

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

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

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)

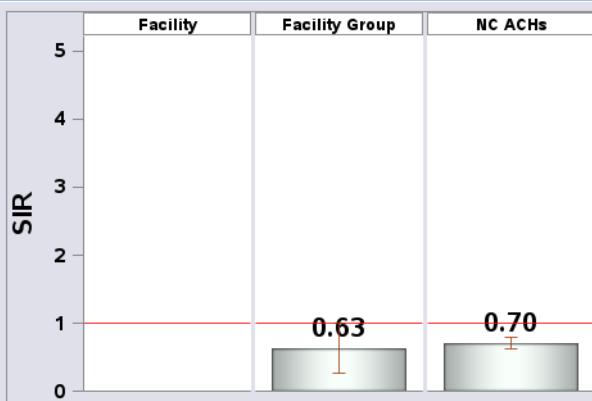


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

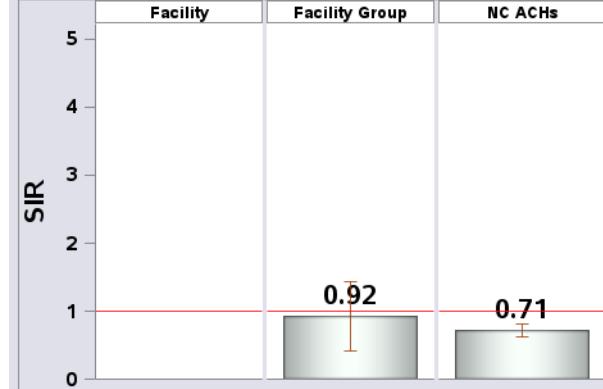


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

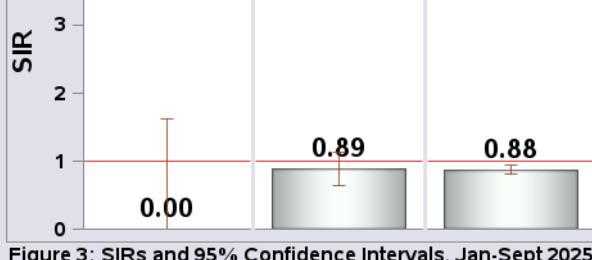


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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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

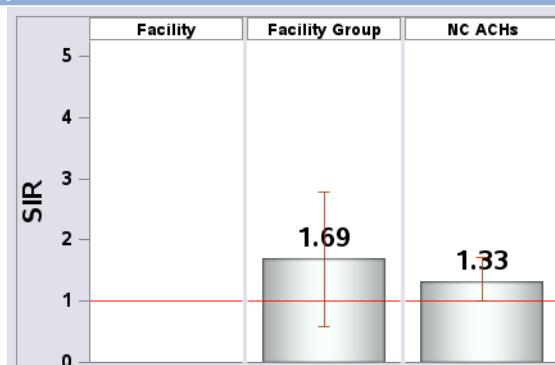


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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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)

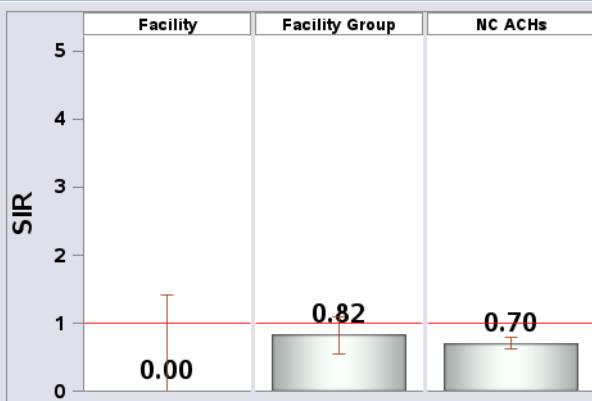


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

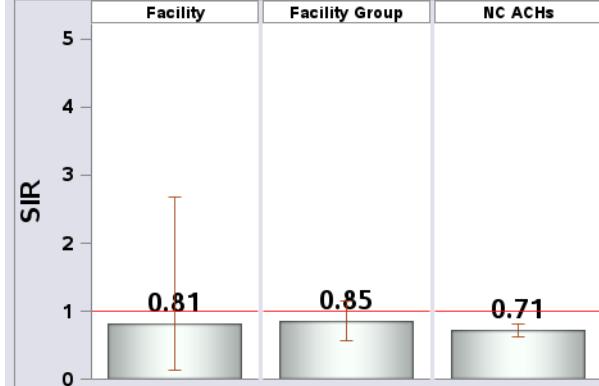


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

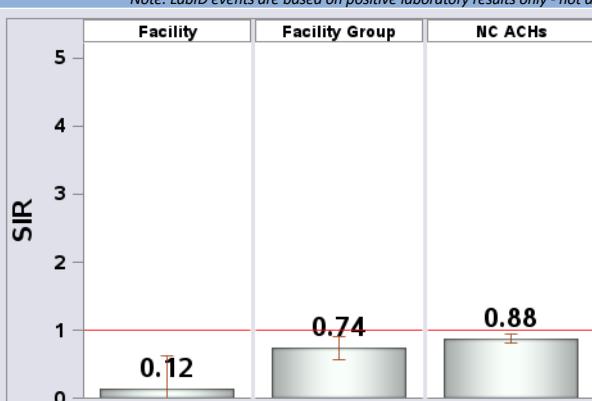


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North Carolina Health Care-Associated Infections Report

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

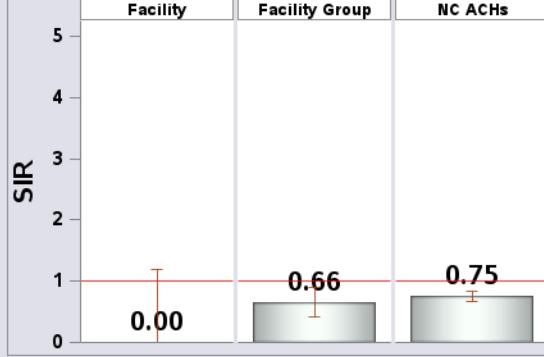


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

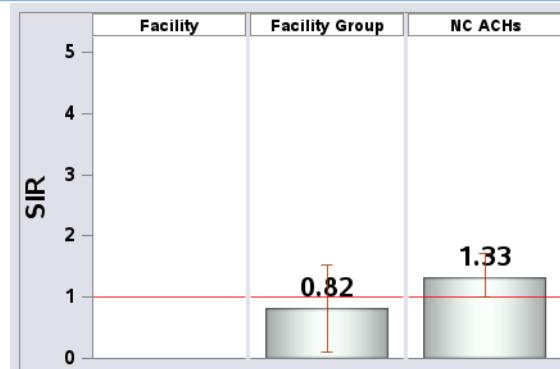


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

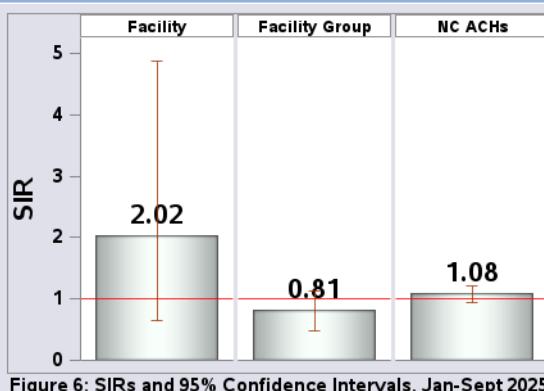


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

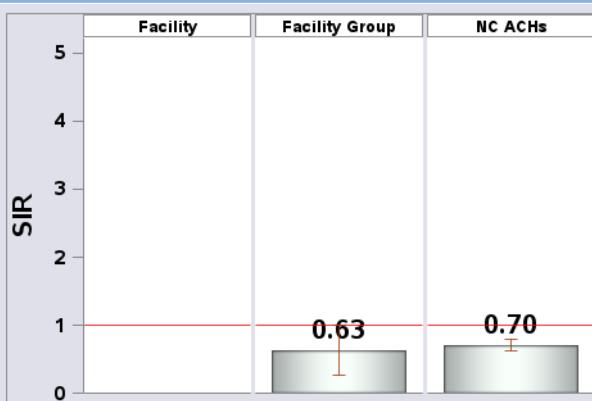


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

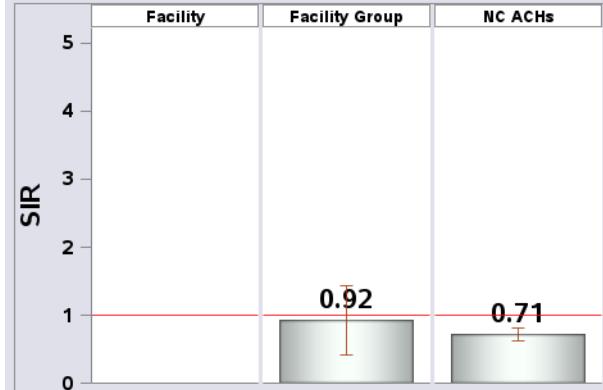
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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



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

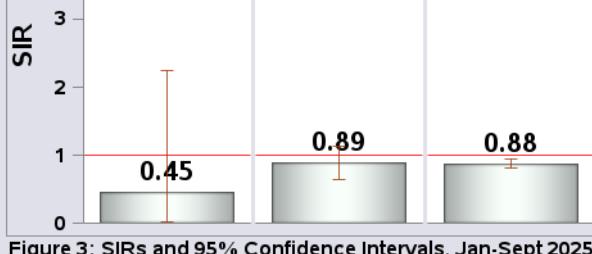
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.2	Same

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



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

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

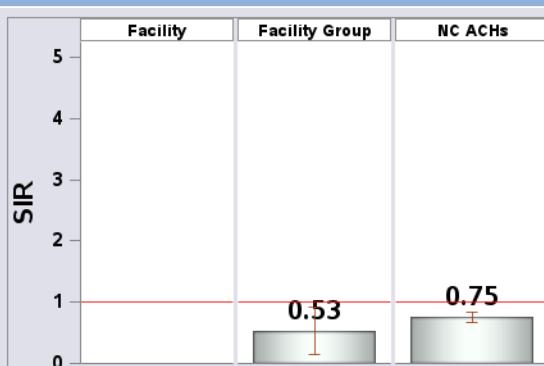
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

