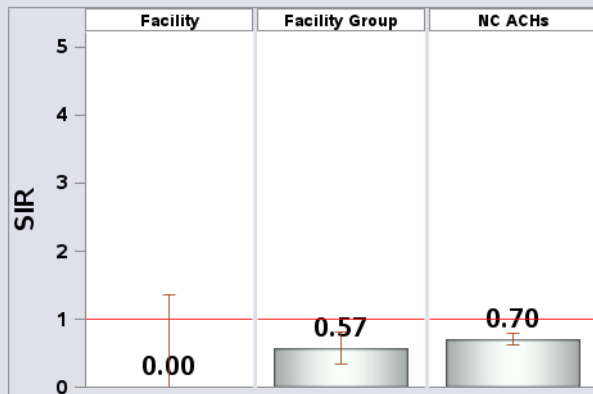


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.1	Same
Adult/Ped Wards	0	1.1	Same
All reporting units	0	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

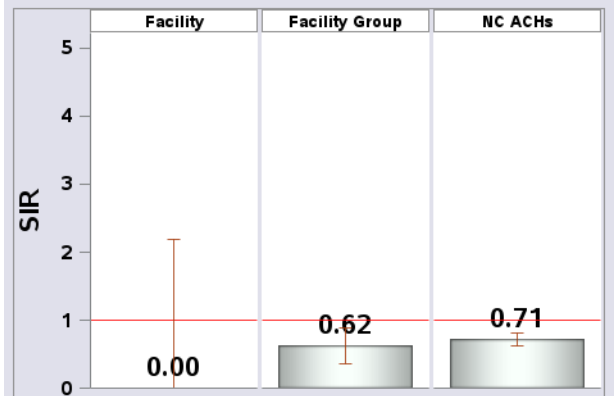


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	6.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

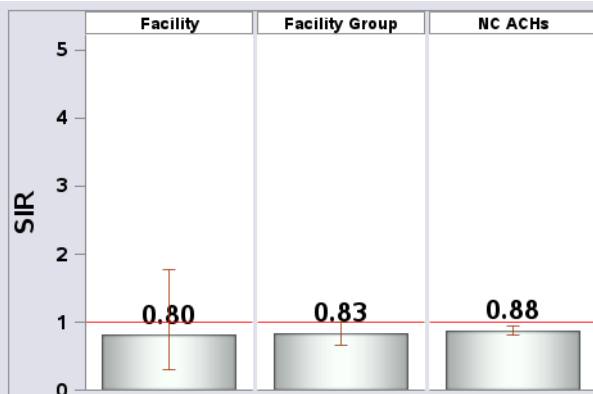


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carolinas Medical Center-Union, Monroe, Union County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

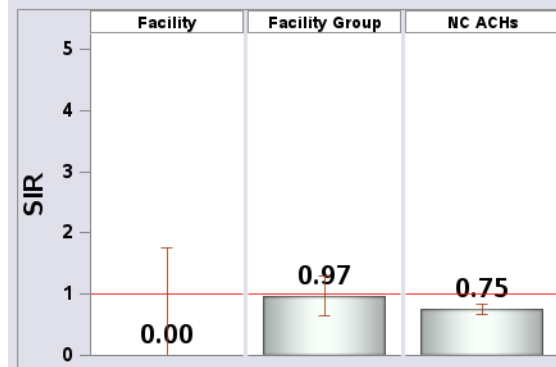


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.1	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

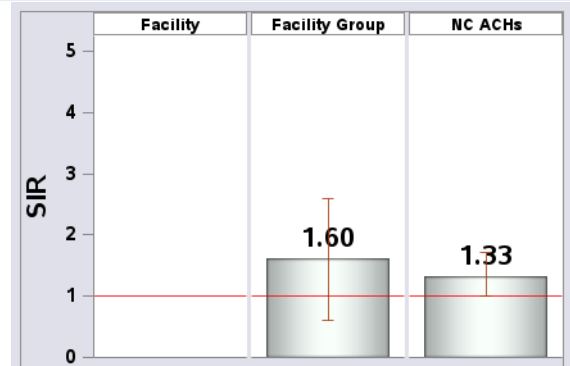


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

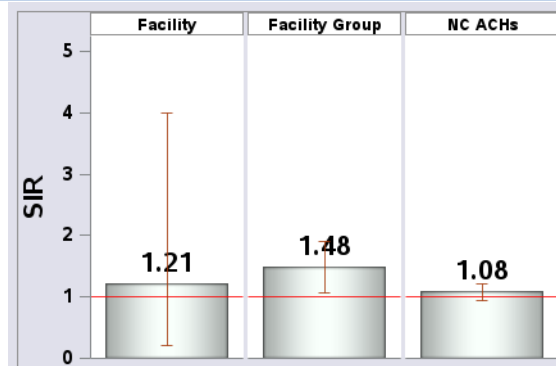


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Carolinas Specialty Hospital, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
Admissions in 2024: 367  
Patient Days in 2024: 11,028  
Total Number of Beds: 40  
FTE\* Infection Preventionists: .  
Number of FTEs\* per 100 beds: .

(\*FTE = Full-time equivalent)

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

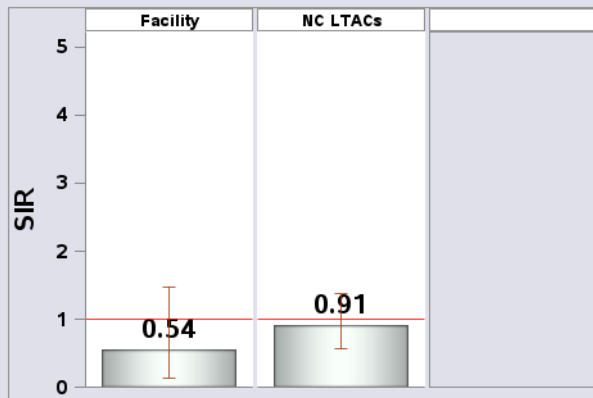


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	5.6	Same
All reporting units	3	5.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

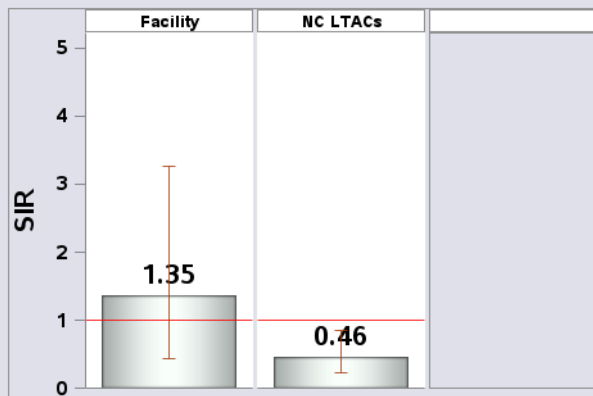


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.0	Same
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Carolinas Specialty Hospital, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

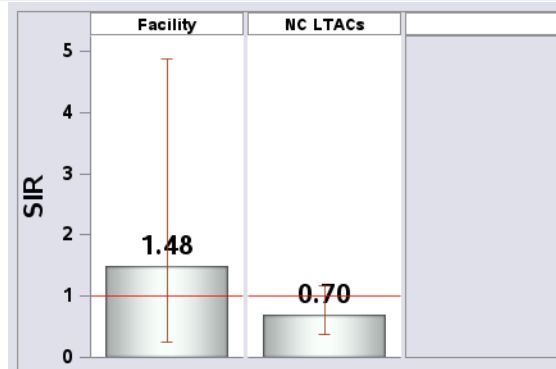


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	1.4	Same
All reporting units	2	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

## Data from January 1 - September 30, 2025

### Carteret General Hospital, Morehead City, Carteret County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Undergraduate  
 Admissions in 2024: 6,790  
 Patient Days in 2024: 29,076  
 Total Number of Beds: 99  
 Number of ICU Beds: 0  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 1.52

(\*FTE = Full-time equivalent)

(. = Data not reported)



#### Catheter-Associated Urinary Tract Infections (CAUTI)

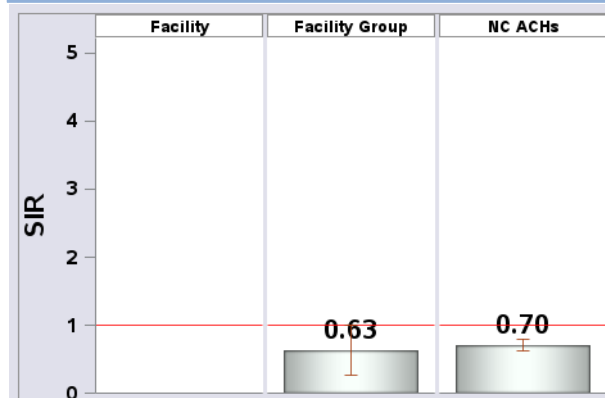


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

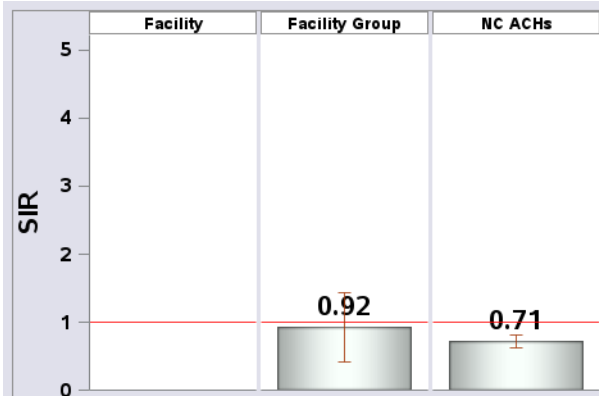


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

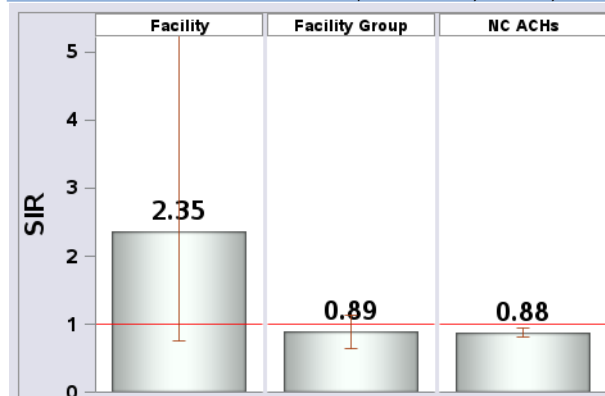


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Carteret General Hospital, Morehead City, Carteret County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

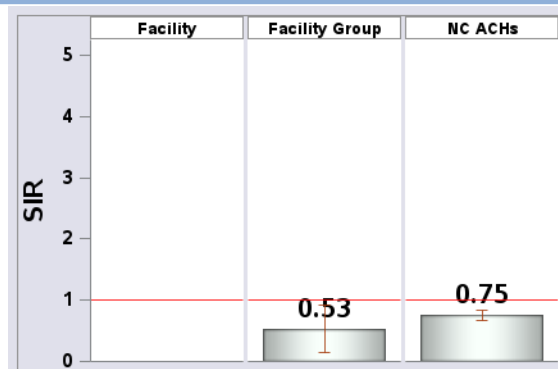


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

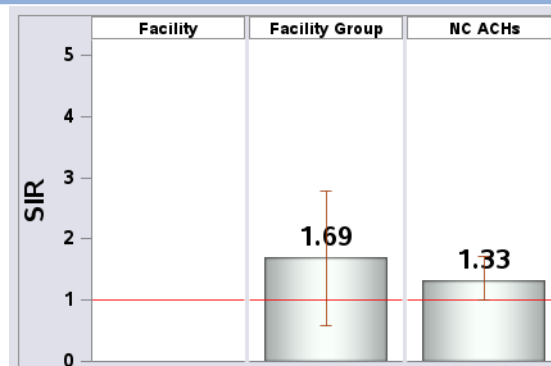


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

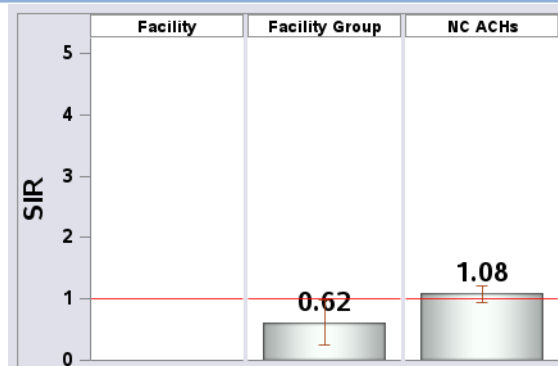


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Catawba Valley Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	12,990
Patient Days in 2024:	53,206
Total Number of Beds:	253
Number of ICU Beds:	36
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.79

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

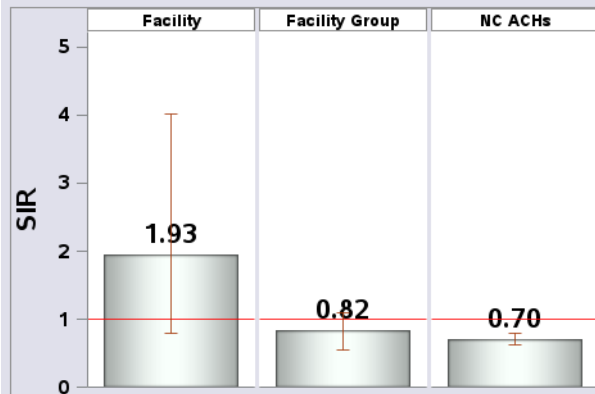


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.4	Same
Adult/Ped Wards	3	1.7	Same
All reporting units	6	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

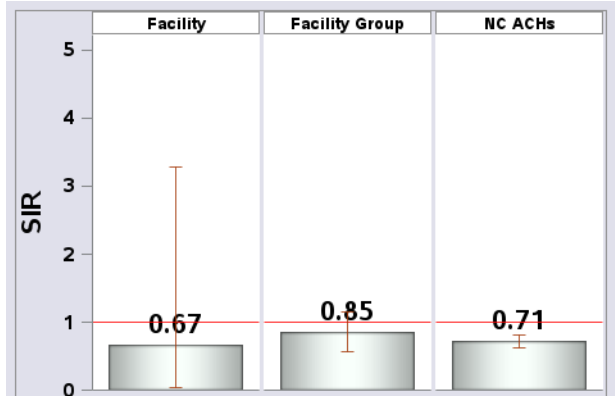


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

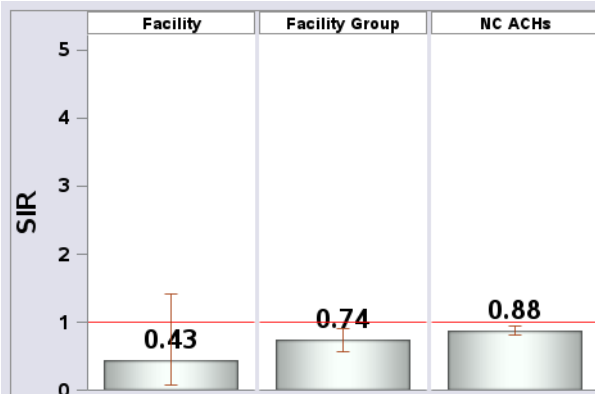


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Catawba Valley Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

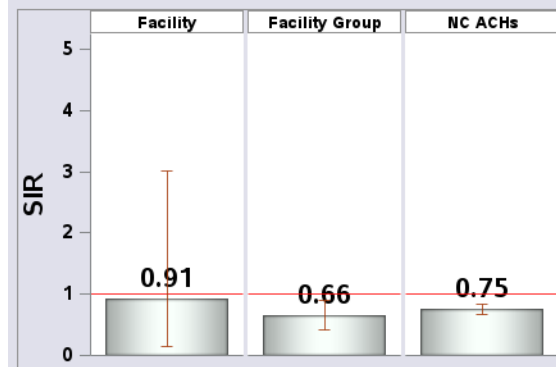


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.1	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
Neonatal Units	1	Less than 1.0	No Conclusion
All reporting units	2	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

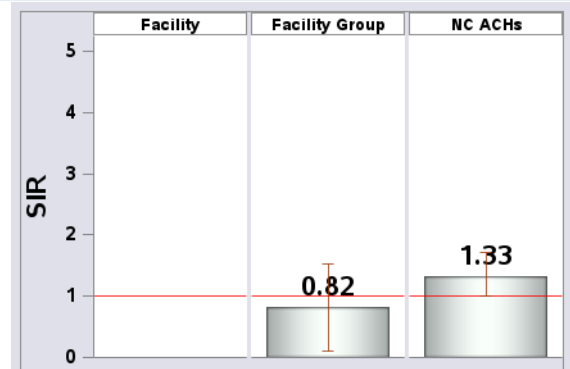


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

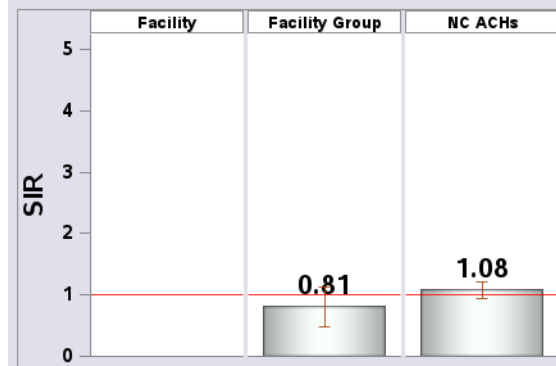


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Central Carolina Hospital, Sanford, Lee County

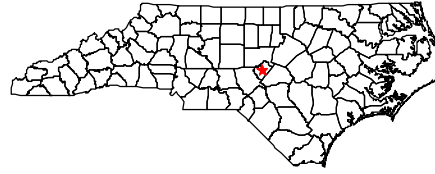
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	2,939
Patient Days in 2024:	9,841
Total Number of Beds:	55
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.82

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

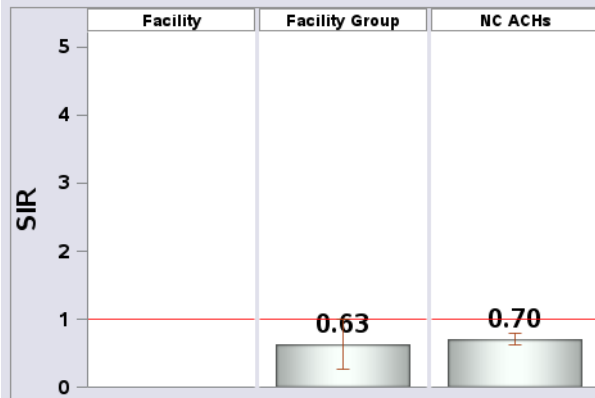


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

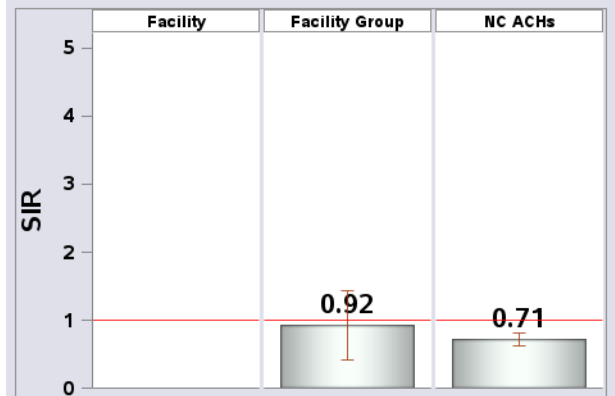


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

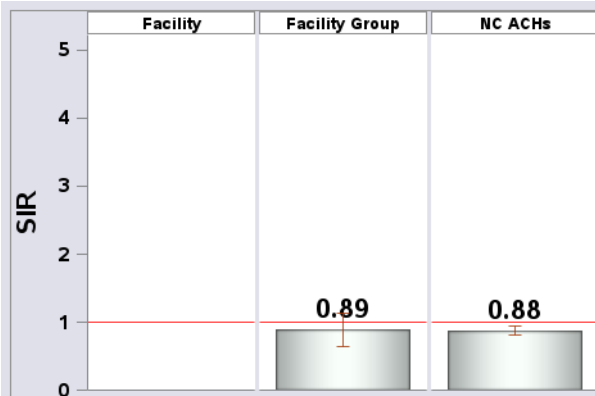


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Central Carolina Hospital, Sanford, Lee County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

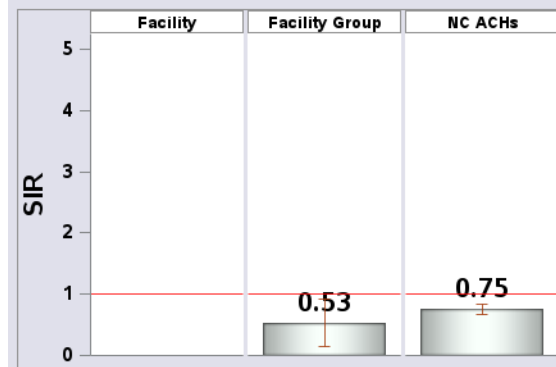


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

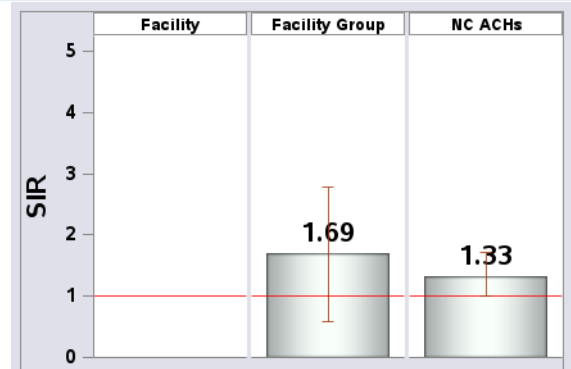


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

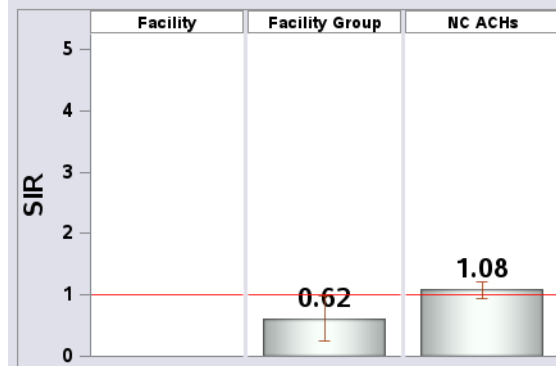


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Central Harnett Hospital, Lillington, Harnett County

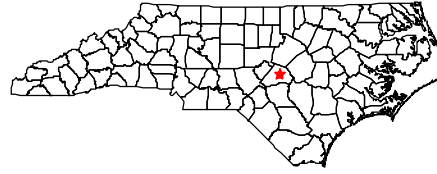
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	2,296
Patient Days in 2024:	7,518
Total Number of Beds:	44
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.14

(\*FTE = Full-time equivalent)

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

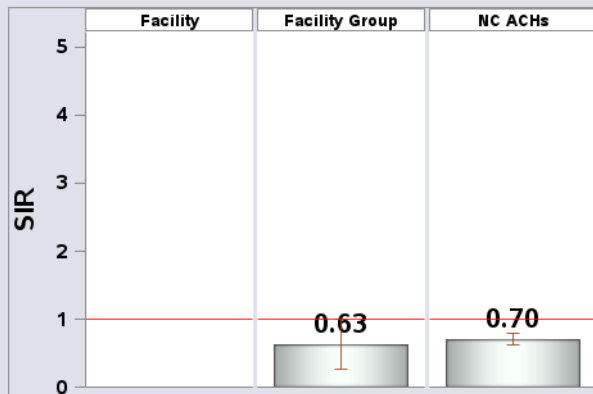


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

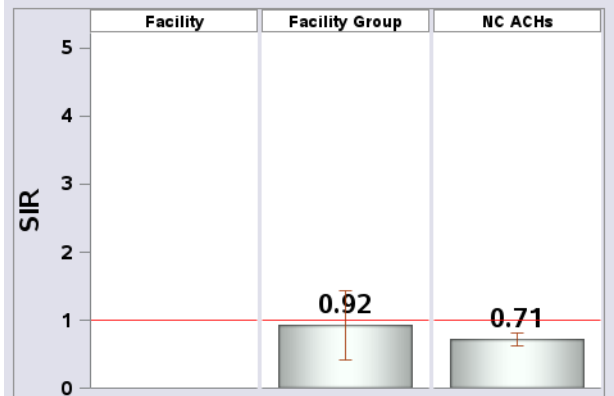


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

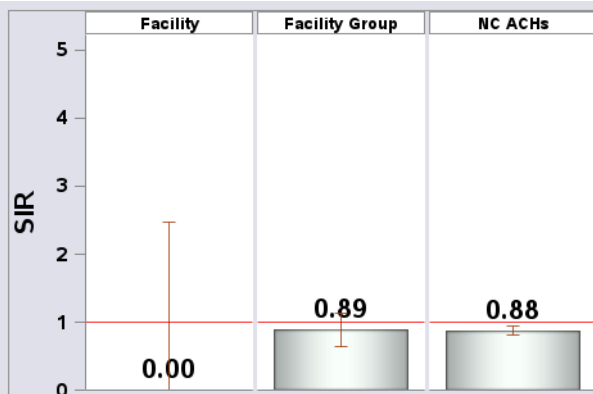


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Central Harnett Hospital, Lillington, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>0</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

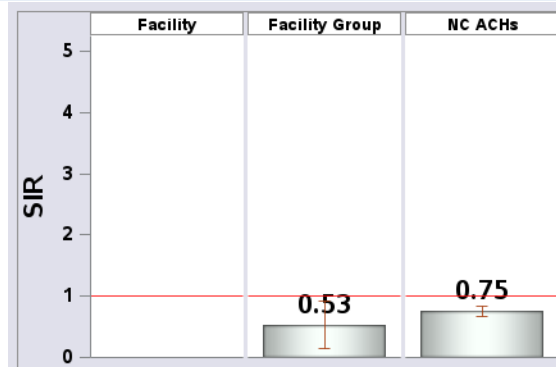


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Central Regional Hospital, Butner, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	480
Patient Days in 2024:	95,481
Total Number of Beds:	398
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.50

[\*FTE = Full-time equivalent]

[. = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.*

Note from N.C. Division of Public Health: This facility did not have locations required to report MRSA during this time period

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Note from N.C. Division of Public Health: This facility did not have locations required to report CDI during this time period

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Central Regional Hospital, Butner, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

#### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

#### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Cherry Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	378
Patient Days in 2024:	54,169
Total Number of Beds:	259
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.77

[\*FTE = Full-time equivalent]

[. = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.*

Note from N.C. Division of Public Health: This facility did not have locations required to report MRSA during this time period

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Note from N.C. Division of Public Health: This facility did not have locations required to report CDI during this time period

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

**Cherry Hospital, Goldsboro, Wayne County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Columbus Regional Healthcare System, Whiteville, Columbus County

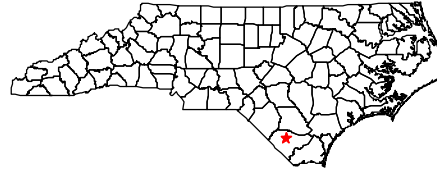
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Undergraduate  
Admissions in 2024: 2,561  
Patient Days in 2024: 23,427  
Total Number of Beds: 77  
Number of ICU Beds: 9  
FTE\* Infection Preventionists: 1.00  
Number of FTEs\* per 100 beds: 1.30

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

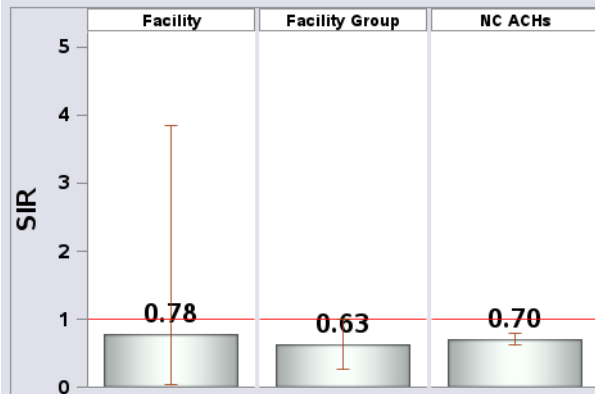


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

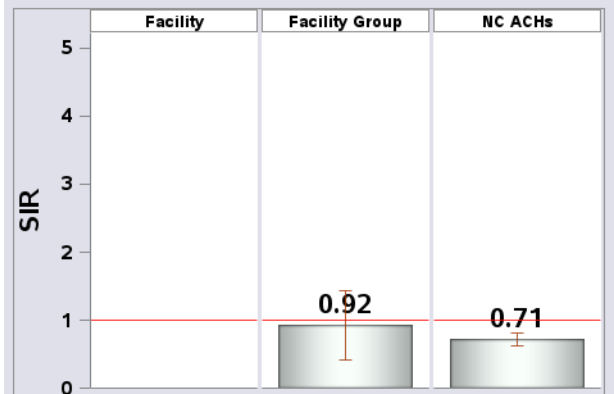


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

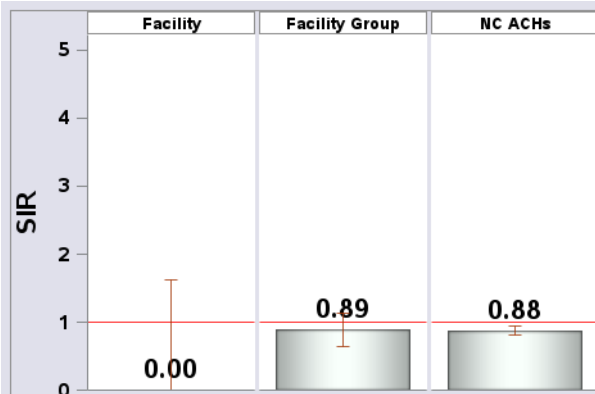


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Columbus Regional Healthcare System, Whiteville, Columbus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

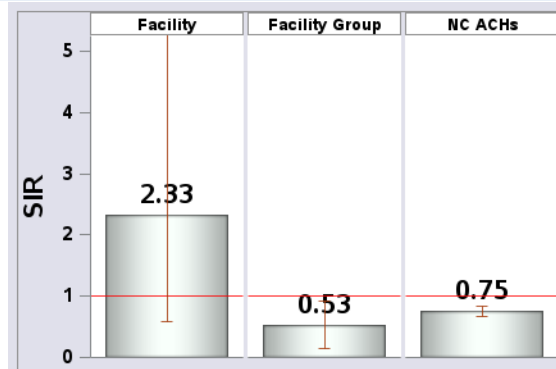


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

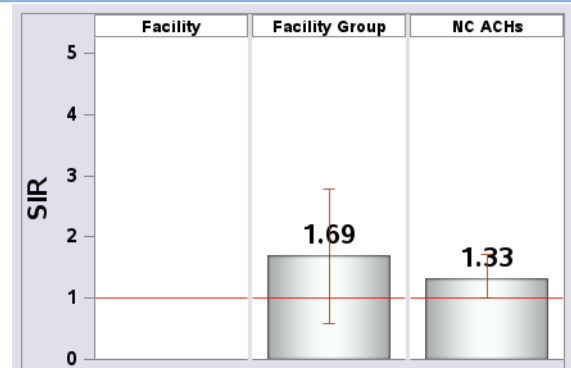


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

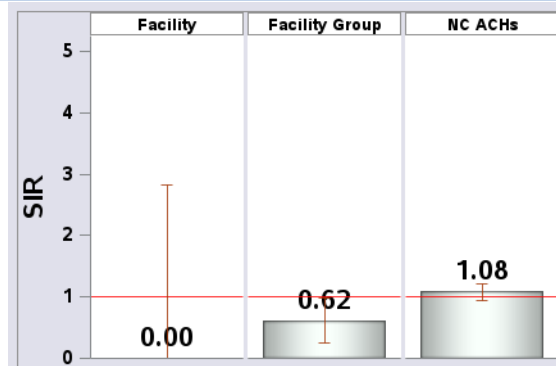


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## DLP - Harris Regional Hospital, Sylva, Jackson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	3,363
Patient Days in 2024:	12,254
Total Number of Beds:	72
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.11

(\*FTE = Full-time equivalent)

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

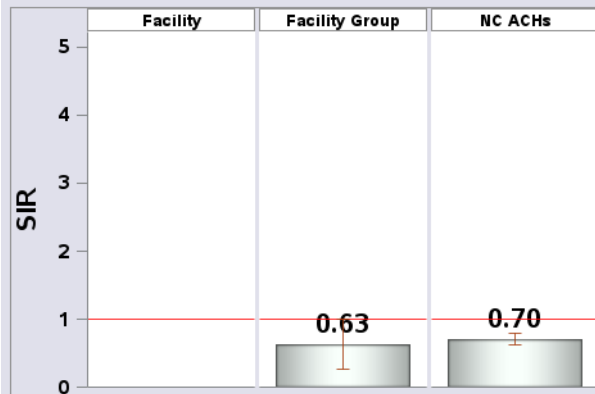


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

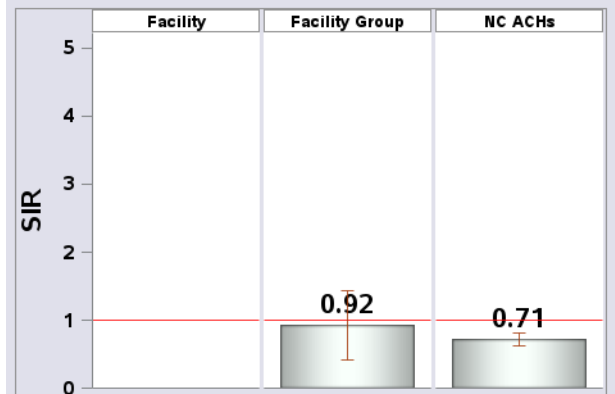


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

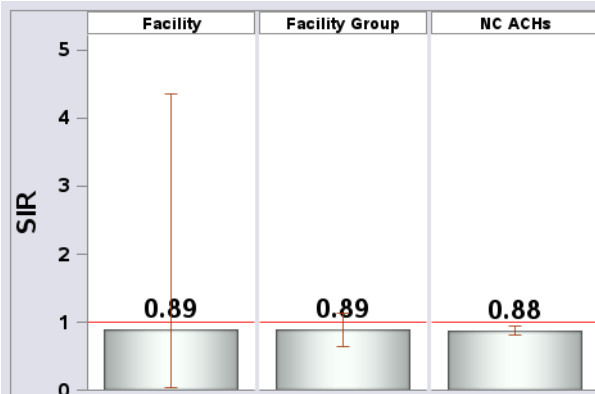


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## DLP - Harris Regional Hospital, Sylva, Jackson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

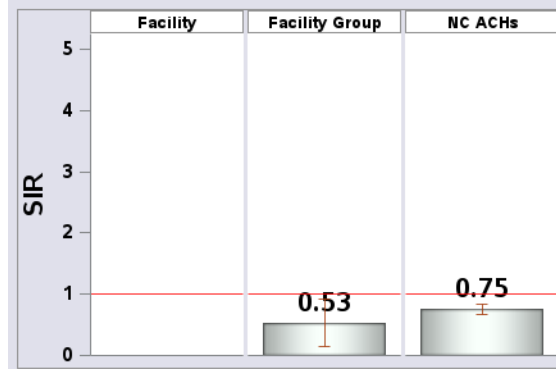


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

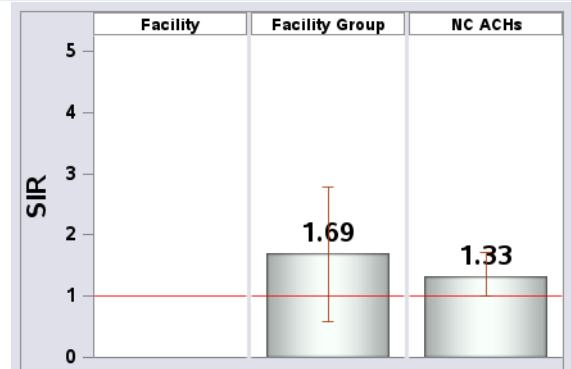


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

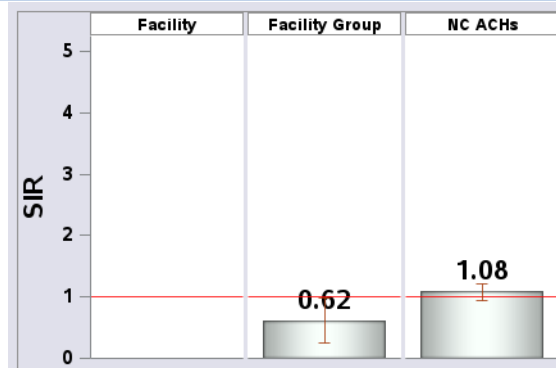


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Duke Health Lake Norman Hospital, Mooresville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	4,008
Patient Days in 2024:	12,888
Total Number of Beds:	123
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.20
Number of FTEs* per 100 beds:	0.98

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

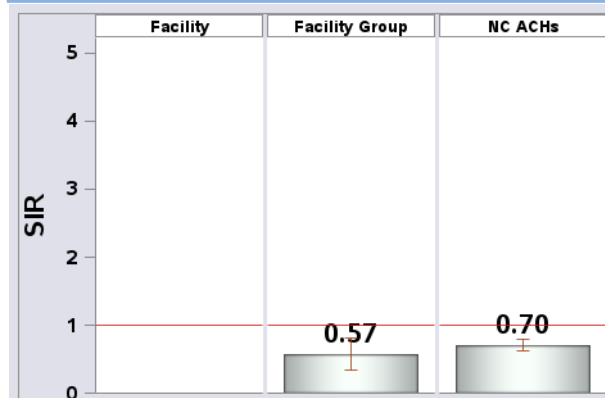


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

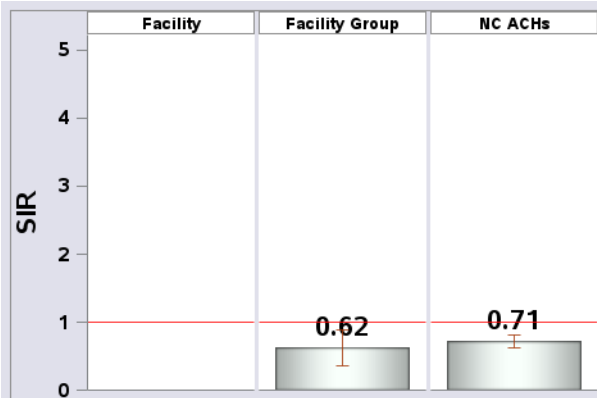


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

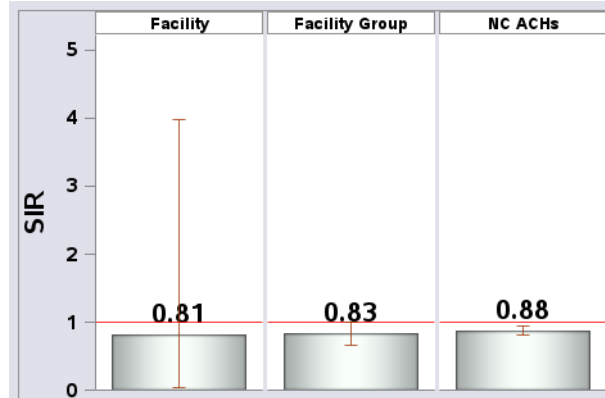


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Duke Health Lake Norman Hospital, Mooresville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

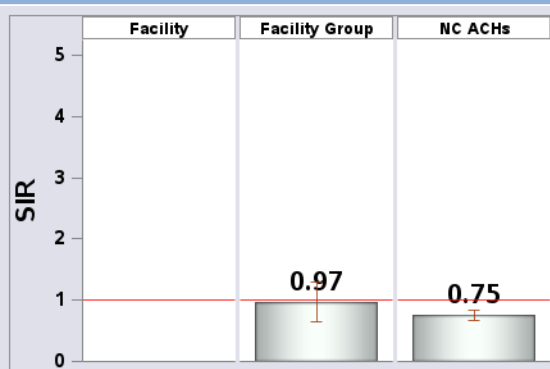


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

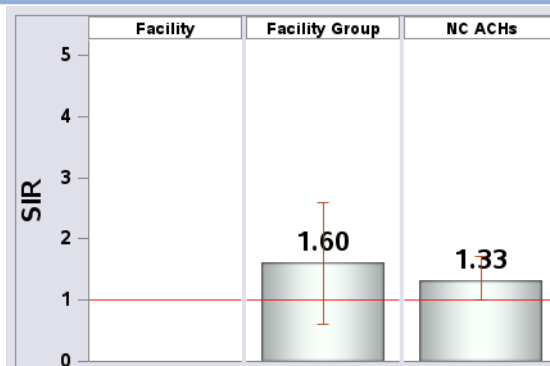


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

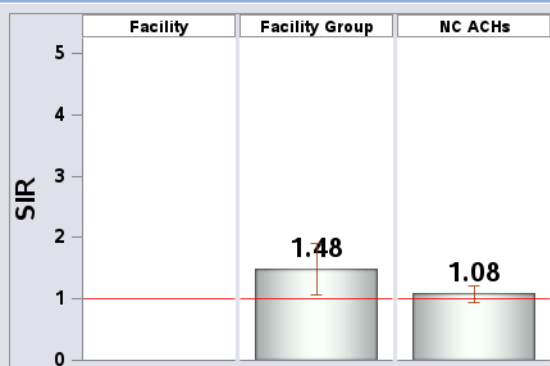


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Duke Raleigh Hospital, Raleigh, Wake County

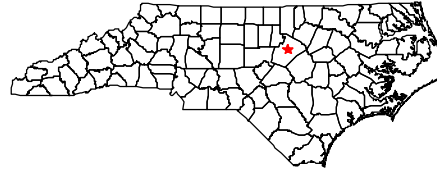
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	16,685
Patient Days in 2024:	64,908
Total Number of Beds:	204
Number of ICU Beds:	28
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.47

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

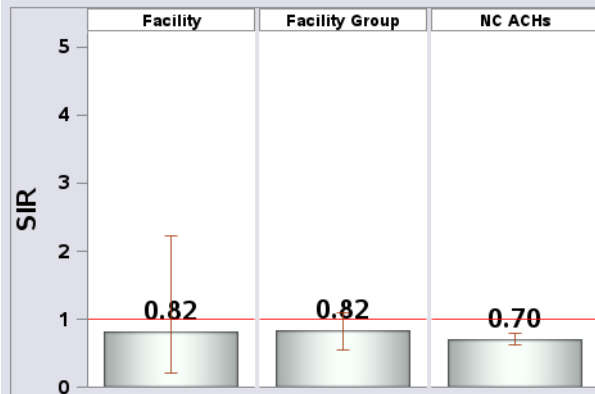


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	2	2.3	Same
All reporting units	3	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

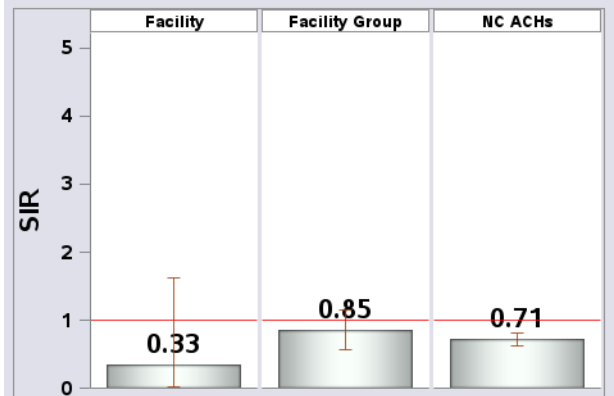


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	7.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

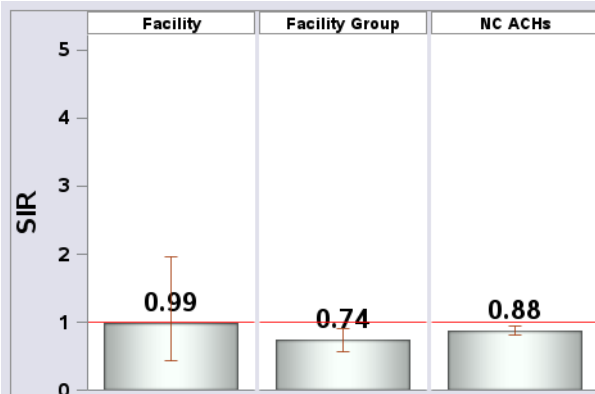


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Duke Raleigh Hospital, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

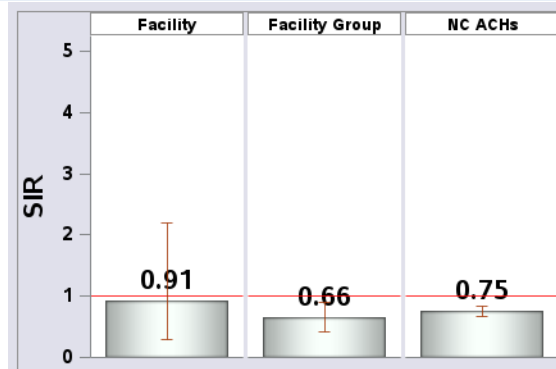


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.4	Same
Adult/Ped Wards	2	3.0	Same
All reporting units	4	4.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