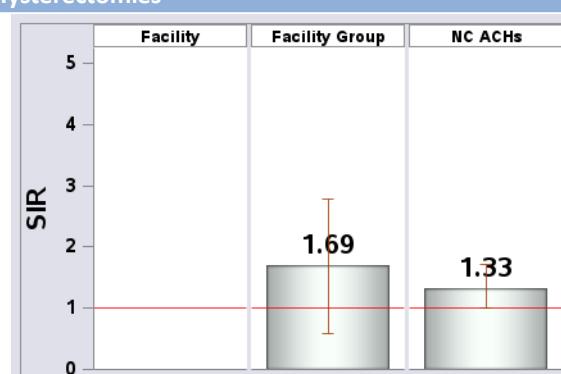
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

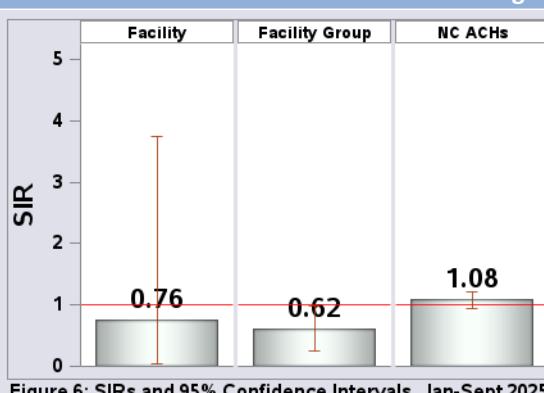
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

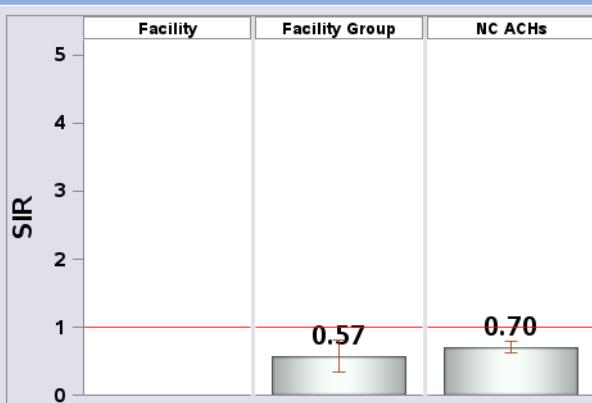


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Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

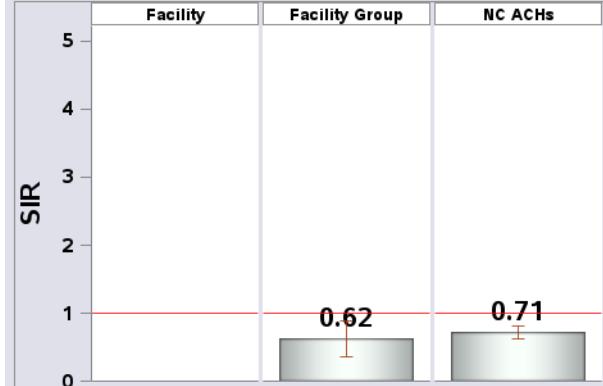


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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	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

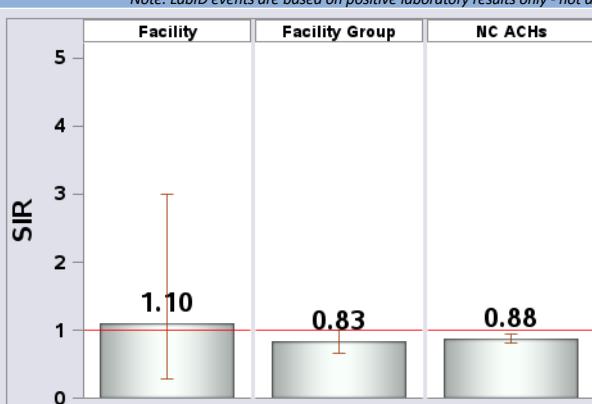


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ARHS-Watauga Medical Center, Boone, Watauga County

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Central Line-Associated Bloodstream Infections (CLABSI)

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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

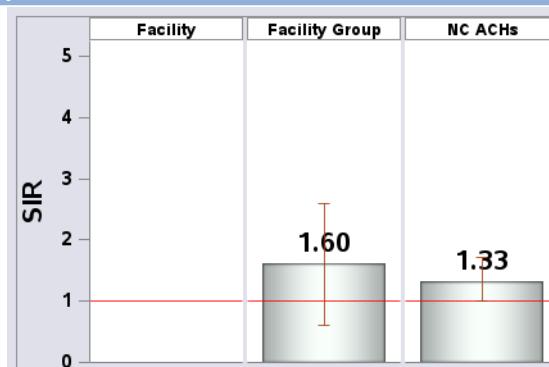


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

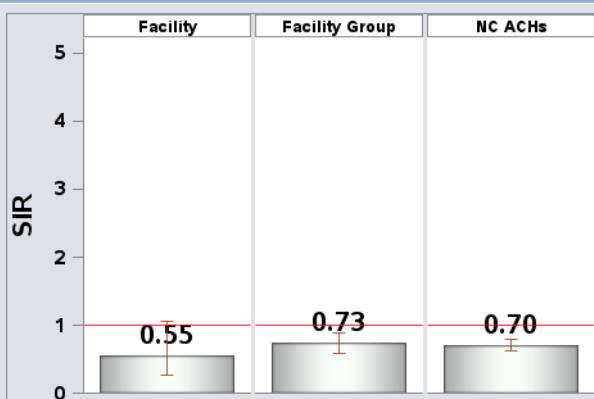


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

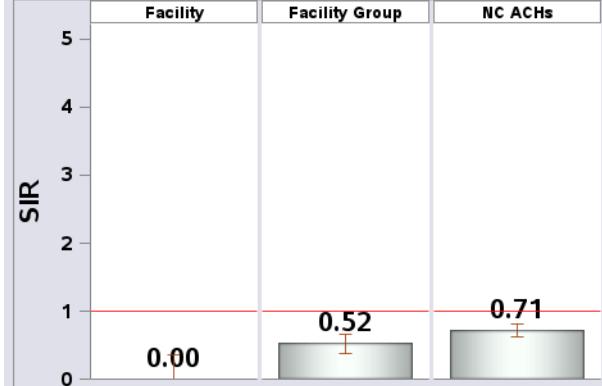


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

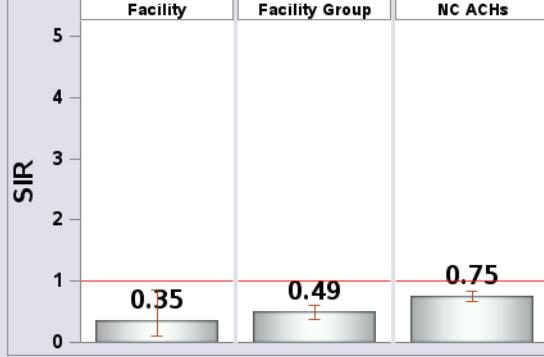
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

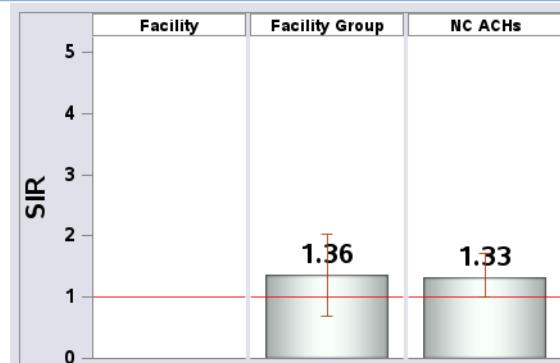
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

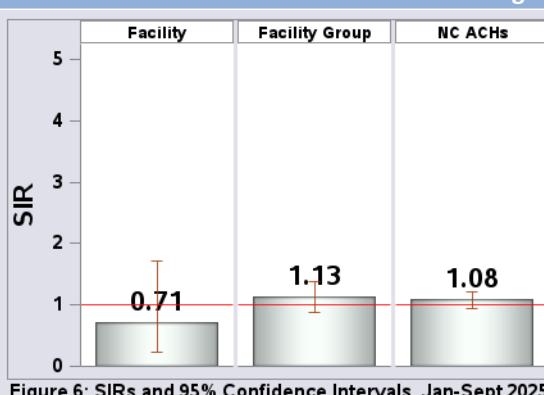
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

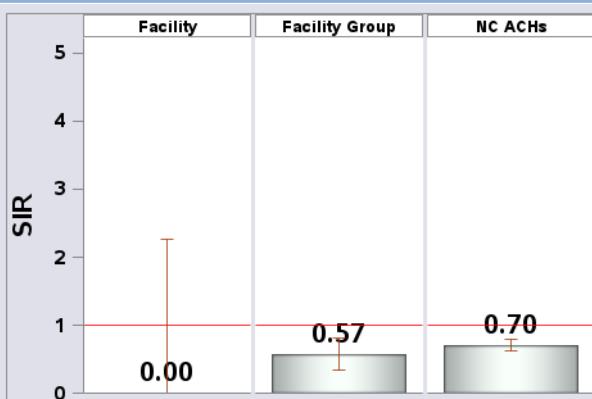


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

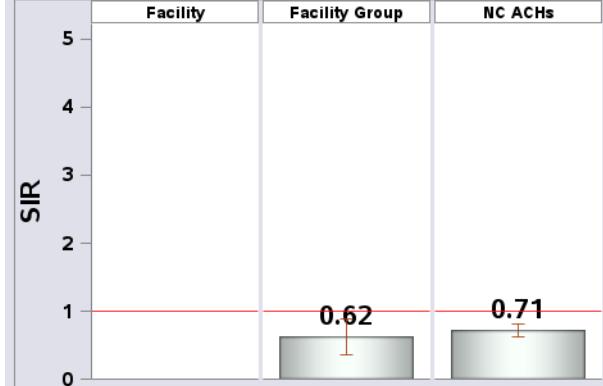


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

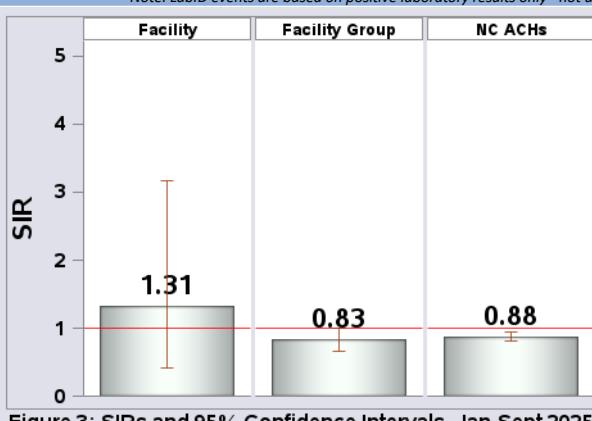


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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.