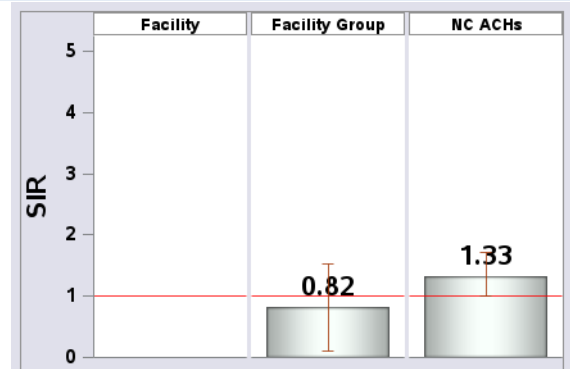


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

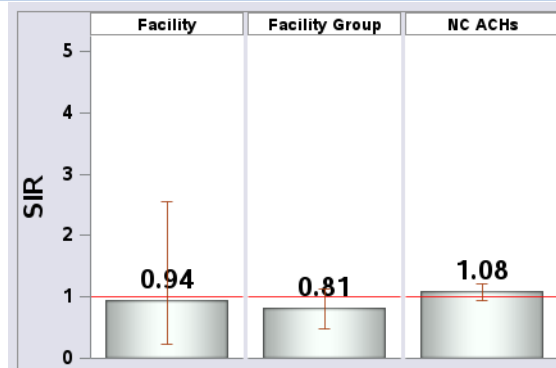


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Duke Regional Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	22,590
Patient Days in 2024:	108,487
Total Number of Beds:	388
Number of ICU Beds:	17
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.77

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

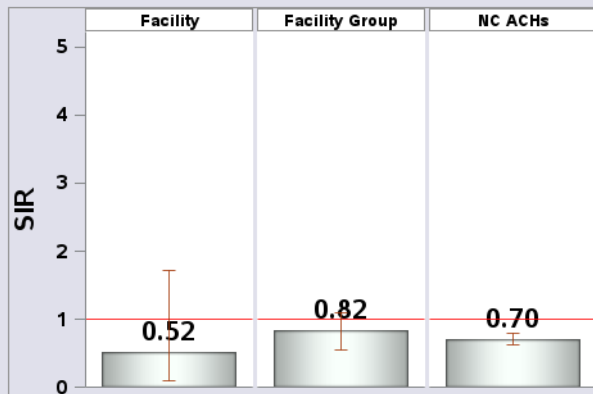


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.5	Same
Adult/Ped Wards	2	2.3	Same
<b>All reporting units</b>	<b>2</b>	<b>3.9</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

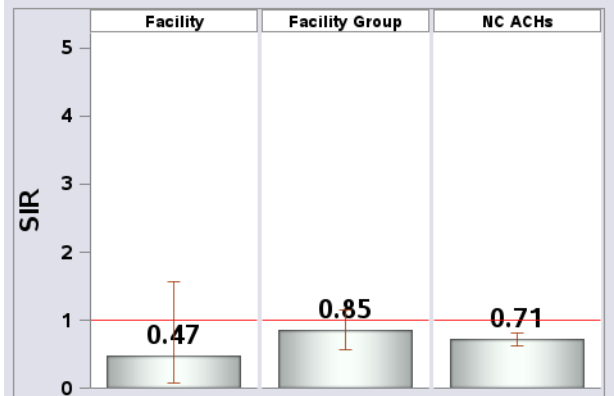


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	9.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

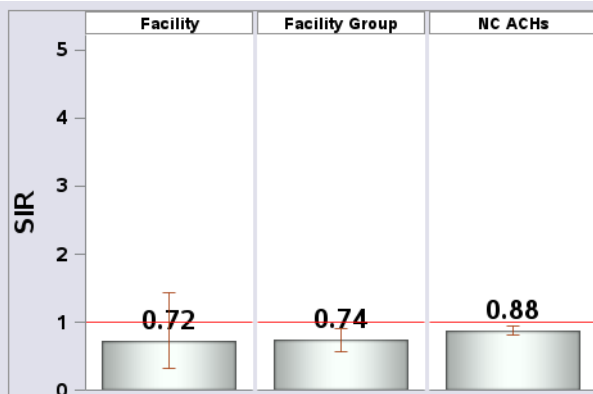


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Duke Regional Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

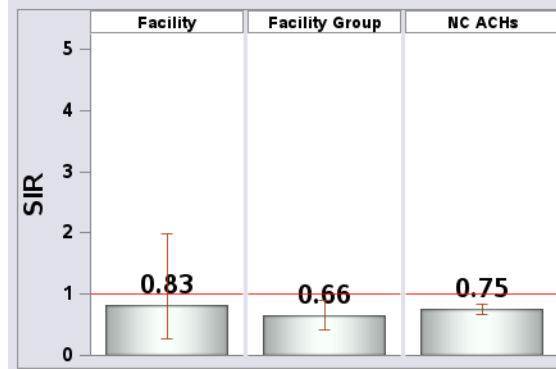


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.9	Same
Adult/Ped Wards	1	2.9	Same
All reporting units	4	4.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

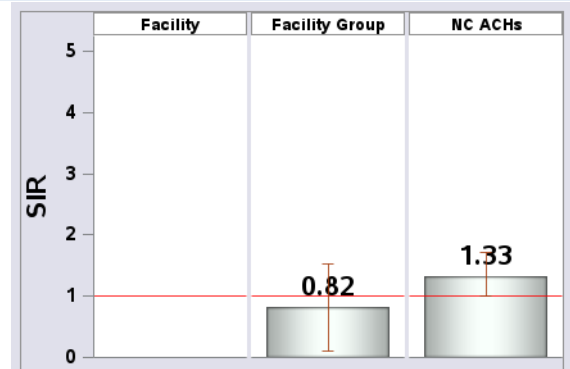


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

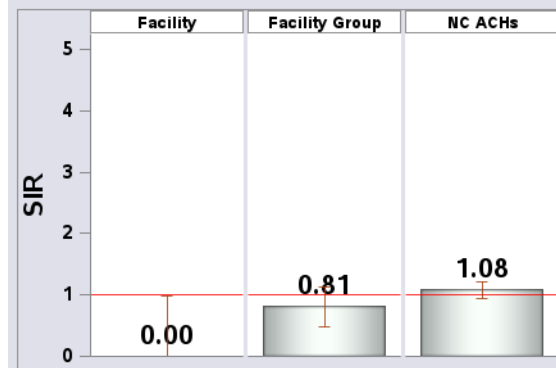


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Duke University Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	51,902
Patient Days in 2024:	356,753
Total Number of Beds:	1,062
Number of ICU Beds:	264
FTE* Infection Preventionists:	12.3
Number of FTEs* per 100 beds:	1.15

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

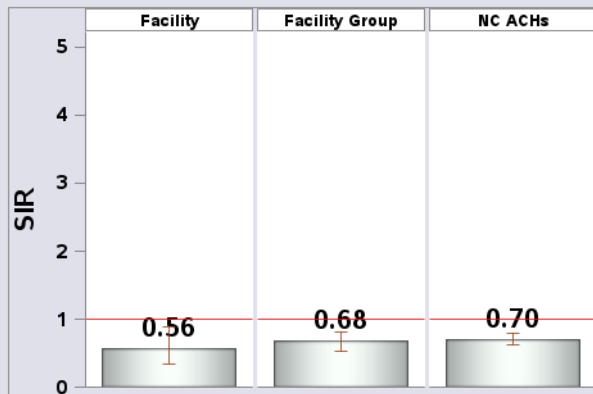


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	20	Same
Adult/Ped Wards	4	10	Better
All reporting units	17	30	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	22	30	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

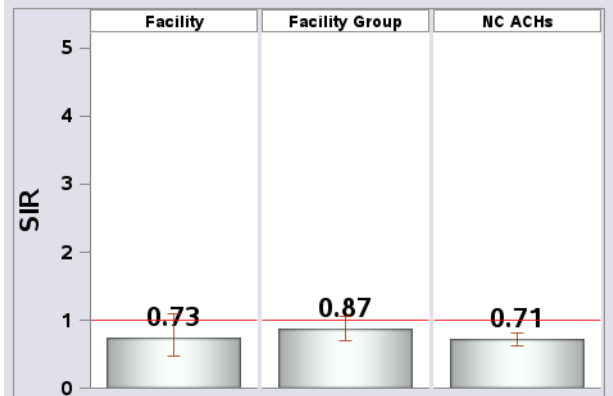


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	59	46	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

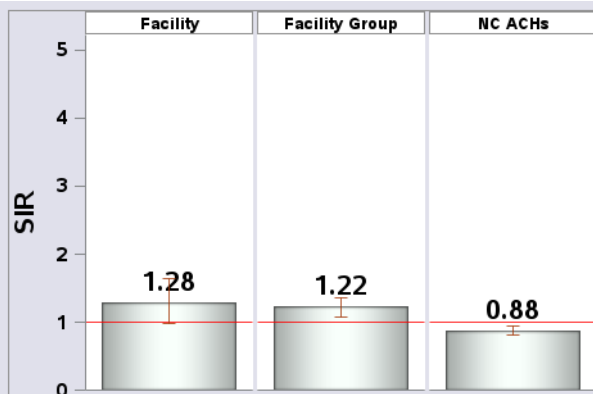


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Duke University Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

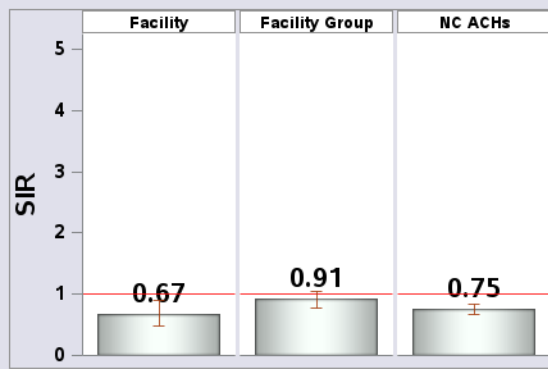


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	24	39	Better
Adult/Ped Wards	14	14	Same
Neonatal Units	1	4.9	Same
All reporting units	39	58	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

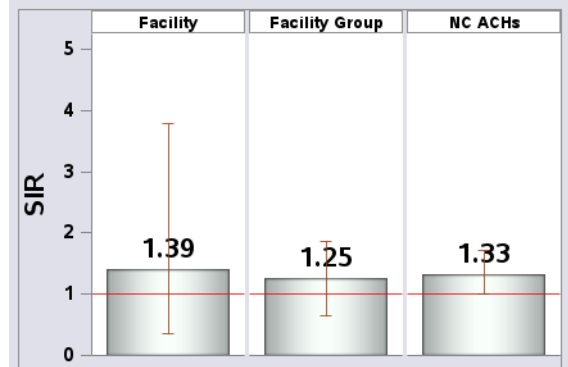


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

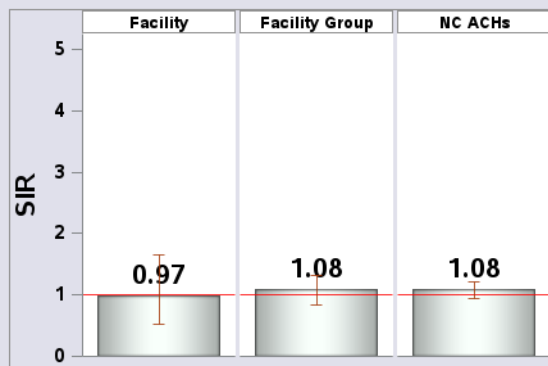


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

## Data from January 1 - September 30, 2025

### ECU Health Beaufort Hospital, Washington, Beaufort County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	4,875
Patient Days in 2024:	14,701
Total Number of Beds:	77
Number of ICU Beds:	11
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.30

(\*FTE = Full-time equivalent)  
[. = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

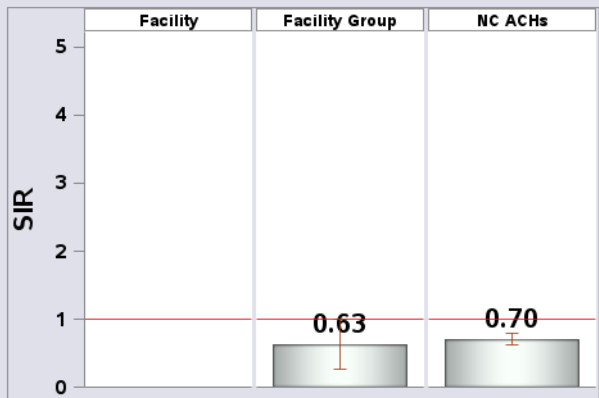


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

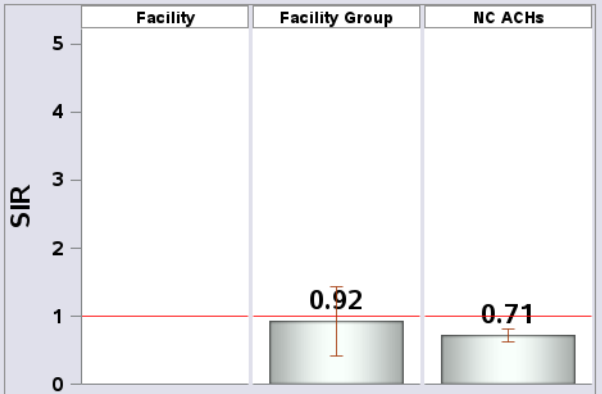


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

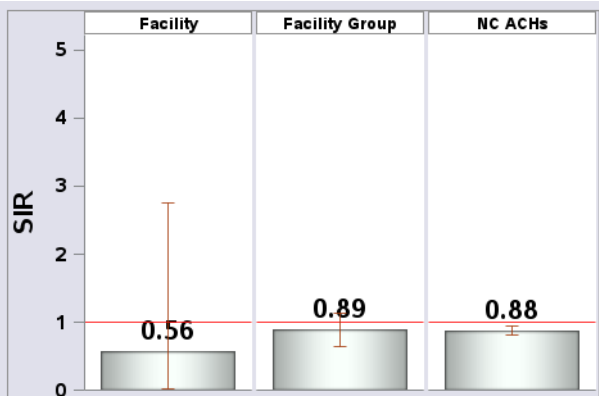


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health Beaufort Hospital, Washington, Beaufort County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

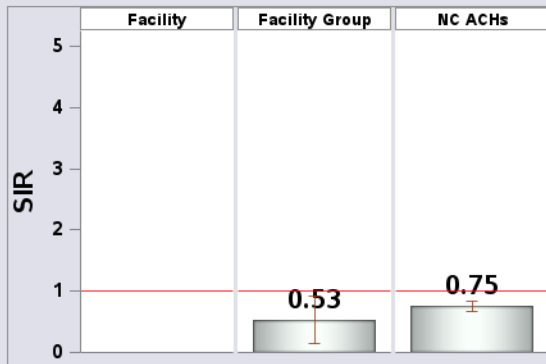


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

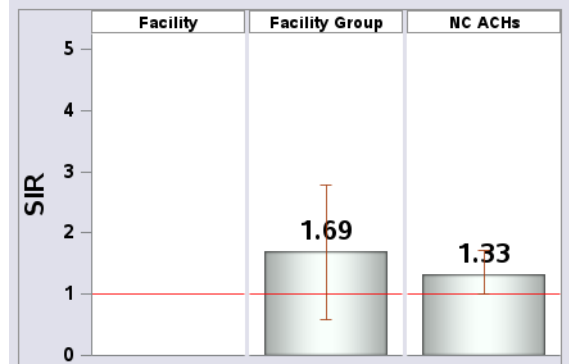


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

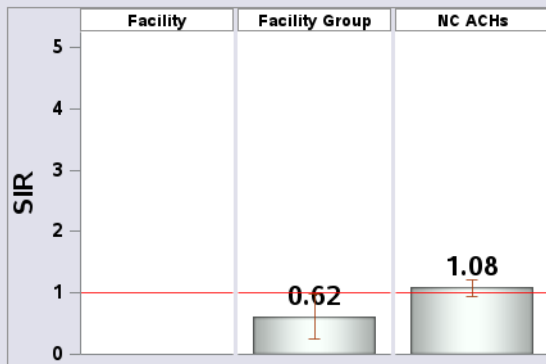


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

ECU Health Duplin Hospital, Kenansville, Duplin County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	3,815
Patient Days in 2024:	11,576
Total Number of Beds:	81
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.23

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

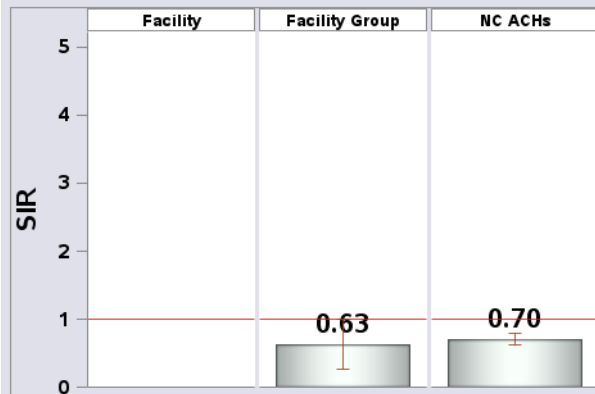


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

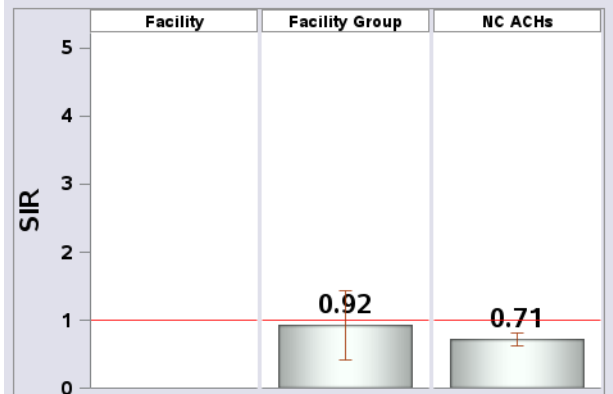


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

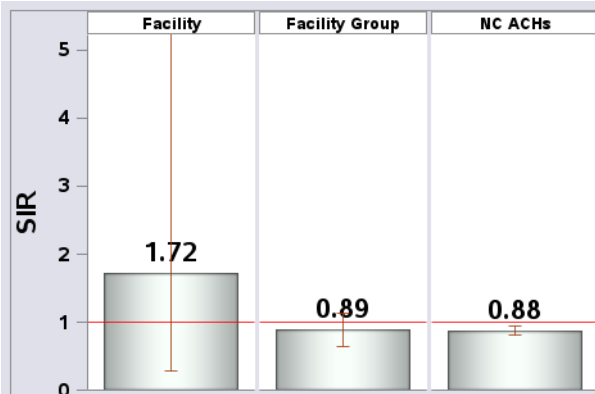


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health Duplin Hospital, Kenansville, Duplin County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

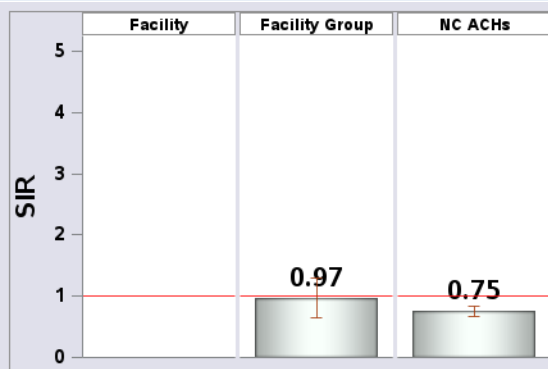


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

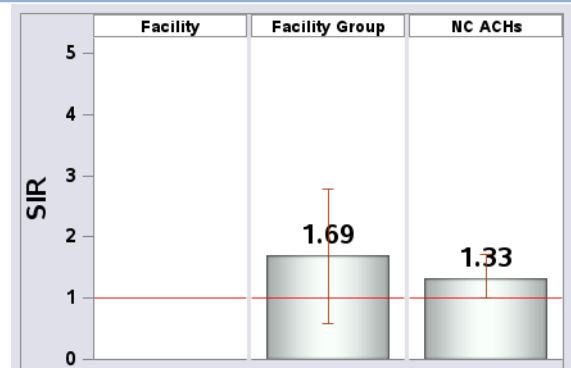


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

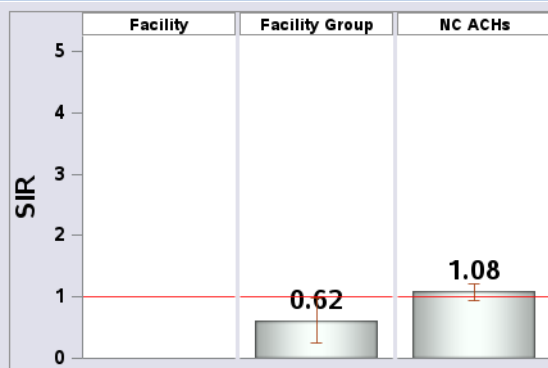


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	3,105
Patient Days in 2024:	14,169
Total Number of Beds:	105
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.95

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

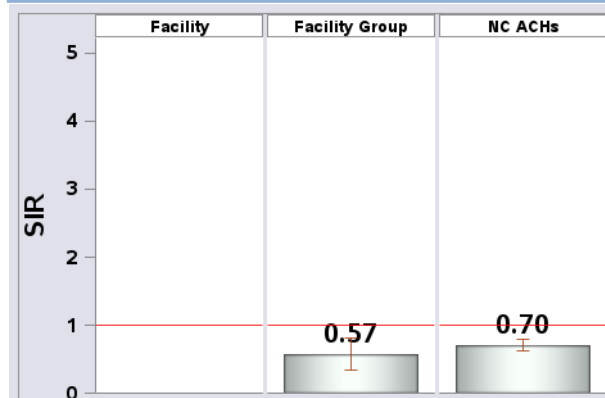


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

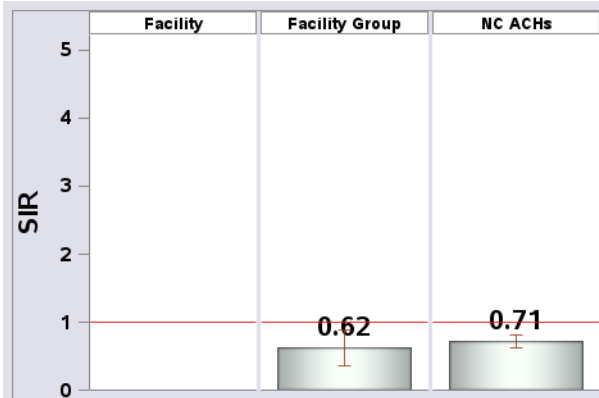


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

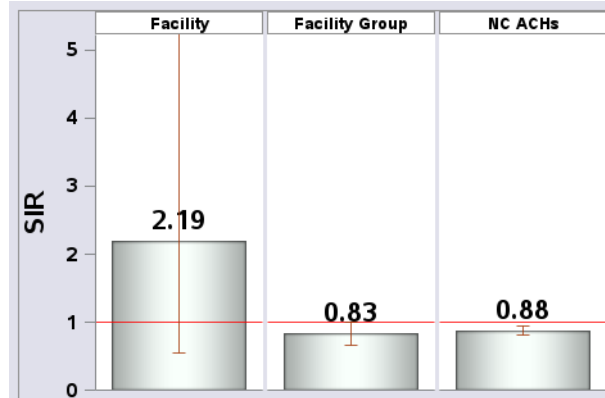


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

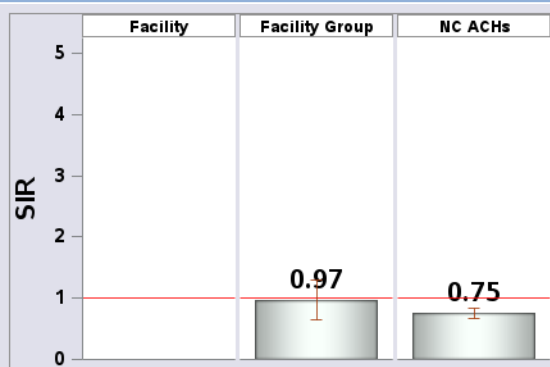


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

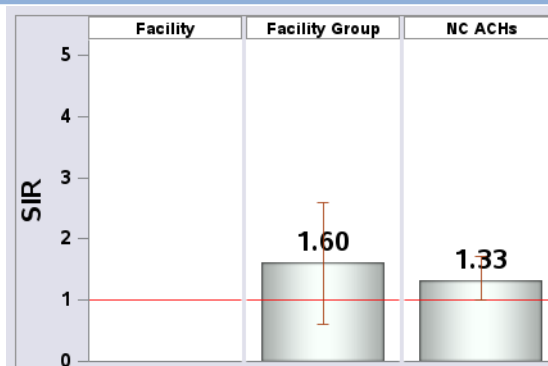


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

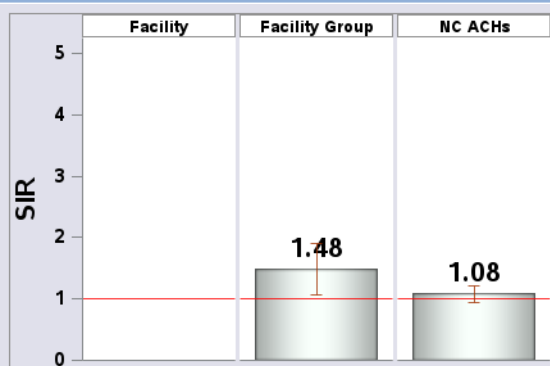


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

ECU Health Medical Center, Greenville, Pitt County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	46,366
Patient Days in 2024:	294,366
Total Number of Beds:	1,039
Number of ICU Beds:	190
FTE* Infection Preventionists:	8.50
Number of FTEs* per 100 beds:	0.82

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

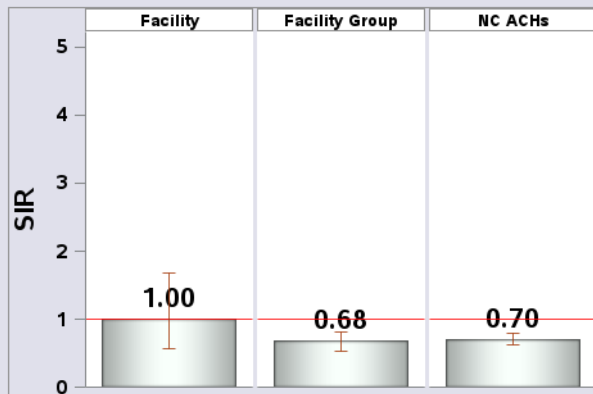


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	9.2	Same
Adult/Ped Wards	7	3.7	Same
All reporting units	13	13	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	19	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

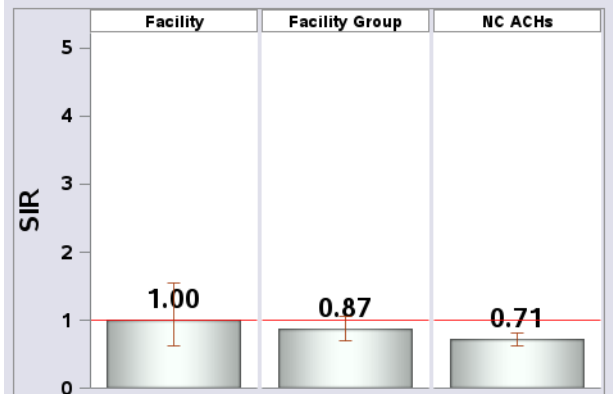


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	25	37	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

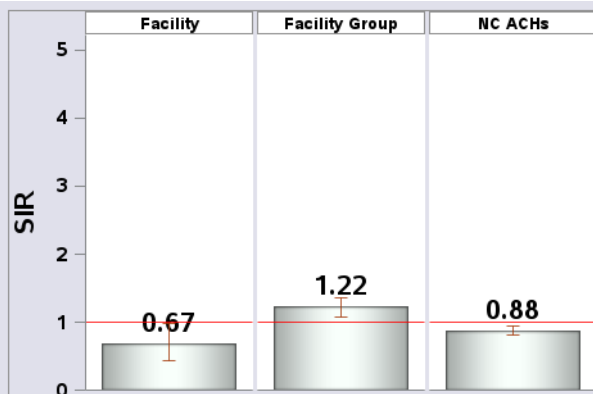


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

ECU Health Medical Center, Greenville, Pitt County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

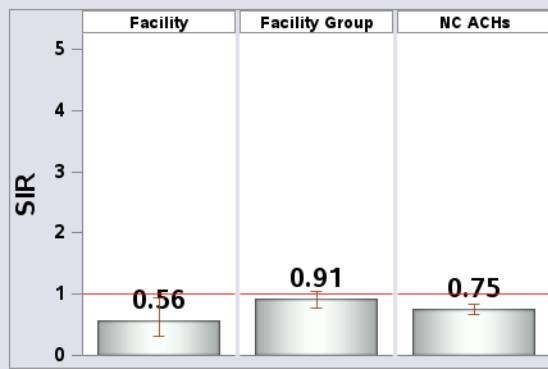


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	15	Better
Adult/Ped Wards	3	5.7	Same
Neonatal Units	2	2.2	Same
All reporting units	13	23	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

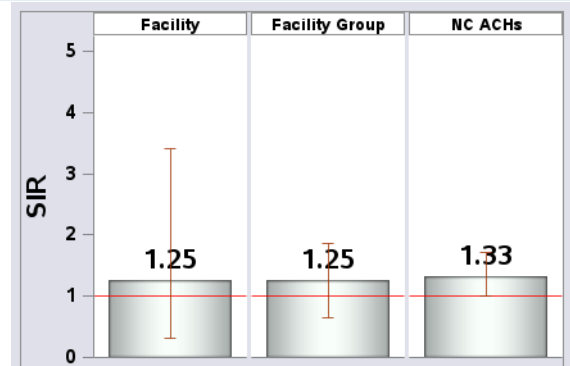


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

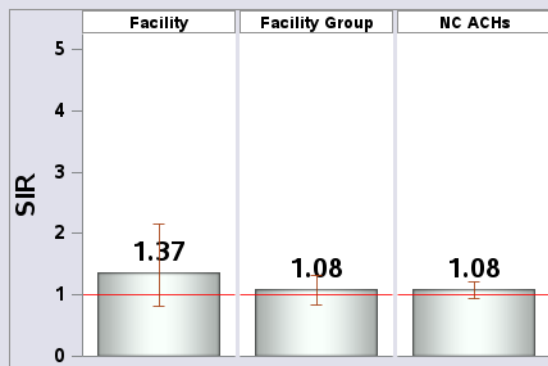


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health North Hospital, Roanoke Rapids, Halifax County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	5,243
Patient Days in 2024:	22,976
Total Number of Beds:	82
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.22

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

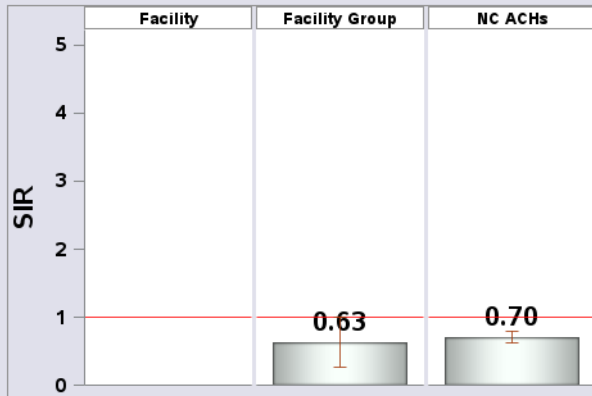


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

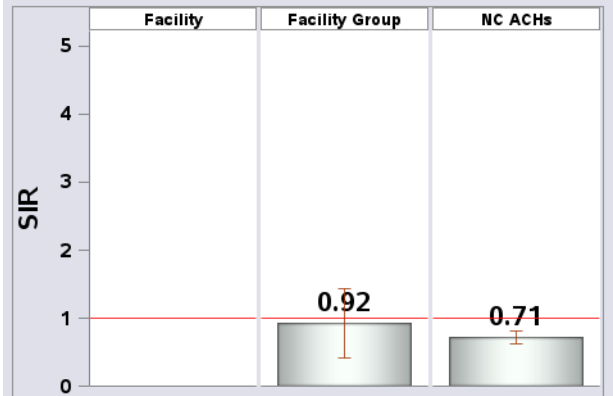


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

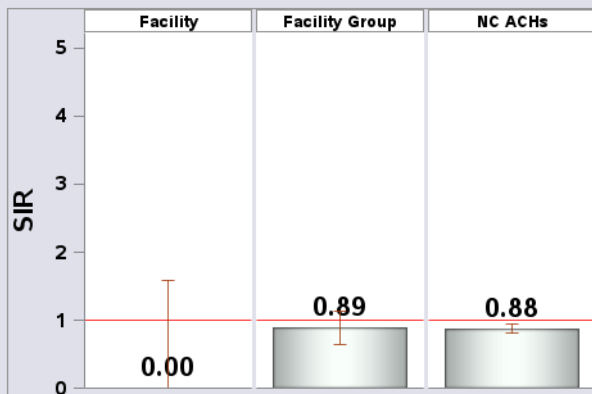


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health North Hospital, Roanoke Rapids, Halifax County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

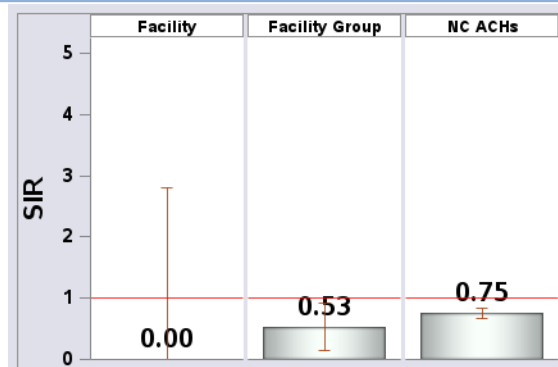


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

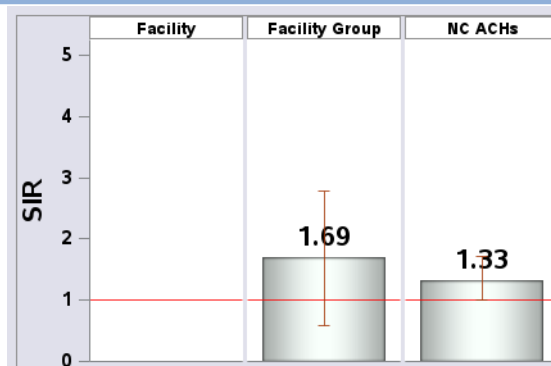


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

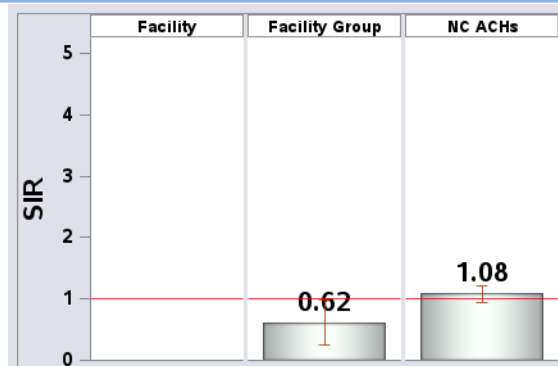


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Graduate  
Admissions in 2024: 4,650  
Patient Days in 2024: 22,923  
Total Number of Beds: 114  
Number of ICU Beds: 10  
FTE\* Infection Preventionists: 1.00  
Number of FTEs\* per 100 beds: 0.88

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

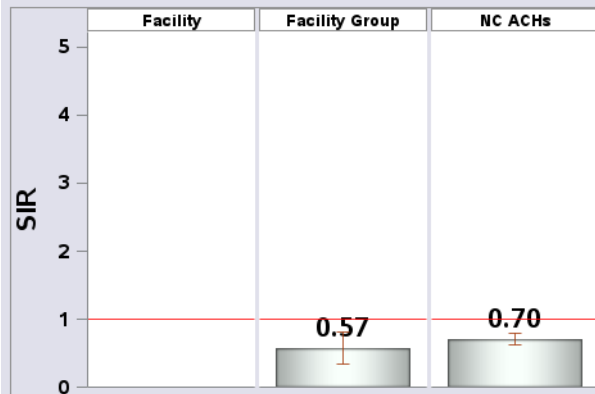


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

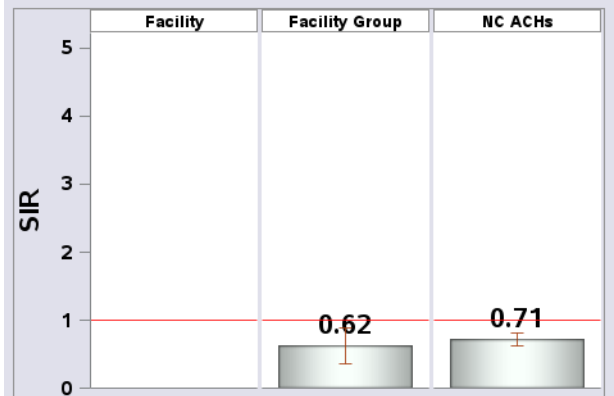


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

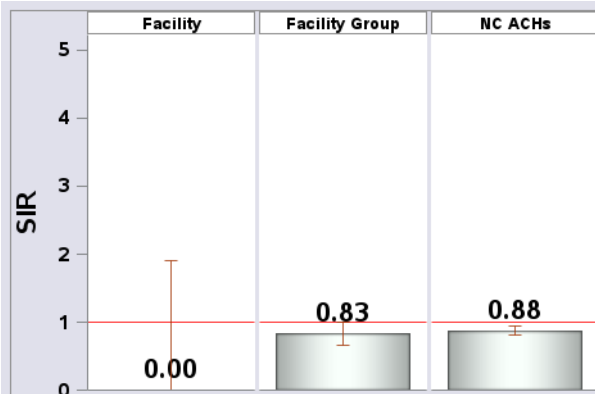


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

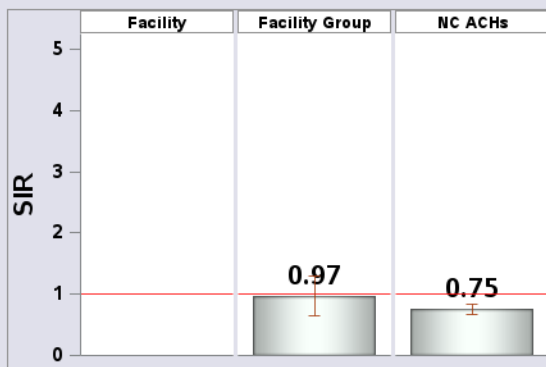


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

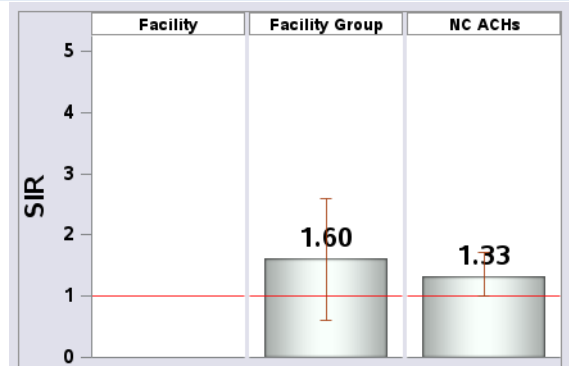


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

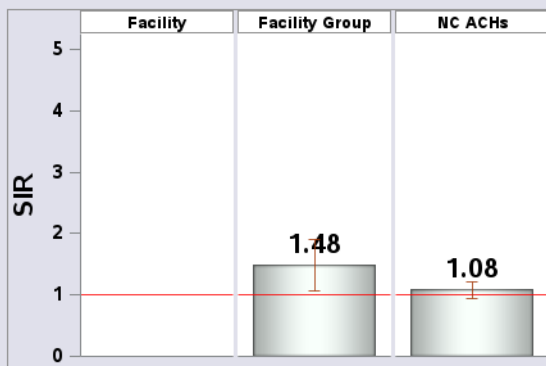


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	22,794
Patient Days in 2024:	100,758
Total Number of Beds:	362
Number of ICU Beds:	23
FTE* Infection Preventionists:	3.50
Number of FTEs* per 100 beds:	0.97

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

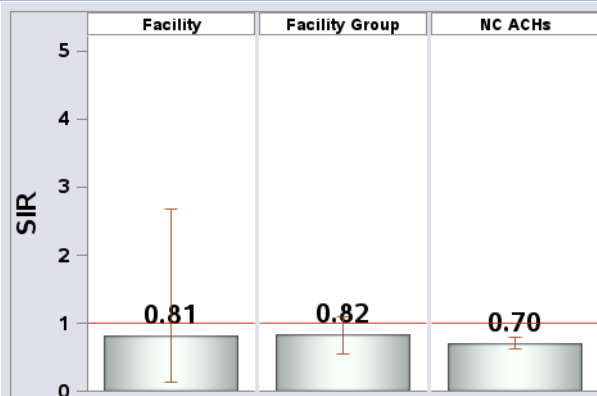


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	2.0	Same
All reporting units	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

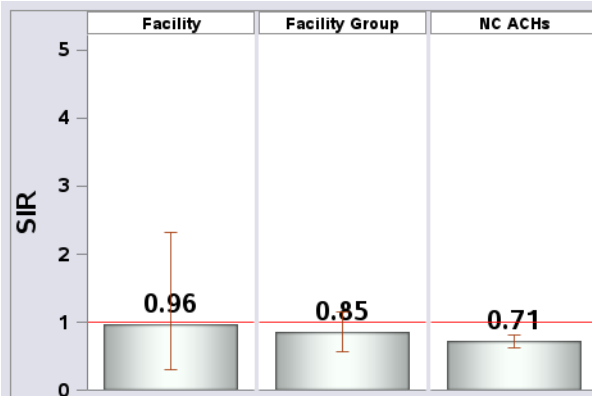


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	9.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

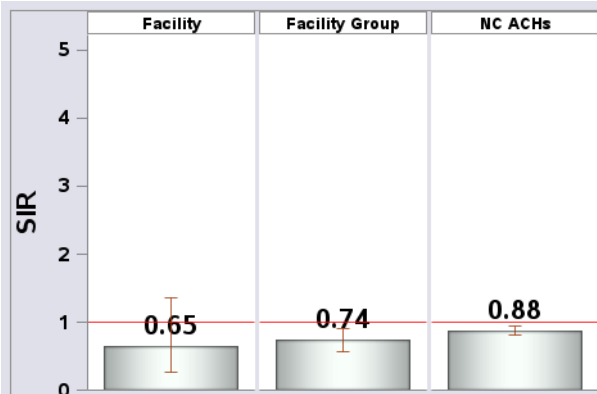


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

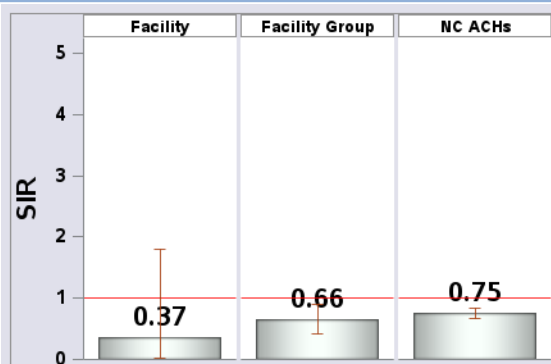


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	2.0	Same
Neonatal Units	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>1</b>	<b>2.7</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

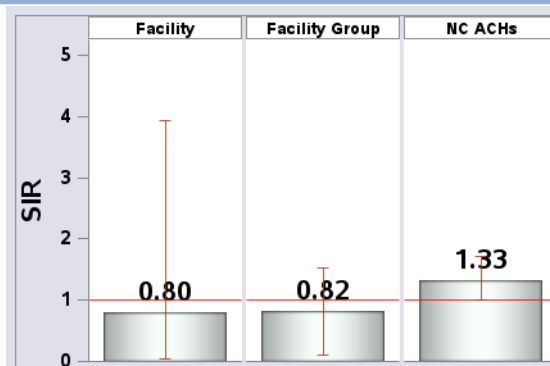


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

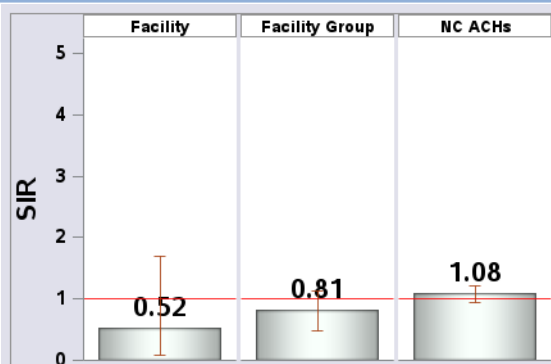


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	782
Patient Days in 2024:	1,905
Total Number of Beds:	8
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	2.50