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

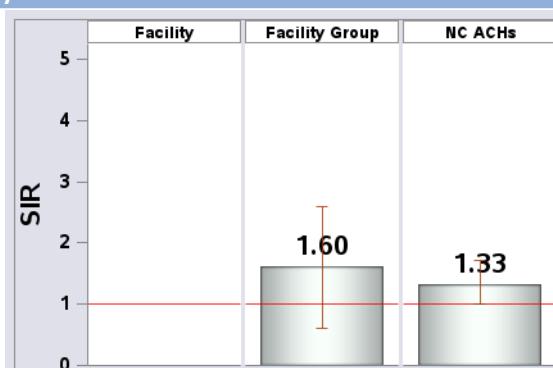


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

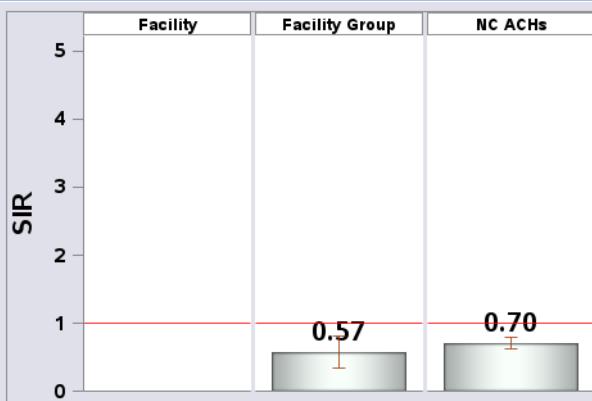


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

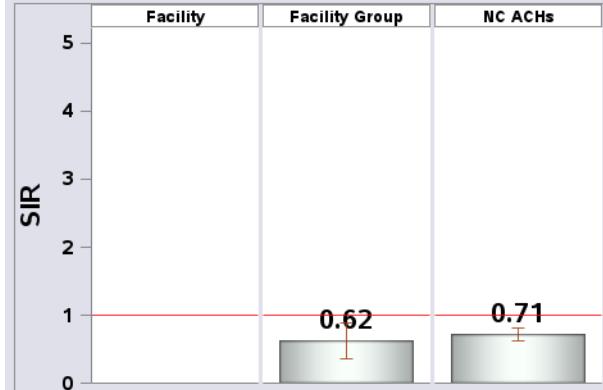
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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



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

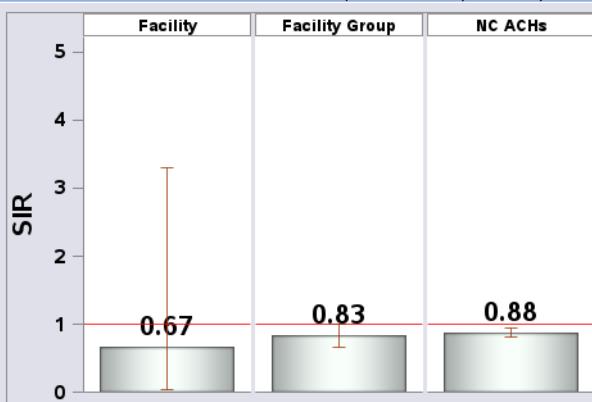
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.5	Same

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



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

Atrium Health Stanly, Albemarle, Stanly 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

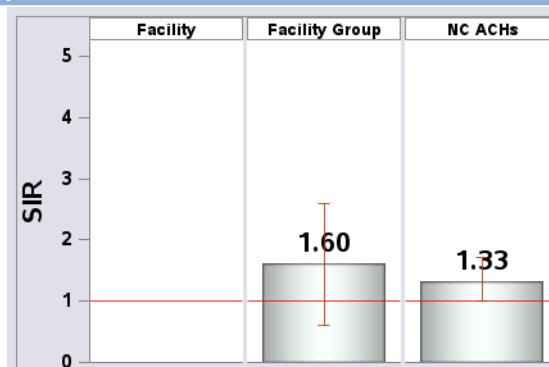


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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)

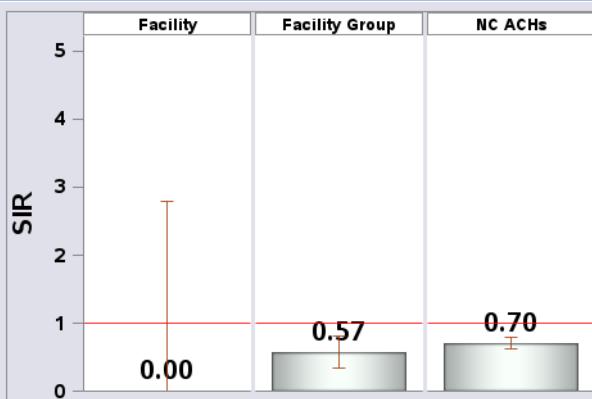


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

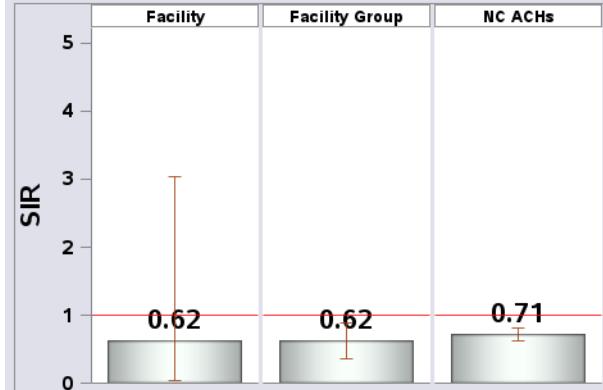


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

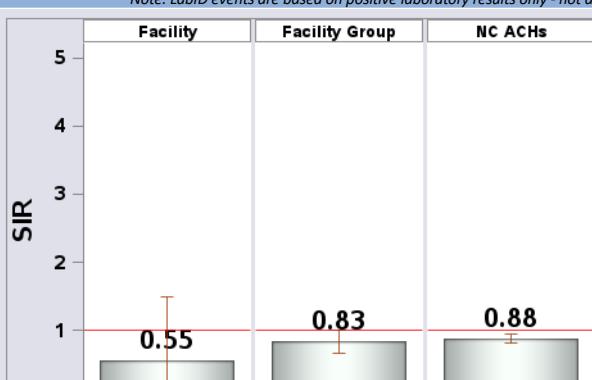


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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
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
All reporting units	2	1.2	Same

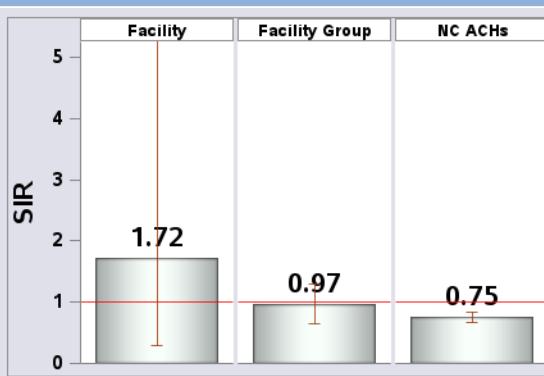
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

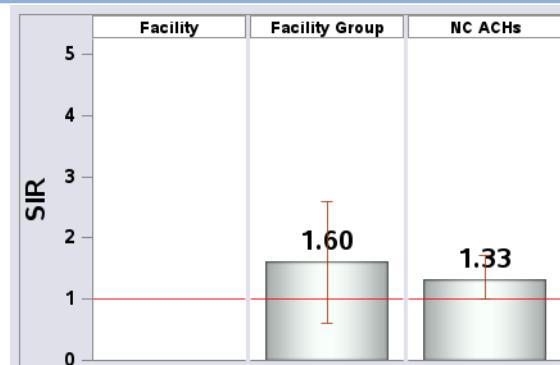
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

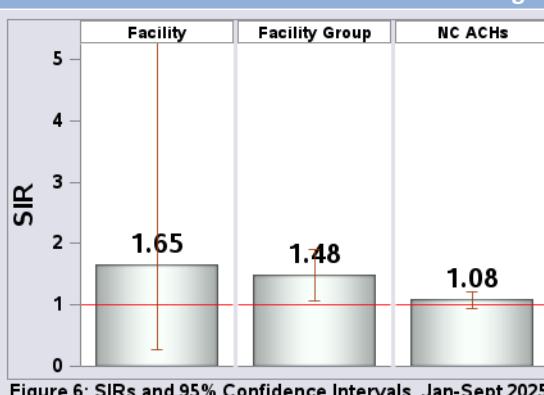
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