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

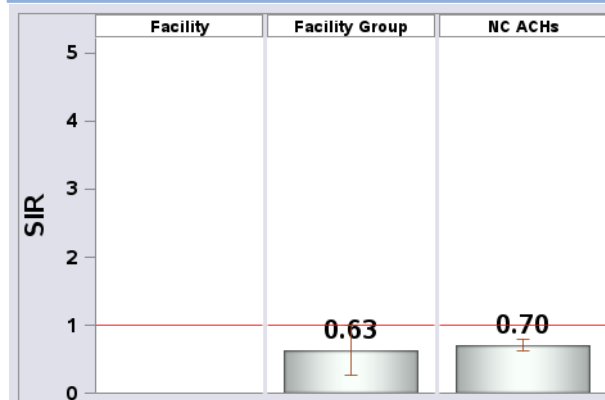


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

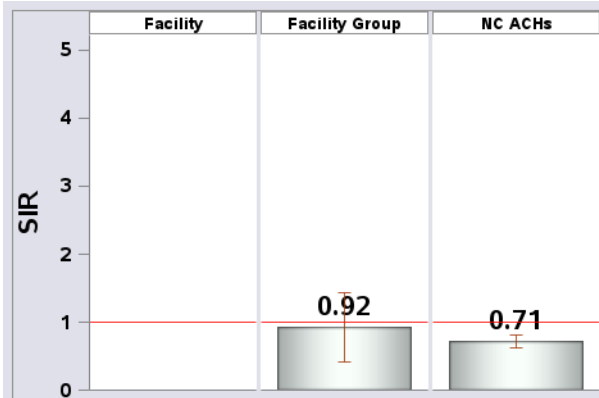


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

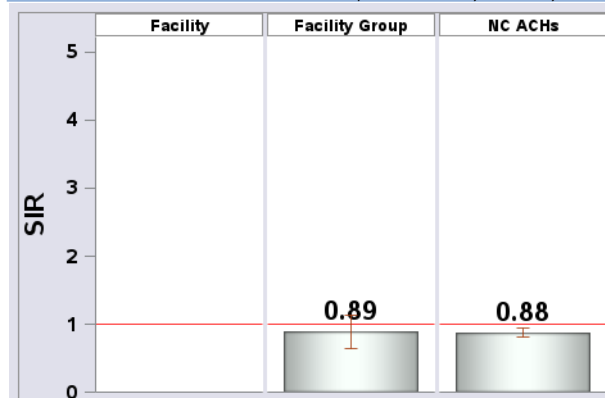


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

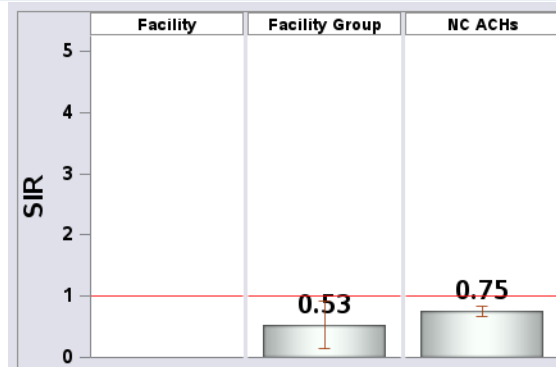


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	2,362
Patient Days in 2024:	6,855
Total Number of Beds:	79
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.63

(\*FTE = Full-time equivalent)

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

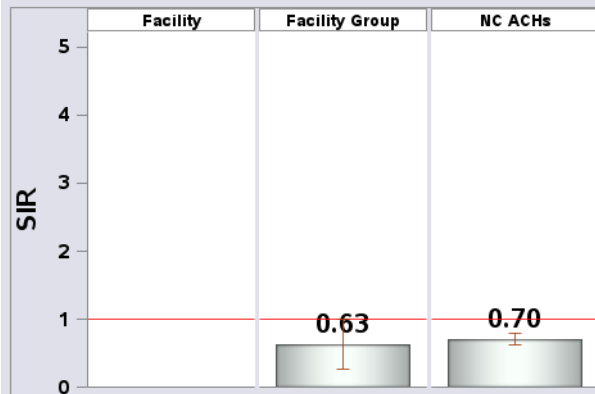


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

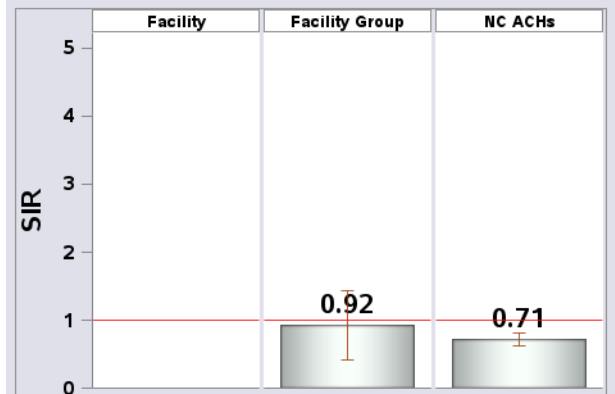


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

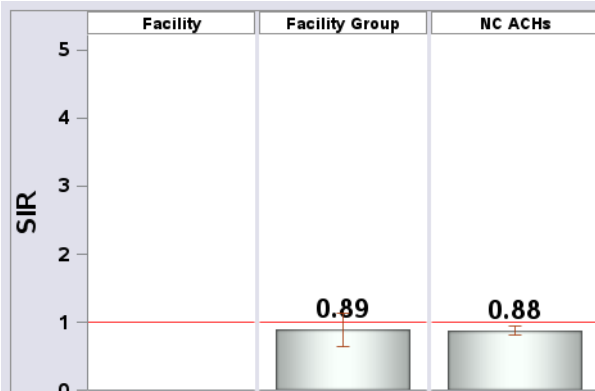


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

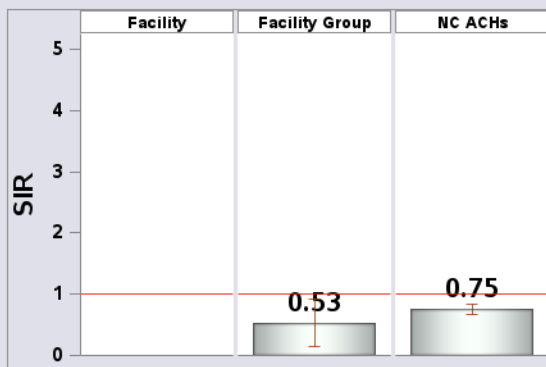


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

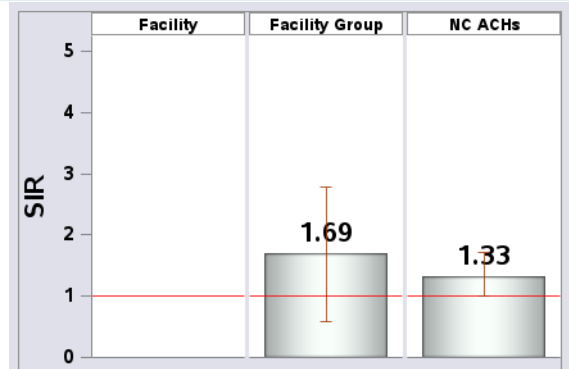


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

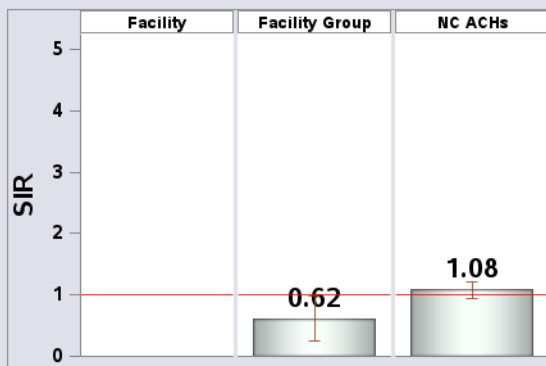


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Frye Regional Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	9,653
Patient Days in 2024:	46,029
Total Number of Beds:	190
Number of ICU Beds:	26
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.79

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

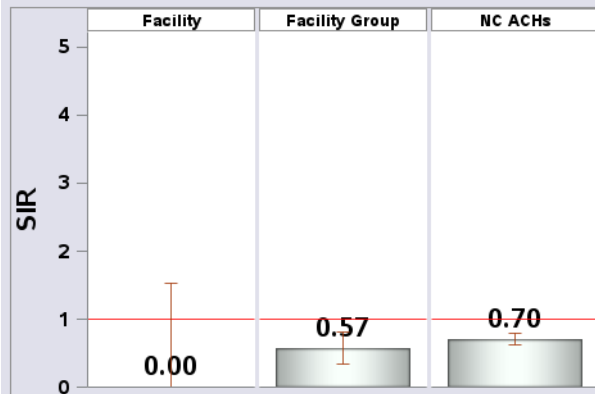


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

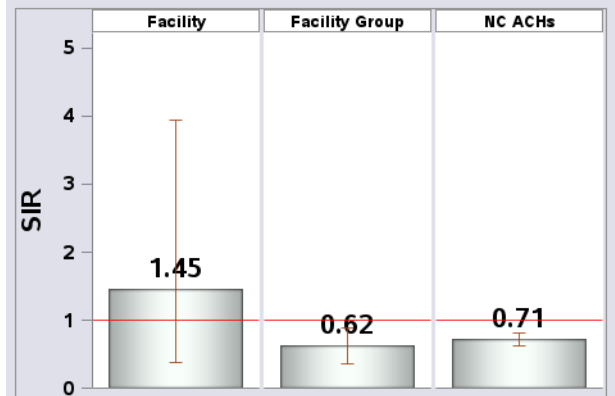


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

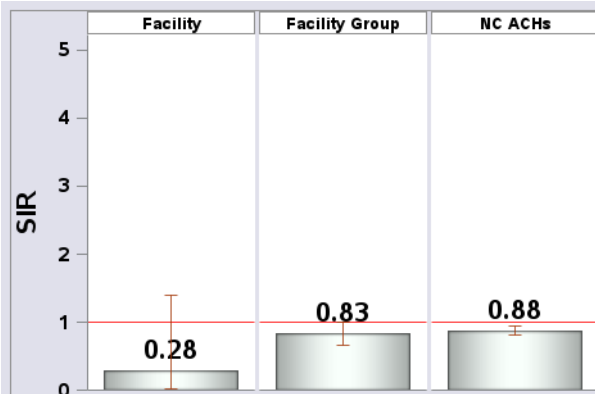


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Frye Regional Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

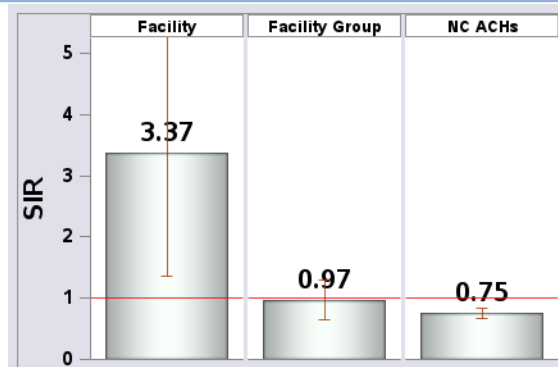


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.2	Same
Adult/Ped Wards	3	Less than 1.0	No Conclusion
All reporting units	6	1.8	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

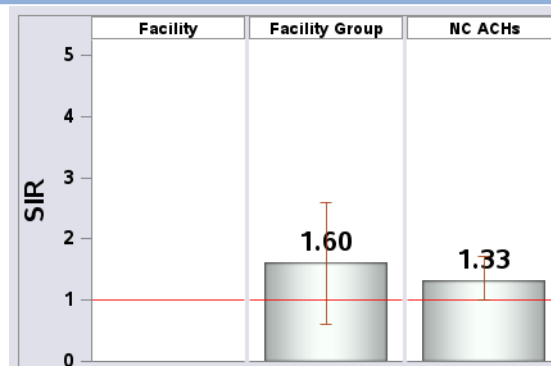


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

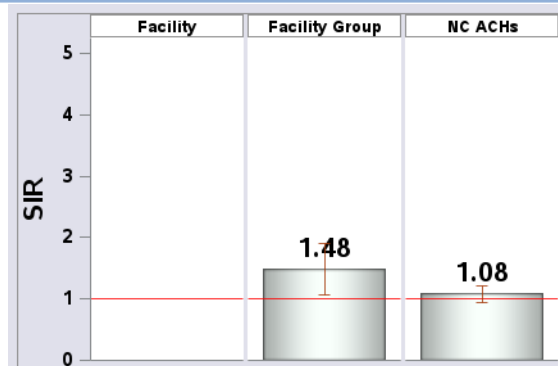


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Gaston Memorial Hospital, Gastonia, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	25,424
Patient Days in 2024:	136,198
Total Number of Beds:	497
Number of ICU Beds:	68
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.20

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

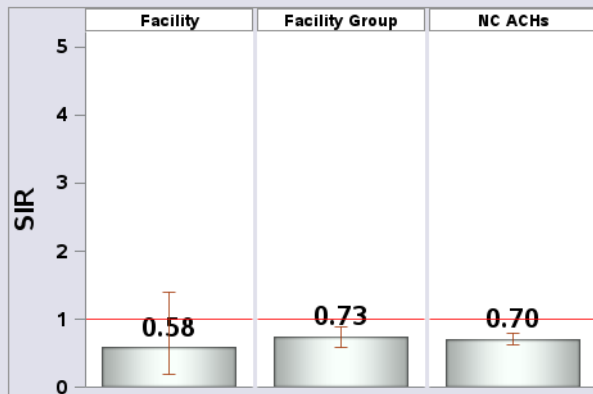


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	3.8	Same
Adult/Ped Wards	3	3.2	Same
All reporting units	4	7.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	6.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

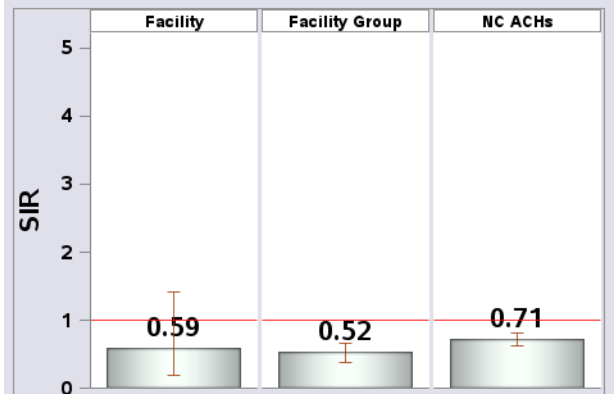


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

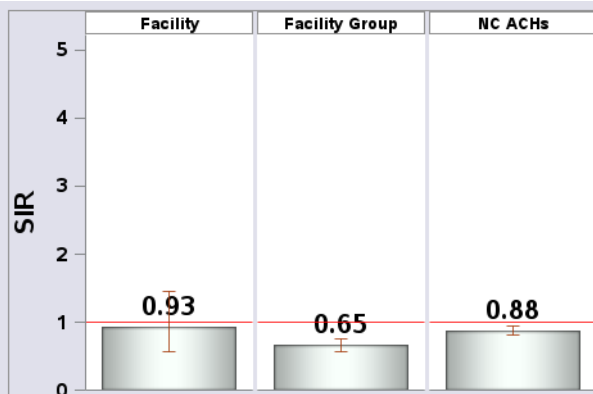


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Gaston Memorial Hospital, Gastonia, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

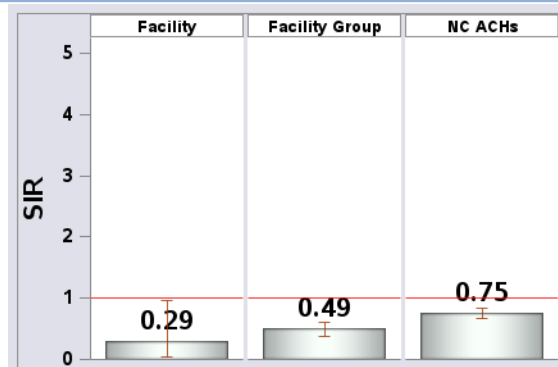


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	5.0	Better
Adult/Ped Wards	1	1.8	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	6.9	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

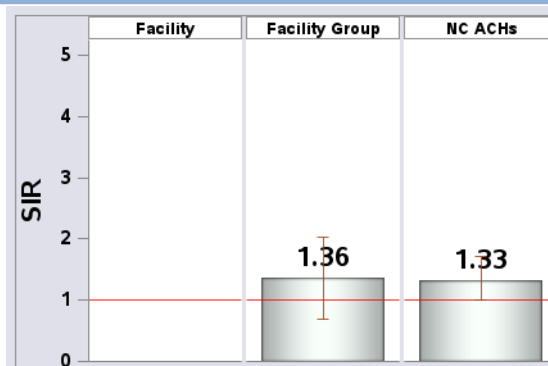


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

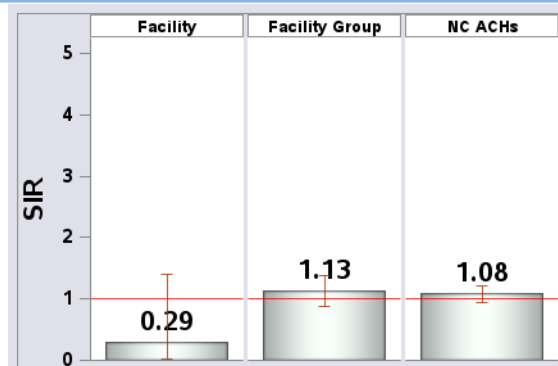


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Granville Medical Center, Oxford, Granville County

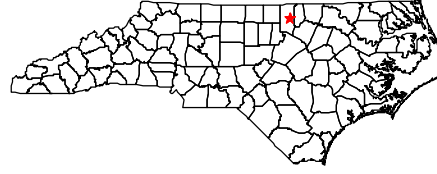
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	2,630
Patient Days in 2024:	8,021
Total Number of Beds:	43
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.33

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

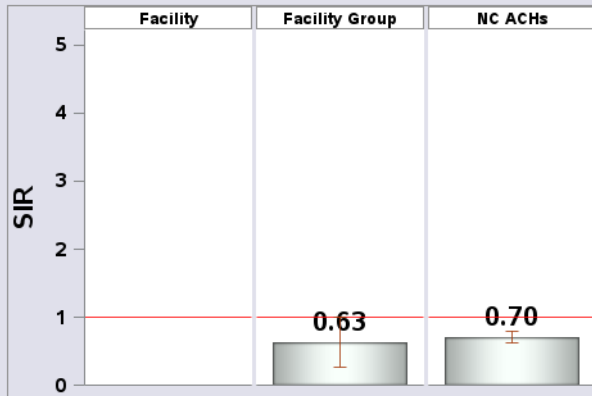


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

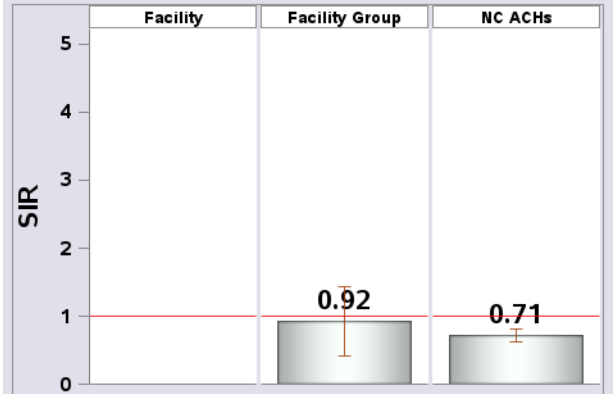


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

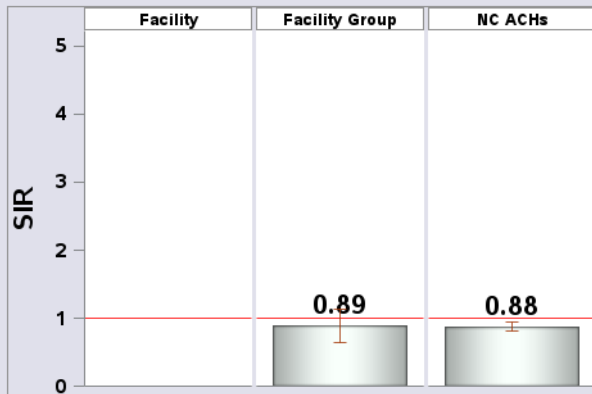


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Granville Medical Center, Oxford, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

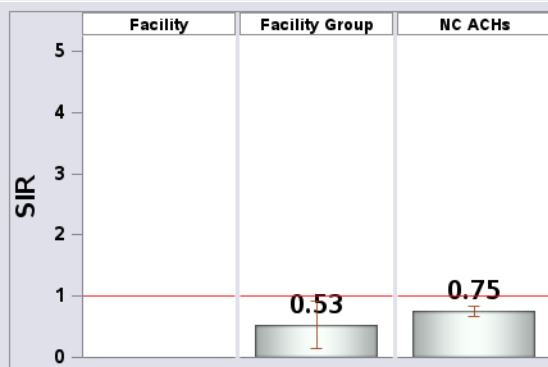


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

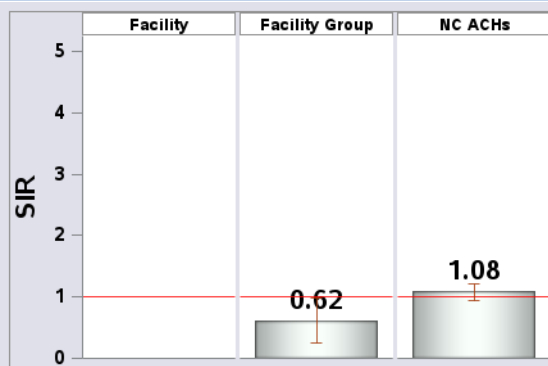


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

## Data from January 1 - September 30, 2025

### Haywood Regional Medical Center, Clyde, Haywood County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Admissions in 2024: 6,077  
 Patient Days in 2024: 27,383  
 Total Number of Beds: 117  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.85

(\*FTE = Full-time equivalent)

(. = Data not reported)



#### Catheter-Associated Urinary Tract Infections (CAUTI)

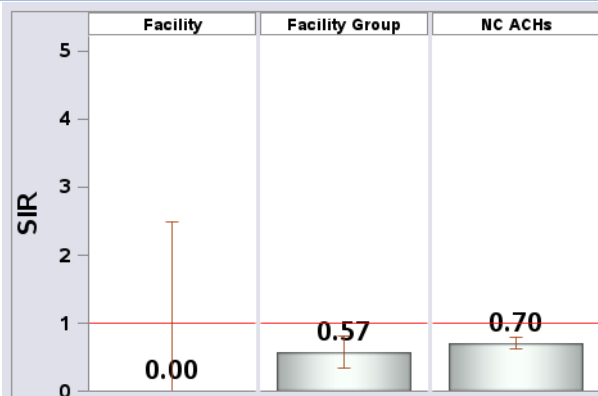


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

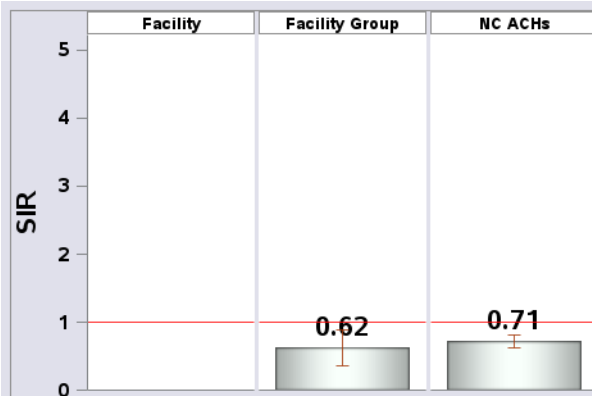


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

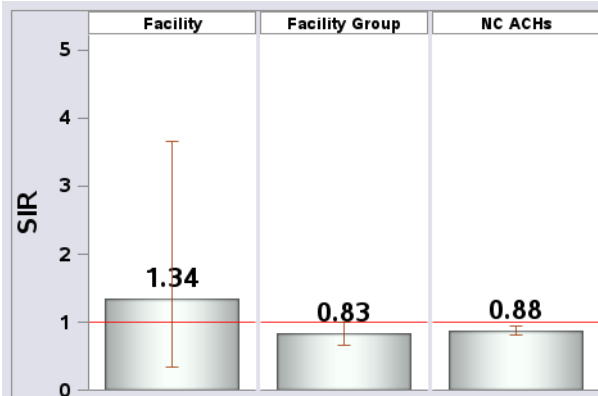


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Haywood Regional Medical Center, Clyde, Haywood County

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### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

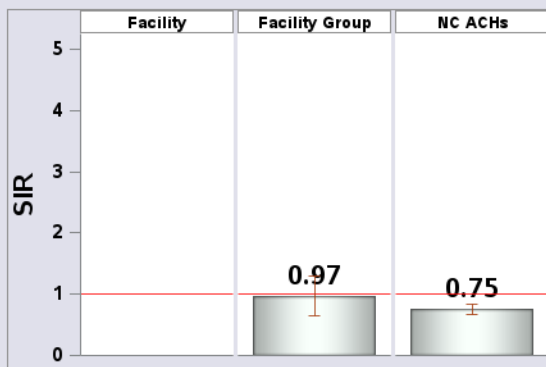


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

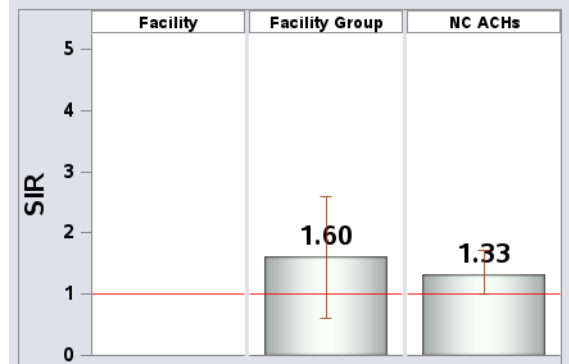


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

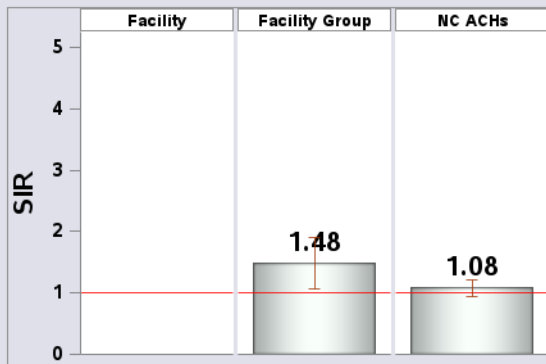


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## High Point Regional Health System, High Point, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	18,519
Patient Days in 2024:	68,013
Total Number of Beds:	304
Number of ICU Beds:	28
FTE* Infection Preventionists:	2.60
Number of FTEs* per 100 beds:	0.86

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

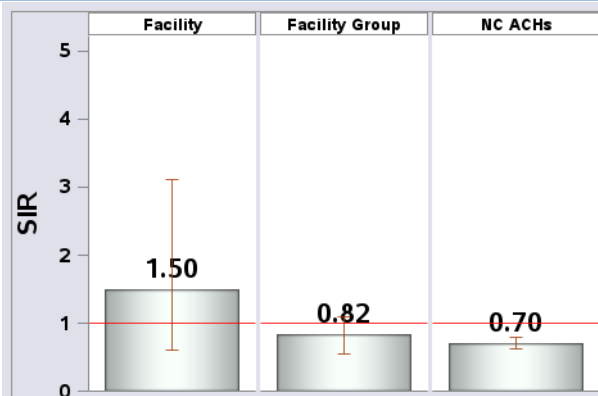


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.0	Same
Adult/Ped Wards	5	2.1	Same
All reporting units	6	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

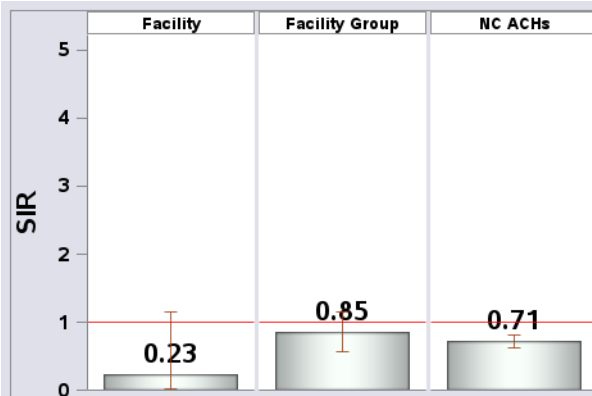


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	8.2	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

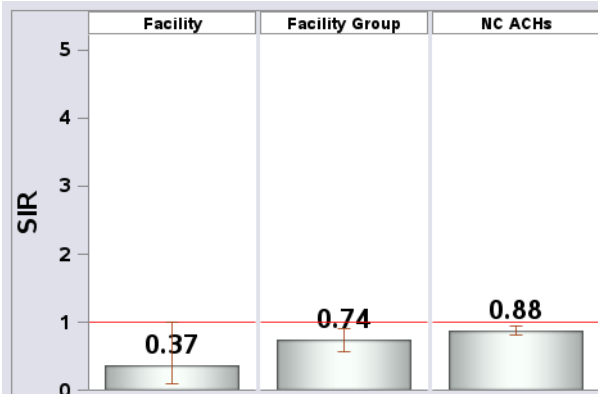


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## High Point Regional Health System, High Point, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

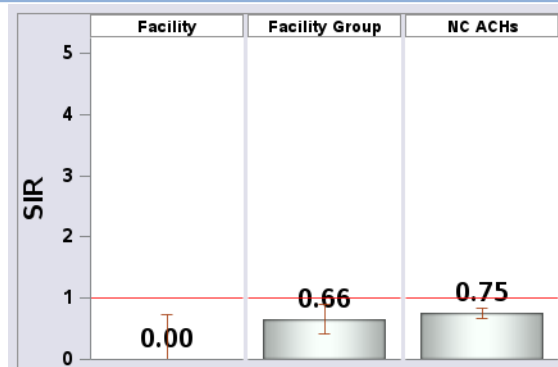


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.2	Same
Adult/Ped Wards	0	1.9	Same
All reporting units	0	4.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

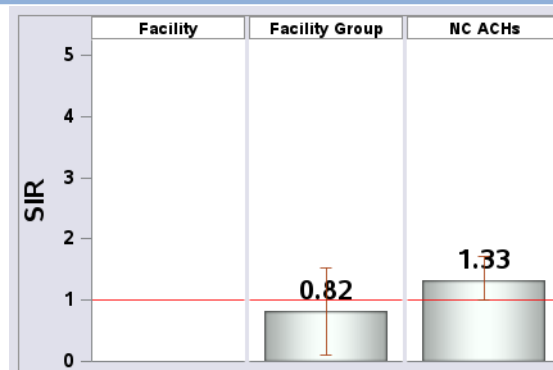


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

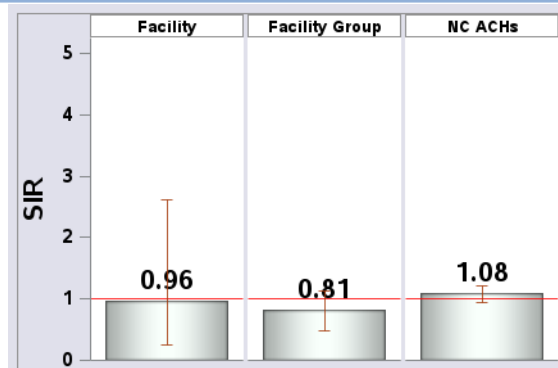


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Highsmith Rainey Specialty Hospital, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
Admissions in 2024: 264  
Patient Days in 2024: 13,507  
Total Number of Beds: 66  
FTE\* Infection Preventionists: .  
Number of FTEs\* per 100 beds: .

(\*FTE = Full-time equivalent)

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

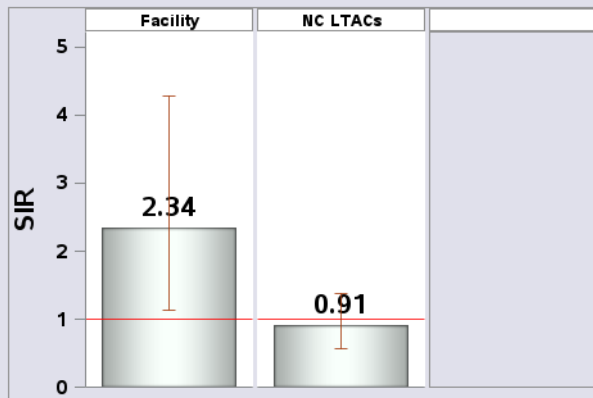


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	1	Less than 1.0	No Conclusion
Reporting Wards	8	3.4	Worse
All reporting units	9	3.9	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

× Worse: More infections than predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

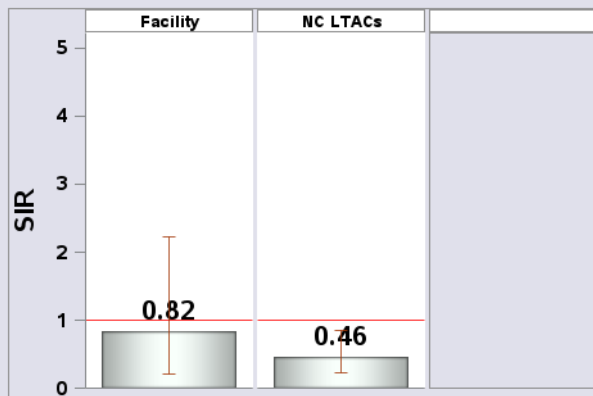


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.7	Same
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Highsmith Rainey Specialty Hospital, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

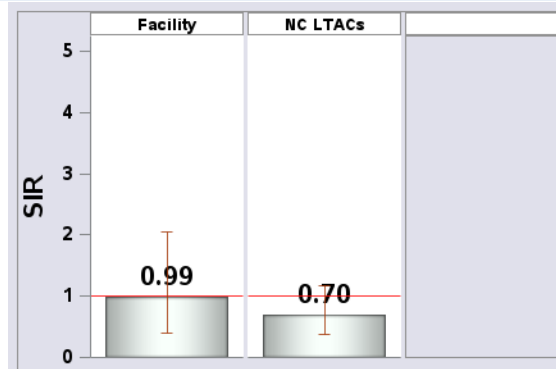


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	1.5	Same
Reporting Wards	6	4.5	Same
All reporting units	6	6.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Hugh Chatham Memorial Hospital, Elkin, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	4,822
Patient Days in 2024:	12,288
Total Number of Beds:	60
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	1.46

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

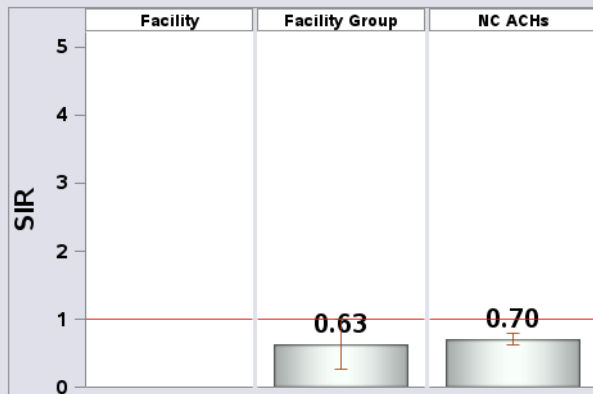


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

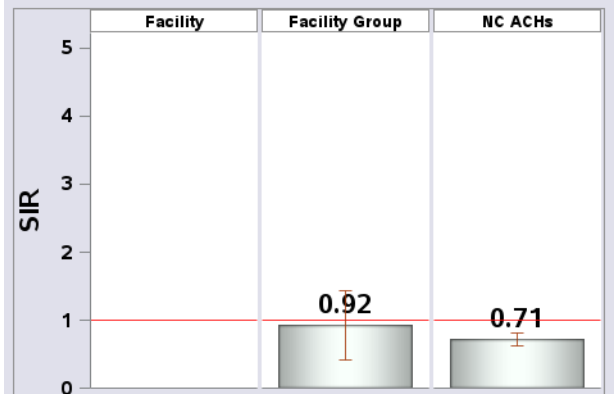


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

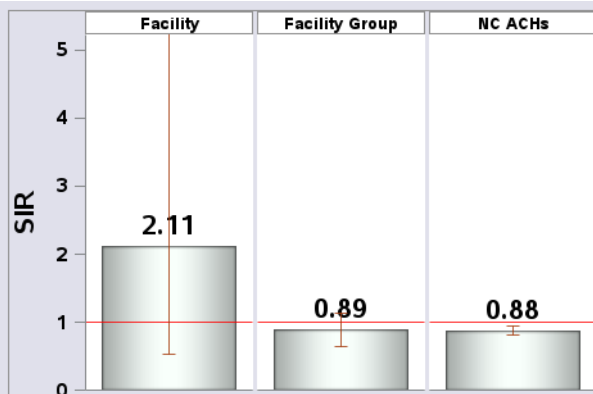


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Hugh Chatham Memorial Hospital, Elkin, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

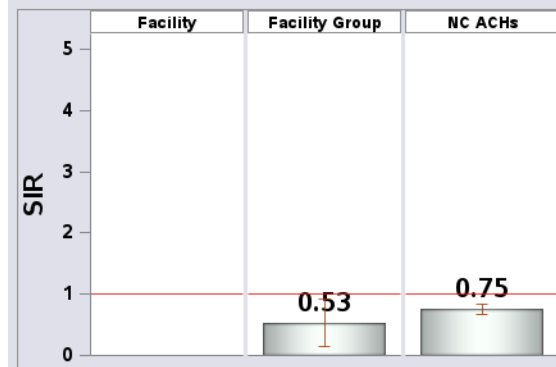


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

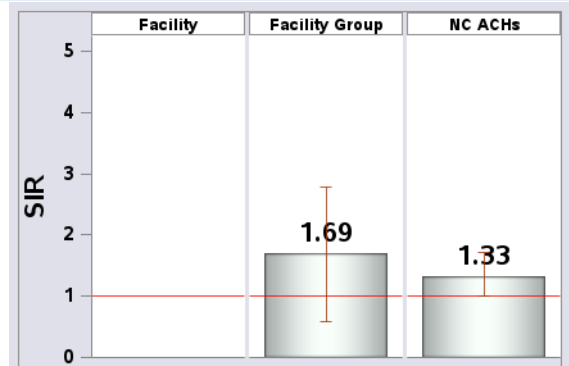


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

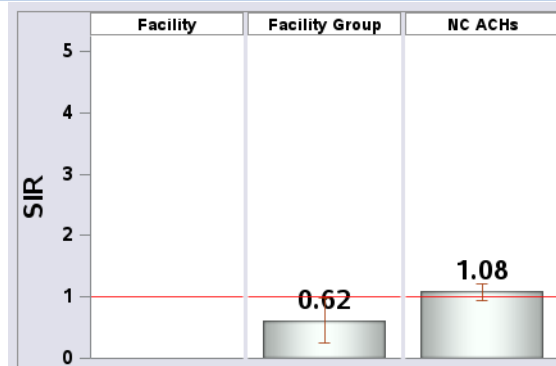


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Iredell Davis Behavioral Health, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type:	Undergraduate
Medical Affiliation:	1,302
Admissions in 2024:	13,110
Patient Days in 2024:	42
Total Number of Beds:	0
Number of ICU Beds:	0.50
FTE* Infection Preventionists:	1.19
Number of FTEs* per 100 beds:	

[\*FTE = Full-time equivalent]

[. = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

**North Carolina Health Care-Associated Infections Report**  
**Data from January 1 - September 30, 2025**

**Iredell Davis Behavioral Health, Statesville, Iredell County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

**Central Line-Associated Bloodstream Infections (CLABSI)**

Note from N.C. Division of Public Health: Data are unavailable for this time period.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Note from N.C. Division of Public Health: Data are unavailable for this time period.

**Surgical Site Infections (SSI) after Colon Surgeries**

Note from N.C. Division of Public Health: Data are unavailable for this time period.

**Ventilator-Associated Events (VAE)**

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Iredell Memorial Hospital, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Admissions in 2024: 12,810  
Patient Days in 2024: 44,685  
Total Number of Beds: 199  
Number of ICU Beds: 16  
FTE\* Infection Preventionists: 1.00  
Number of FTEs\* per 100 beds: 0.50

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

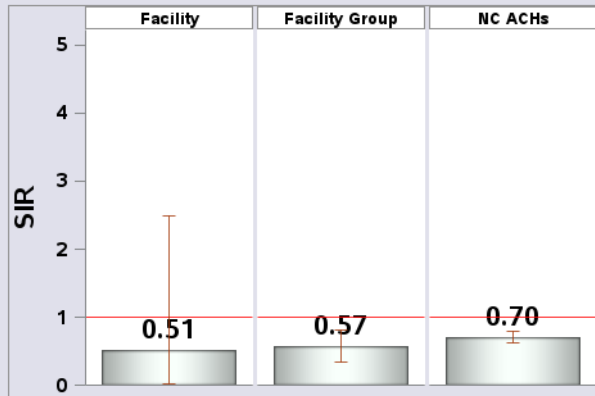


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.0	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

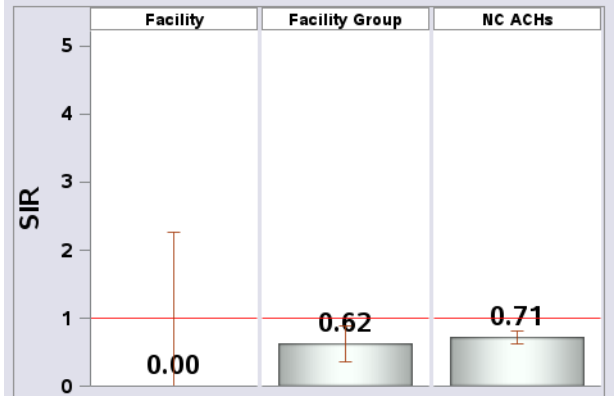


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

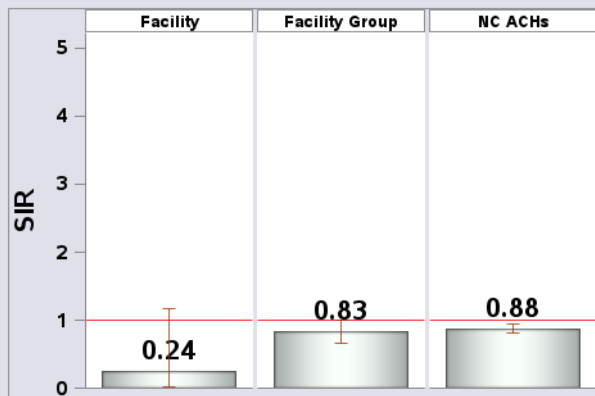


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Iredell Memorial Hospital, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

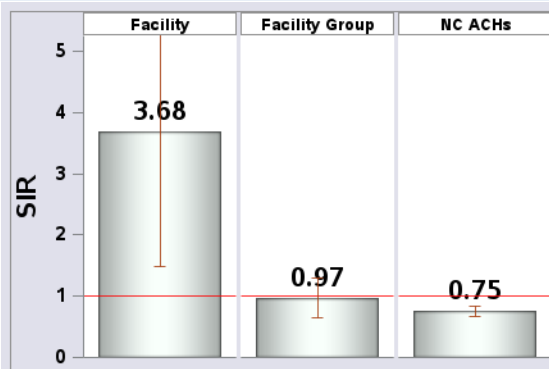


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	1.1	Worse
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	6	1.6	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

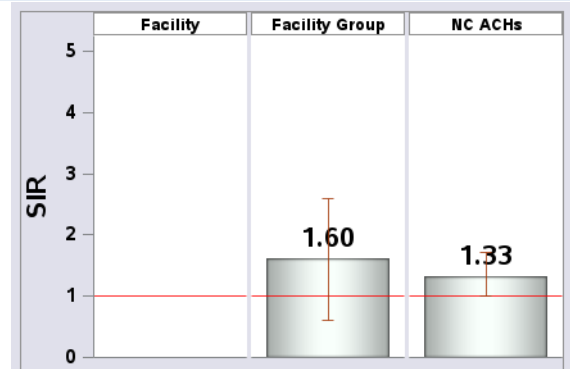


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= **Same:** About the same number of infections as predicted by the national baseline experience

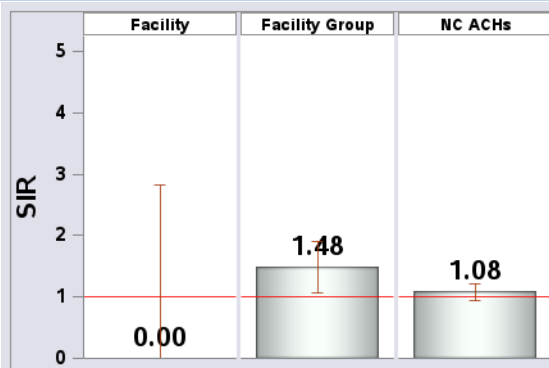


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Johnston Health, Smithfield, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	9,128
Patient Days in 2024:	46,779
Total Number of Beds:	165
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.91

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

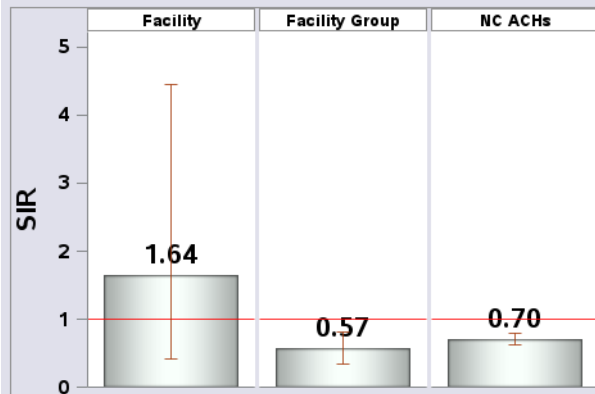


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.1	Same
All reporting units	3	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

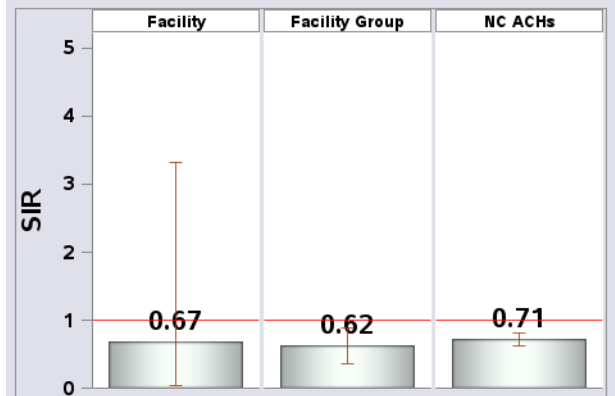


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

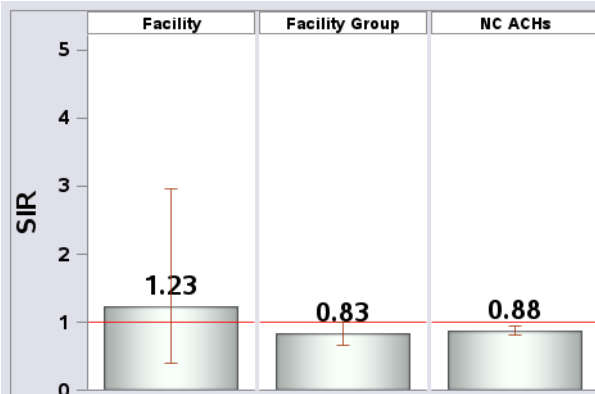


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Johnston Health, Smithfield, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

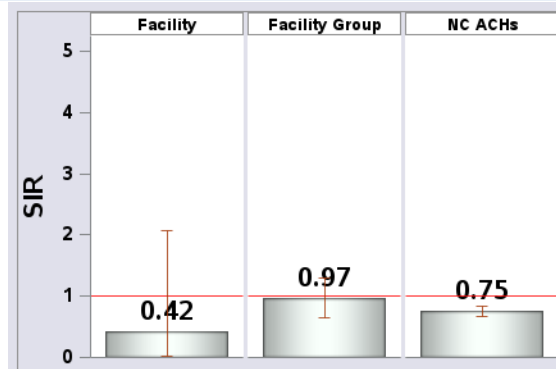


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.2	Same
Adult/Ped Wards	0	1.2	Same
All reporting units	1	2.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

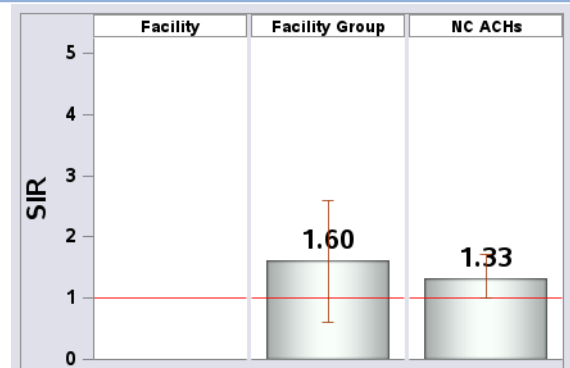


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

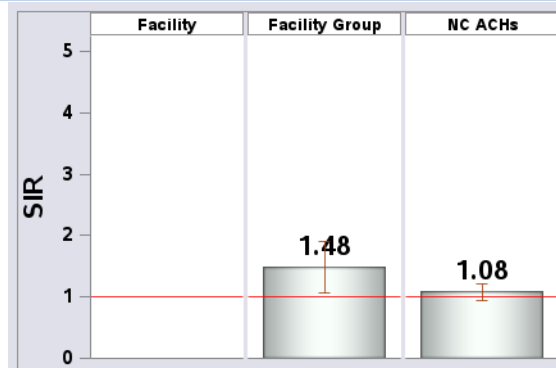


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Johnston Health Clayton, Clayton, Johnston County

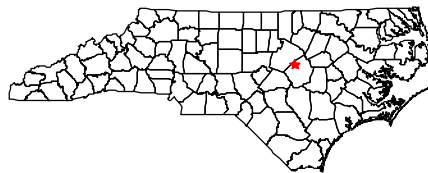
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Undergraduate  
Admissions in 2024: 5,698  
Patient Days in 2024: 15,680  
Total Number of Beds: 50  
Number of ICU Beds: 0  
FTE\* Infection Preventionists: 0.50  
Number of FTEs\* per 100 beds: 1.00

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

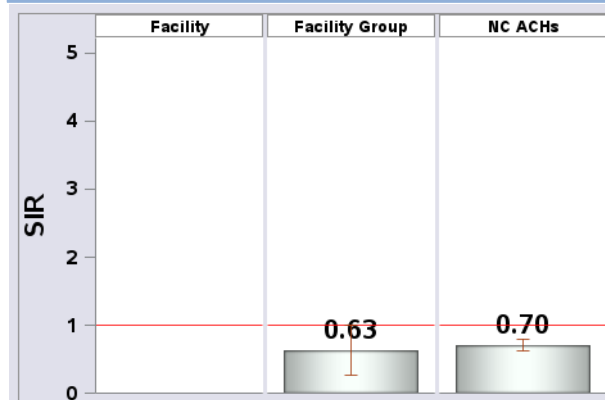


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

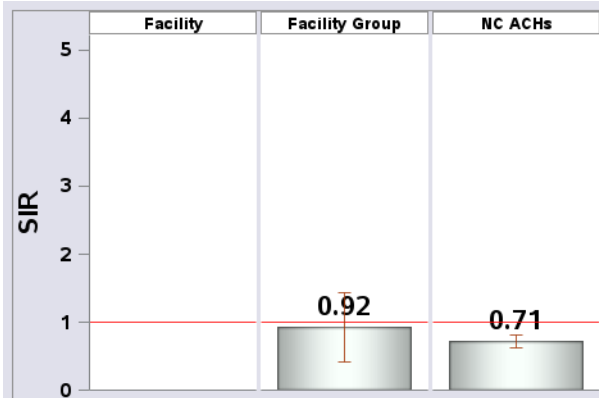


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

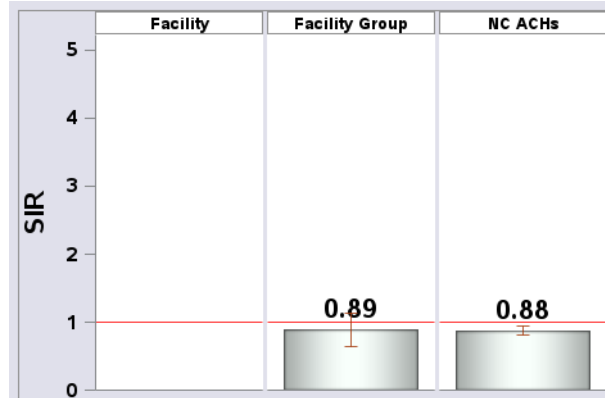


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Johnston Health Clayton, Clayton, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

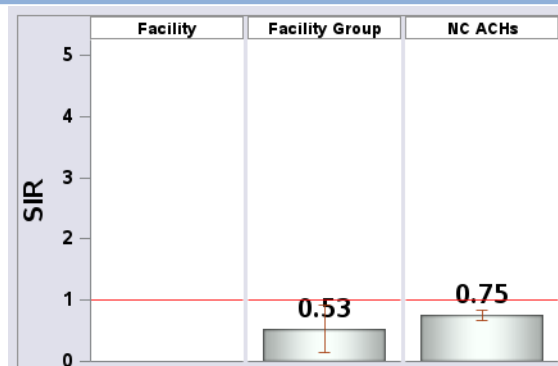


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

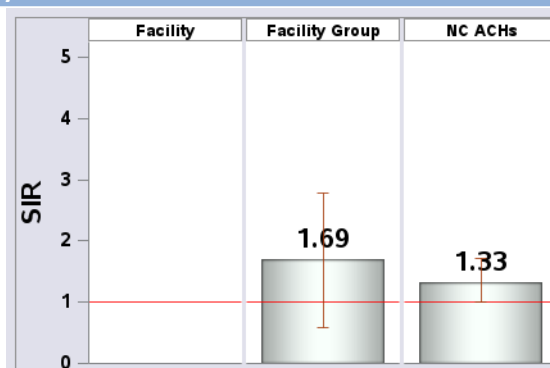


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

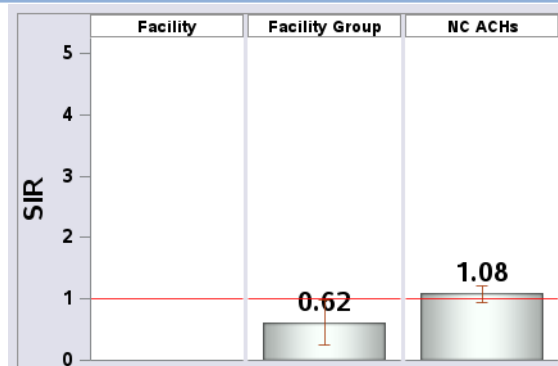


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Kindred Hospital-Greensboro, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
Admissions in 2024: 280  
Patient Days in 2024: 11,804  
Total Number of Beds: 101  
FTE\* Infection Preventionists: .  
Number of FTEs\* per 100 beds: .

(\*FTE = Full-time equivalent)

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

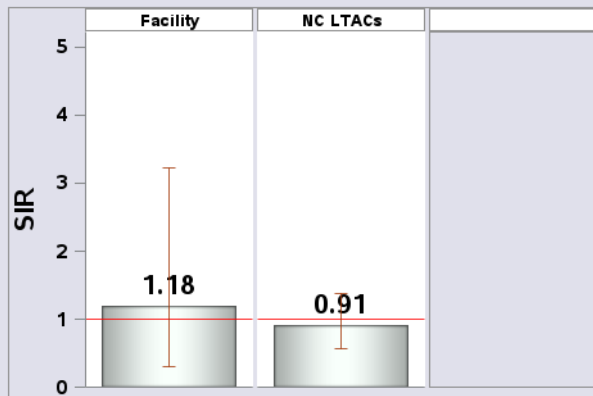


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	2.5	Same
All reporting units	3	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

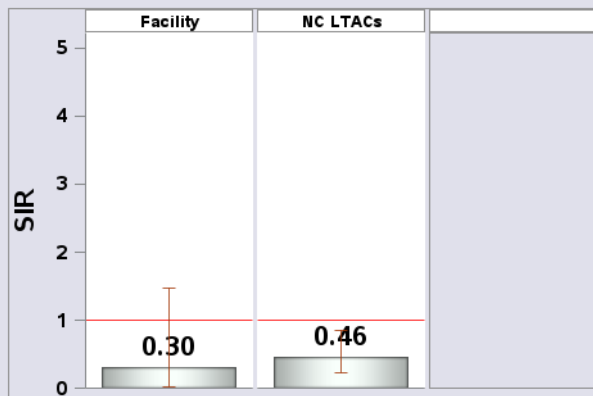


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.3	Same
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Kindred Hospital-Greensboro, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

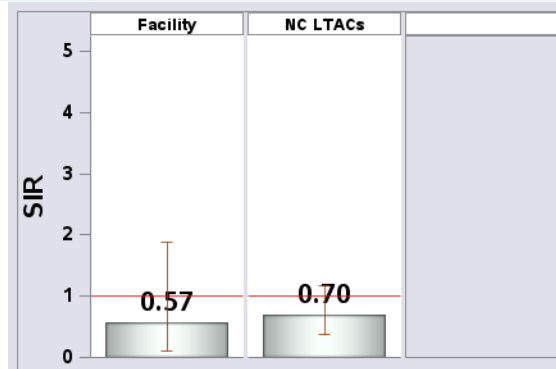


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	3.5	Same
All reporting units	2	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Kings Mountain Hospital, Kings Mountain, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	2,377
Patient Days in 2024:	14,847
Total Number of Beds:	67
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.30

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

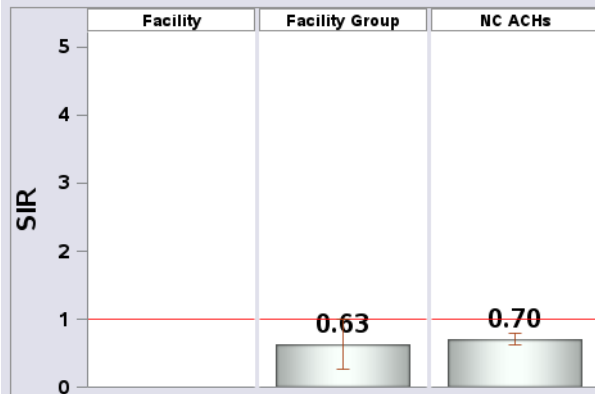


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

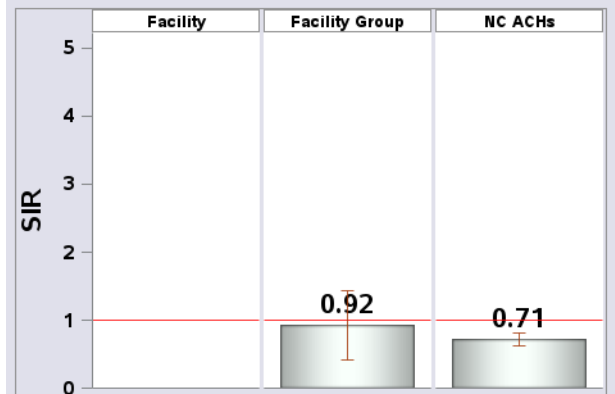


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

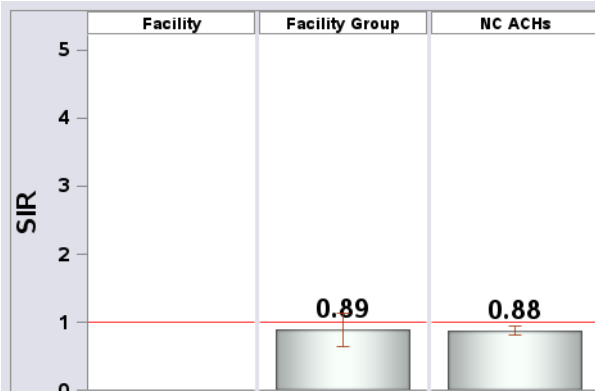


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Kings Mountain Hospital, Kings Mountain, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

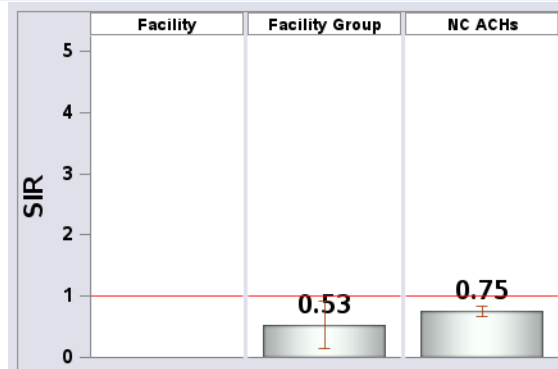


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Lenoir Memorial Hospital, Kinston, Lenoir County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Major  
Admissions in 2024: 5,599  
Patient Days in 2024: 25,479  
Total Number of Beds: 102  
Number of ICU Beds: 10  
FTE\* Infection Preventionists: 1.00  
Number of FTEs\* per 100 beds: 0.98

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

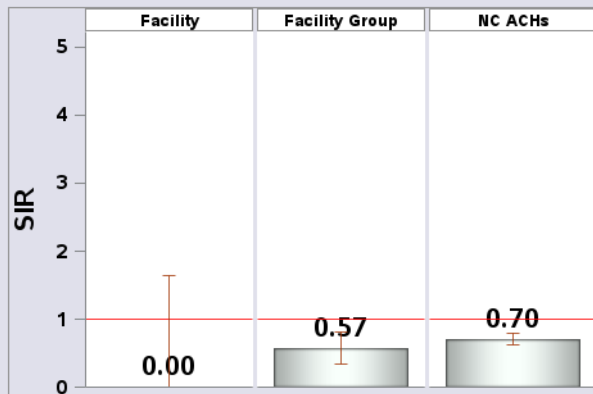


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.3	Same
All reporting units	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

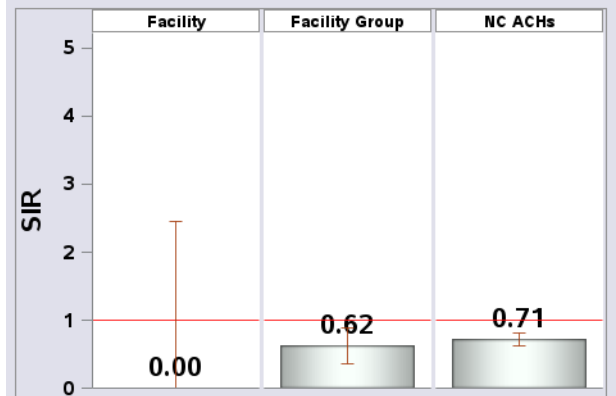


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

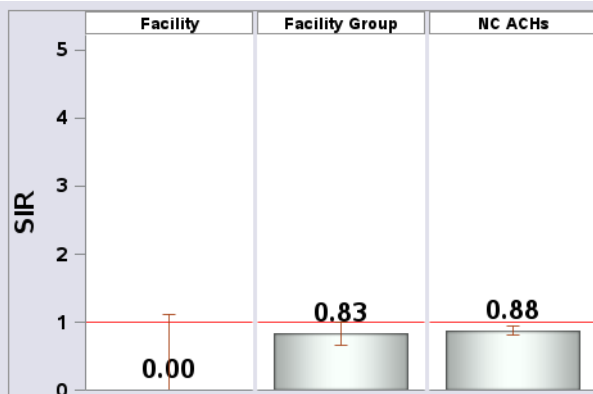


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Lenoir Memorial Hospital, Kinston, Lenoir County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

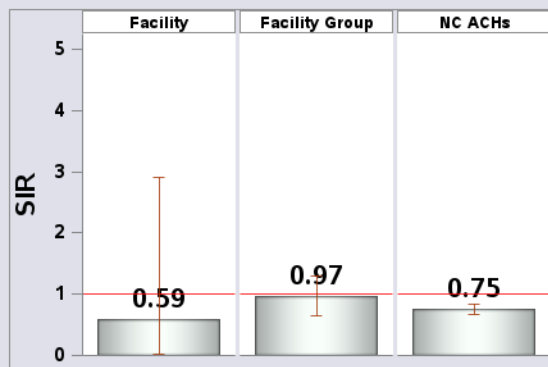


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

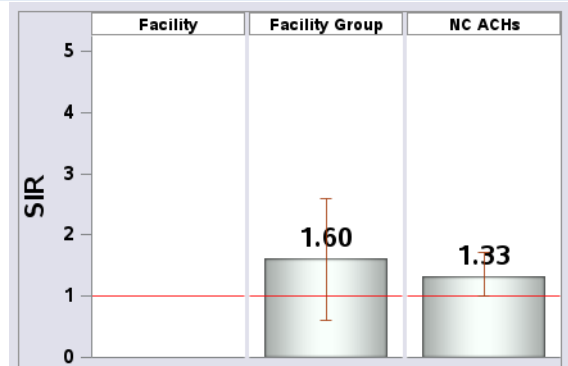


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

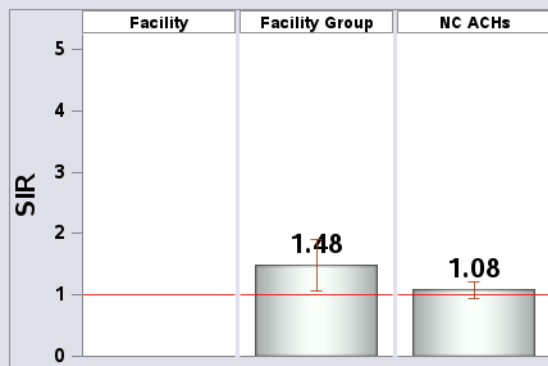


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

## Data from January 1 - September 30, 2025

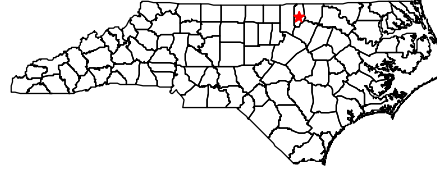
### Maria Parham Medical Center, Henderson, Vance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Admissions in 2024: 4,360  
 Patient Days in 2024: 21,164  
 Total Number of Beds: 124  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.81

(\*FTE = Full-time equivalent)  
 [ = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

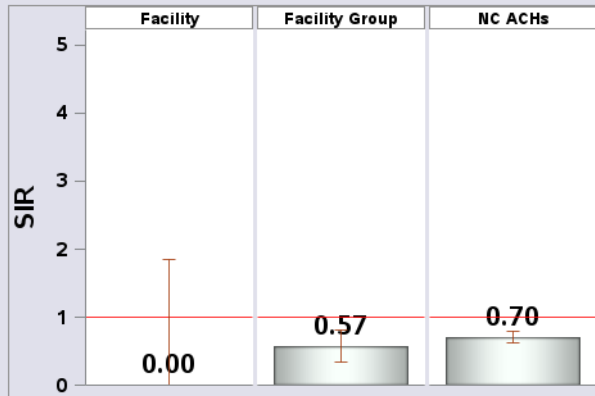


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

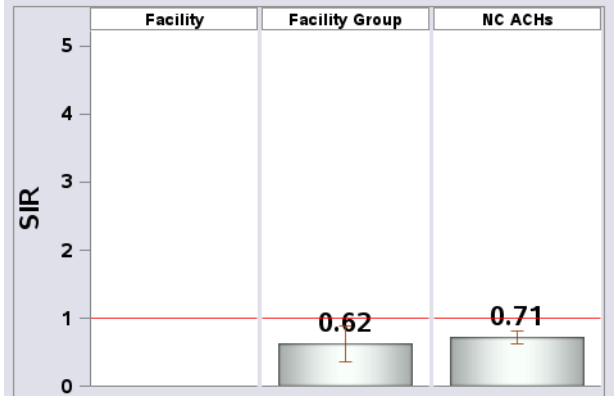


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

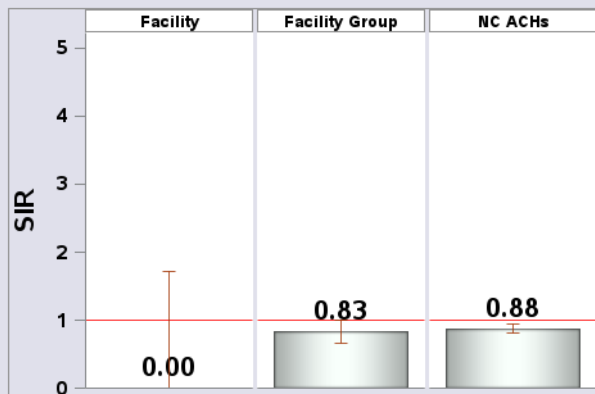


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Maria Parham Medical Center, Henderson, Vance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

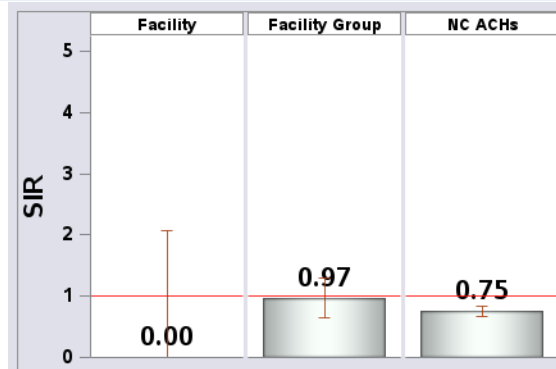


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

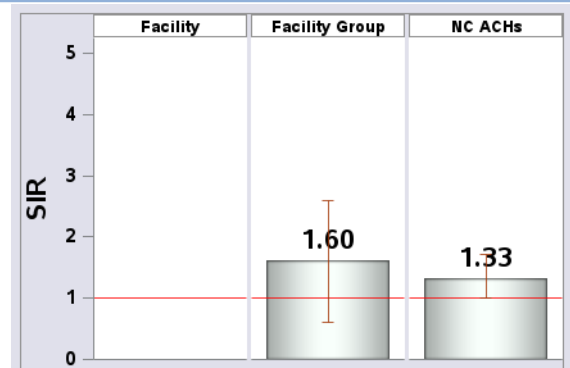


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

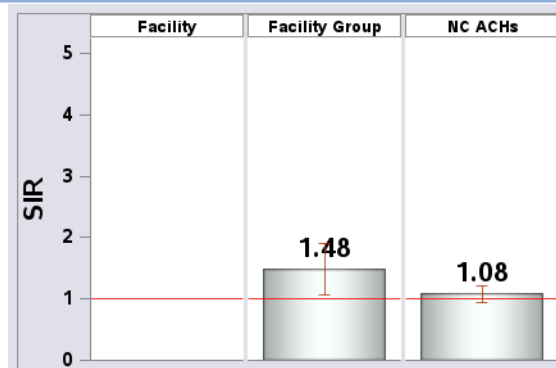


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

McDowell Hospital, Marion, McDowell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Undergraduate  
Admissions in 2024: 2,798  
Patient Days in 2024: 9,032  
Total Number of Beds: 30  
Number of ICU Beds: 4  
FTE\* Infection Preventionists: 0.50  
Number of FTEs\* per 100 beds: 1.67

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

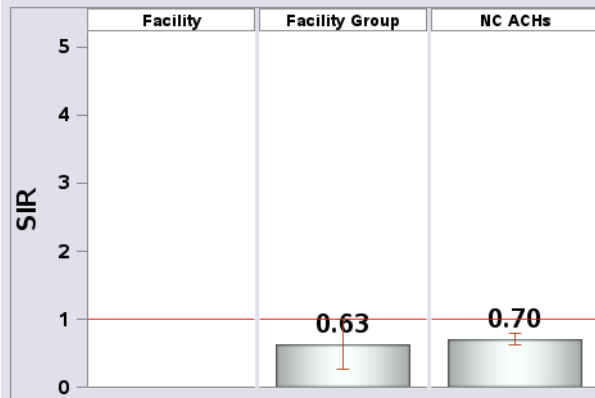


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

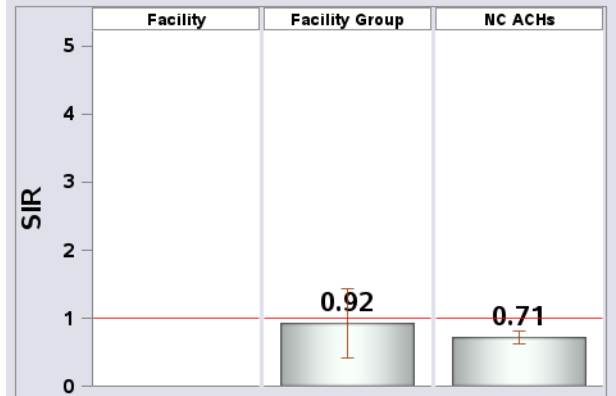


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

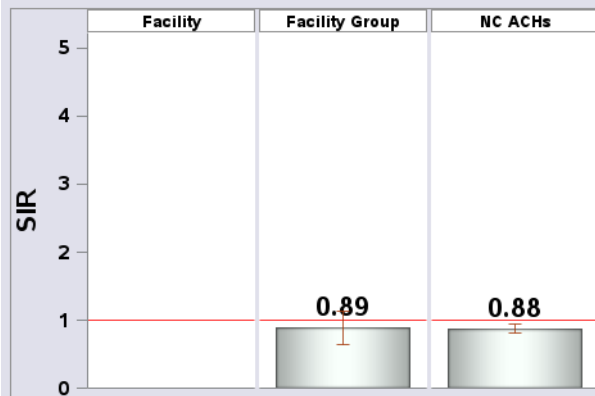


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

McDowell Hospital, Marion, McDowell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

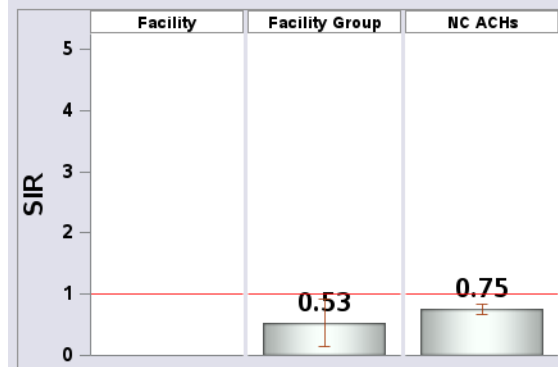


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

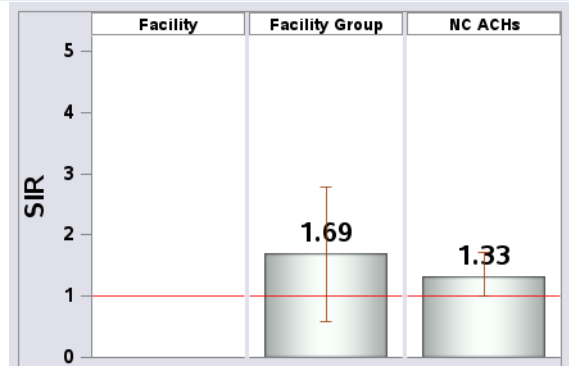


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

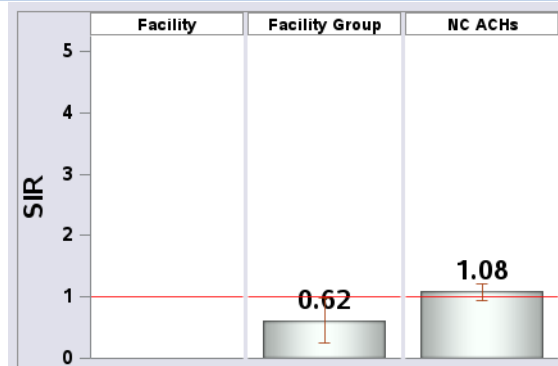


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Mission Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	56,113
Patient Days in 2024:	279,454
Total Number of Beds:	853
Number of ICU Beds:	151
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	0.88

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

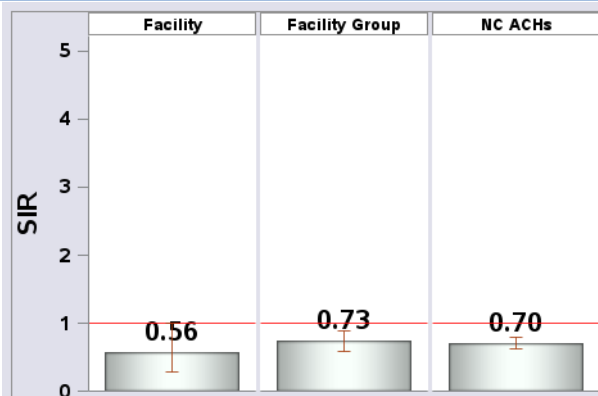


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	11	Same
Adult/Ped Wards	4	6.9	Same
All reporting units	10	18	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	16	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

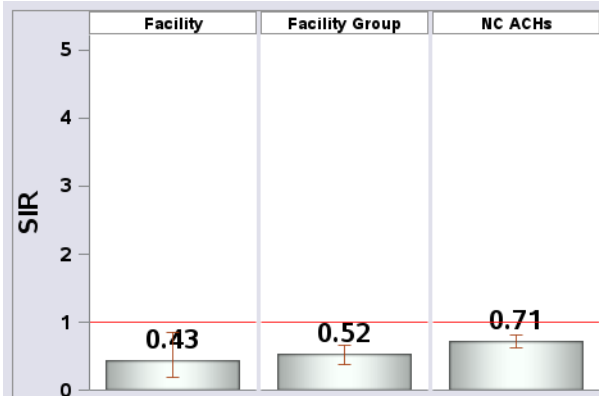


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	20	41	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

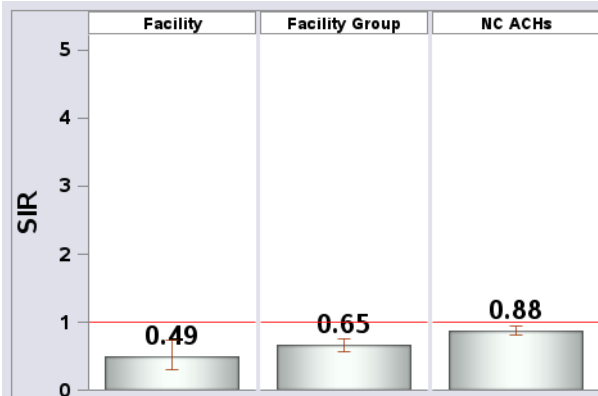


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Mission Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

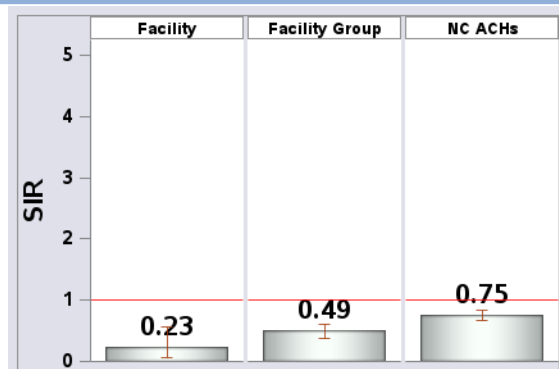


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	11	Better
Adult/Ped Wards	3	5.2	Same
Neonatal Units	1	1.5	Same
All reporting units	4	17	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

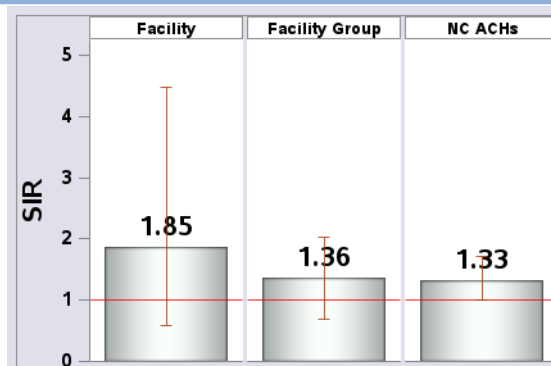


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	8.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

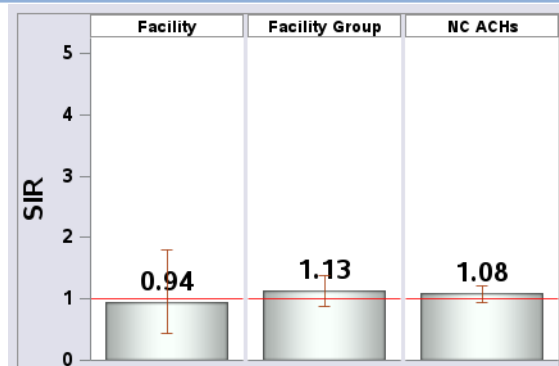


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Moses Cone Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	30,677
Patient Days in 2024:	170,192
Total Number of Beds:	581
Number of ICU Beds:	109
FTE* Infection Preventionists:	3.30
Number of FTEs* per 100 beds:	0.57

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

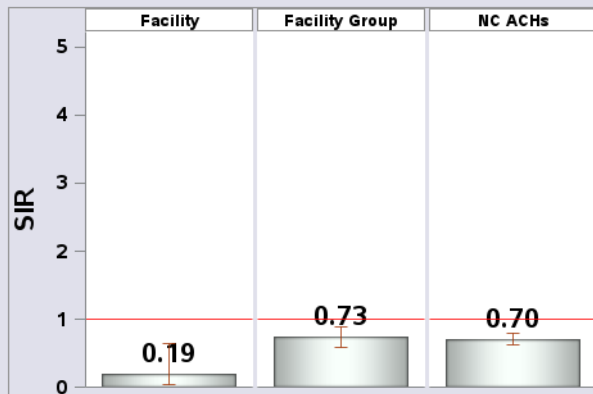


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	6.6	Better
Adult/Ped Wards	0	3.7	Better
All reporting units	2	10	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	8.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

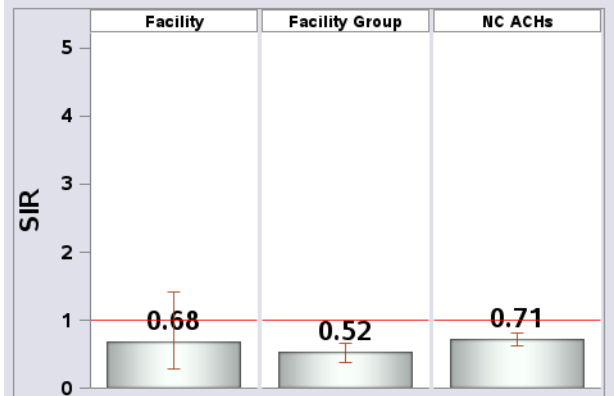


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	28	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

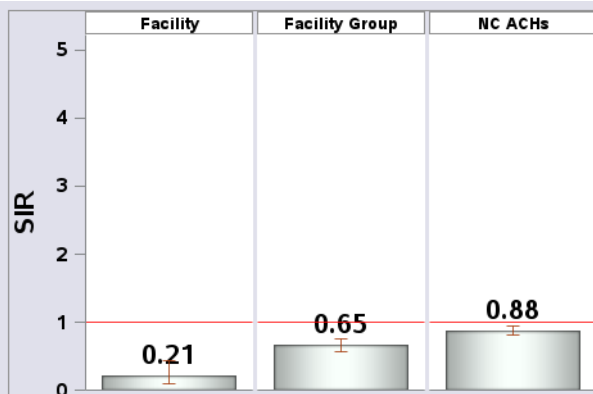


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Moses Cone Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

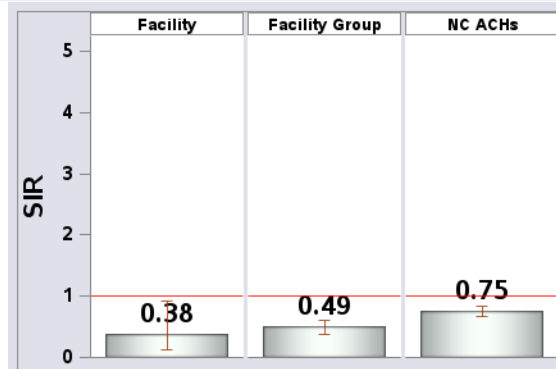


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	7.2	Same
Adult/Ped Wards	1	3.3	Same
All reporting units	4	10	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

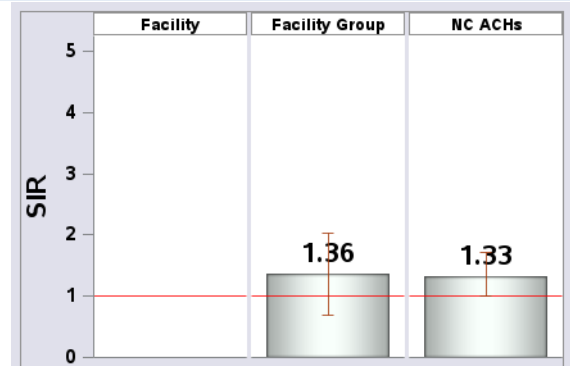


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

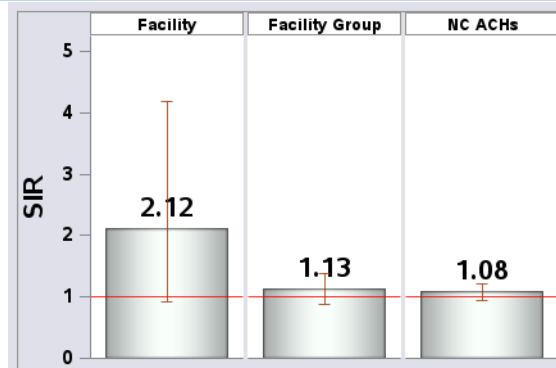


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Nash Health Care Systems, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	13,440
Patient Days in 2024:	54,877
Total Number of Beds:	184
Number of ICU Beds:	14
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.63

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

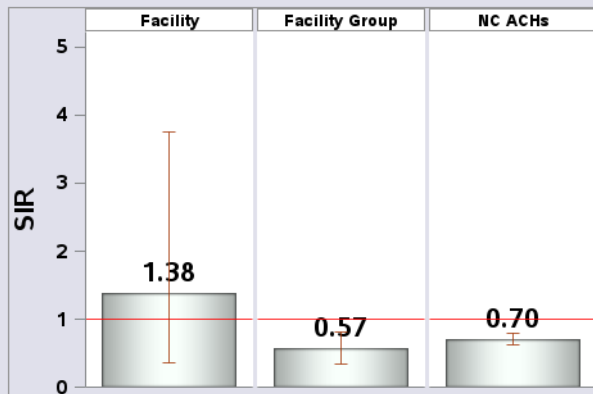


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.0	Same
Adult/Ped Wards	0	1.1	Same
<b>All reporting units</b>	<b>3</b>	<b>2.2</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

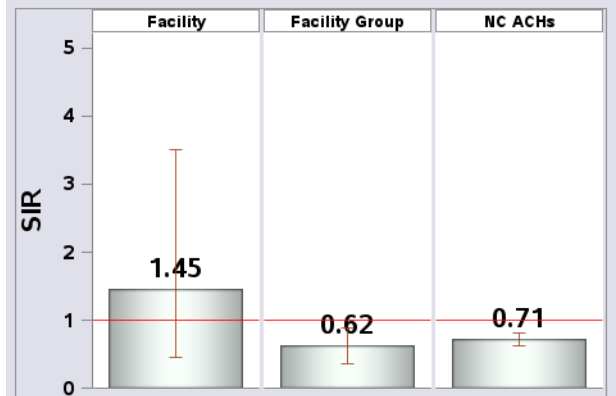


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	5.8	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

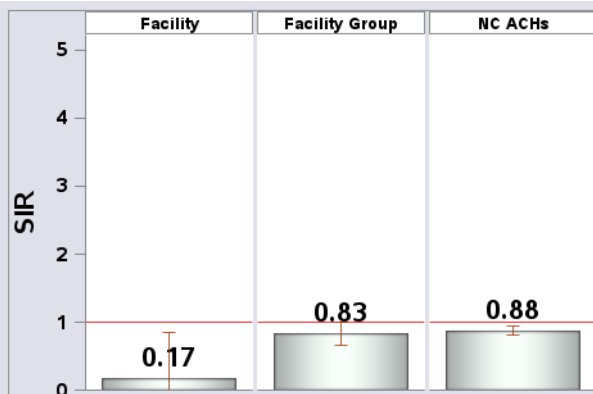


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Nash Health Care Systems, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

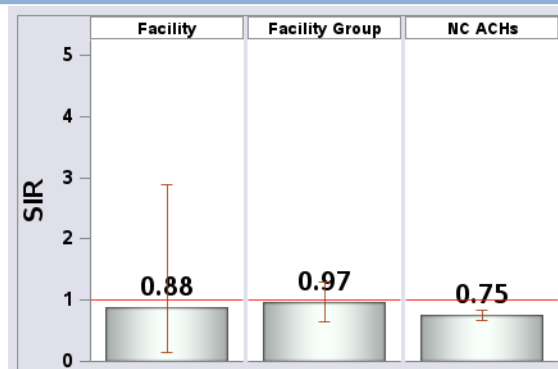


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.1	Same
Adult/Ped Wards	1	1.2	Same
All reporting units	2	2.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

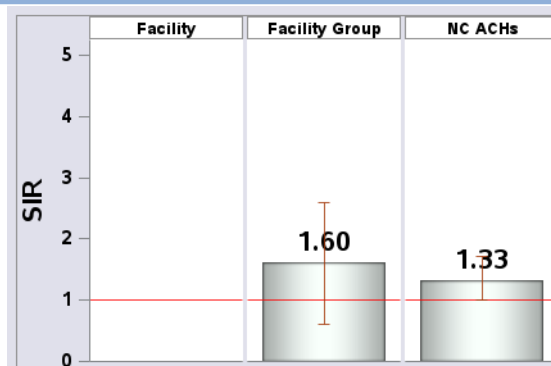


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	1.6	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

× Worse: More infections than predicted by the national baseline experience

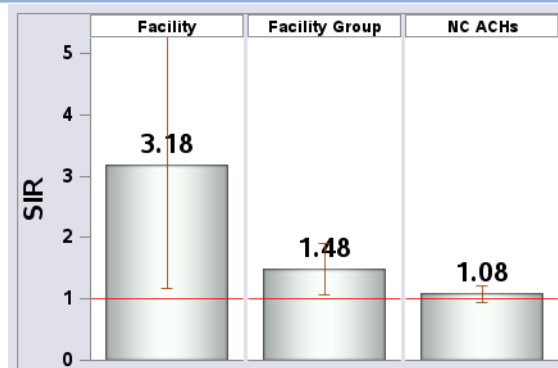


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## New Hanover Regional Medical Center, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	44,255
Patient Days in 2024:	252,448
Total Number of Beds:	877
Number of ICU Beds:	115
FTE* Infection Preventionists:	6.70
Number of FTEs* per 100 beds:	0.76