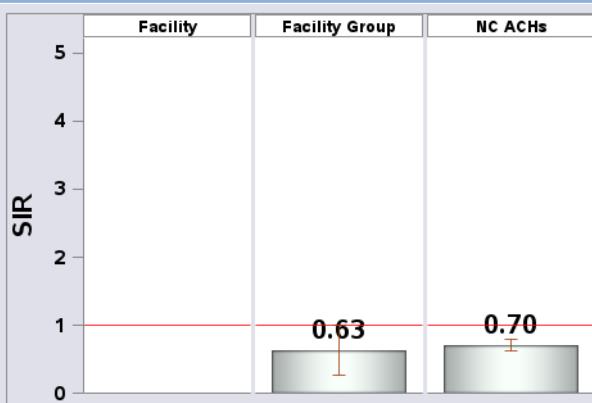


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
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

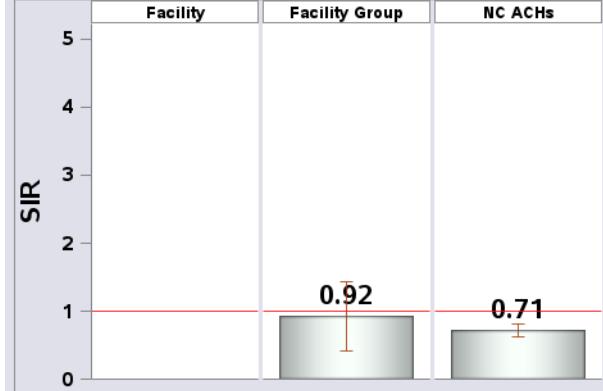


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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	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

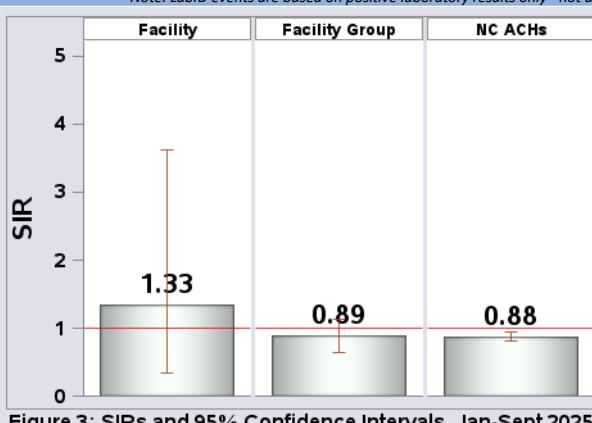


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

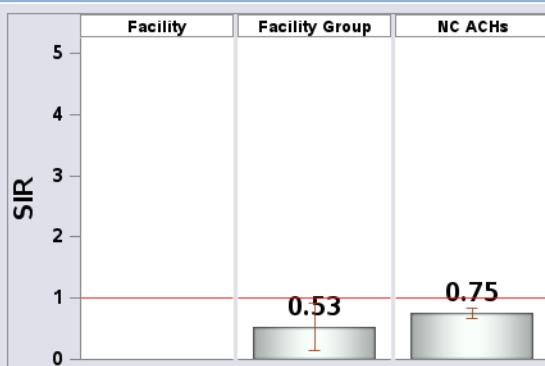


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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

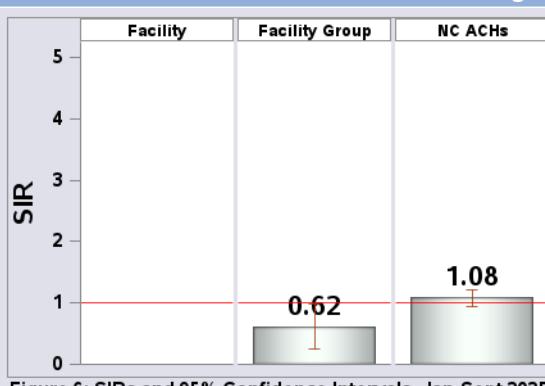


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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)

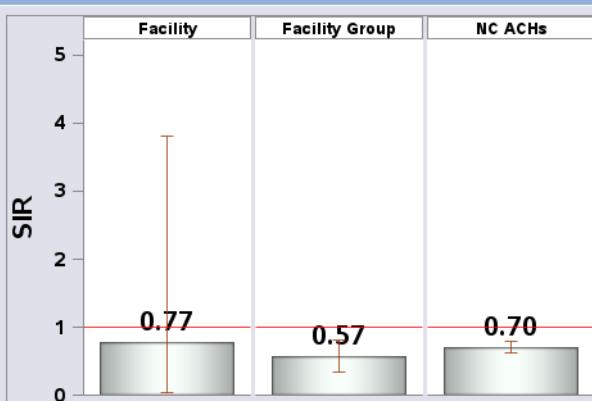


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
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	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

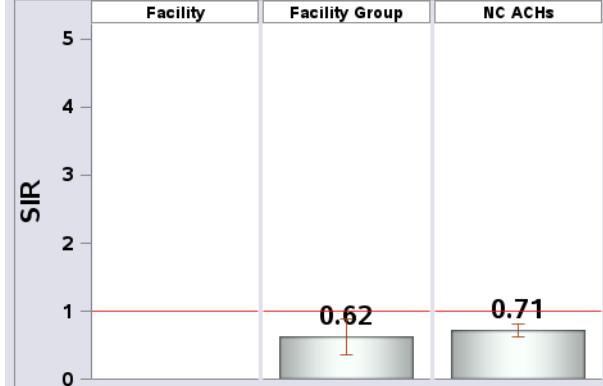


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

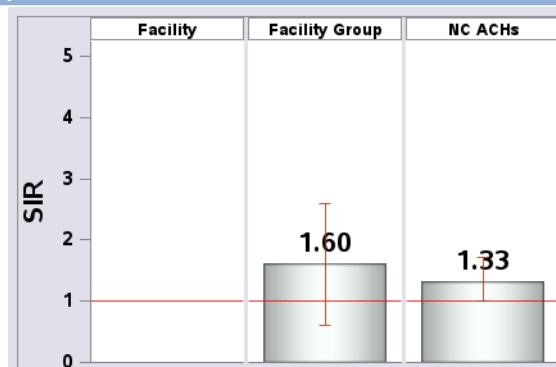


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

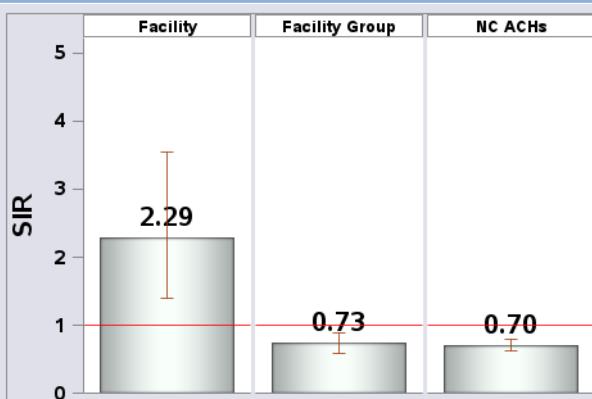


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

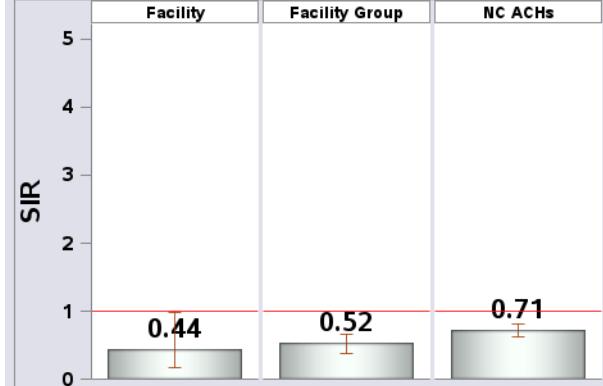


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

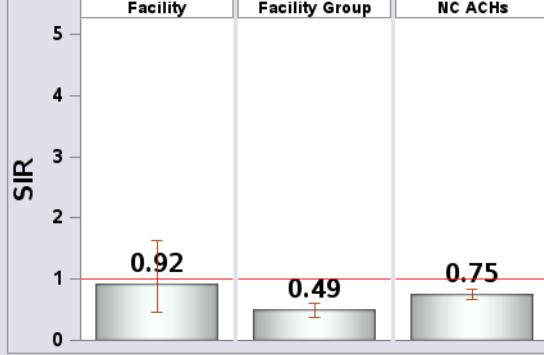
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

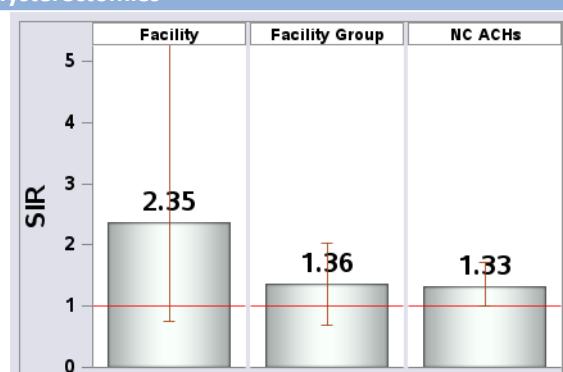
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

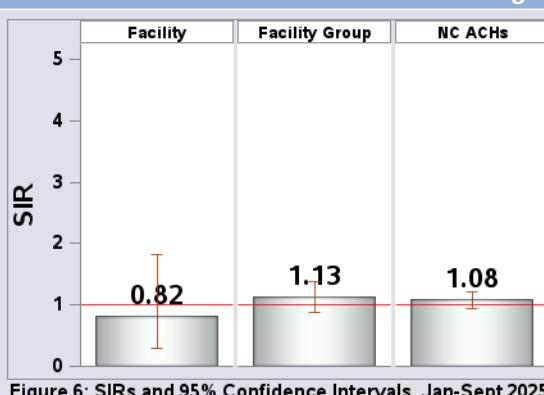
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