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

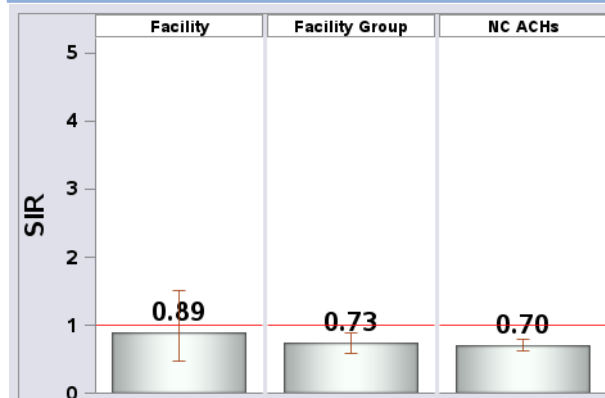


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	8.0	Same
Adult/Ped Wards	7	5.5	Same
All reporting units	12	14	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

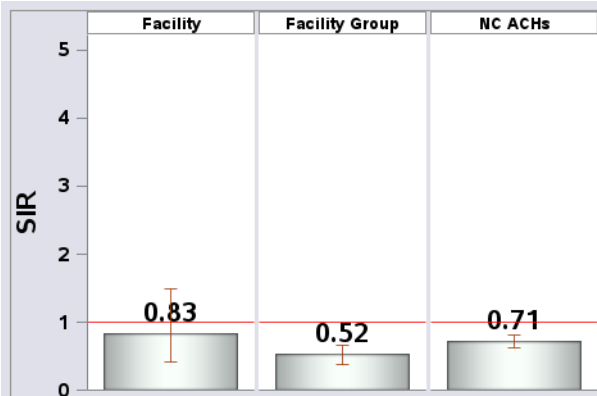


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	39	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

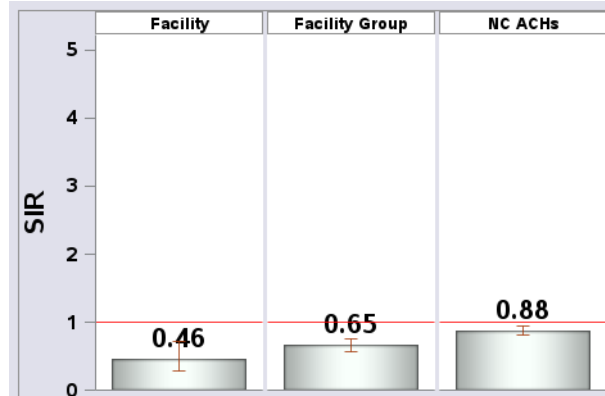


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## New Hanover Regional Medical Center, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

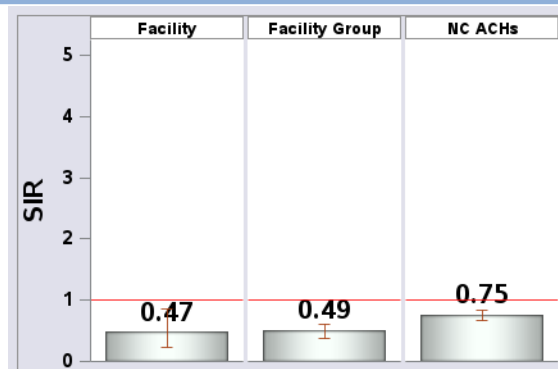


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	9.7	Same
Adult/Ped Wards	0	6.2	Better
Neonatal Units	3	3.2	Same
All reporting units	9	19	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

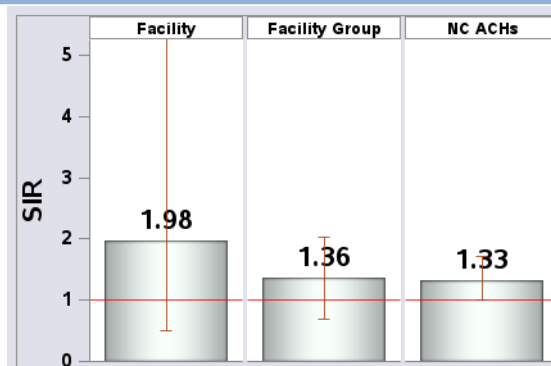


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	14	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

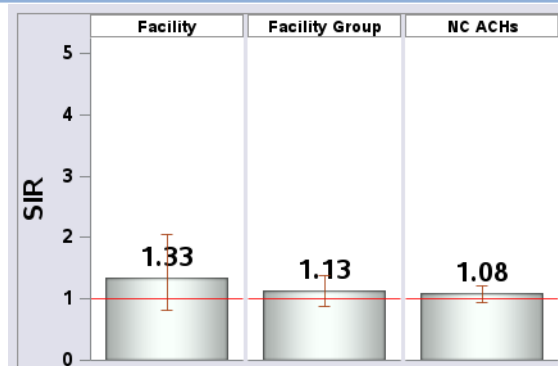


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## North Carolina Specialty Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	2,201
Patient Days in 2024:	2,377
Total Number of Beds:	24
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	4.17

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

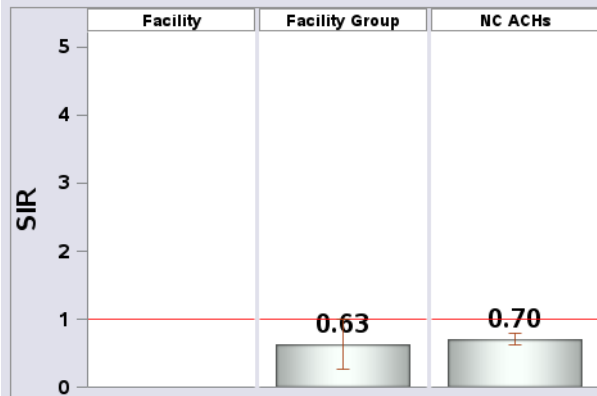


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

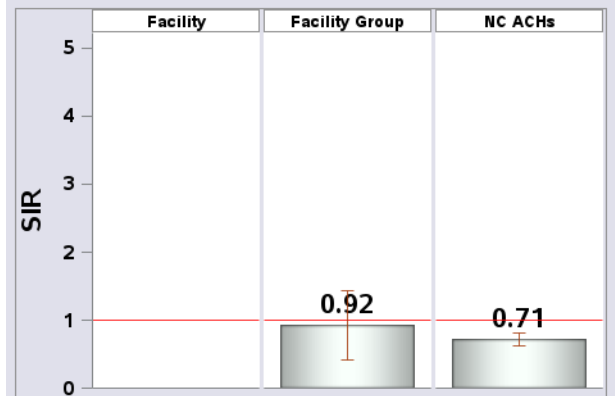


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

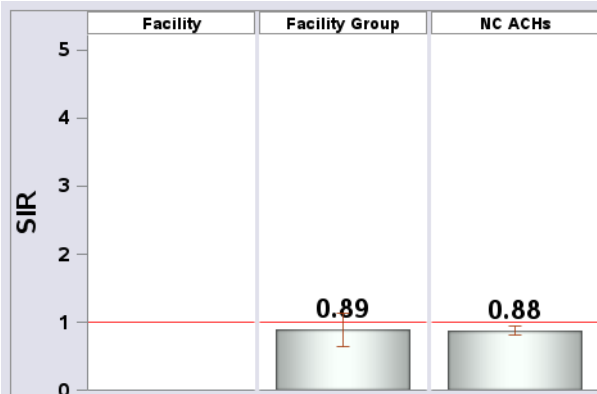


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## North Carolina Specialty Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

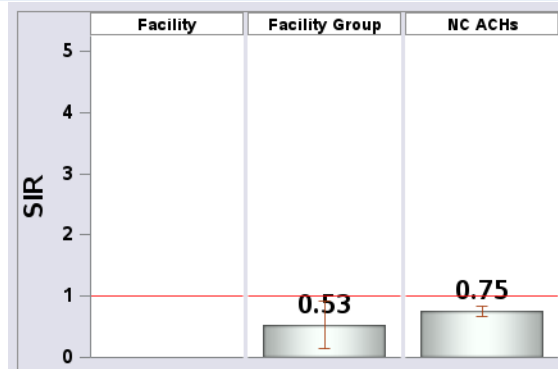


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Northern Regional Hospital, Mount Airy, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	3,874
Patient Days in 2024:	16,430
Total Number of Beds:	100
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

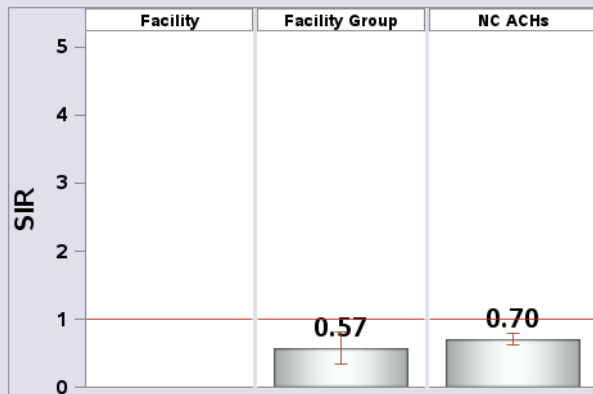


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

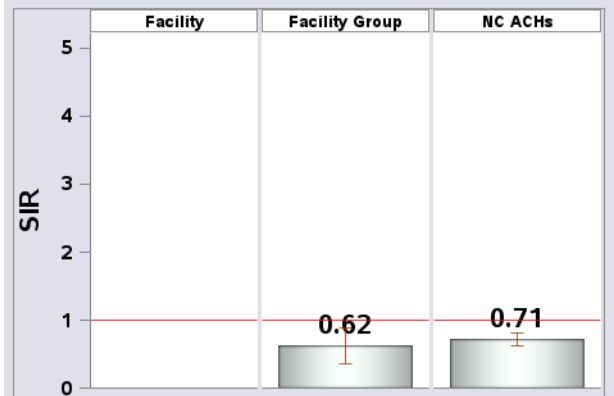


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	2.5	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

× Worse: More infections than predicted by the national baseline experience

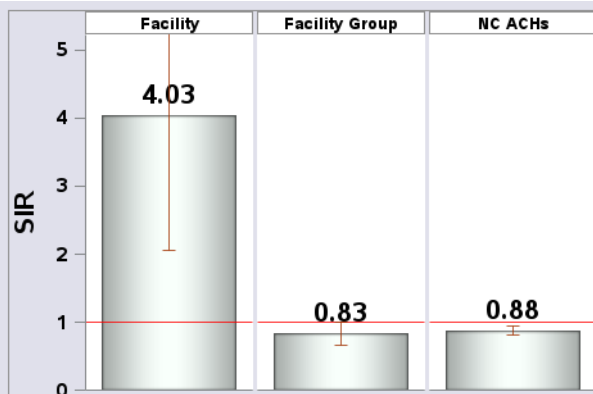


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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Northern Regional Hospital, Mount Airy, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

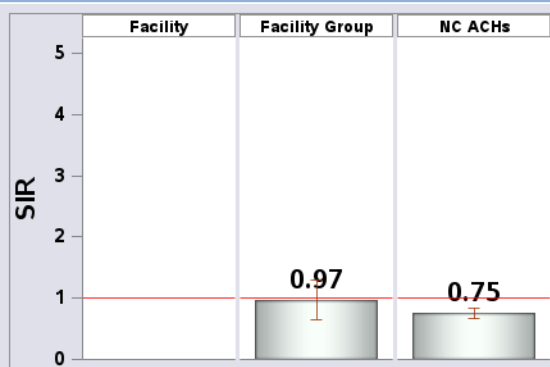


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

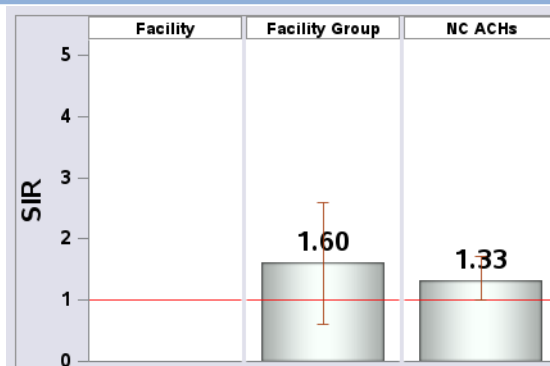


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

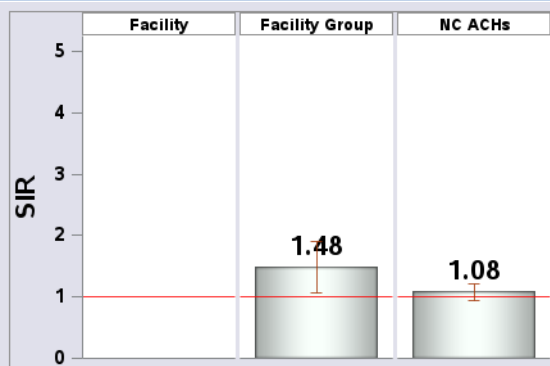


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	7,255
Patient Days in 2024:	24,134
Total Number of Beds:	88
Number of ICU Beds:	5
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	1.02

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

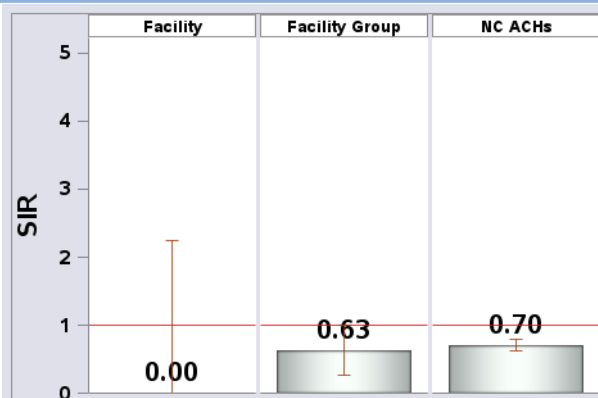


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

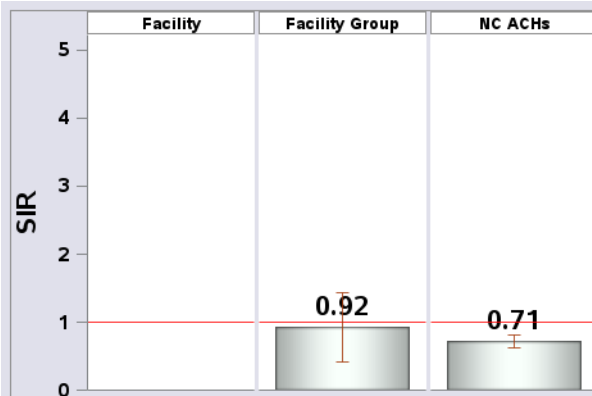


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

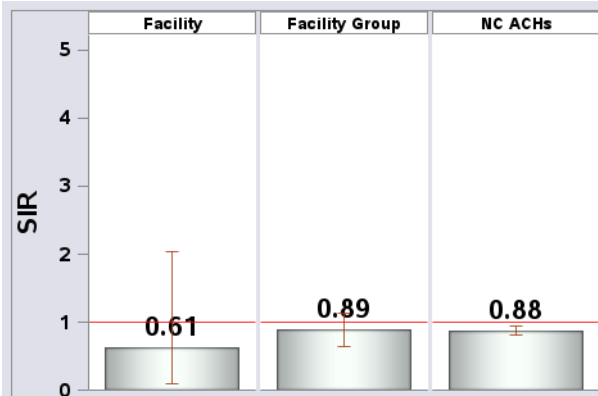


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

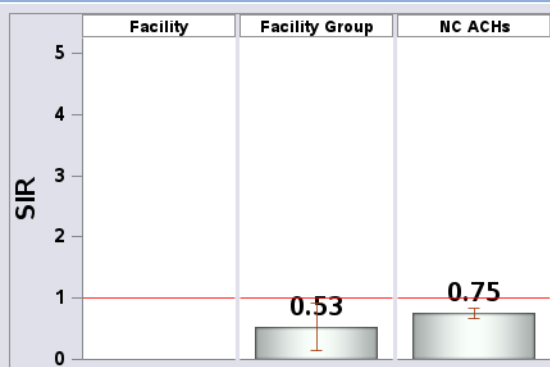


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

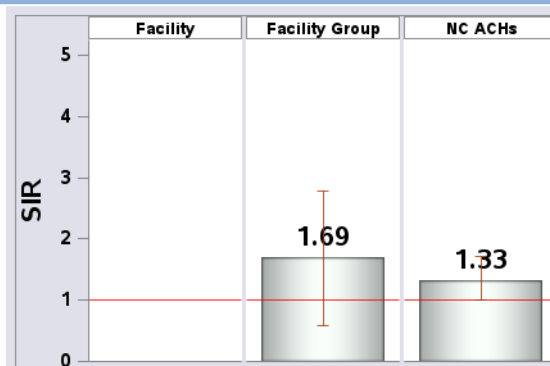


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

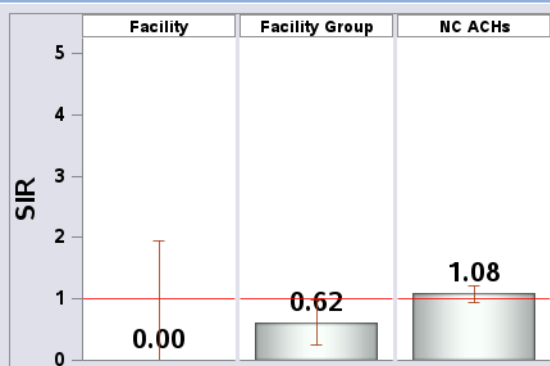


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	3,372
Patient Days in 2024:	12,022
Total Number of Beds:	42
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.71

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

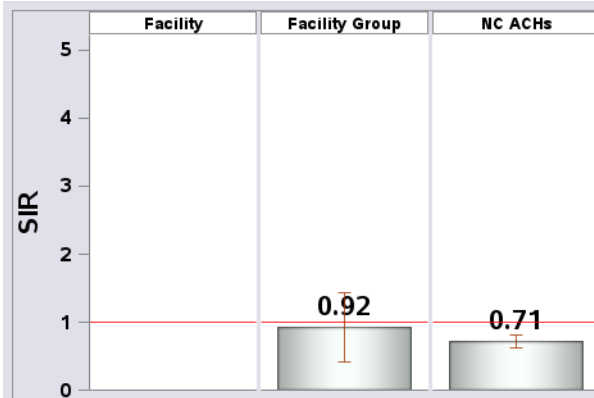


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

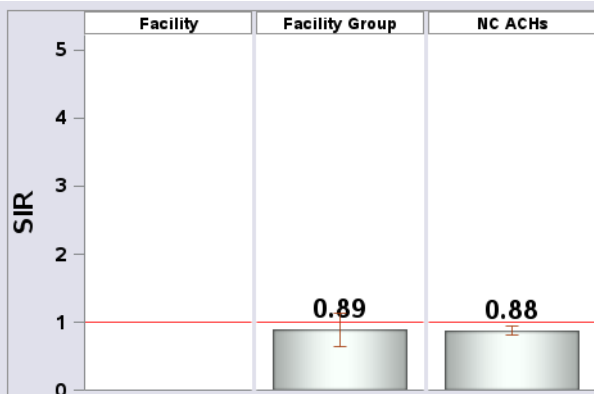


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Clemmons Medical Center, Clemmons, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	3,721
Patient Days in 2024:	7,499
Total Number of Beds:	36
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.39

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

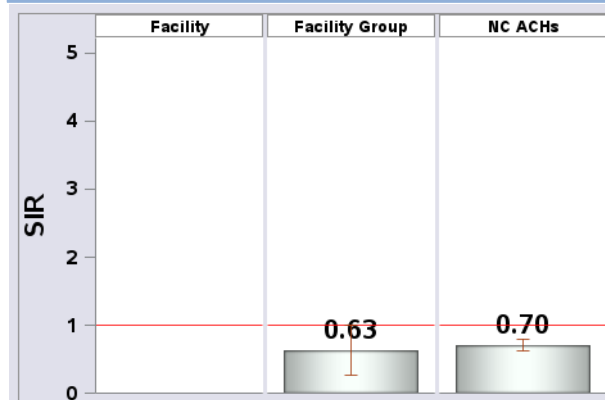


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

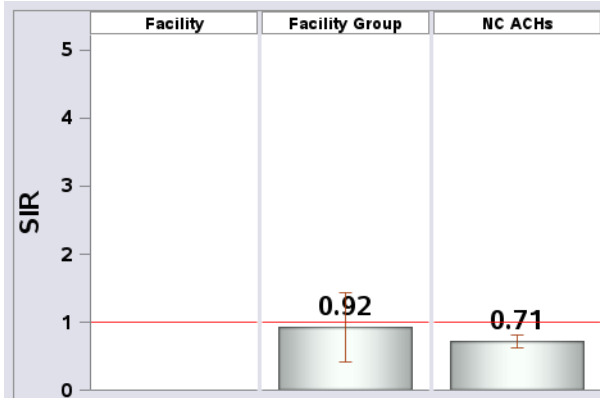


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

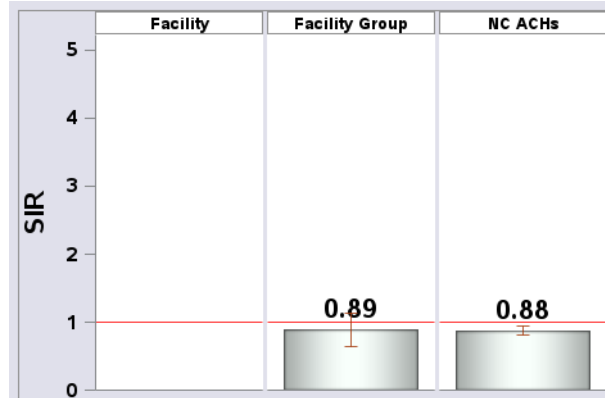


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Clemmons Medical Center, Clemmons, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

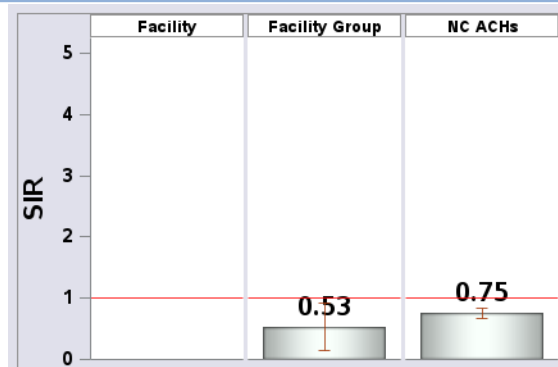


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

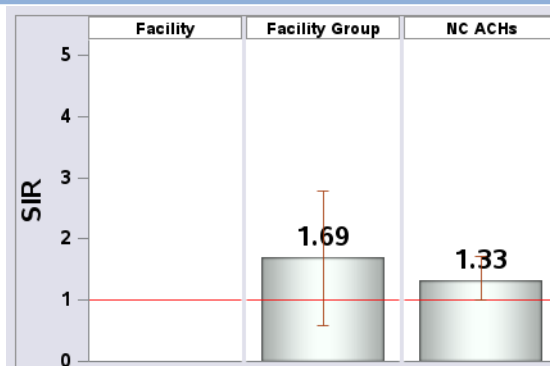


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

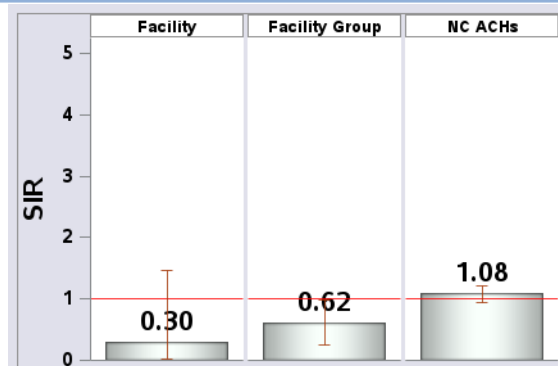


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	43,295
Patient Days in 2024:	246,117
Total Number of Beds:	832
Number of ICU Beds:	148
FTE* Infection Preventionists:	7.60
Number of FTEs* per 100 beds:	0.91

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

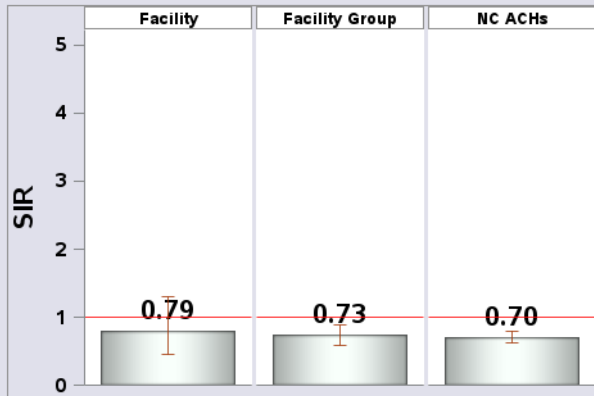


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	9	12	Same
Adult/Ped Wards	5	5.7	Same
All reporting units	14	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	19	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

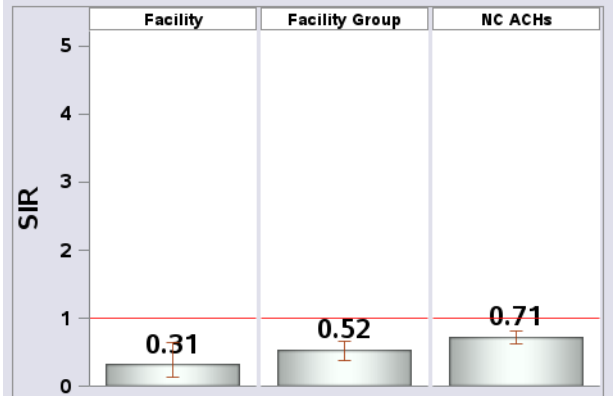


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	42	41	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

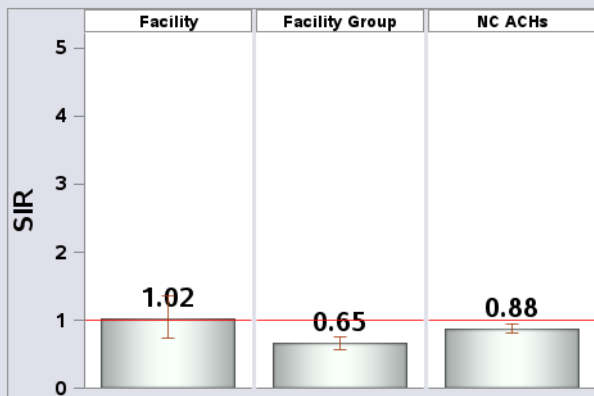


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

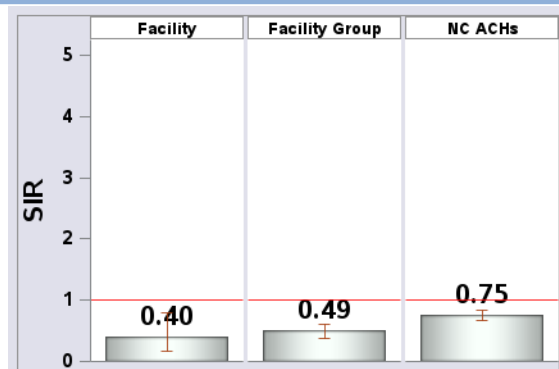


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	13	Better
Adult/Ped Wards	0	4.3	Better
Neonatal Units	2	Less than 1.0	No Conclusion
All reporting units	7	18	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

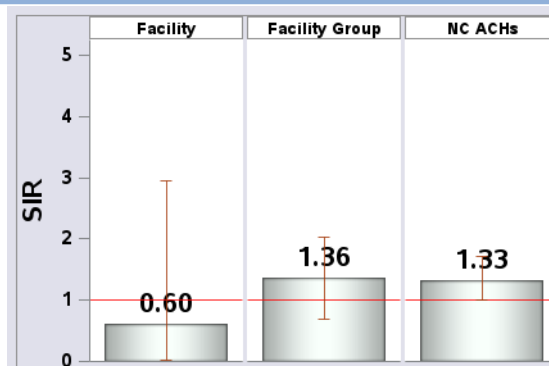


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	4.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

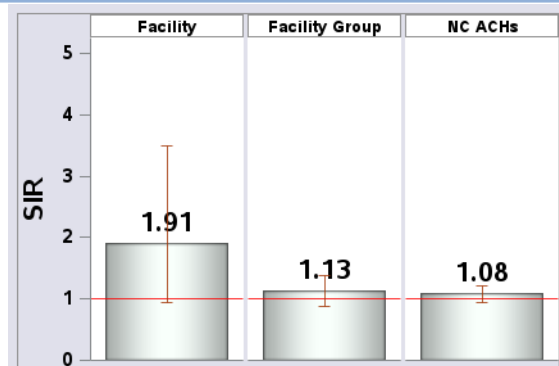


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	14,058
Patient Days in 2024:	48,352
Total Number of Beds:	193
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.40
Number of FTEs* per 100 beds:	0.73

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

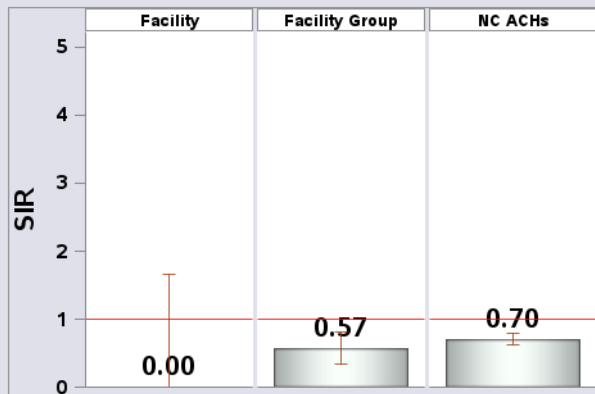


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.4	Same
All reporting units	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

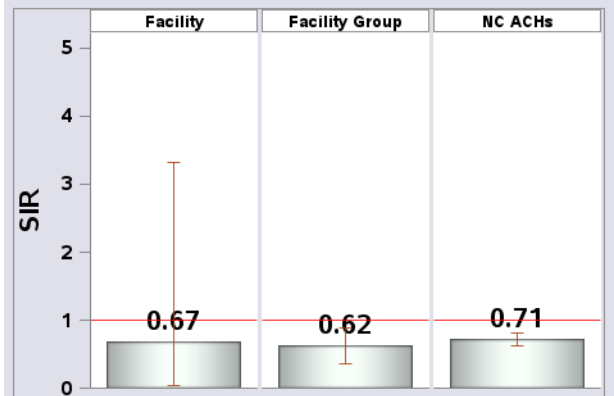


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

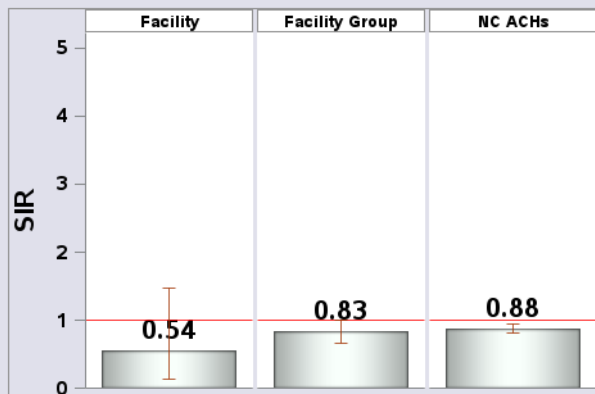


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

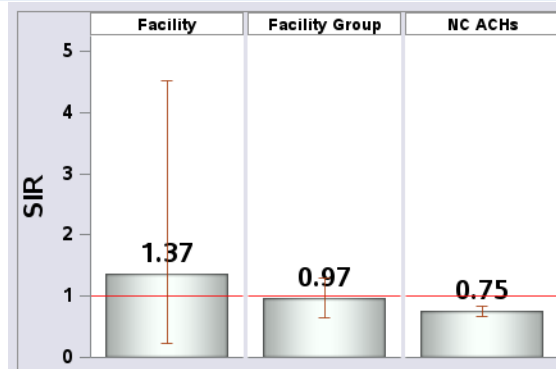


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>2</b>	<b>1.5</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

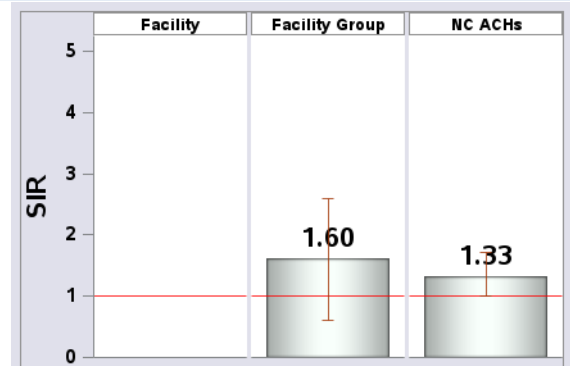


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

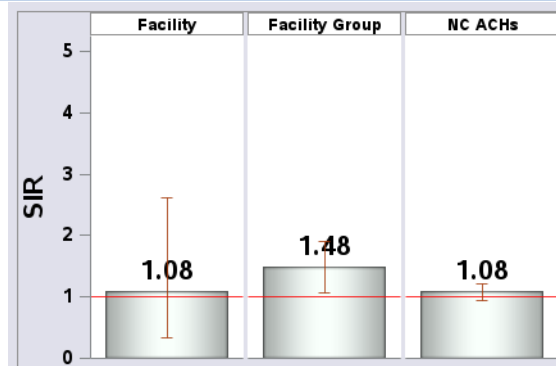


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

**Novant Health Kernersville Medical Center, Kernersville, Forsyth County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	6,290
Patient Days in 2024:	21,360
Total Number of Beds:	100
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	0.70

[\*FTE = Full-time equivalent]

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

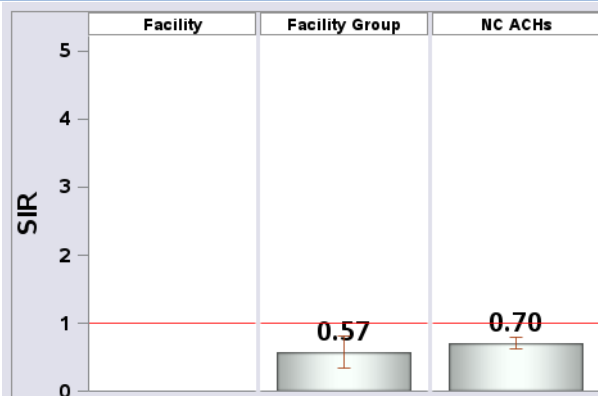


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>2</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

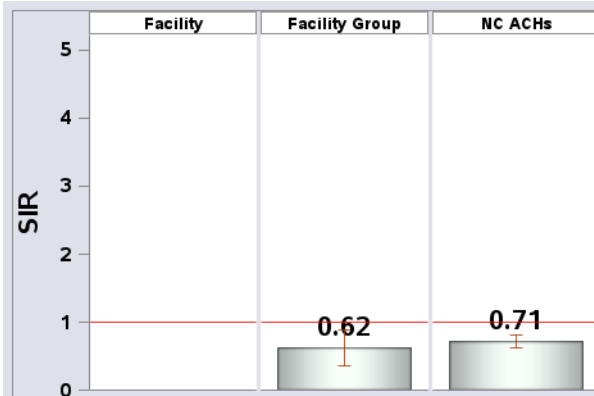


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

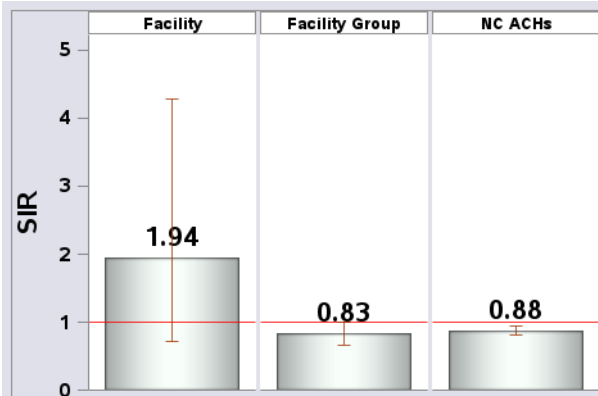


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Novant Health Kernersville Medical Center, Kernersville, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

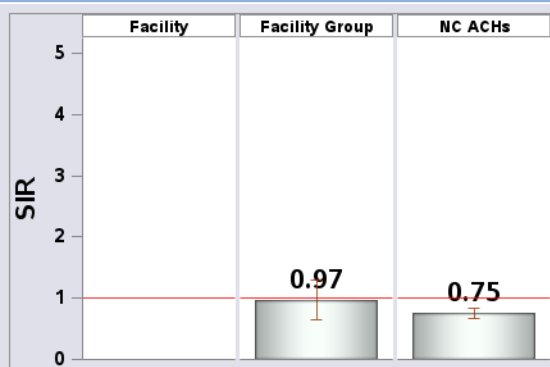


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

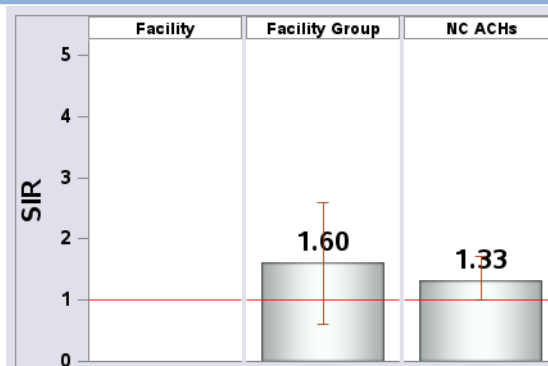


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

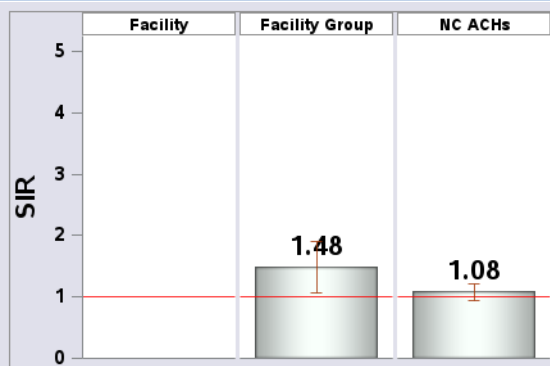


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Novant Health Matthews Medical Center, Matthews, Mecklenburg County

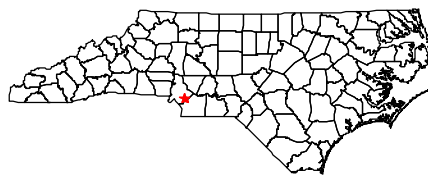
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	13,580
Patient Days in 2024:	49,638
Total Number of Beds:	191
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.40
Number of FTEs* per 100 beds:	0.73

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

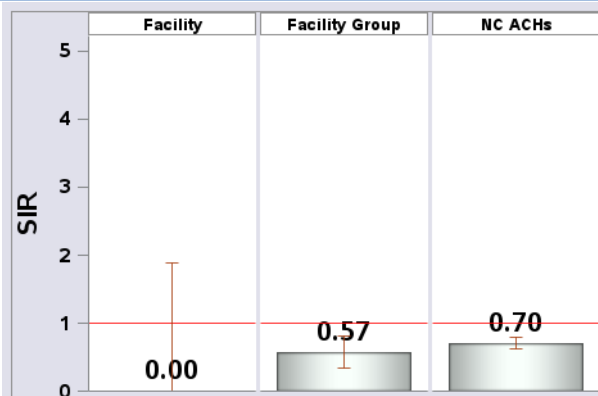


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

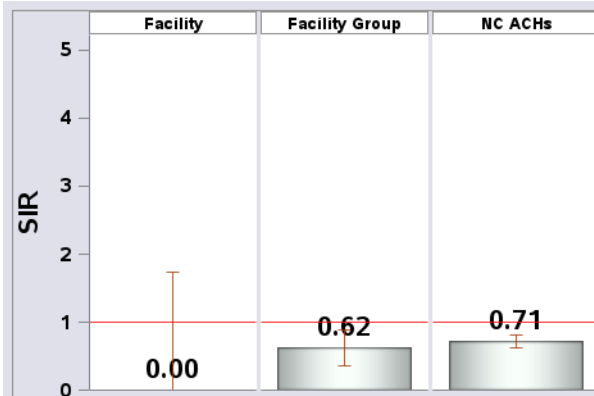


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	5.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

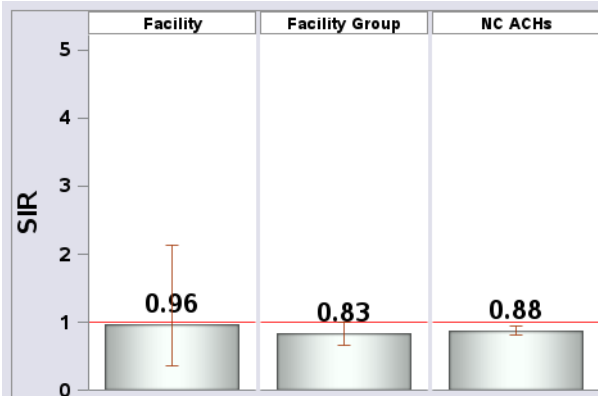


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

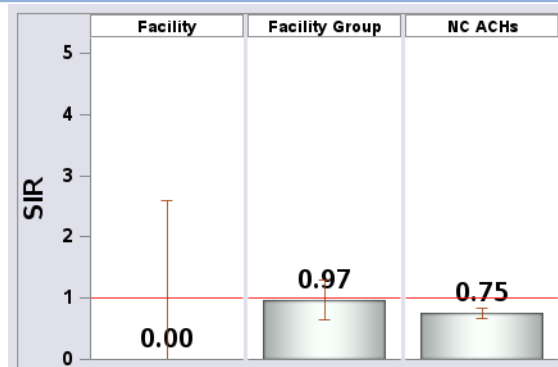


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

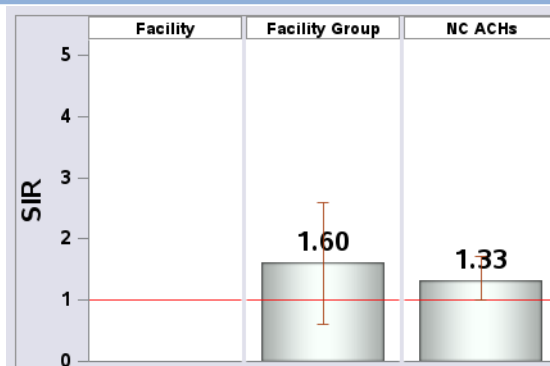


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	3.2	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

× Worse: More infections than predicted by the national baseline experience

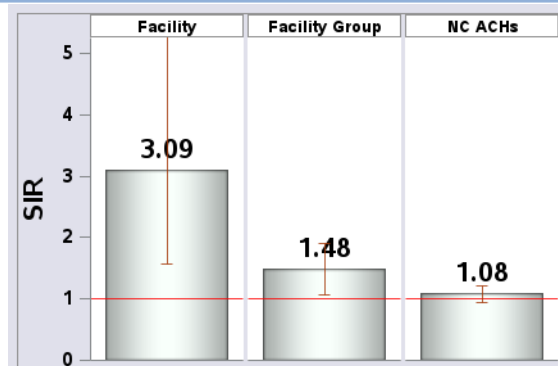


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Medical Park Hospital, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	1,639
Patient Days in 2024:	2,822
Total Number of Beds:	33
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.21

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

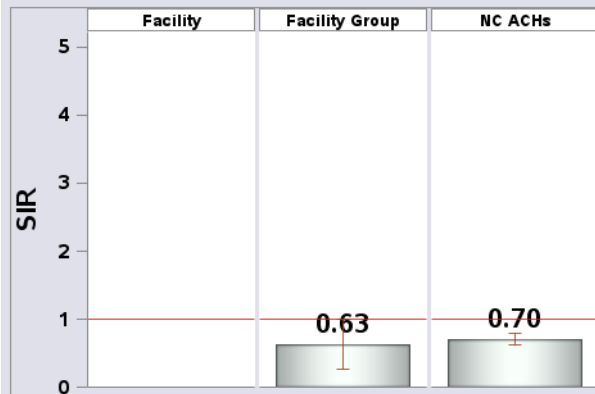


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

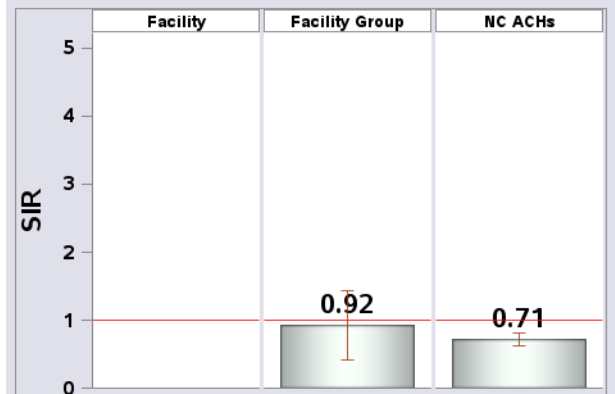


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

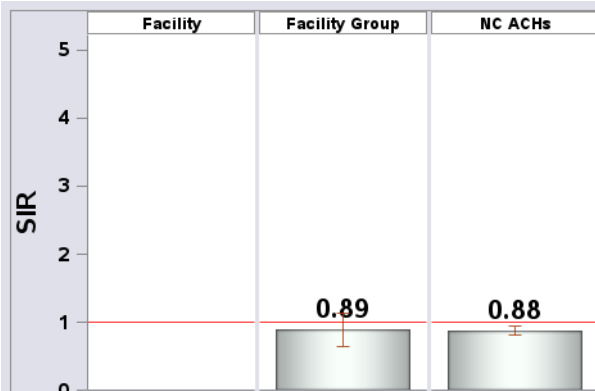


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Medical Park Hospital, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