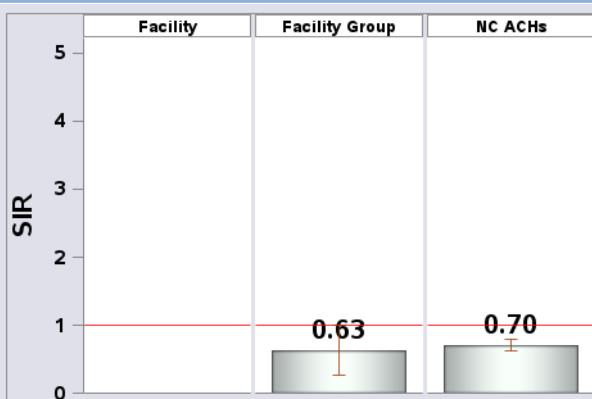


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
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

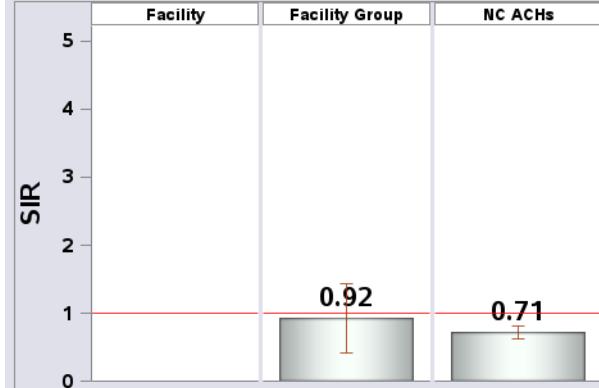


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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
All reporting units	0	Less than 1.0	No Conclusion

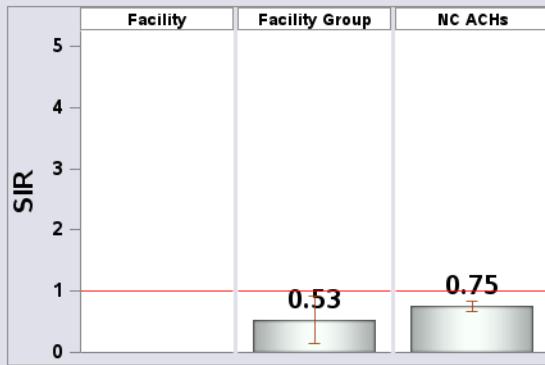
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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)

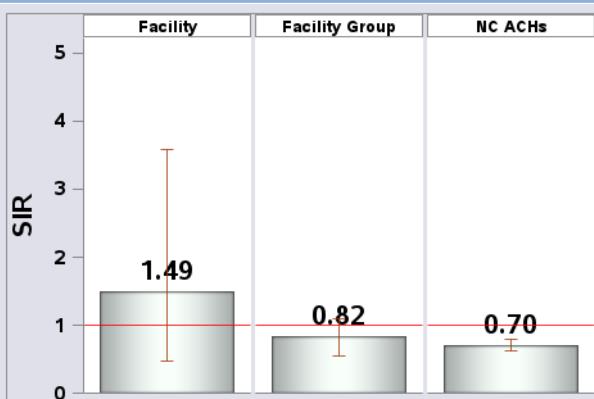


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

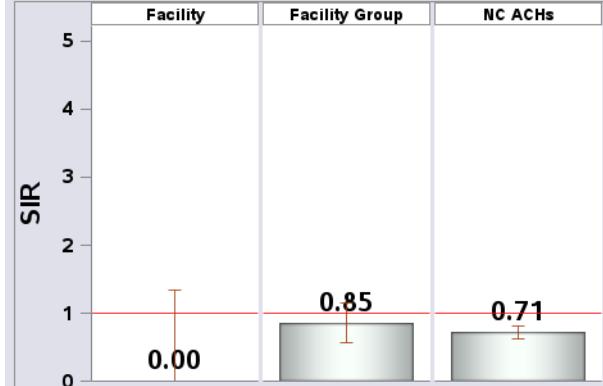


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

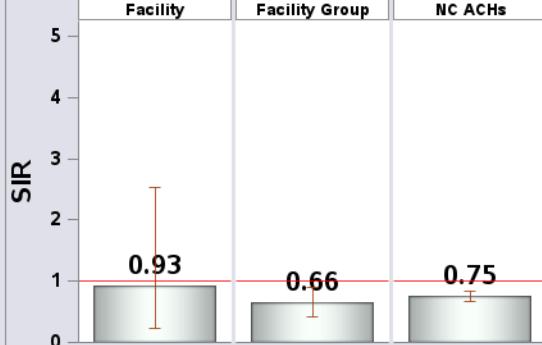


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

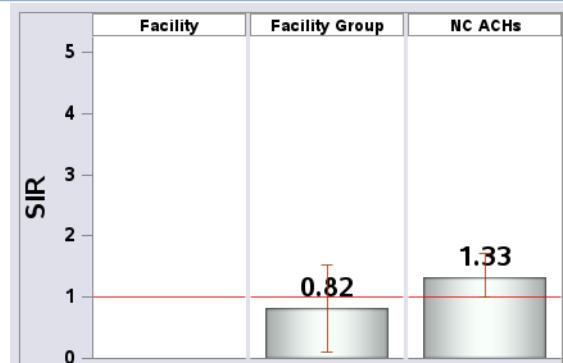


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

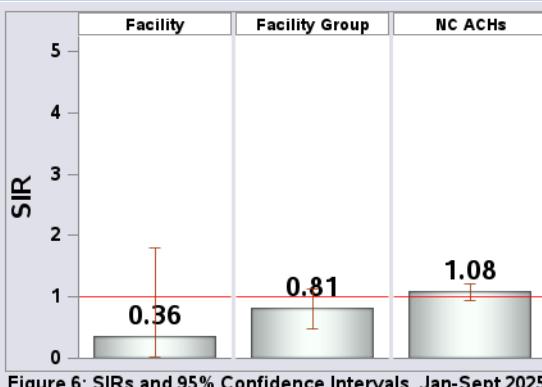


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

Ventilator-Associated Events (VAE)

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

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
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)

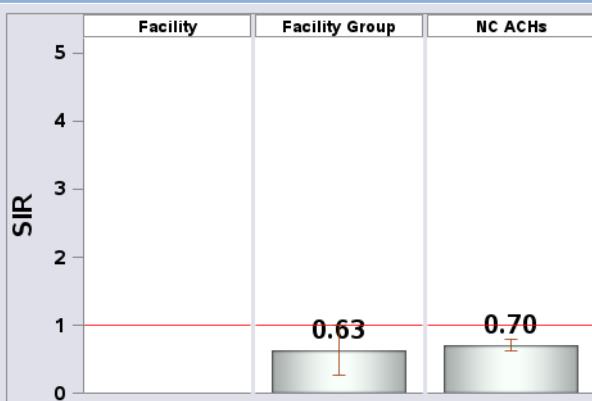


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

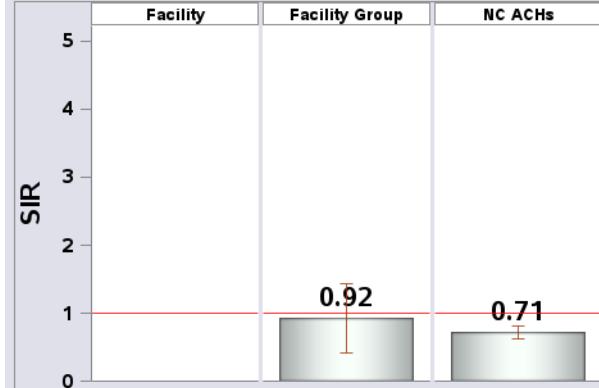


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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 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)

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

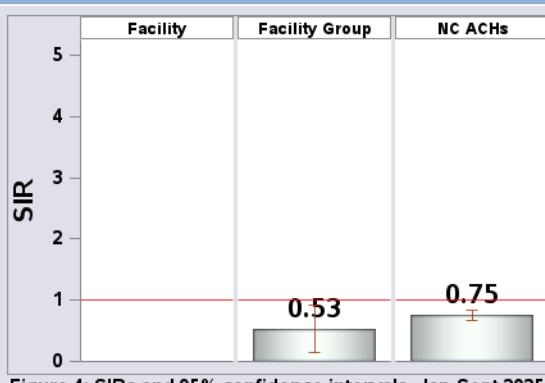


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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)

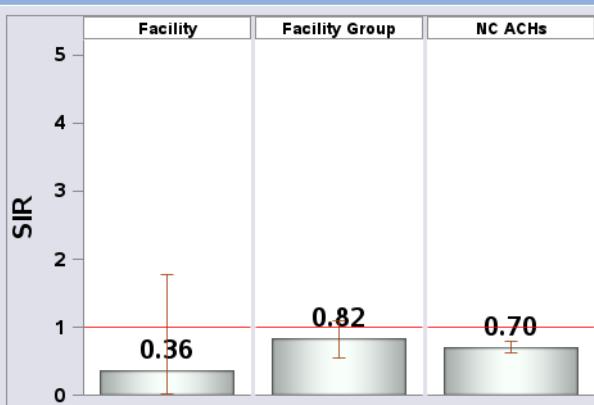


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

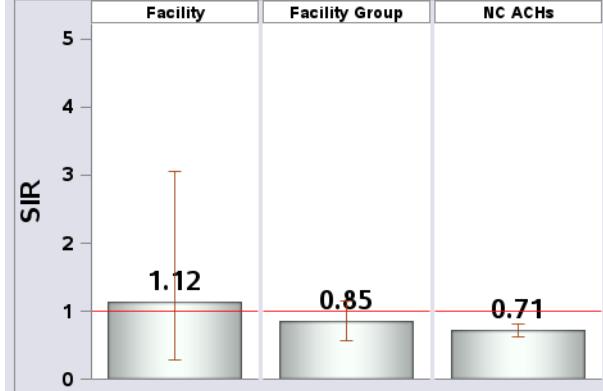


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

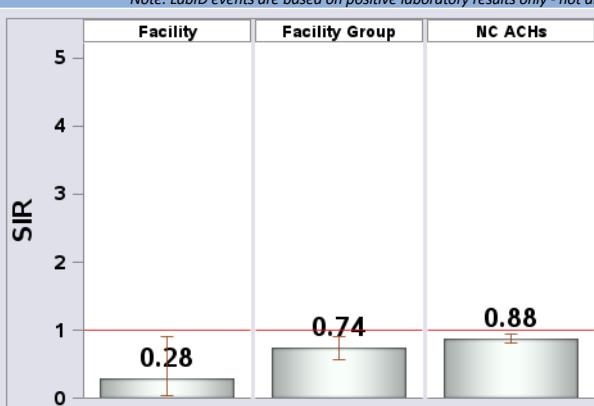


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

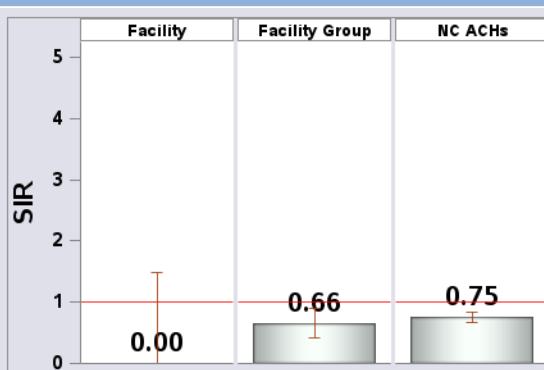


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

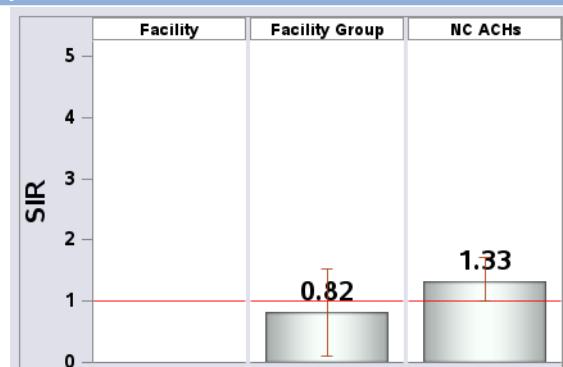


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

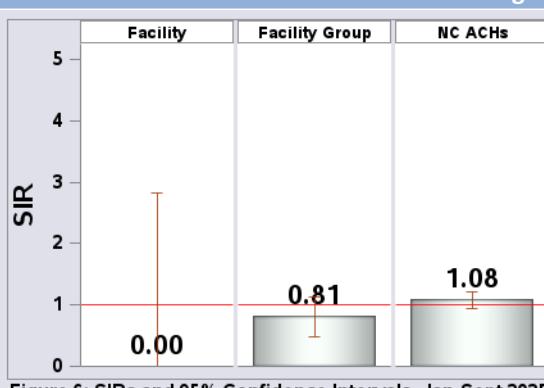


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

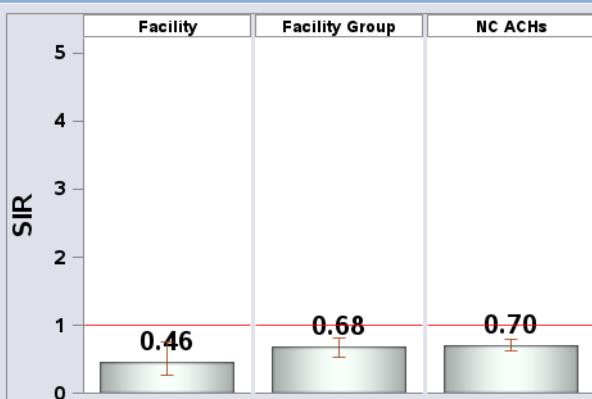


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

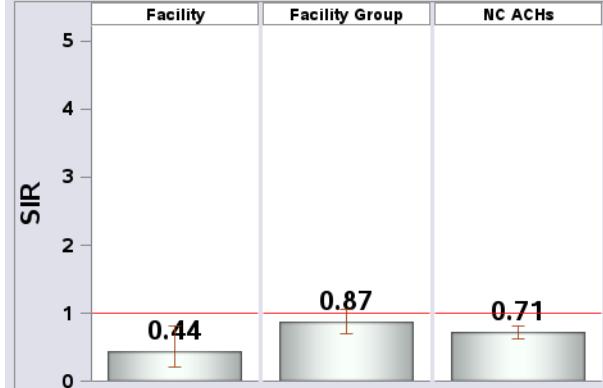


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

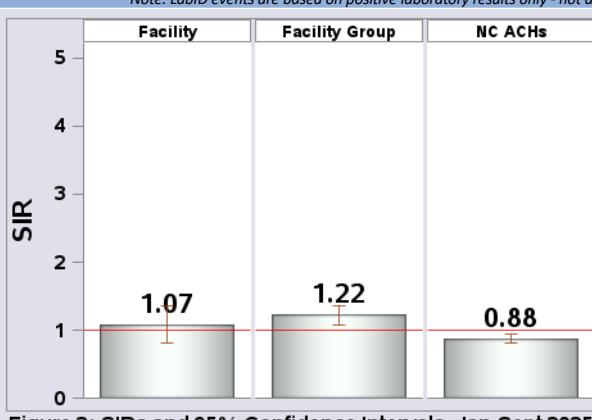


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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 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

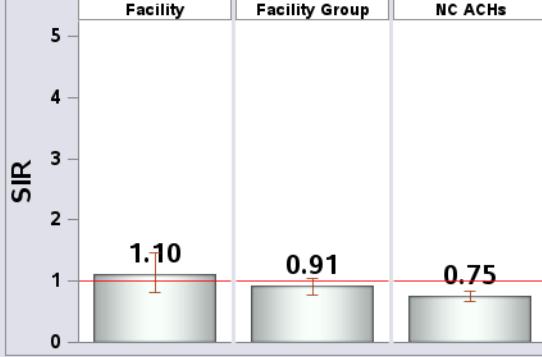
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

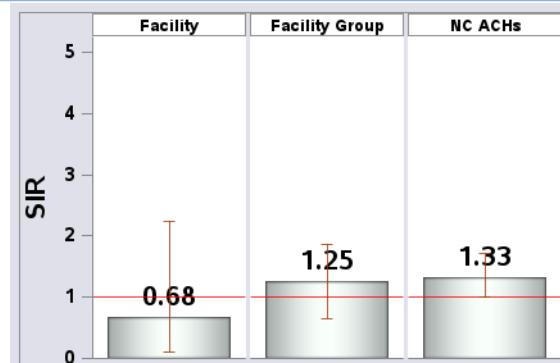
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

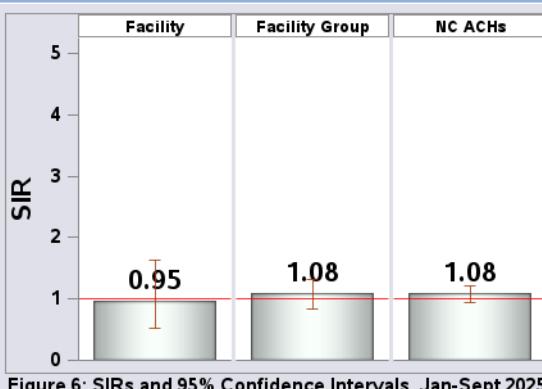
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

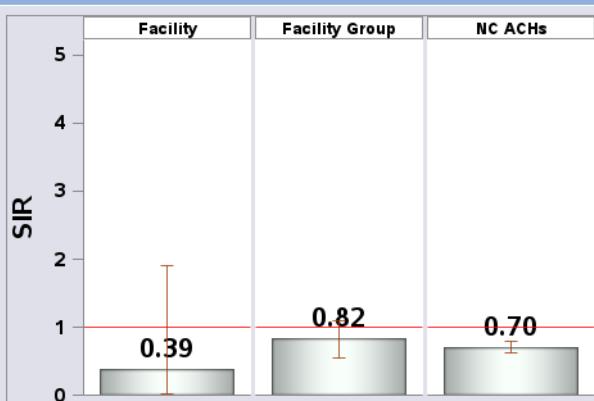


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

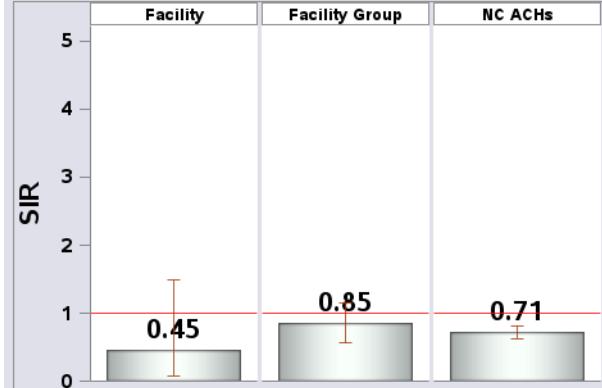


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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.

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

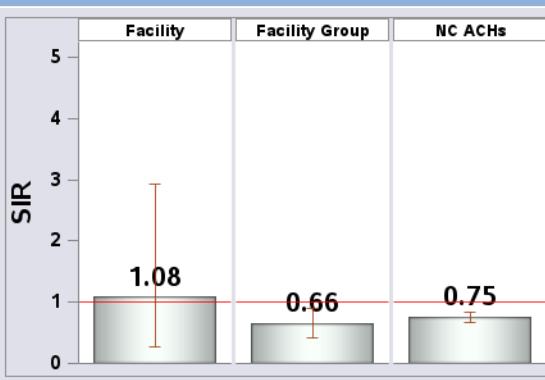


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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)

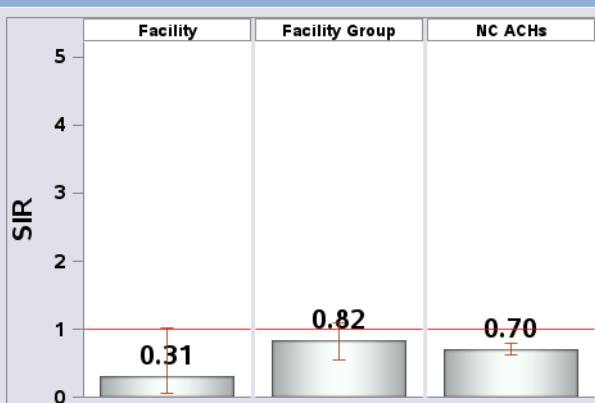


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

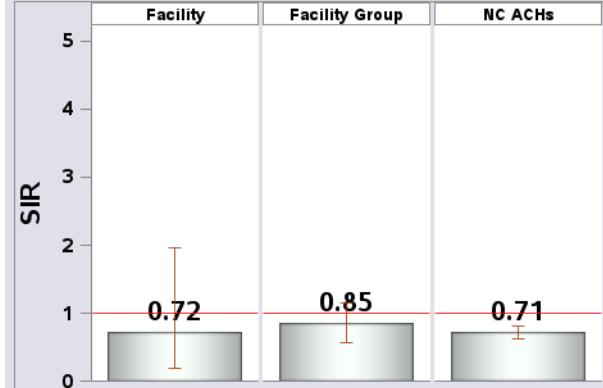


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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

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.