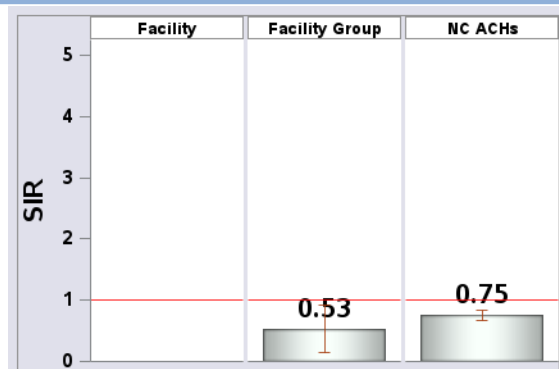


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.2	<b>Worse</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

**Worse:** More infections than predicted by the national baseline experience

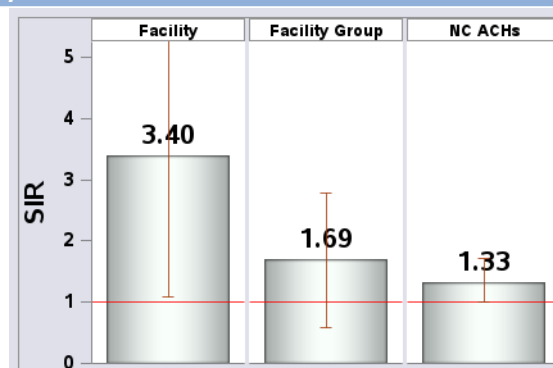


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

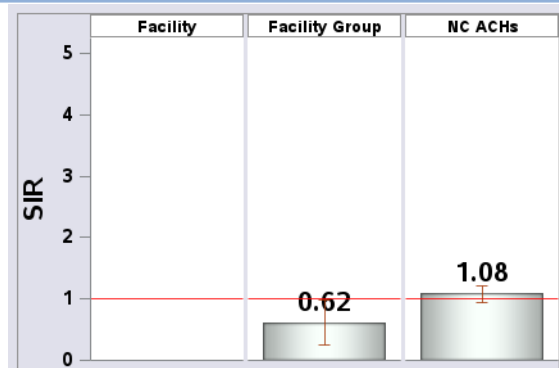


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health New Hanover Orthopedic Hospital, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	3,059
Patient Days in 2024:	8,604
Total Number of Beds:	55
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.36

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

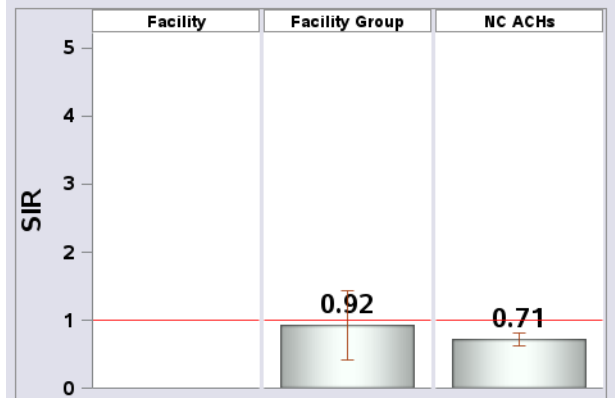


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

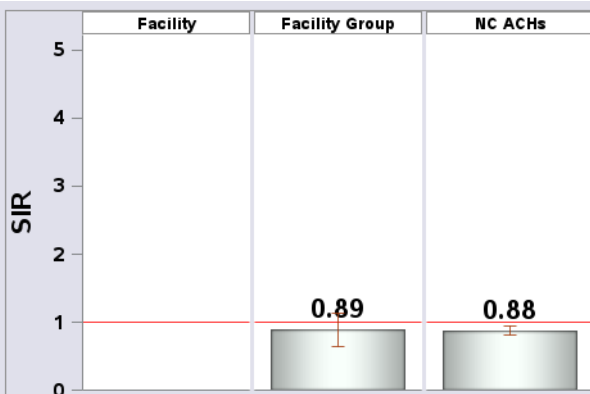


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

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N.C. HAI 2025 Q3 Report

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Novant Health New Hanover Orthopedic Hospital, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	36,616
Patient Days in 2024:	196,850
Total Number of Beds:	642
Number of ICU Beds:	116
FTE* Infection Preventionists:	6.30
Number of FTEs* per 100 beds:	0.98

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

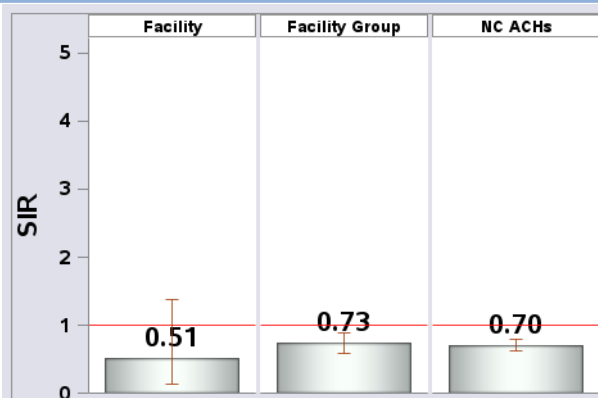


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	3.9	Same
Adult/Ped Wards	2	2.0	Same
All reporting units	3	5.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	9.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

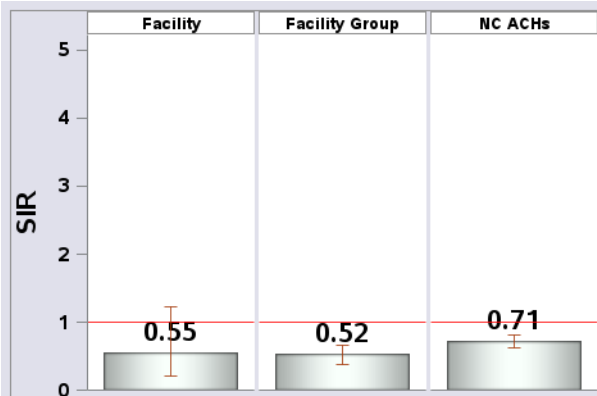


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	11	26	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

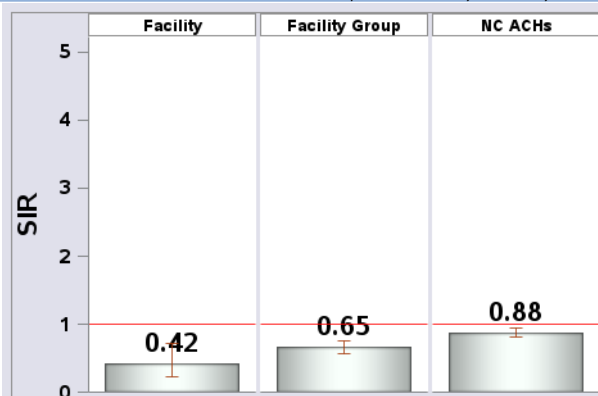


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

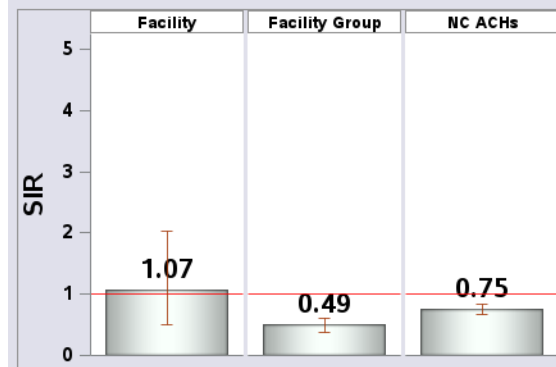


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	3.5	Same
Adult/Ped Wards	0	1.6	Same
Neonatal Units	2	2.4	Same
All reporting units	8	7.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

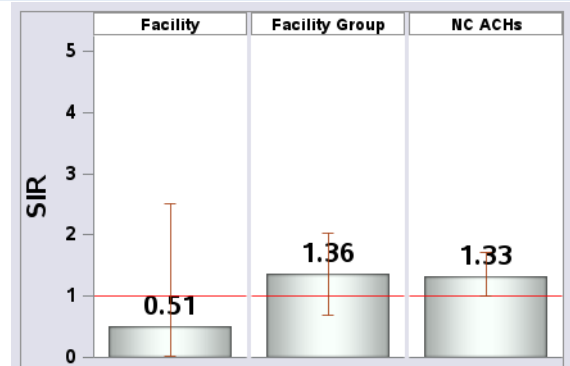


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	5.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

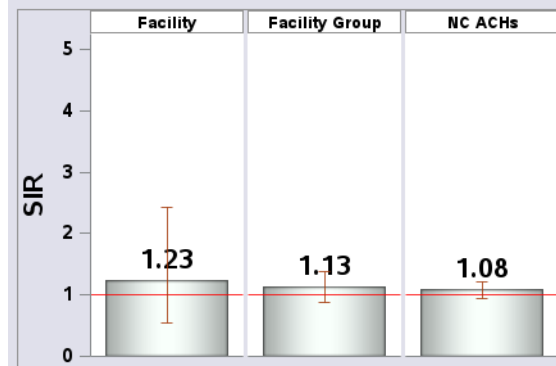


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Rowan Medical Center, Salisbury, Rowan County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	12,916
Patient Days in 2024:	59,959
Total Number of Beds:	245
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.40
Number of FTEs* per 100 beds:	0.57

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

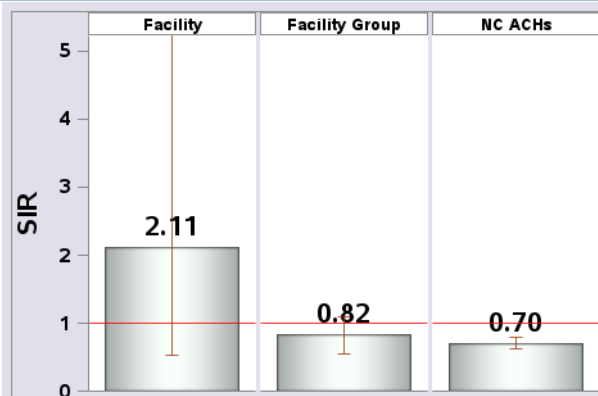


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	3	1.0	Same
<b>All reporting units</b>	<b>3</b>	<b>1.4</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

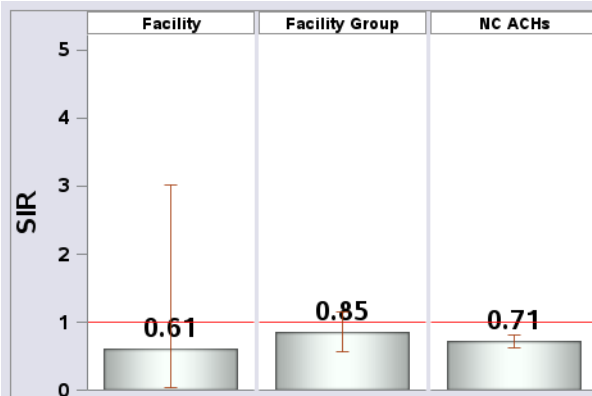


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	5.5	<b>Better</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

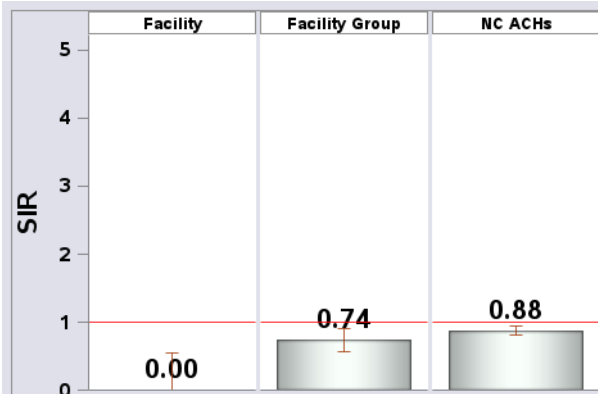


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Rowan Medical Center, Salisbury, Rowan County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

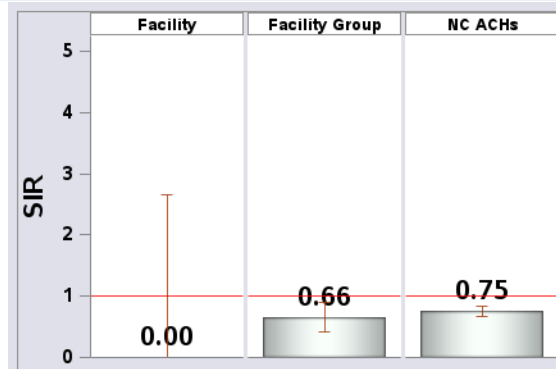


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

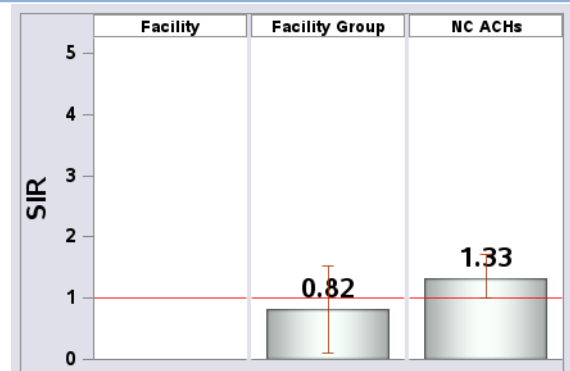


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

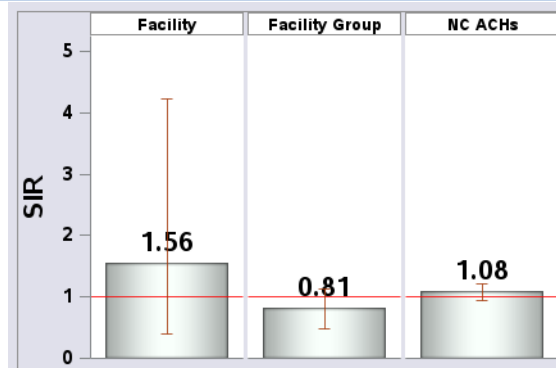


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Thomasville Medical Center, Thomasville, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	5,998
Patient Days in 2024:	25,902
Total Number of Beds:	130
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.85

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

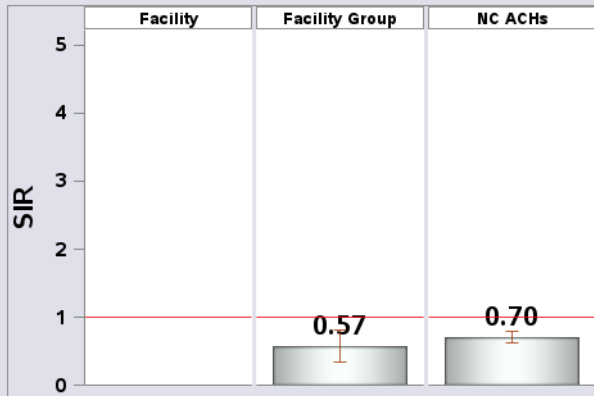


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

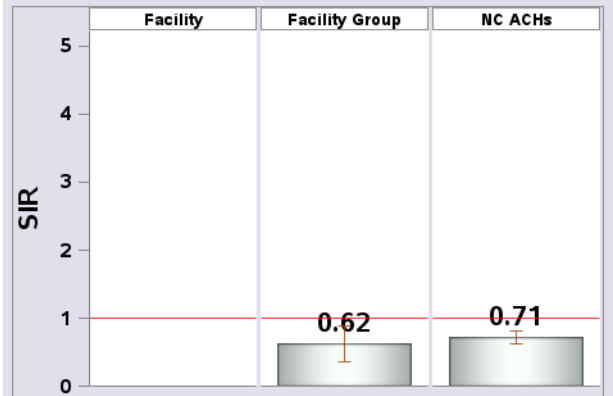


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

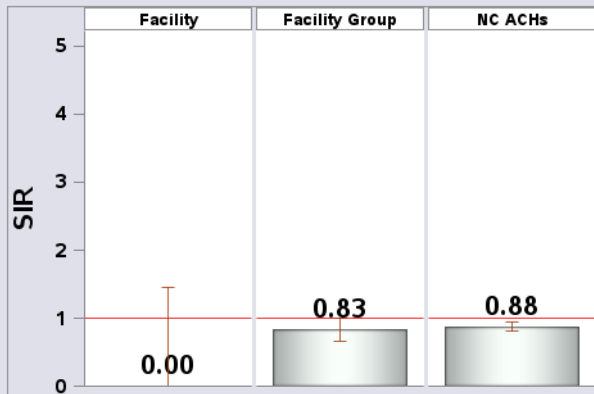


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Novant Health Thomasville Medical Center, Thomasville, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

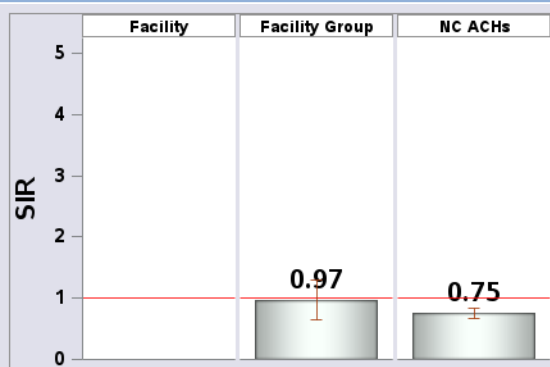


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

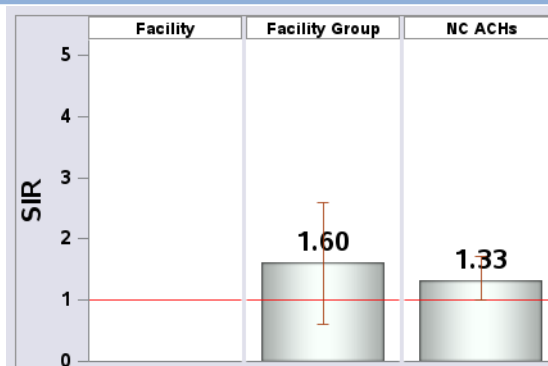


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

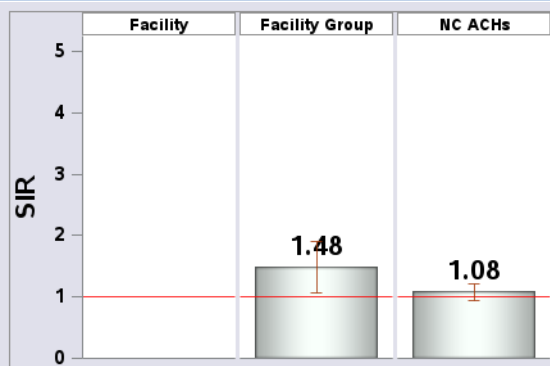


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Onslow Memorial Hospital, Jacksonville, Onslow County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	7,020
Patient Days in 2024:	35,672
Total Number of Beds:	162
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.62

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

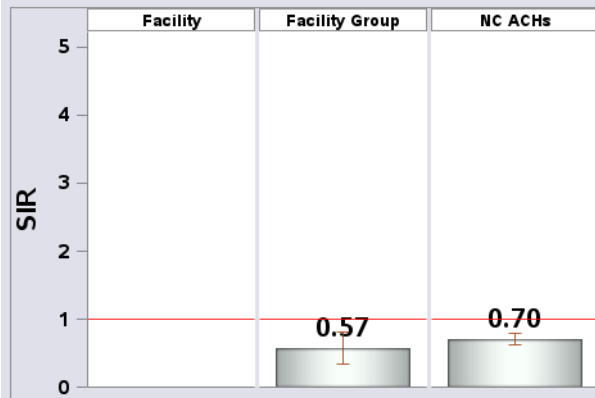


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

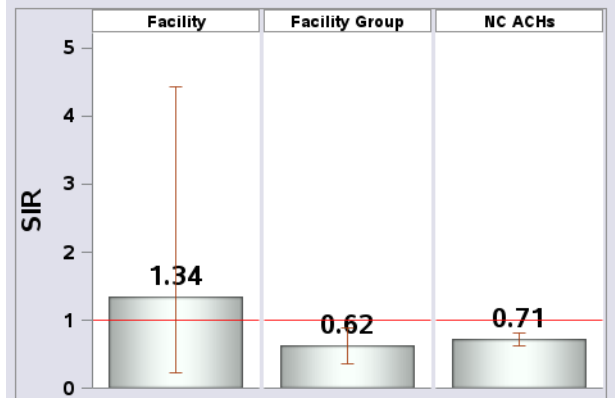


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

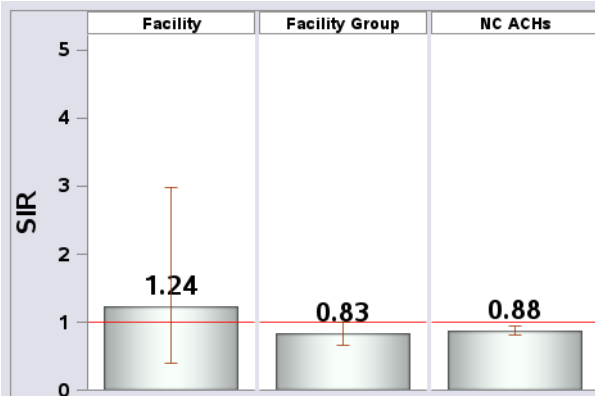


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Onslow Memorial Hospital, Jacksonville, Onslow County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

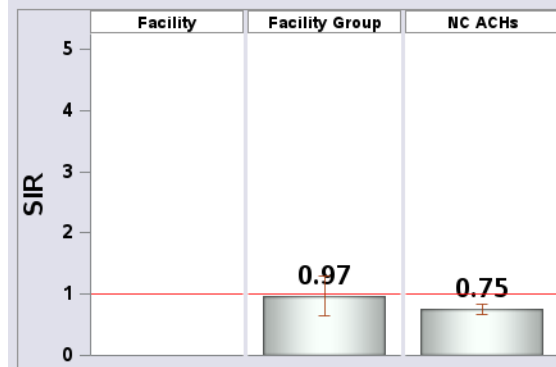


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

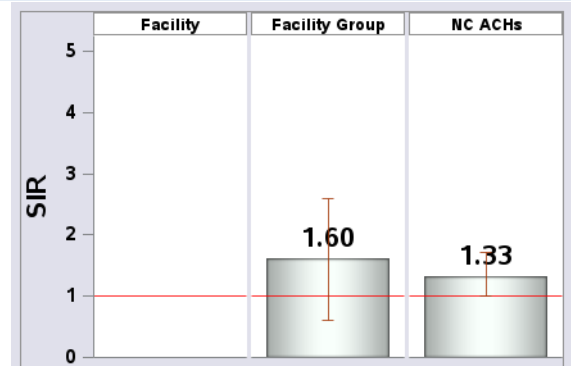


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

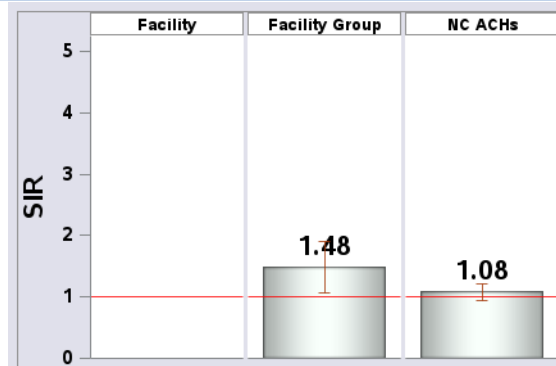


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Pam Specialty Hospital Of Rocky Mount, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
Admissions in 2024: 308  
Patient Days in 2024: 11,161  
Total Number of Beds: 50  
FTE\* Infection Preventionists: .  
Number of FTEs\* per 100 beds: .

(\*FTE = Full-time equivalent)

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

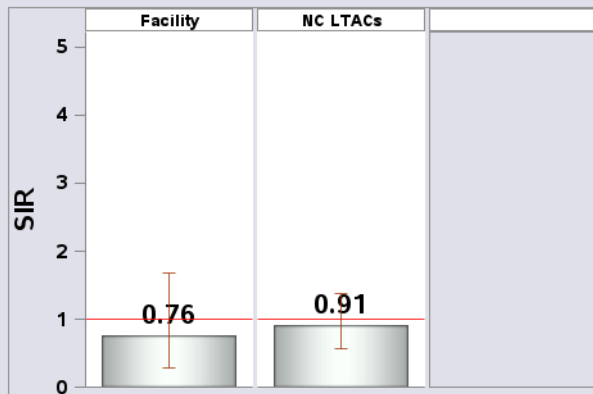


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	5	6.6	Same
All reporting units	5	6.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

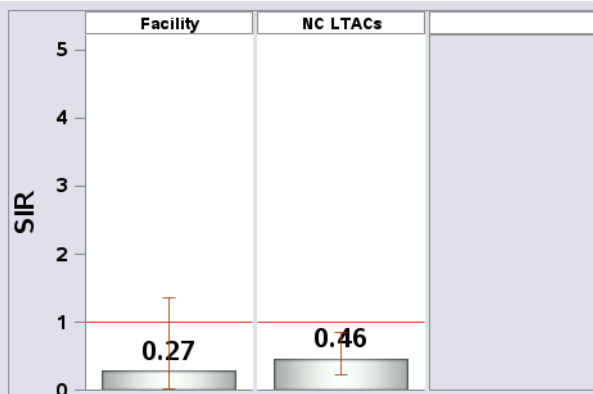


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.7	Same
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

**Pam Specialty Hospital Of Rocky Mount, , County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

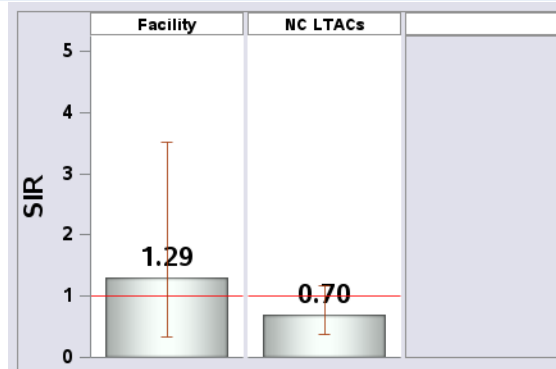


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	2.3	Same
All reporting units	3	2.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Pardee Hospital, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	8,424
Patient Days in 2024:	38,301
Total Number of Beds:	143
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.70

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

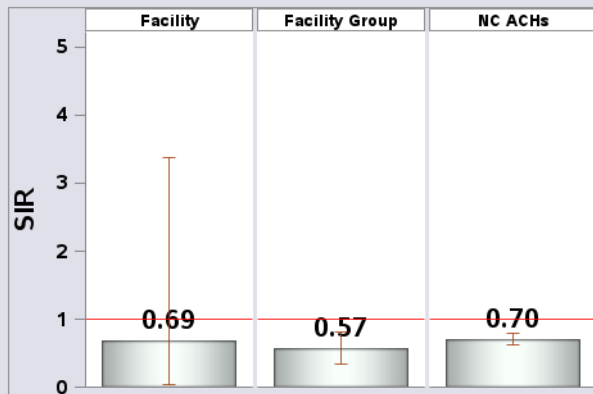


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.0	Same
<b>All reporting units</b>	<b>1</b>	<b>1.5</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

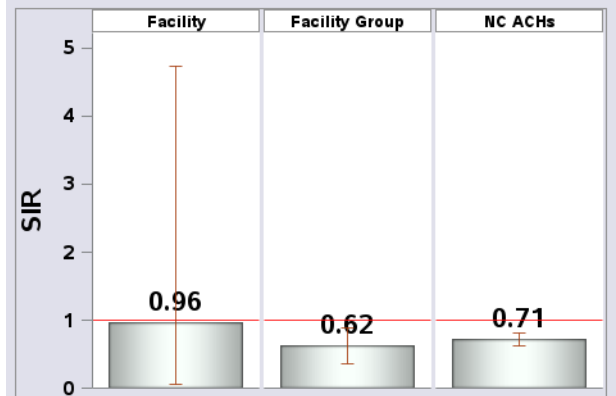


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

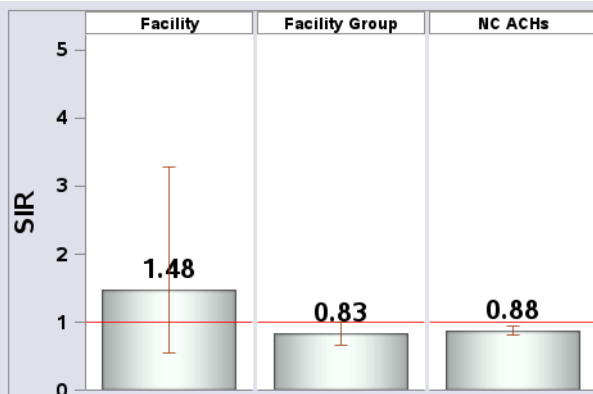


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Pardee Hospital, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

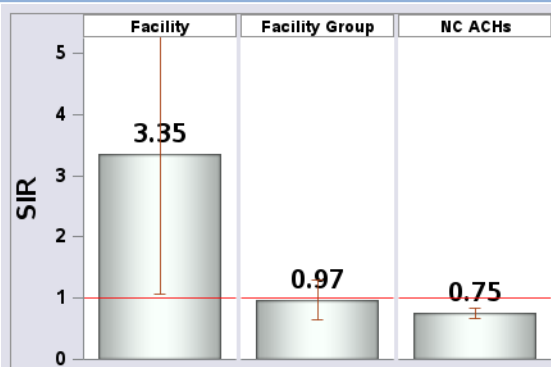


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	3	Less than 1.0	No Conclusion
All reporting units	4	1.2	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

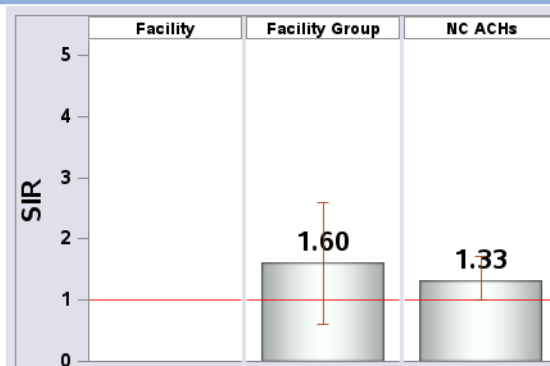


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= **Same:** About the same number of infections as predicted by the national baseline experience

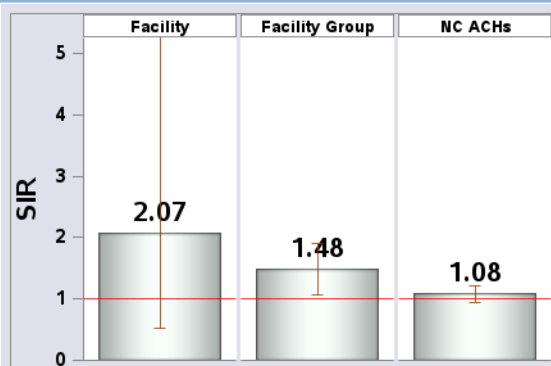


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Pender Memorial Hospital, Burgaw, Pender County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type:	Critical Access Hospital
Admissions in 2024:	258
Patient Days in 2024:	2,600
Total Number of Beds:	25
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	2.80

[\*FTE = Full-time equivalent]

[. = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.*

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Note from N.C. Division of Public Health: Data are unavailable for this time period.

## North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

### Pender Memorial Hospital, Burgaw, Pender County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

#### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Person Memorial Hospital, Roxboro, Person County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	1,484
Patient Days in 2024:	3,636
Total Number of Beds:	18
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	4.86

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

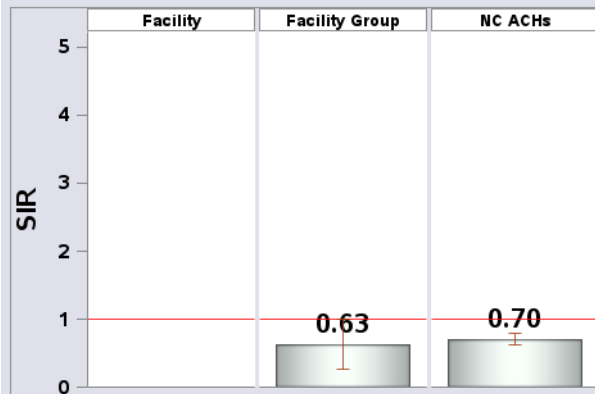


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

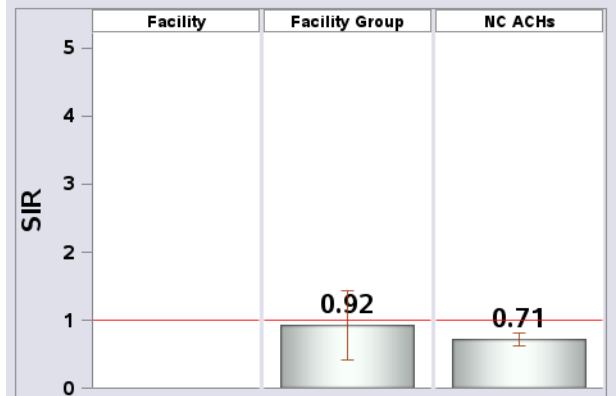


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

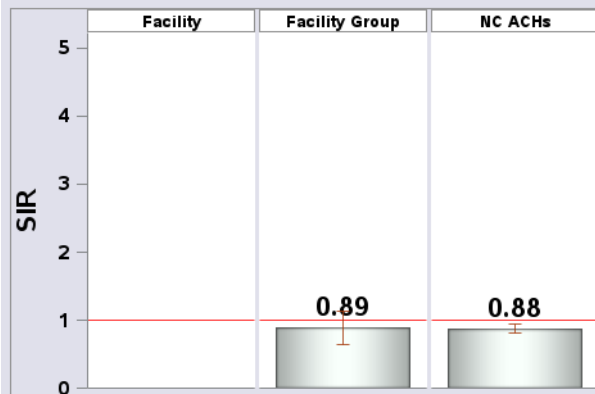


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

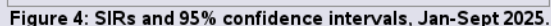
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

**Person Memorial Hospital, Roxboro, Person County**

## Central Line-Associated Bloodstream Infections (CLABSI)

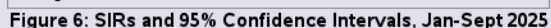


Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>0</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: Red line represents the NHSN baseline experience, 2022.

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Note from N.C. Division of Public Health: Data are unavailable for this time period.



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: Red line represents the NHSN baseline experience, 2022.

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Randolph Hospital, Asheboro, Randolph County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2024:	5,998
Patient Days in 2024:	21,132
Total Number of Beds:	80
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.25

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

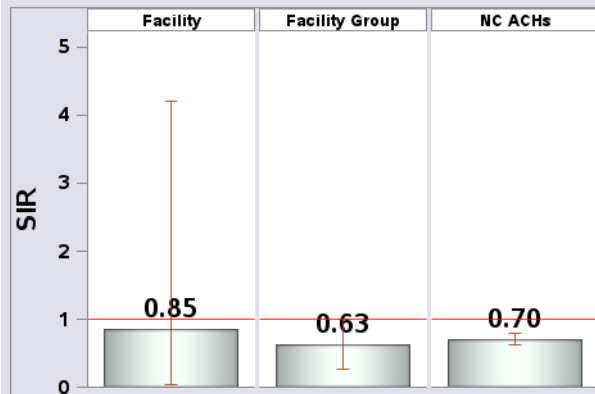


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>1</b>	<b>1.2</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

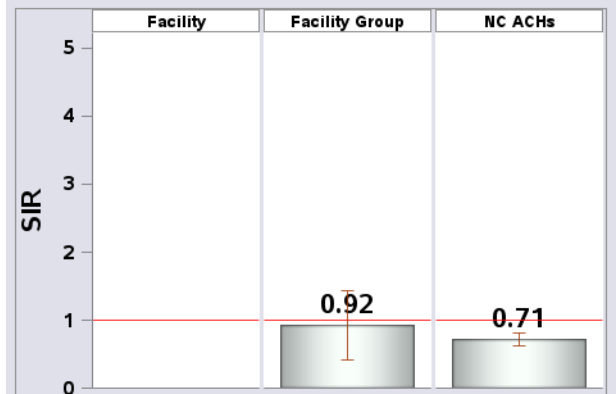


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	2.0	<b>Worse</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

× **Worse**: More infections than predicted by the national baseline experience

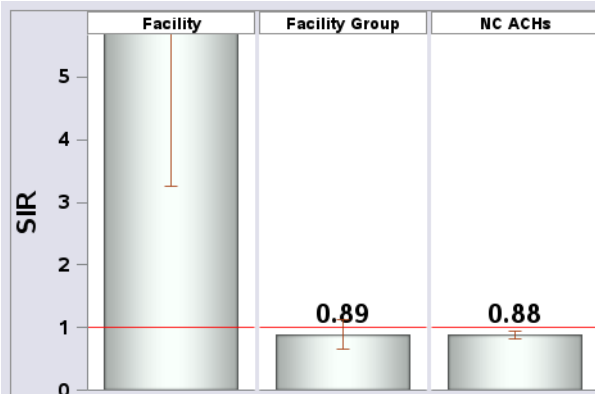


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Randolph Hospital, Asheboro, Randolph County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

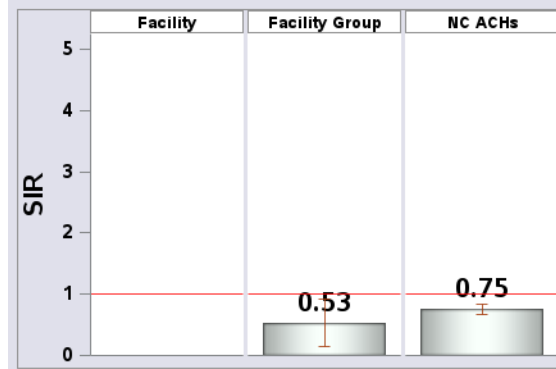


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

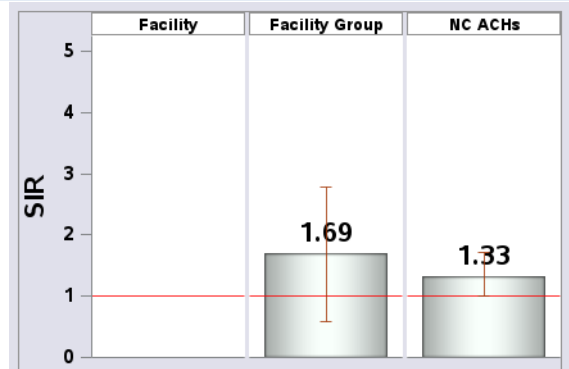


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

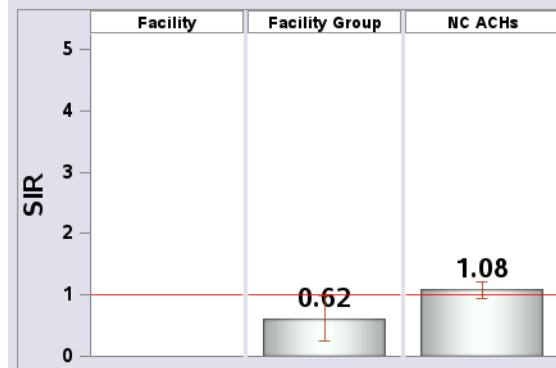


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Rex Healthcare, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	58,651
Patient Days in 2024:	169,233
Total Number of Beds:	544
Number of ICU Beds:	83
FTE* Infection Preventionists:	5.00
Number of FTEs* per 100 beds:	0.92

[\*FTE = Full-time equivalent]

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

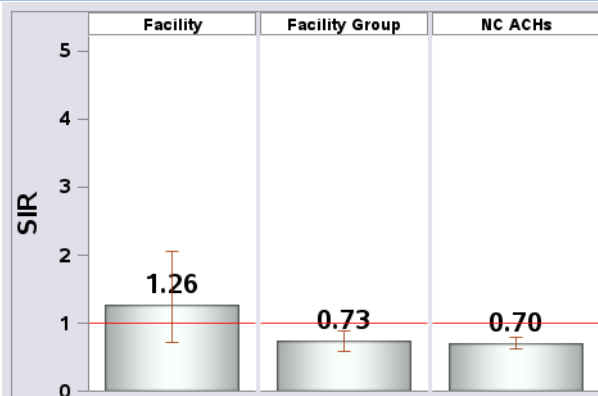


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	4.8	Same
Adult/Ped Wards	9	6.3	Same
All reporting units	14	11	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	7.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

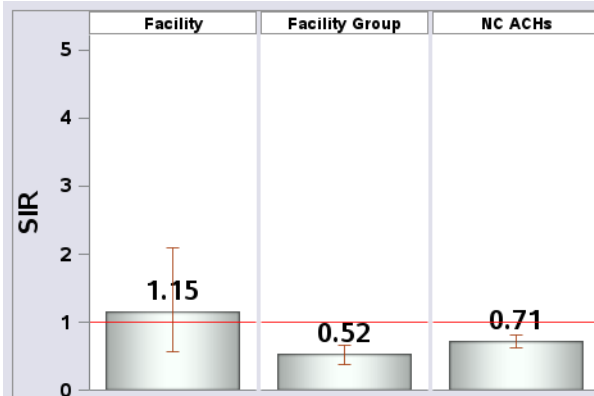


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	20	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

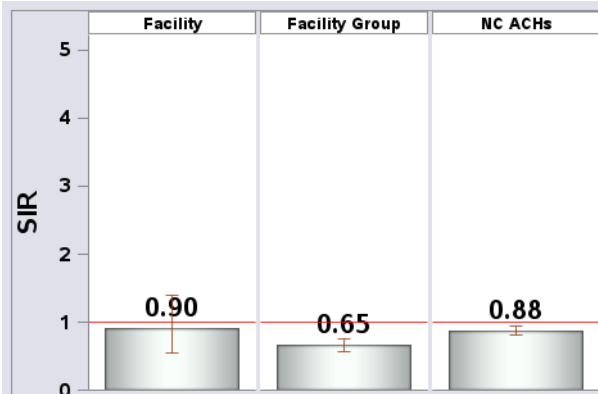


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Rex Healthcare, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

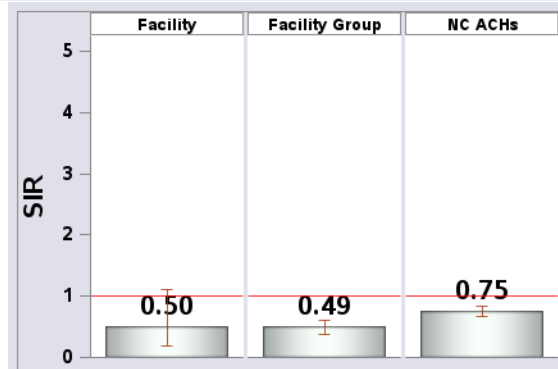


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	4.7	Same
Adult/Ped Wards	4	5.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	5	10	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

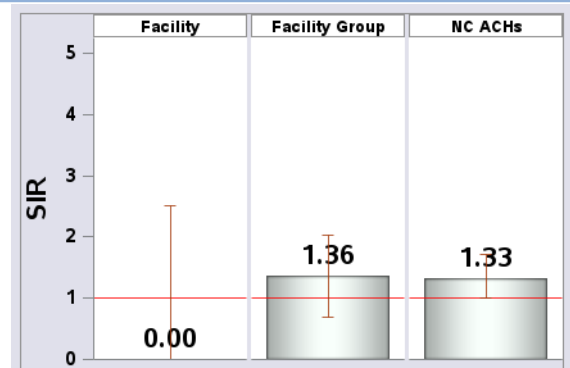


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	9.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

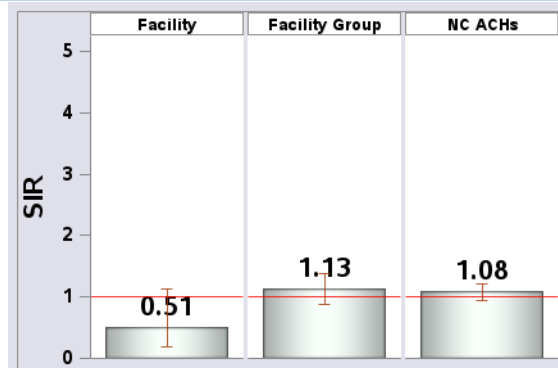


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	3,745
Patient Days in 2024:	15,099
Total Number of Beds:	82
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.22