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

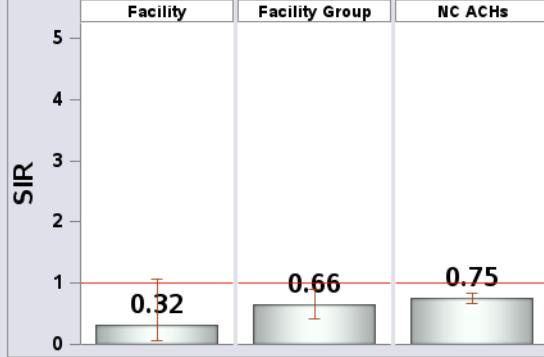
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

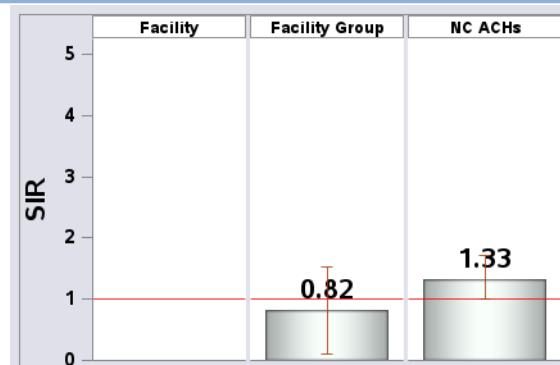
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

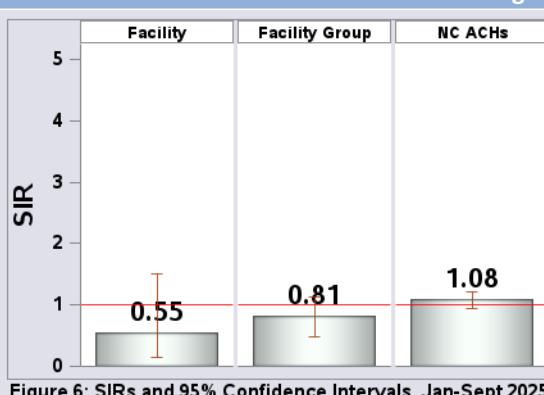
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

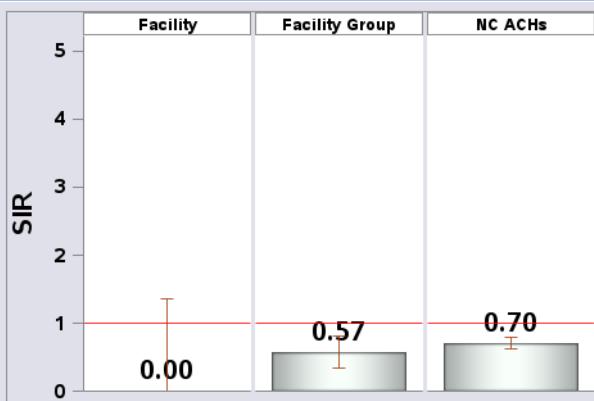


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

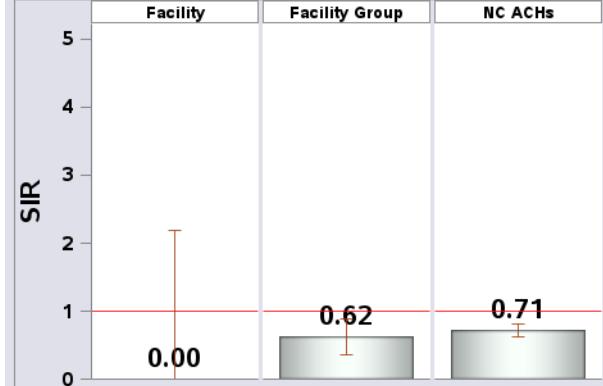


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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 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

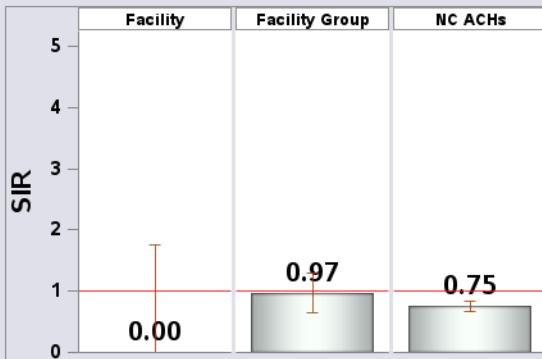


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

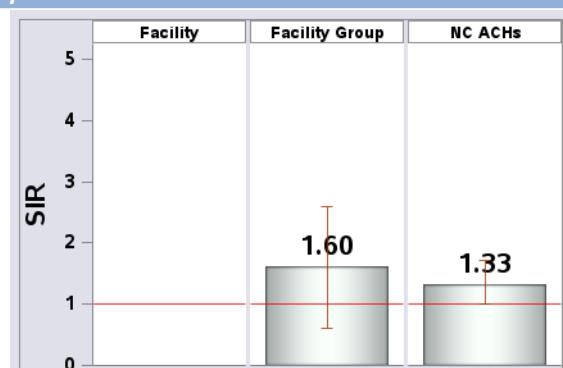
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

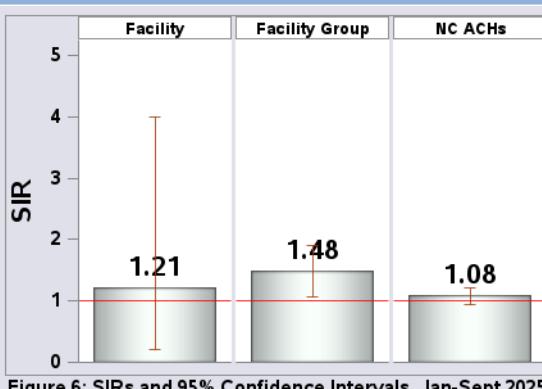


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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)

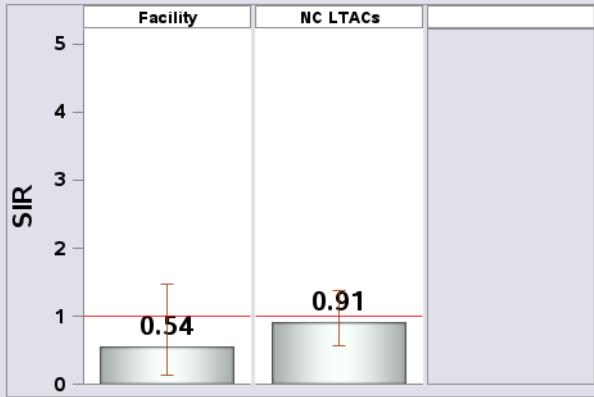


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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.

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

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

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 N.C. HAI 2025 Q3 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - September 30, 2025

Carolinas Specialty Hospital, , 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

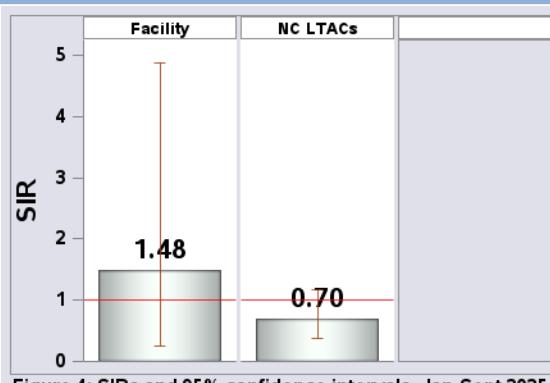


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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)

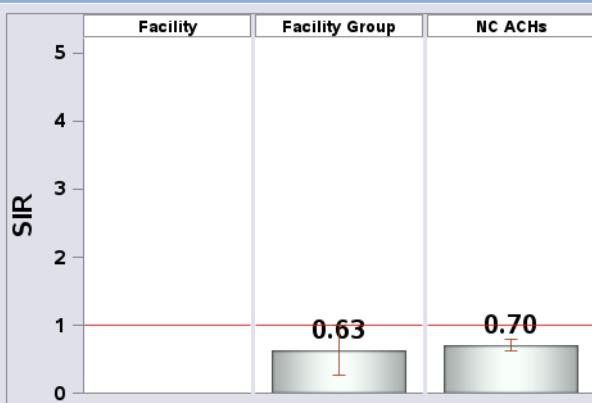


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

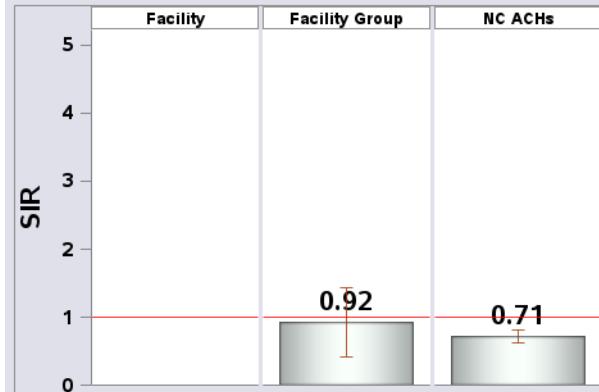
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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