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

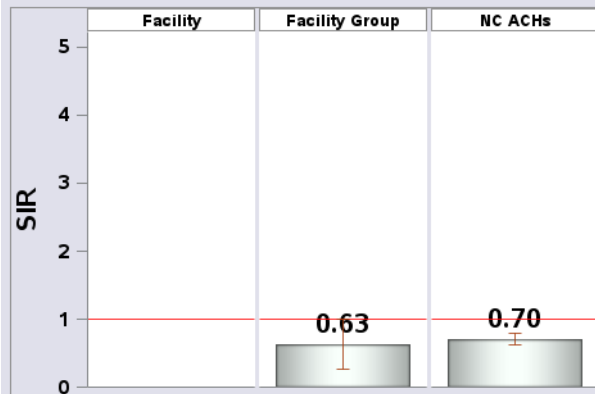


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

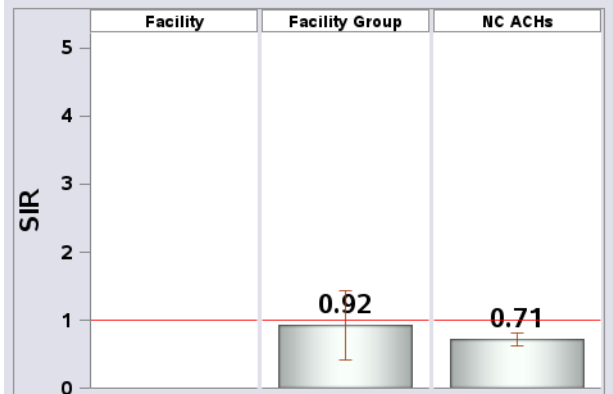


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

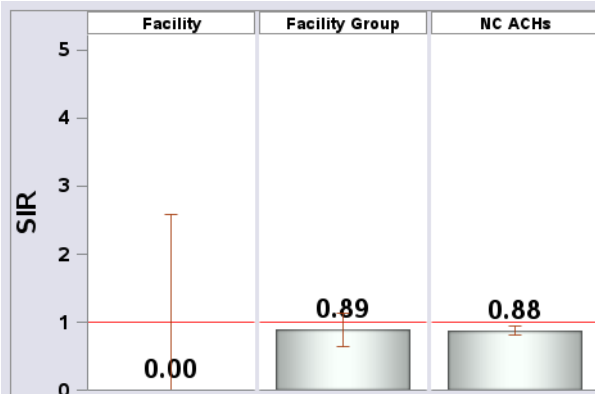


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

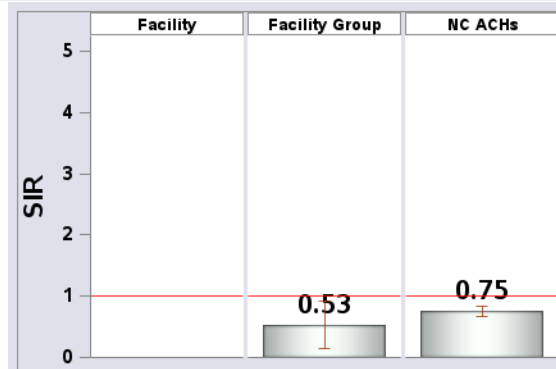


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

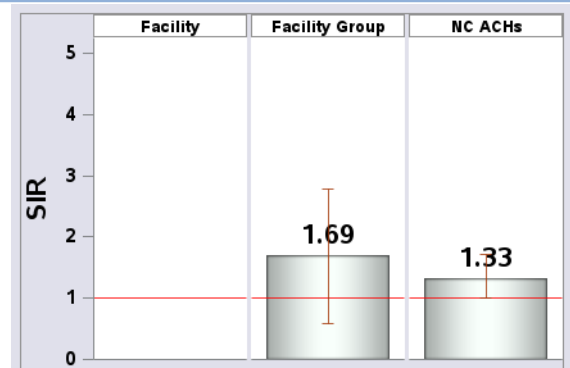


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

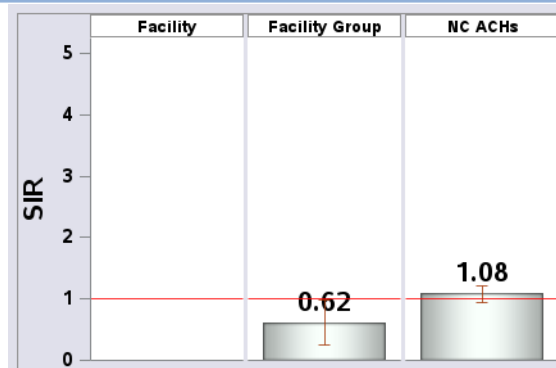


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Sampson Regional Medical Center, Clinton, Sampson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	2,923
Patient Days in 2024:	10,497
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.65

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

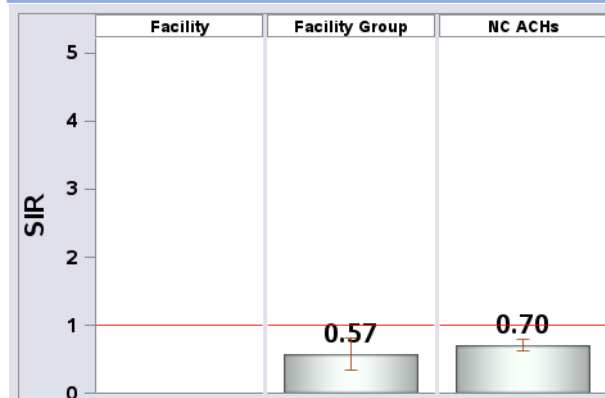


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

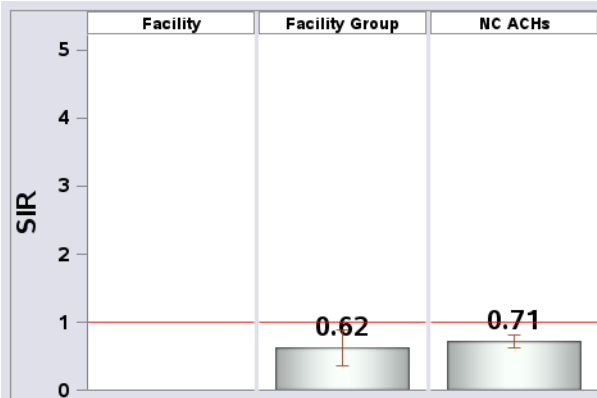


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	1.1	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

× Worse: More infections than predicted by the national baseline experience

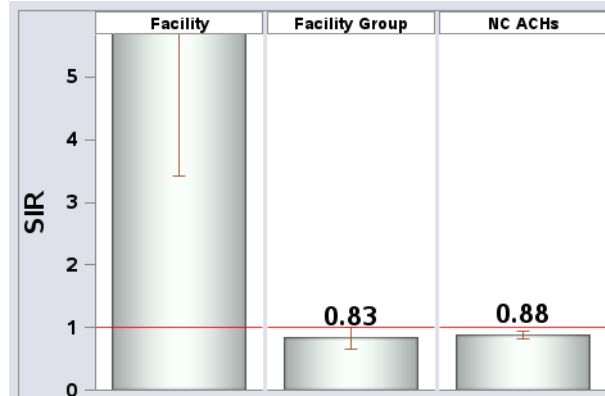


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Sampson Regional Medical Center, Clinton, Sampson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

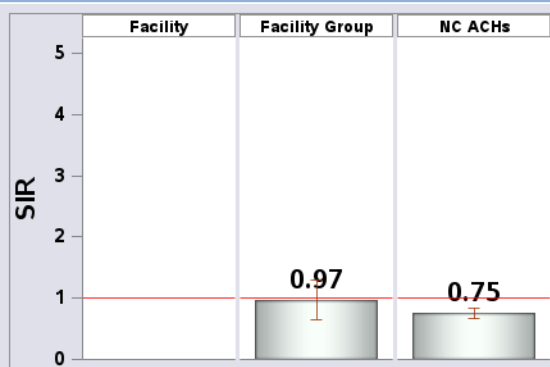


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

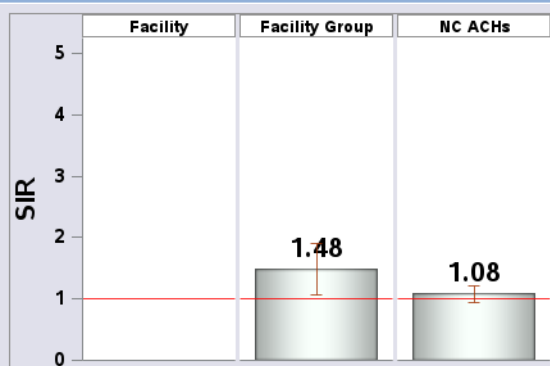


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

## Data from January 1 - September 30, 2025

### Scotland Memorial Hospital, Laurinburg, Scotland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

#### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	6,695
Patient Days in 2024:	29,892
Total Number of Beds:	104
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.96

(\*FTE = Full-time equivalent)

[. = Data not reported]



#### Catheter-Associated Urinary Tract Infections (CAUTI)

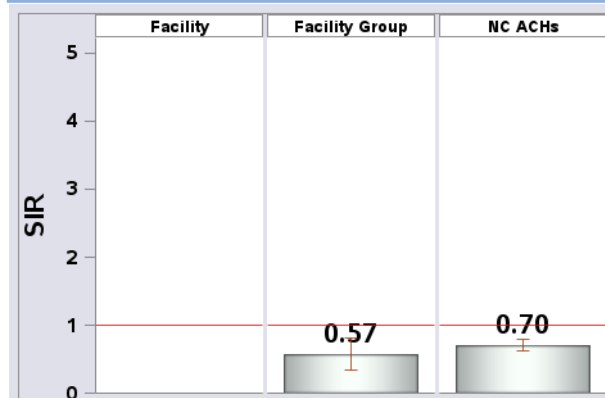


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>2</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

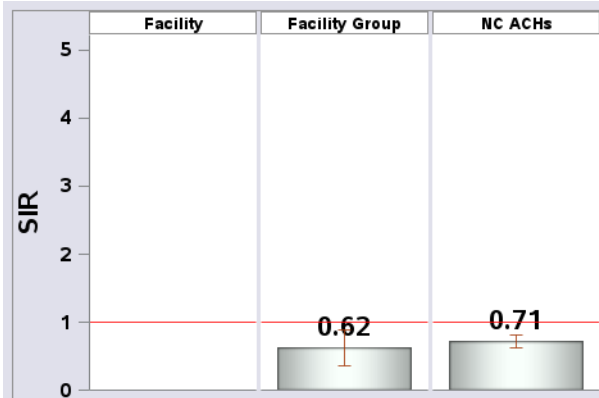


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

#### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

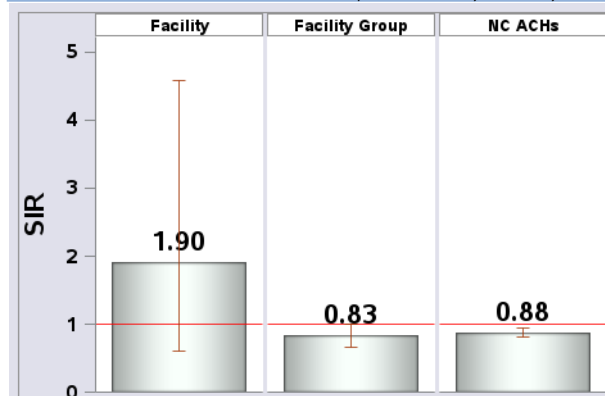


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Scotland Memorial Hospital, Laurinburg, Scotland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

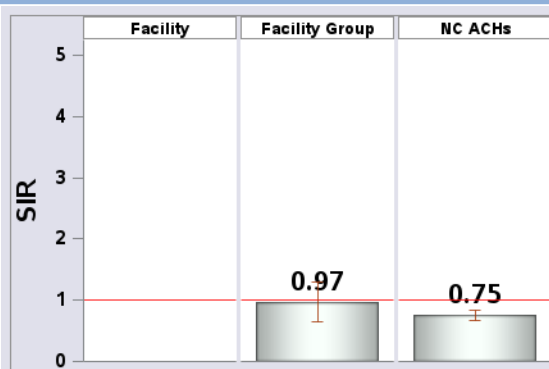


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

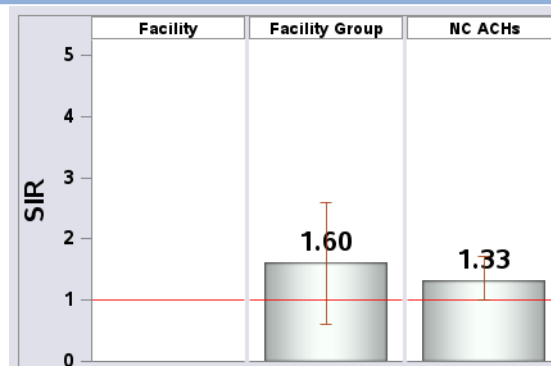


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

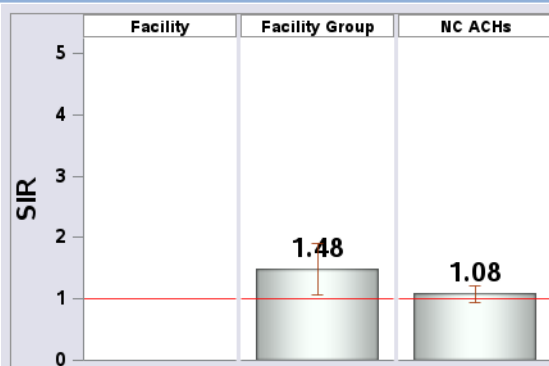


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Select Specialty Hospital-Durham, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
Admissions in 2024: 222  
Patient Days in 2024: 8,109  
Total Number of Beds: 30  
FTE\* Infection Preventionists: .  
Number of FTEs\* per 100 beds: .

(\*FTE = Full-time equivalent)

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

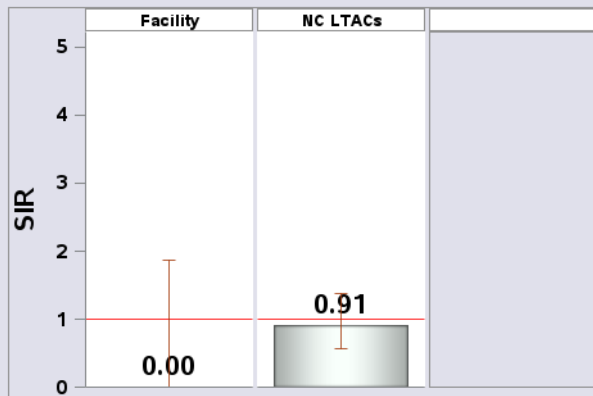


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	1.6	Same
All reporting units	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

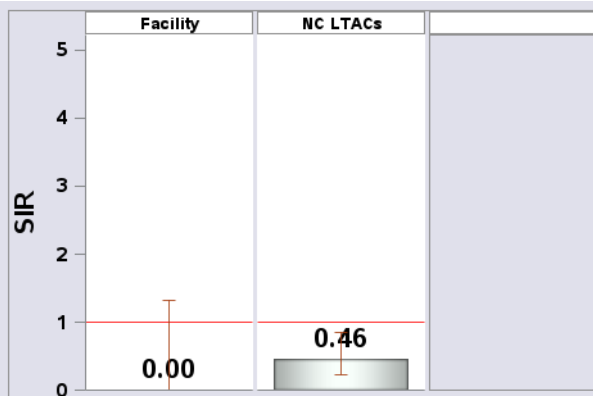


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.3	Same
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Select Specialty Hospital-Durham, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

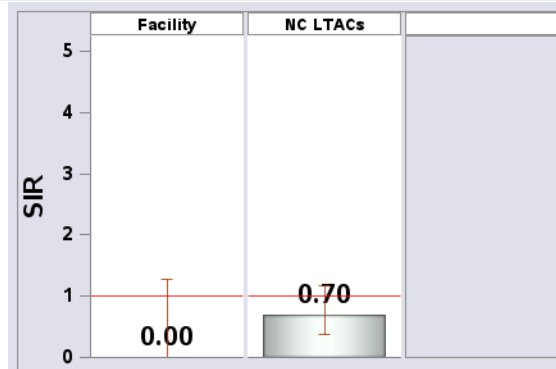


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	2.3	Same
All reporting units	0	2.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Select Specialty Hospital-Greensboro, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
Admissions in 2024: 238  
Patient Days in 2024: 10,106  
Total Number of Beds: 30  
FTE\* Infection Preventionists: .  
Number of FTEs\* per 100 beds: .

(\*FTE = Full-time equivalent)

[. = Data not reported]



## Catheter-Associated Urinary Tract Infections (CAUTI)

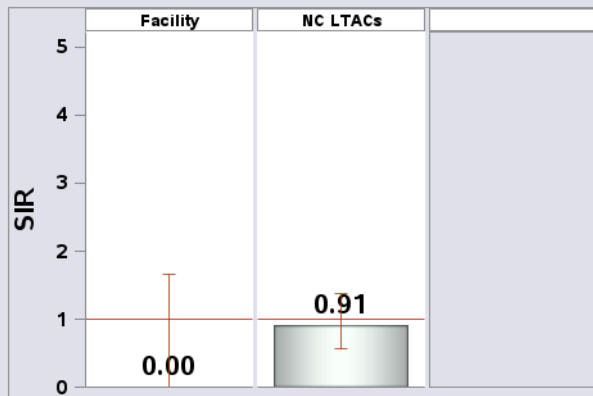


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	1.8	Same
All reporting units	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

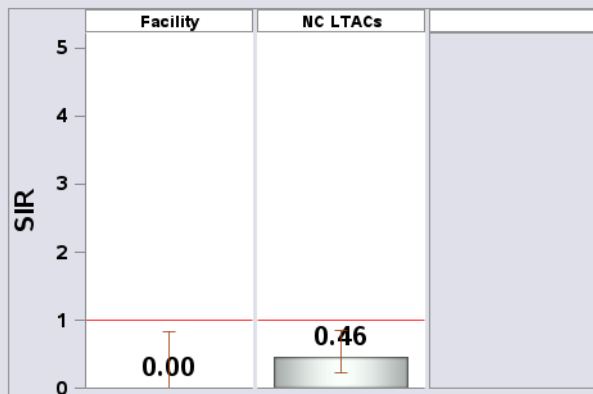


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.6	Better
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion
Facility-wide inpatient	.	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Select Specialty Hospital-Greensboro, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

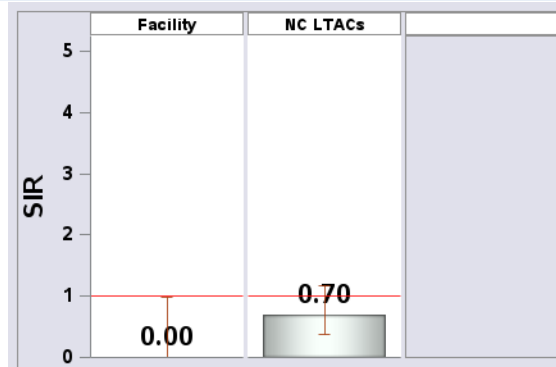


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	3.1	Better
All reporting units	0	3.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Sentara Albemarle Medical Center Halstead, Elizabeth City, Pasquotank County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	5,616
Patient Days in 2024:	24,111
Total Number of Beds:	114
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.96

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

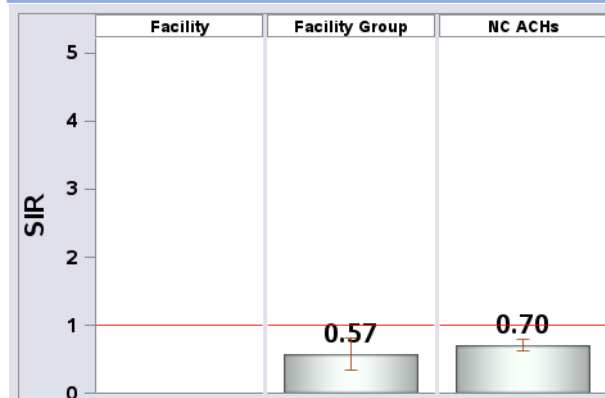


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

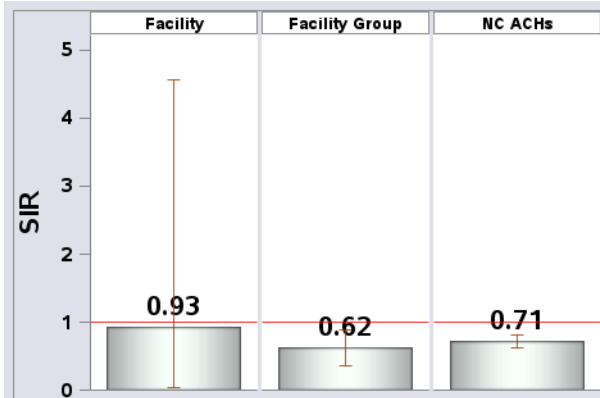


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

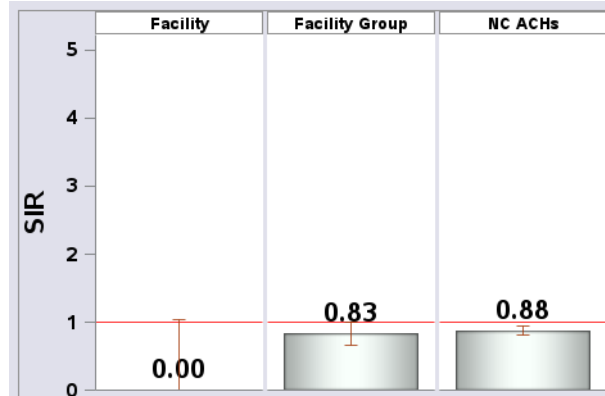


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Sentara Albemarle Medical Center Halstead, Elizabeth City, Pasquotank County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

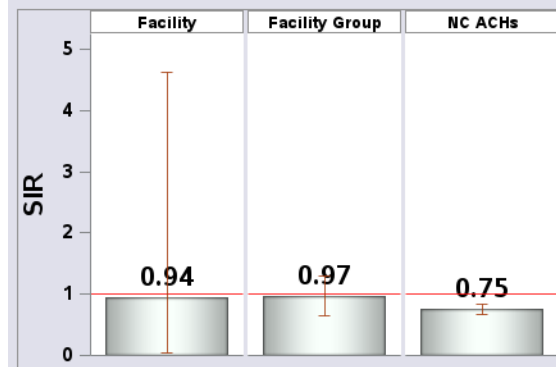


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

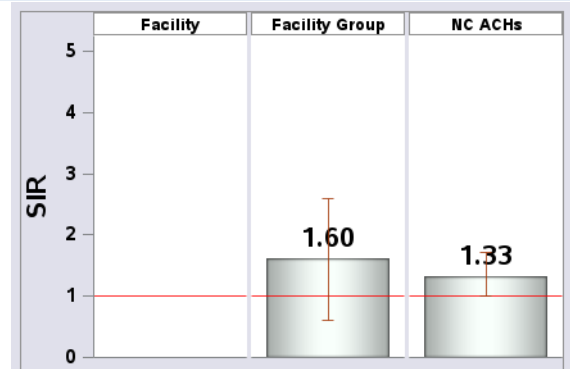


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

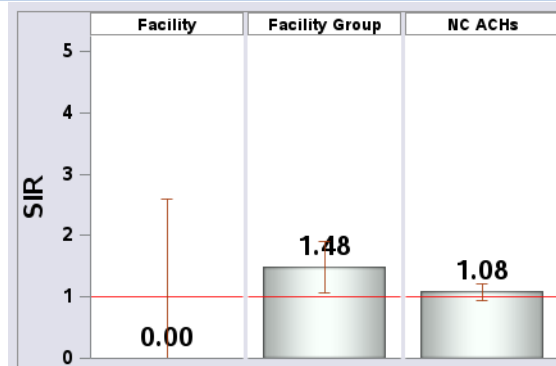


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Southeastern Regional Medical Center, Lumberton, Robeson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2024:	13,491
Patient Days in 2024:	50,786
Total Number of Beds:	199
Number of ICU Beds:	32
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.51

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

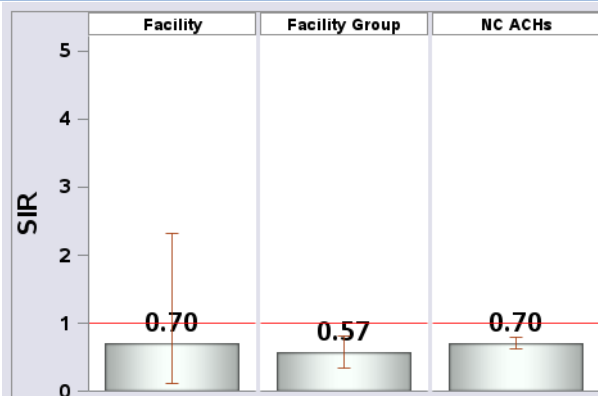


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	2.1	Same
<b>All reporting units</b>	<b>2</b>	<b>2.8</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

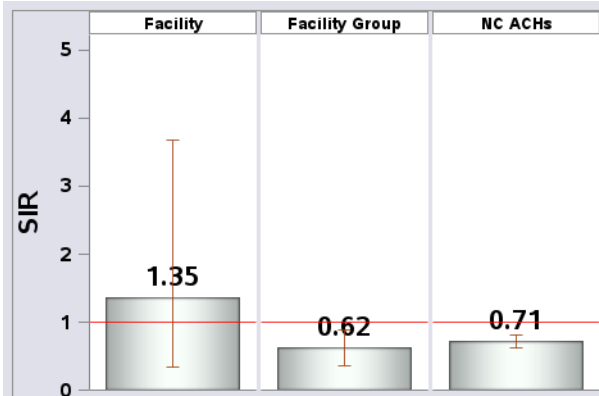


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

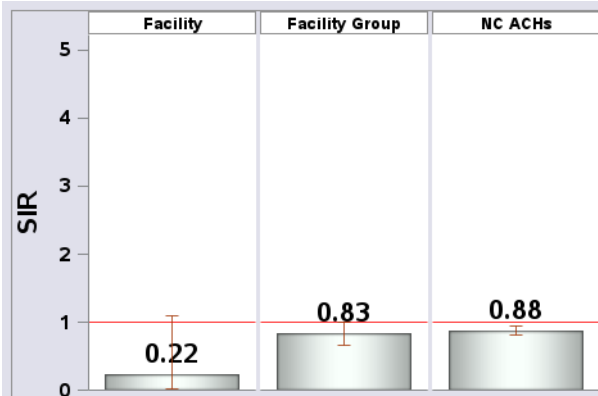


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Southeastern Regional Medical Center, Lumberton, Robeson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

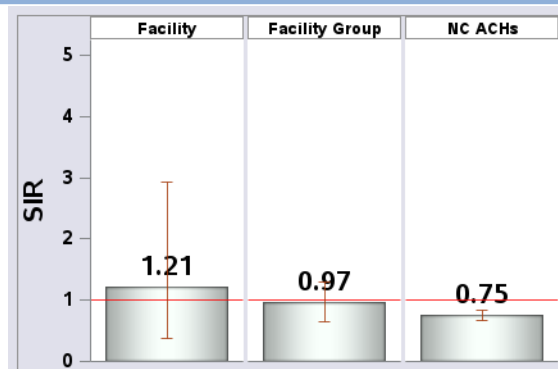


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.3	Same
Adult/Ped Wards	2	2.0	Same
All reporting units	4	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

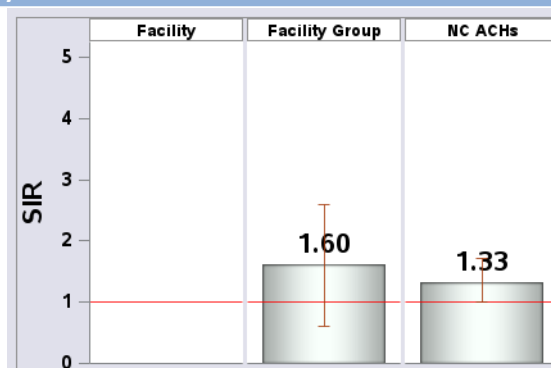


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

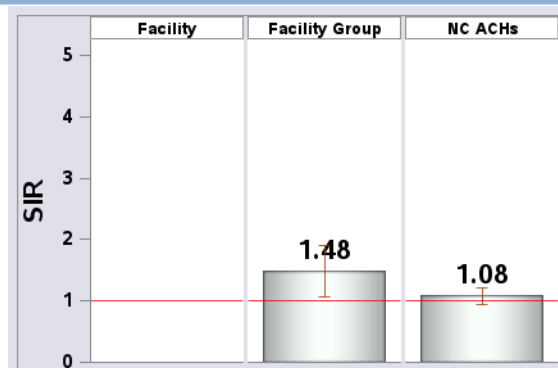


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

UNC Health Blue Ridge, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Major  
Admissions in 2024: 4,329  
Patient Days in 2024: 37,703  
Total Number of Beds: 133  
Number of ICU Beds: 16  
FTE\* Infection Preventionists: 3.00  
Number of FTEs\* per 100 beds: 2.26

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

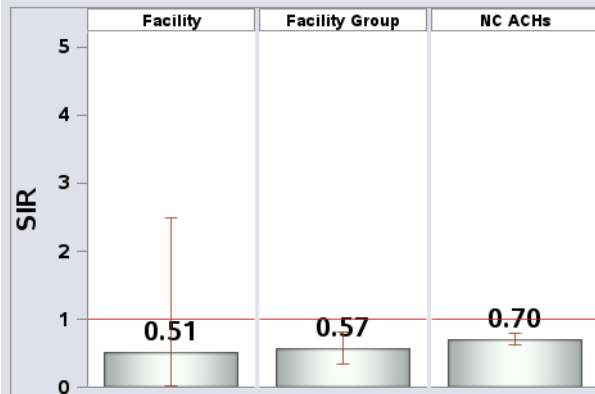


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

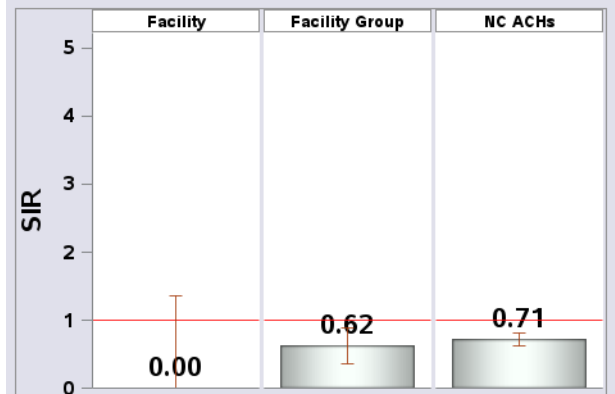


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

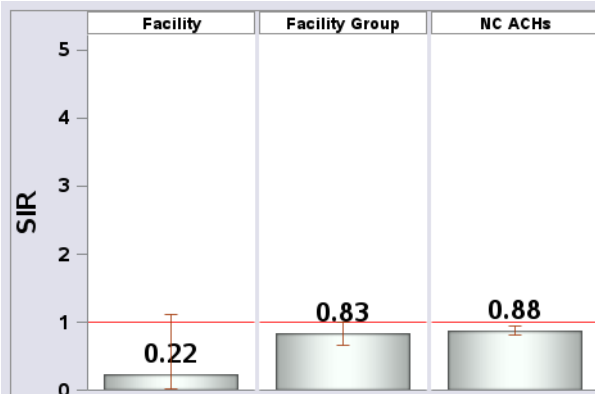


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

UNC Health Blue Ridge, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

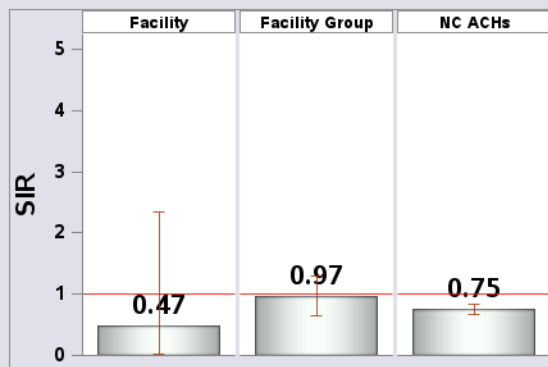


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

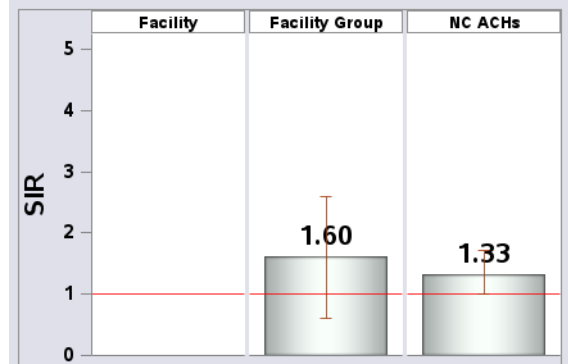


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

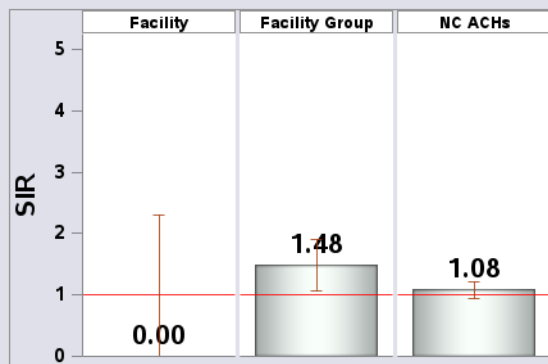


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

UNC Health Care, Chapel Hill, Orange County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	43,156
Patient Days in 2024:	323,515
Total Number of Beds:	1,089
Number of ICU Beds:	241
FTE* Infection Preventionists:	10.0
Number of FTEs* per 100 beds:	0.92

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

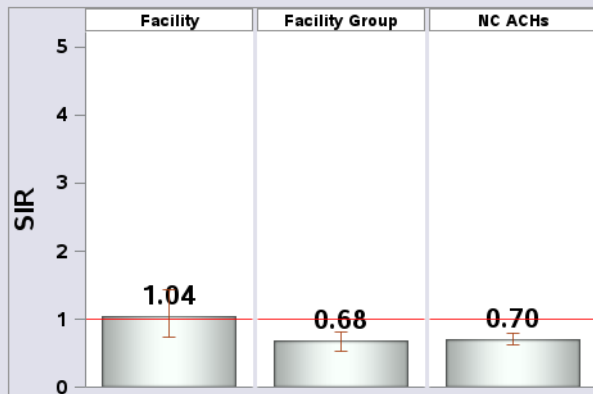


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	27	23	Same
Adult/Ped Wards	8	11	Same
All reporting units	35	34	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	17	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

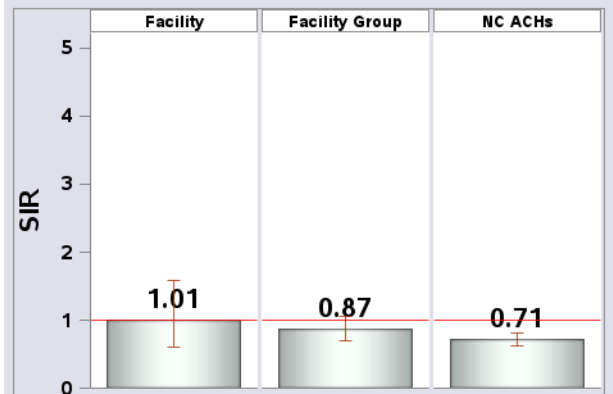


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	96	48	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

× Worse: More infections than predicted by the national baseline experience

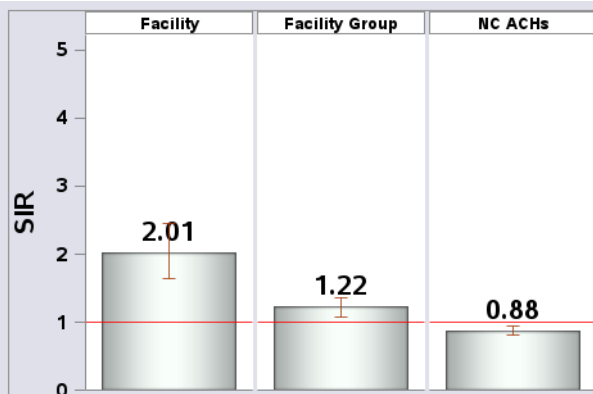


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

UNC Health Care, Chapel Hill, Orange County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

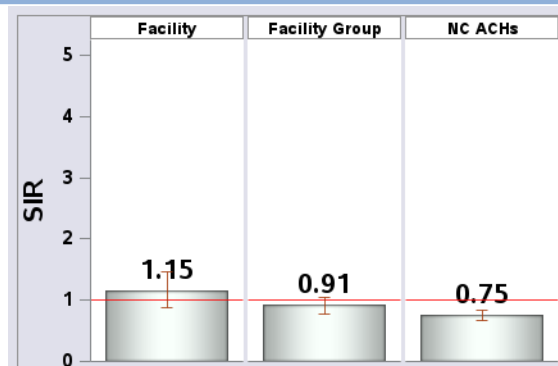


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	39	32	Same
Adult/Ped Wards	15	17	Same
Neonatal Units	7	4.5	Same
All reporting units	61	53	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

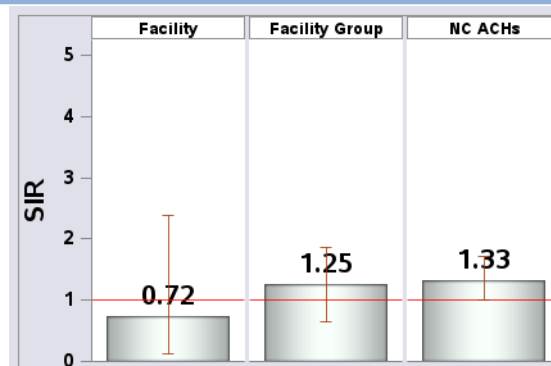


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	15	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

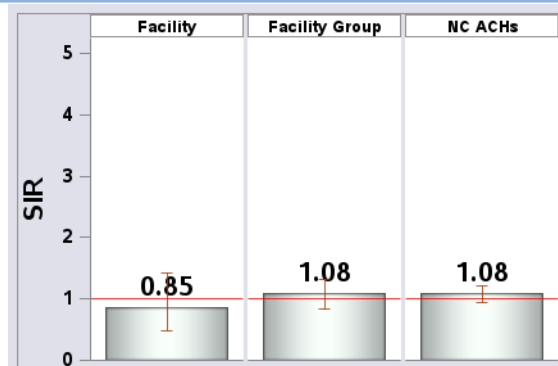


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## UNC Rockingham Health, Eden, Rockingham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	7,325
Patient Days in 2024:	7,827
Total Number of Beds:	108
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.93

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

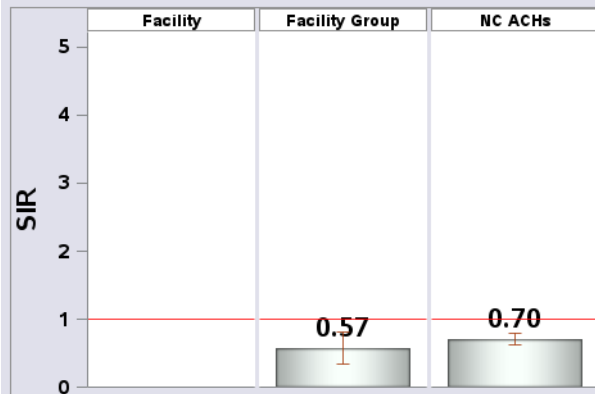


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
<b>All reporting units</b>	<b>0</b>	<b>Less than 1.0</b>	<b>No Conclusion</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

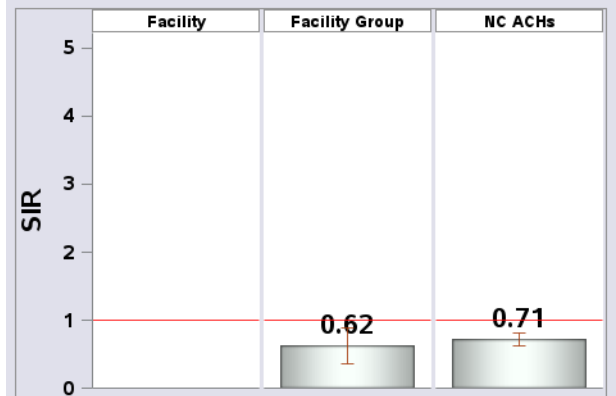


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

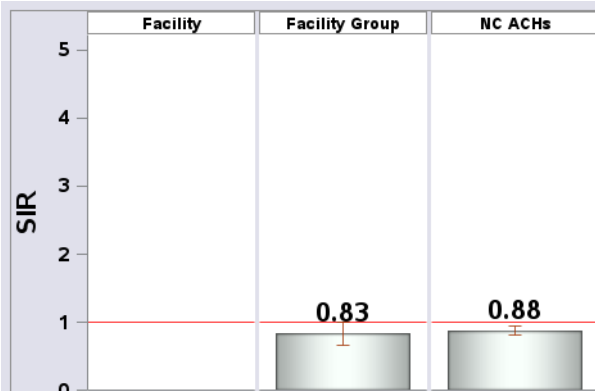


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

UNC Rockingham Health, Eden, Rockingham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

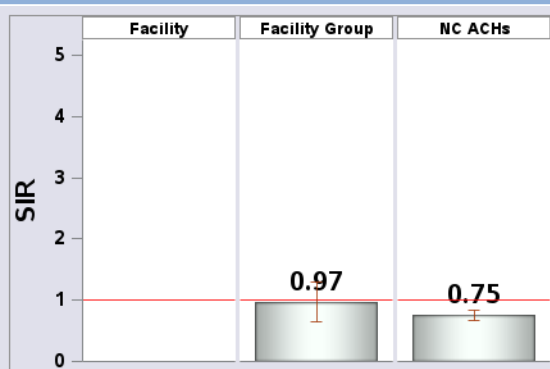


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

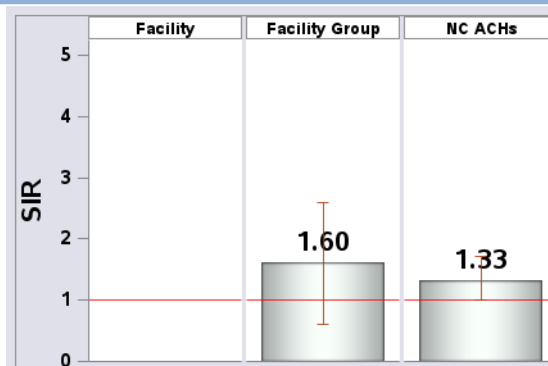


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

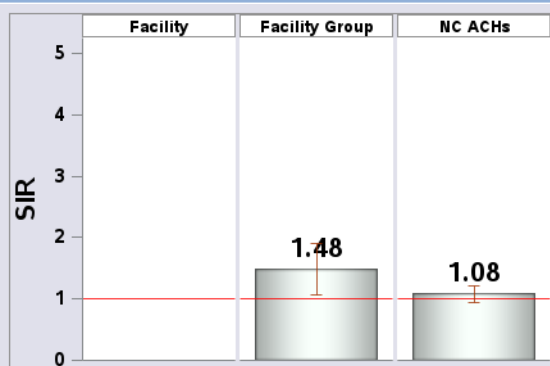


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	4,543
Patient Days in 2024:	10,717
Total Number of Beds:	46
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.60
Number of FTEs* per 100 beds:	1.30

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

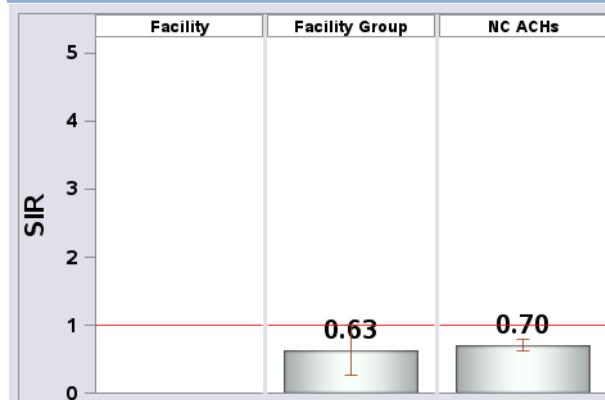


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

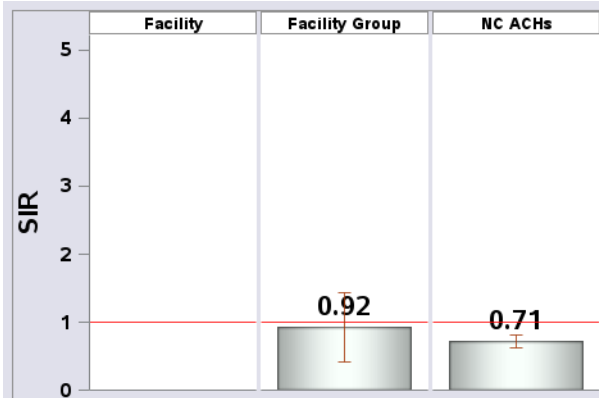


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

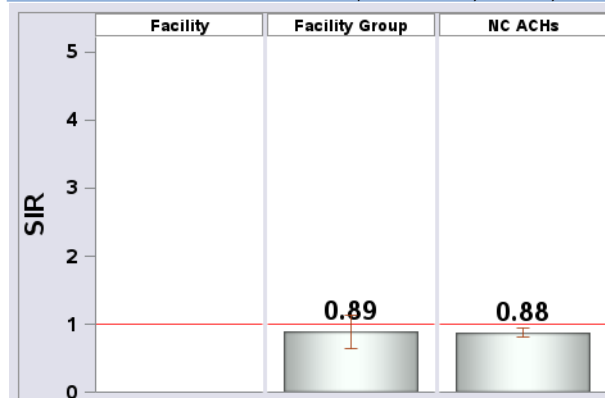


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

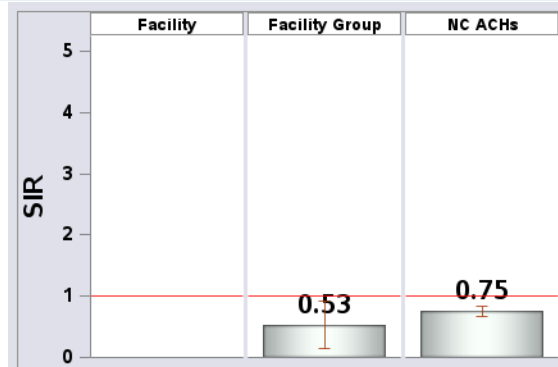


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	5,501
Patient Days in 2024:	17,348
Total Number of Beds:	71
Number of ICU Beds:	16
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	0.99

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

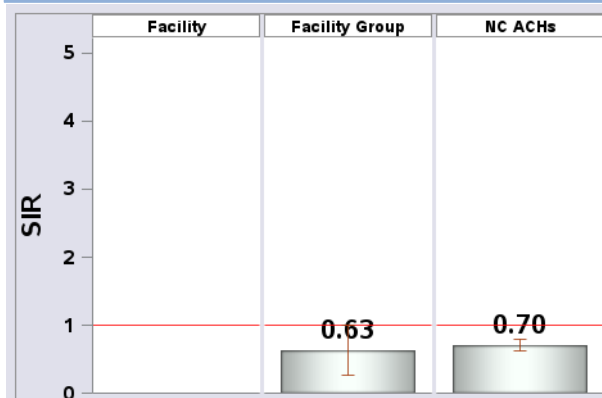


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

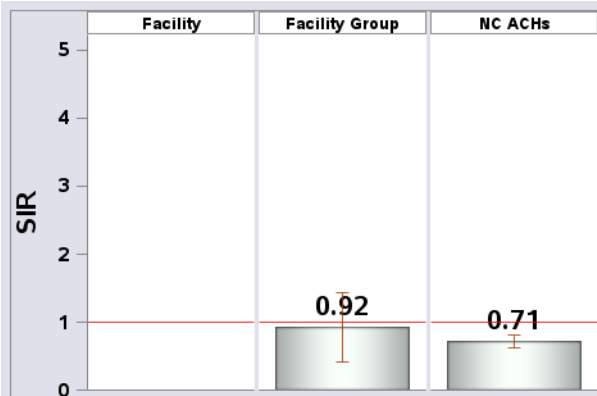


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

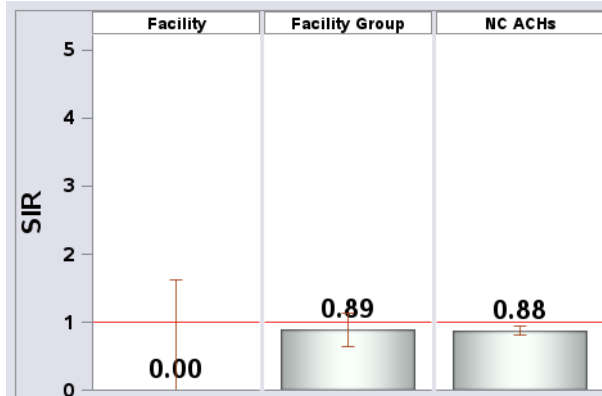


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

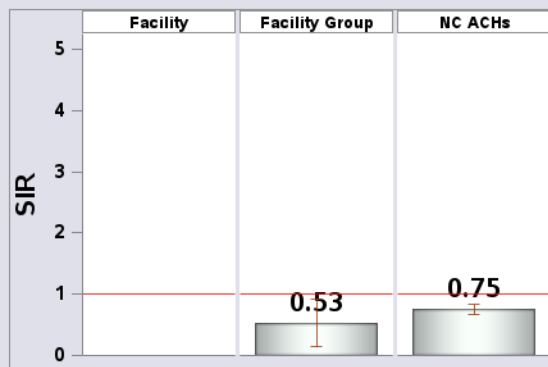


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

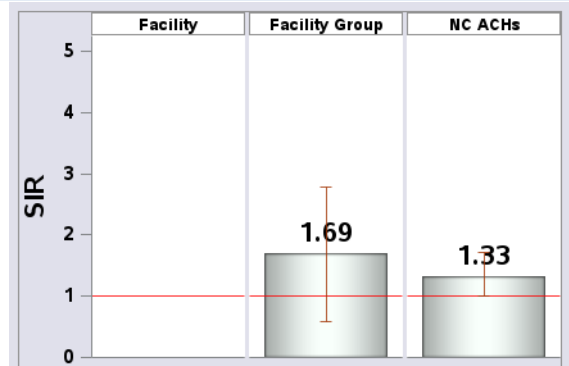


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

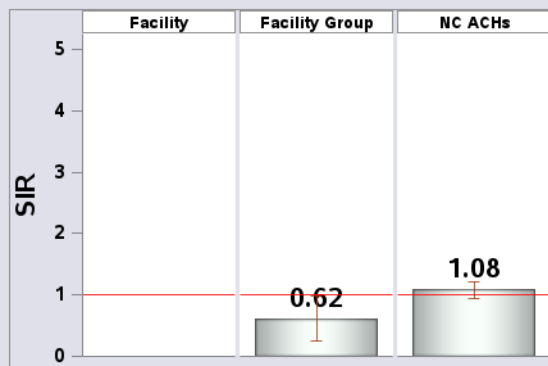


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	5,111
Patient Days in 2024:	21,191
Total Number of Beds:	75
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.33

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

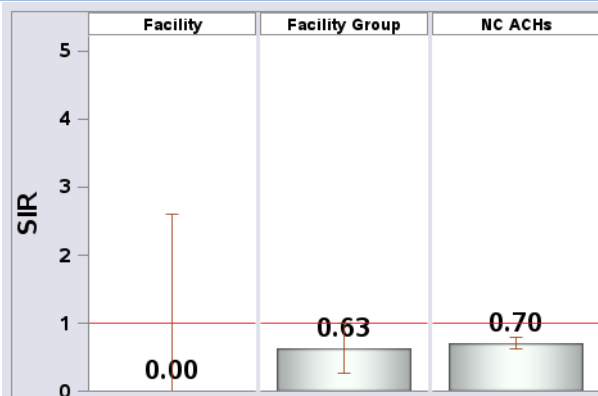


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

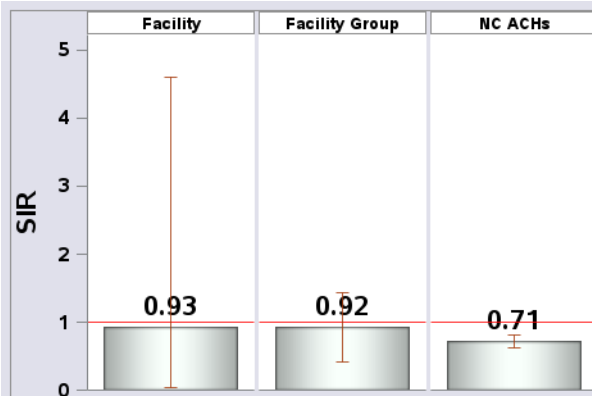


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

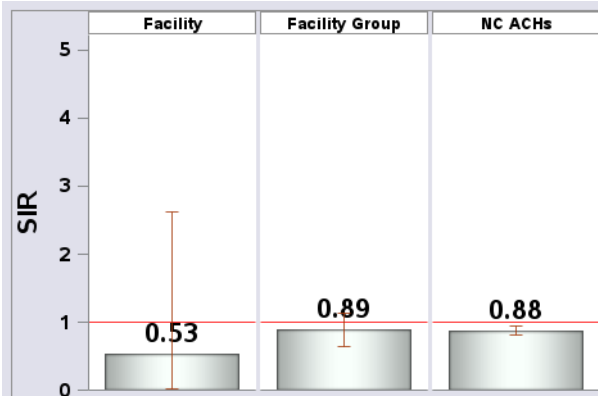


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

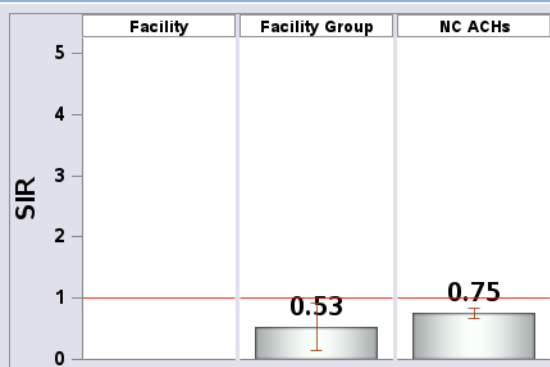


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

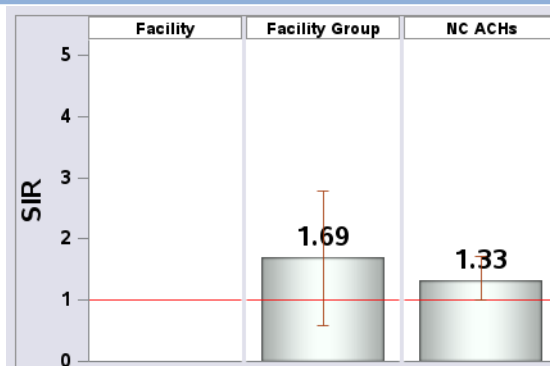


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

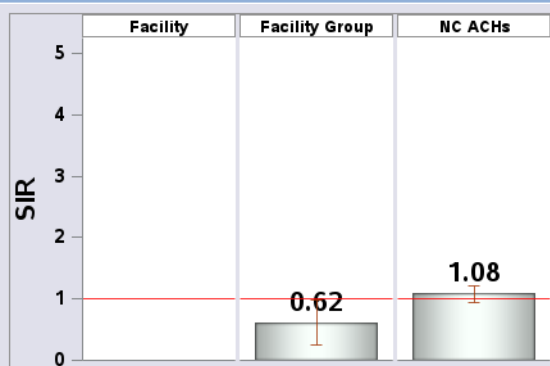


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	49,804
Patient Days in 2024:	249,086
Total Number of Beds:	881
Number of ICU Beds:	214
FTE* Infection Preventionists:	9.60
Number of FTEs* per 100 beds:	1.09

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

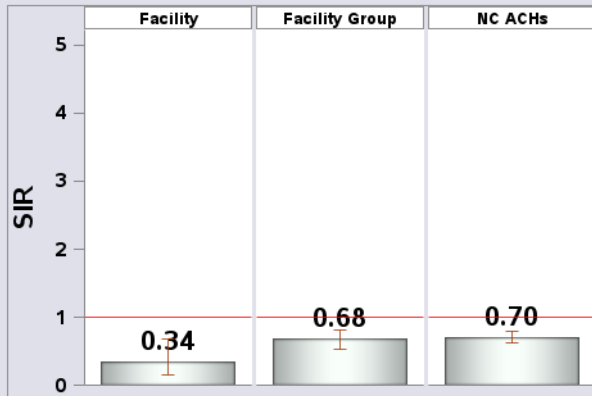


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	14	Better
Adult/Ped Wards	5	7.0	Same
All reporting units	7	21	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	23	17	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

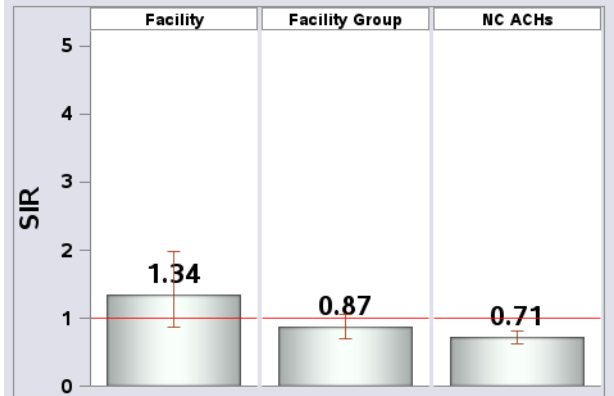


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	28	32	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

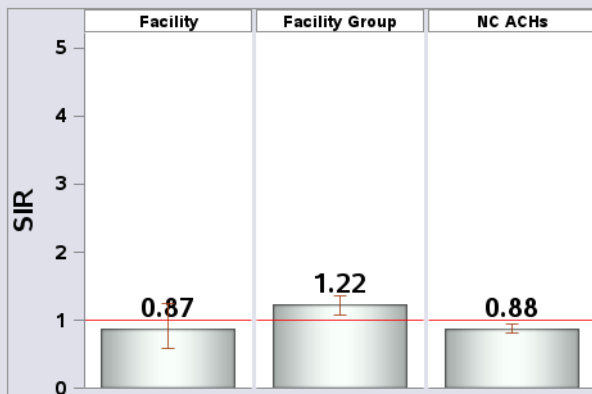


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### Central Line-Associated Bloodstream Infections (CLABSI)

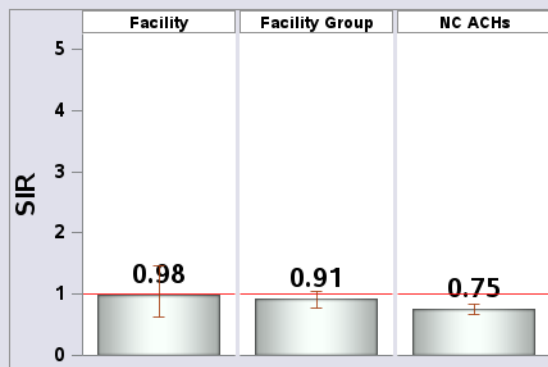


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	10	11	Same
Adult/Ped Wards	2	5.9	Same
Neonatal Units	9	4.9	Same
All reporting units	21	22	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

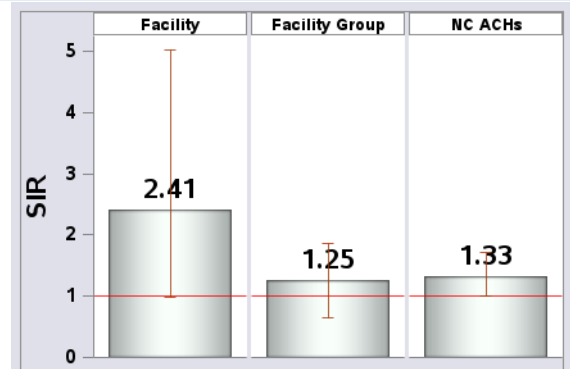


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	20	16	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

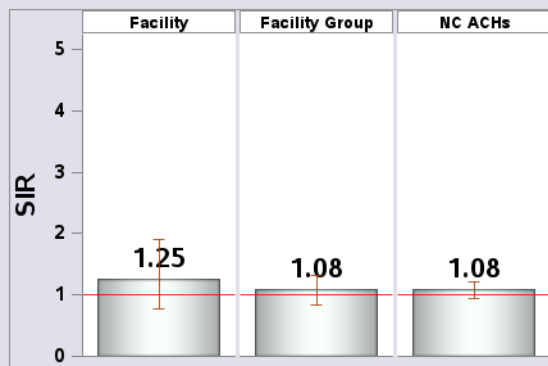


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

WakeMed, Raleigh, Wake County

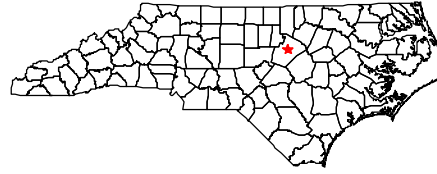
Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	39,029
Patient Days in 2024:	227,384
Total Number of Beds:	719
Number of ICU Beds:	128
FTE* Infection Preventionists:	7.00
Number of FTEs* per 100 beds:	0.97

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

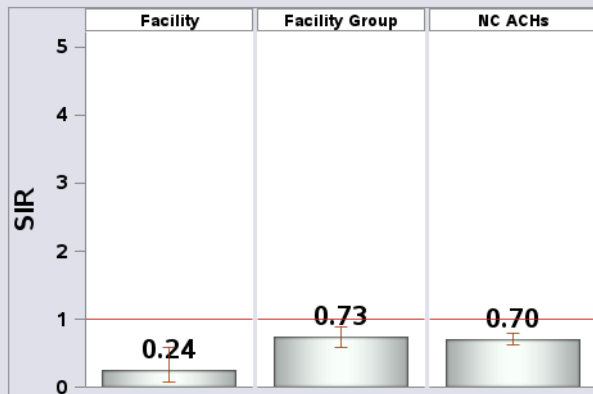


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	10	Better
Adult/Ped Wards	2	6.1	Same
All reporting units	4	16	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	9.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

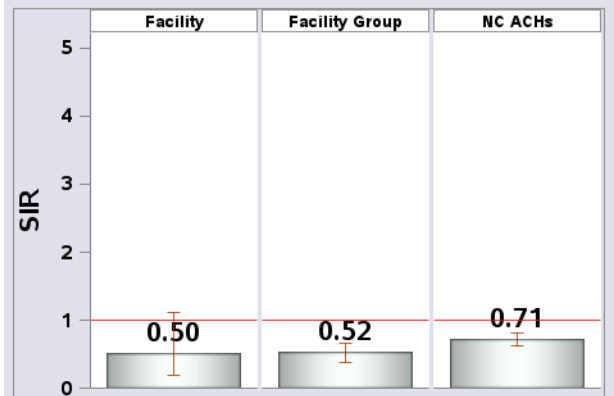


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	28	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

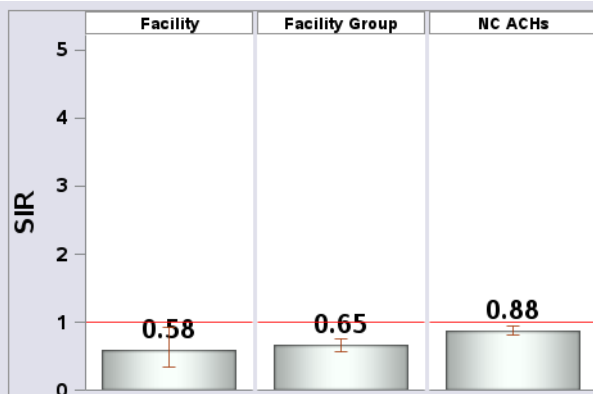


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

WakeMed, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

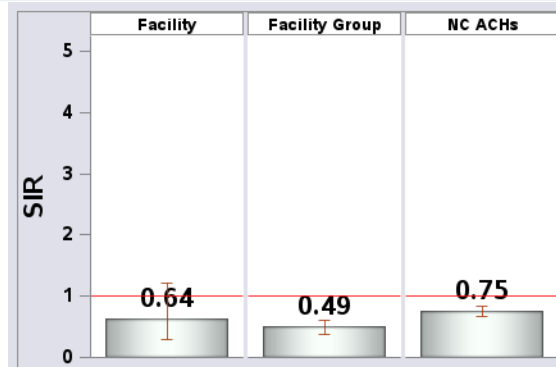


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	6.7	Same
Adult/Ped Wards	2	4.5	Same
Neonatal Units	2	1.4	Same
<b>All reporting units</b>	<b>8</b>	<b>13</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

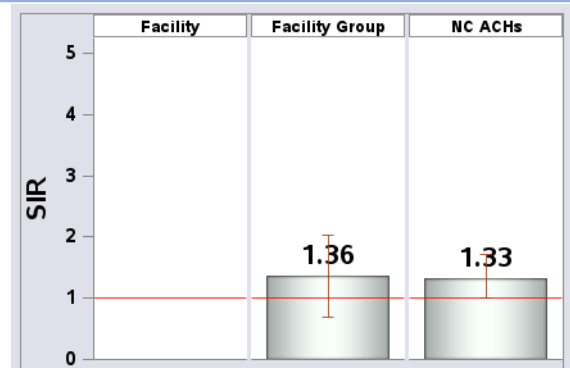


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	6.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

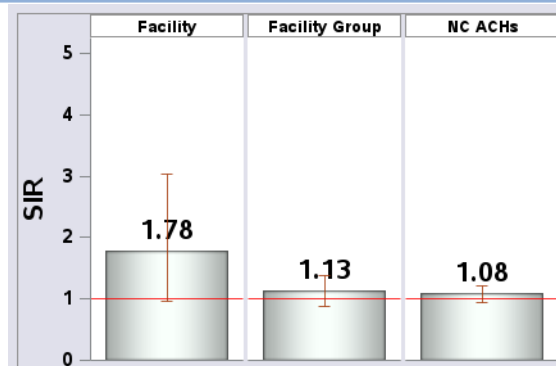


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

WakeMed Cary Hospital, Cary, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	21,677
Patient Days in 2024:	81,974
Total Number of Beds:	234
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.43

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

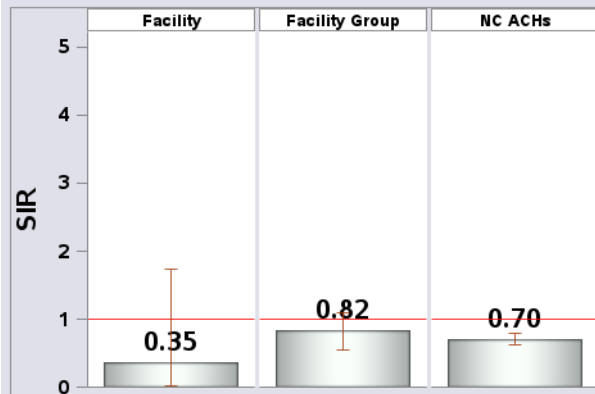


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	2.0	Same
<b>All reporting units</b>	<b>1</b>	<b>2.8</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

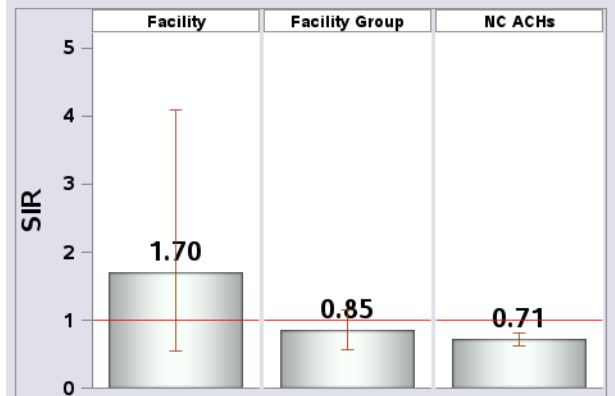


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	7.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

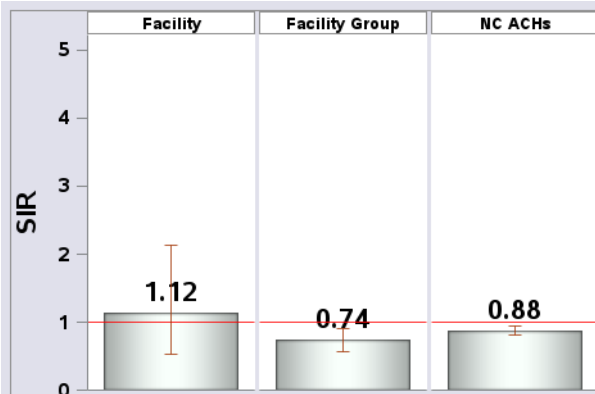


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

WakeMed Cary Hospital, Cary, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

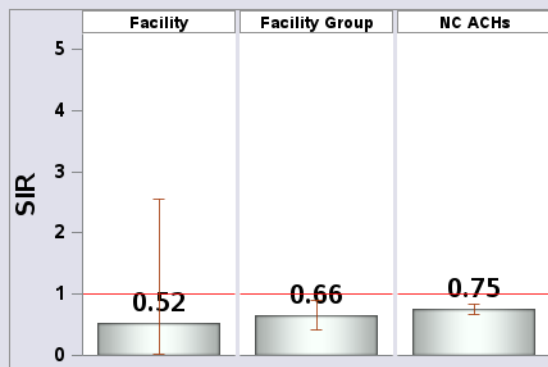


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.3	Same
All reporting units	1	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

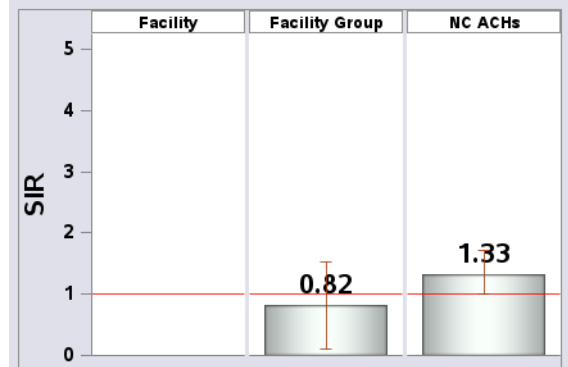


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

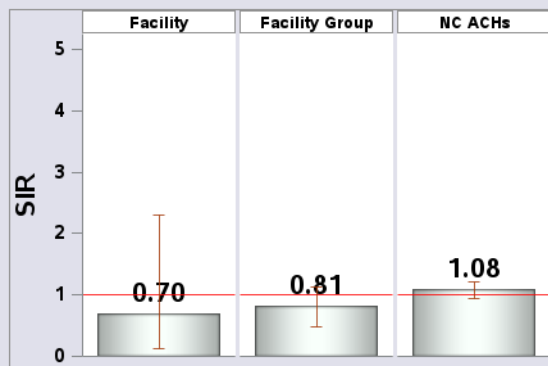


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

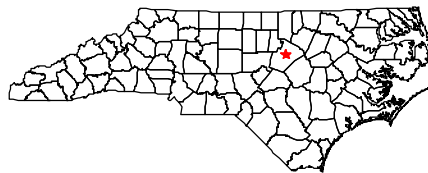
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### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	10,061
Patient Days in 2024:	28,485
Total Number of Beds:	81
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.23

[\*FTE = Full-time equivalent]

[. = Data not reported]



### Catheter-Associated Urinary Tract Infections (CAUTI)

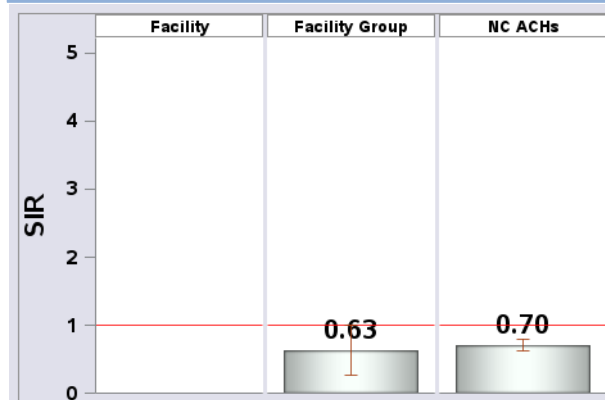


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

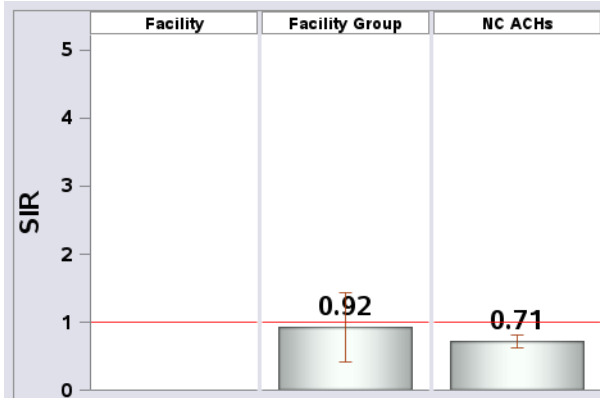


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

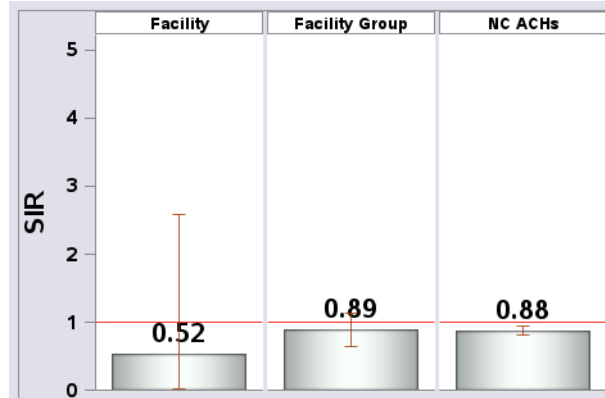


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

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### Central Line-Associated Bloodstream Infections (CLABSI)

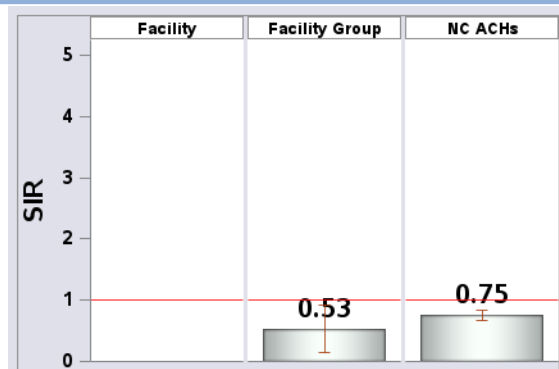


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

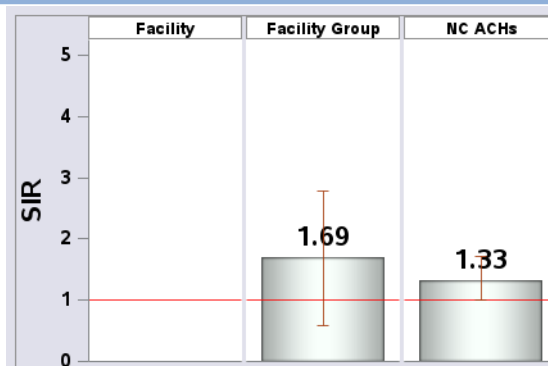


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

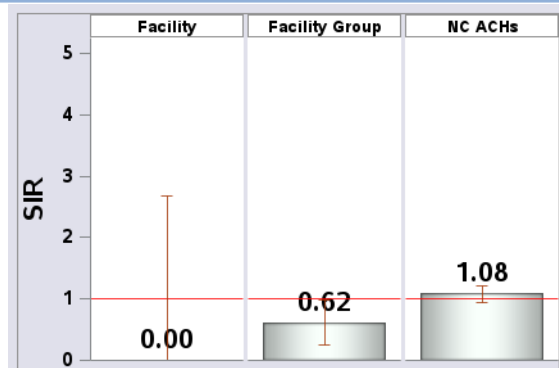


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

### Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

## Wayne Memorial Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

### 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	12,116
Patient Days in 2024:	50,762
Total Number of Beds:	226
Number of ICU Beds:	16
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.88

(\*FTE = Full-time equivalent)

(. = Data not reported)



### Catheter-Associated Urinary Tract Infections (CAUTI)

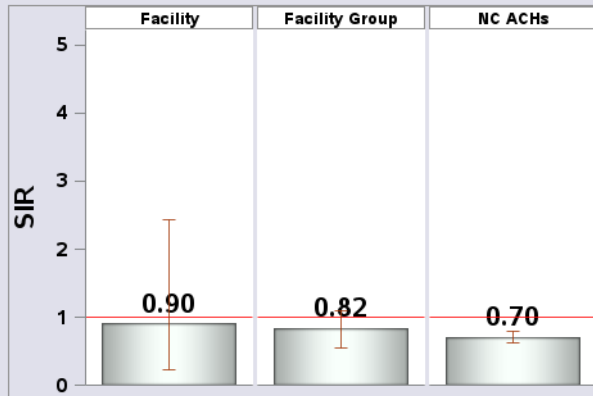


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	3	2.5	Same
<b>All reporting units</b>	<b>3</b>	<b>3.3</b>	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	1.6	<b>Worse</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

× **Worse:** More infections than predicted by the national baseline experience

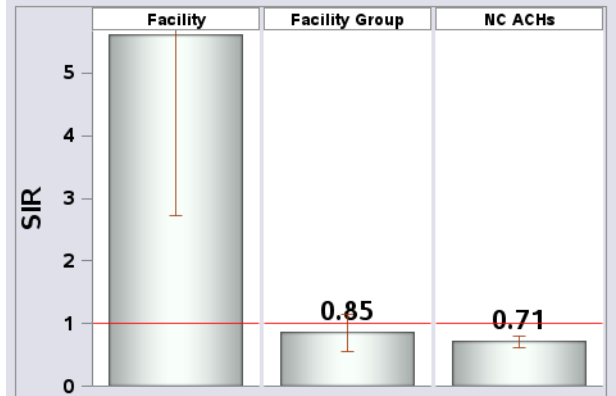


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

### Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	5.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

#### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

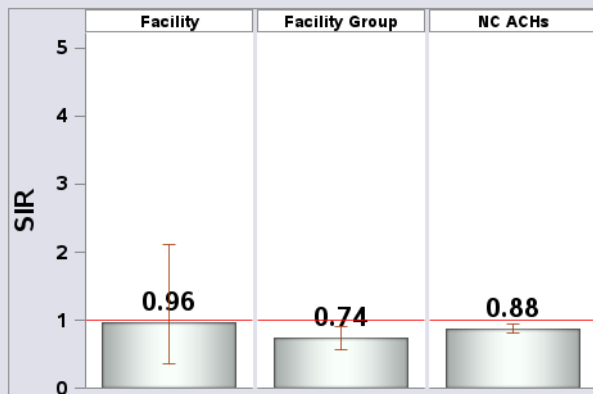


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

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NCDHHS Division of Public Health, SHARPPS Program

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N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

## Data from January 1 - September 30, 2025

### Wayne Memorial Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

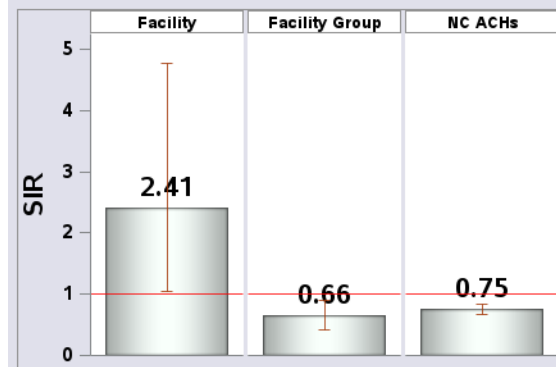


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	4	2.0	Same
All reporting units	7	2.9	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

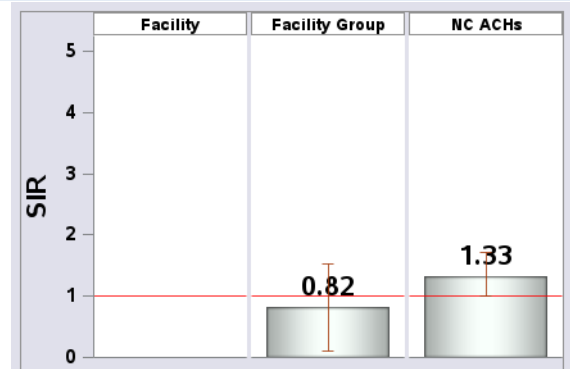


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

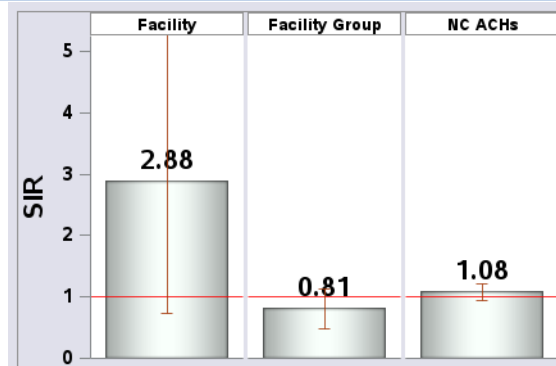


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Wesley Long Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2024:	9,932
Patient Days in 2024:	50,962
Total Number of Beds:	150
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.73

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

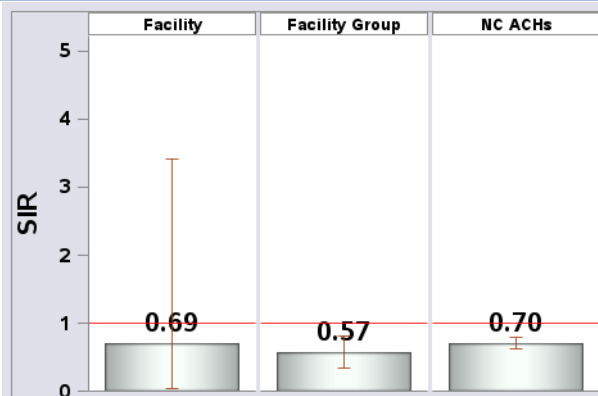


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

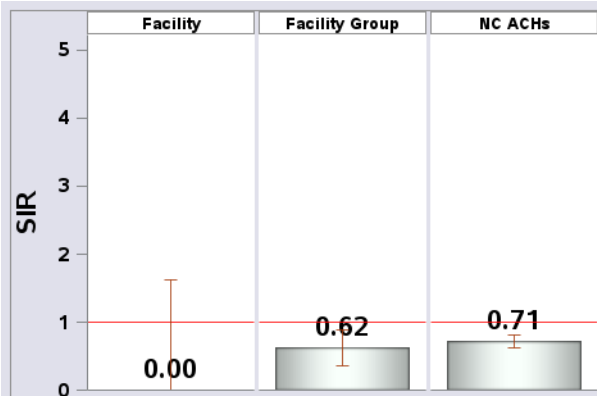


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.2	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

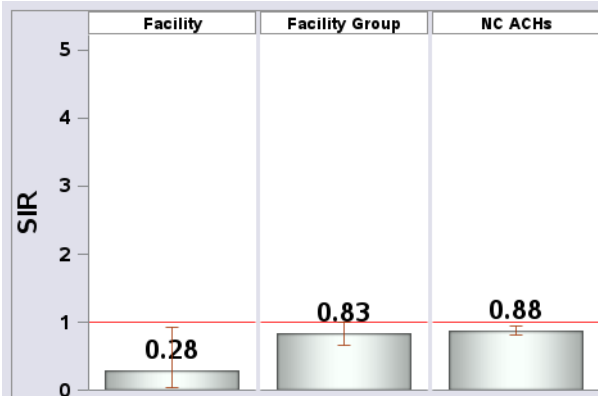


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report



# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Wesley Long Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

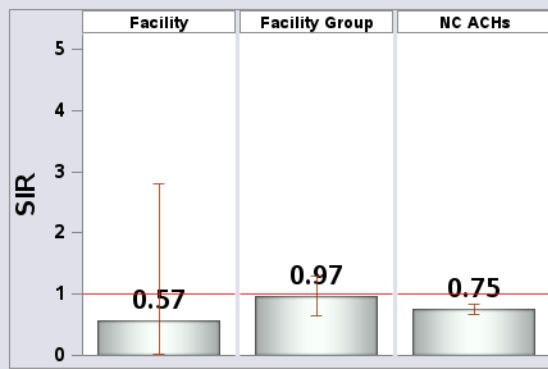


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.3	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

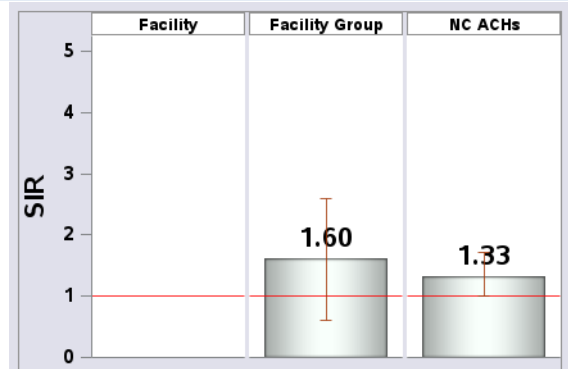


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	4.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

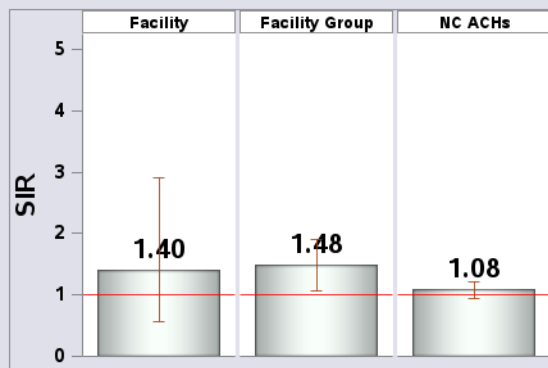


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Wilson Medical Center, Wilson, Wilson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## 2024 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2024:	6,218
Patient Days in 2024:	21,704
Total Number of Beds:	141
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.71

(\*FTE = Full-time equivalent)

(. = Data not reported)



## Catheter-Associated Urinary Tract Infections (CAUTI)

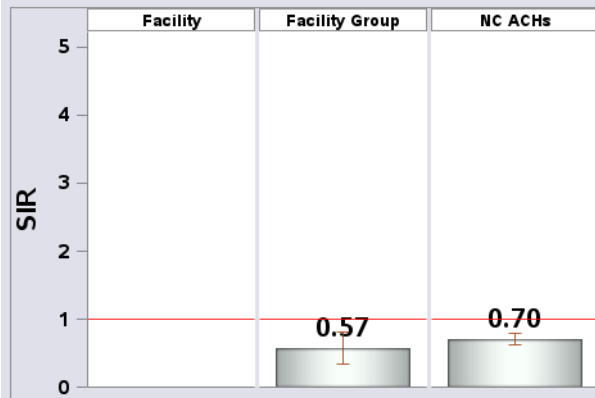


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

## Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

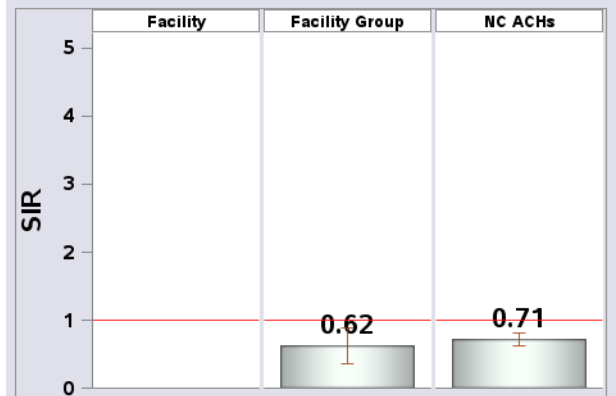


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Sept 2025

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

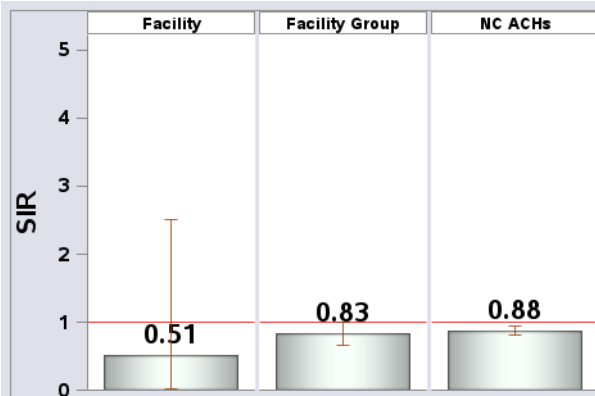


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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Data Generated: January 5, 2026.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: January 5, 2026

N.C. HAI 2025 Q3 Report

# North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Wilson Medical Center, Wilson, Wilson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

## Central Line-Associated Bloodstream Infections (CLABSI)

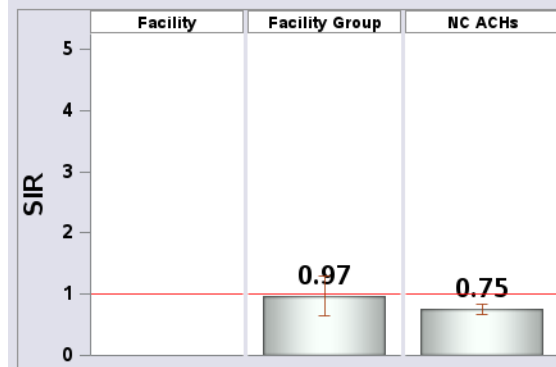


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sept 2025

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

## Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

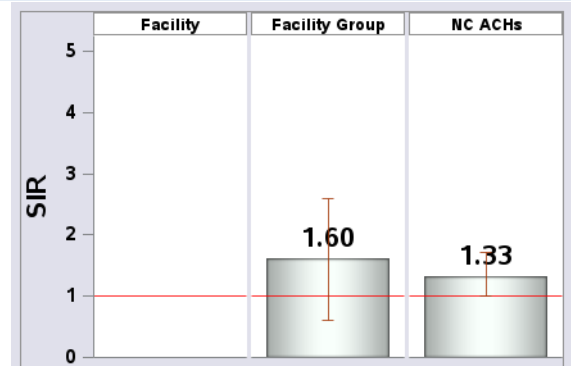


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sept 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2022.

### How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

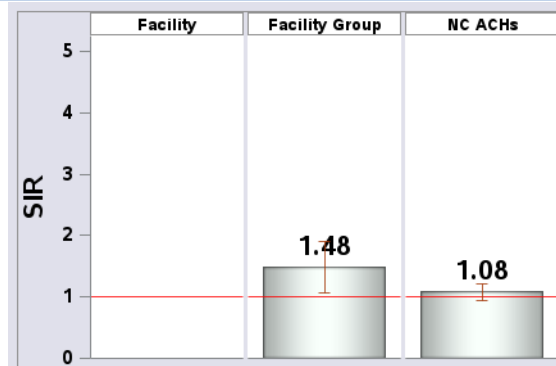


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

## Ventilator-Associated Events (VAE)

Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3