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

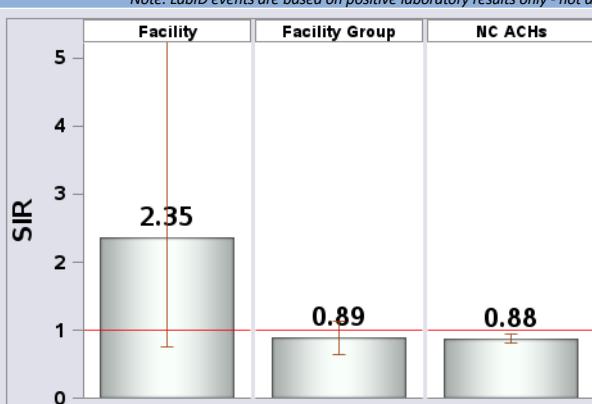
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.7	Same

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



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

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)

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

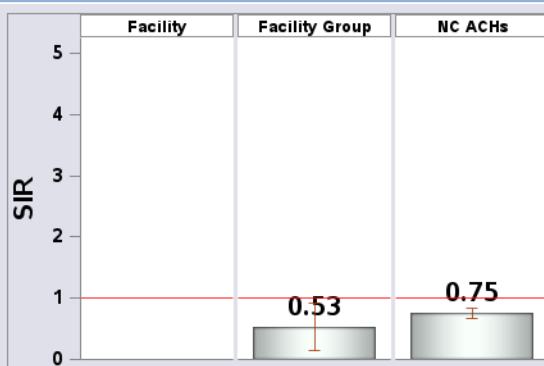


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

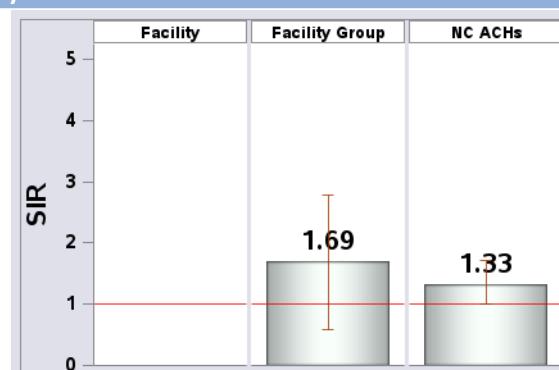


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

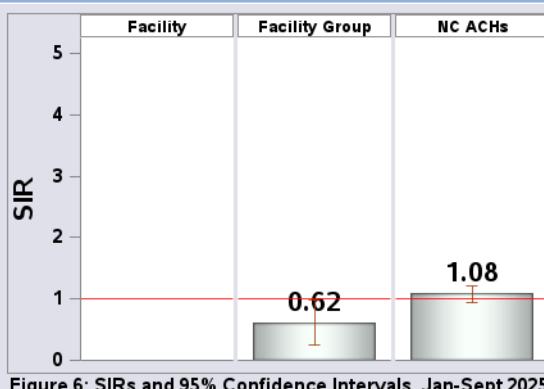


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

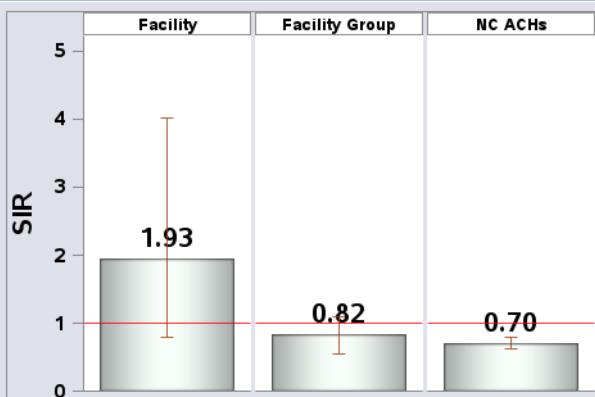


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

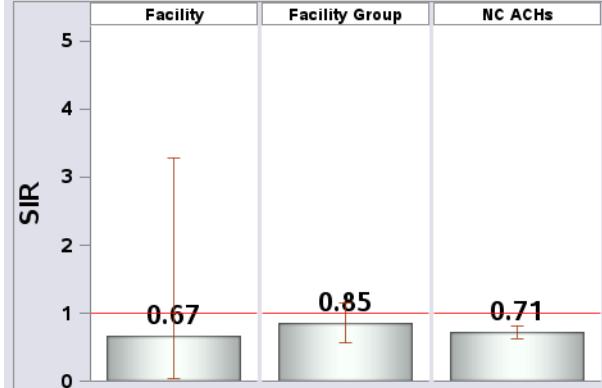


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

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

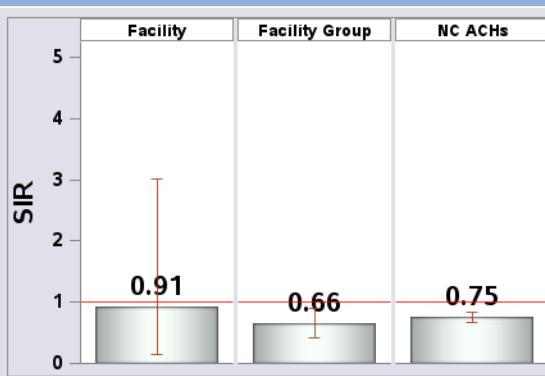
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

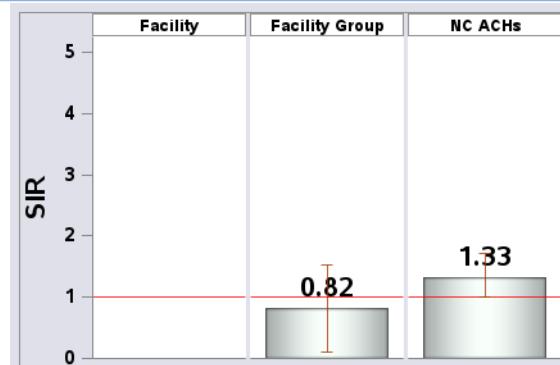
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

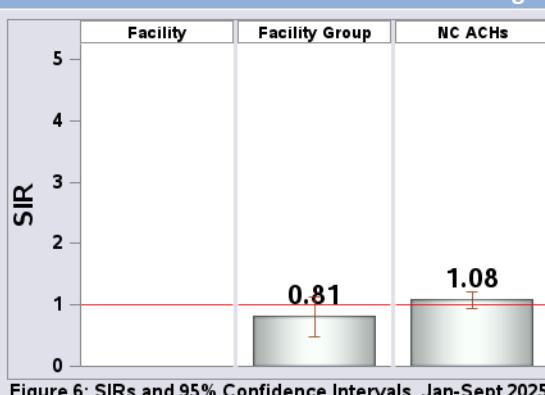
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

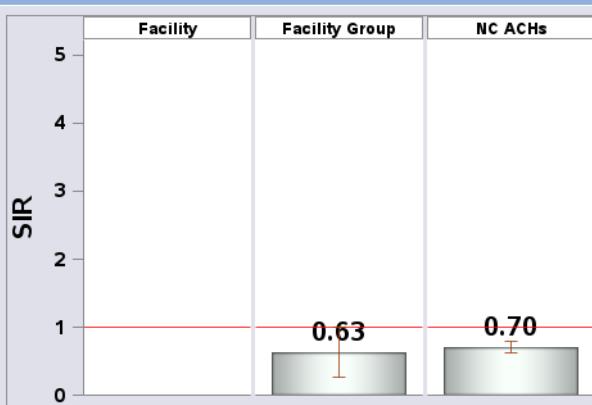


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

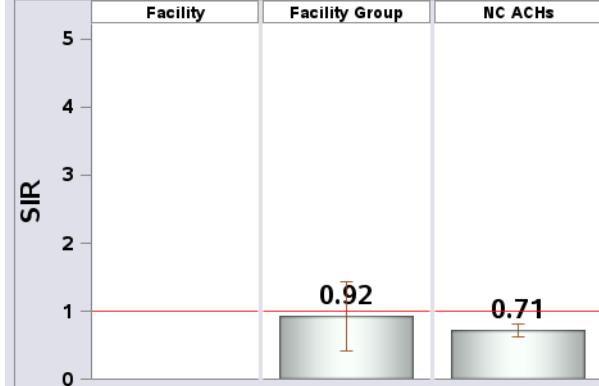


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

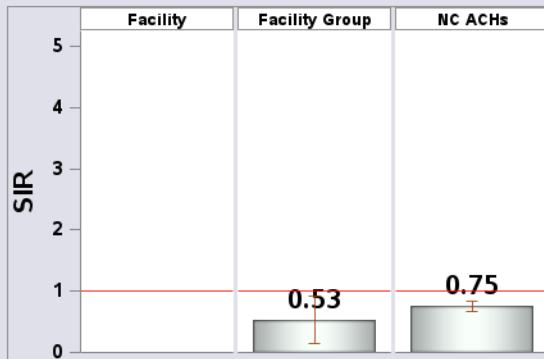
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

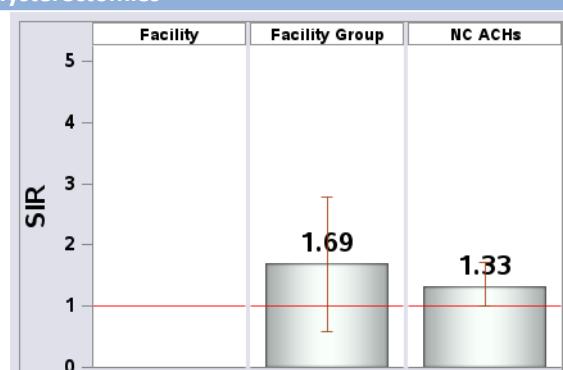
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

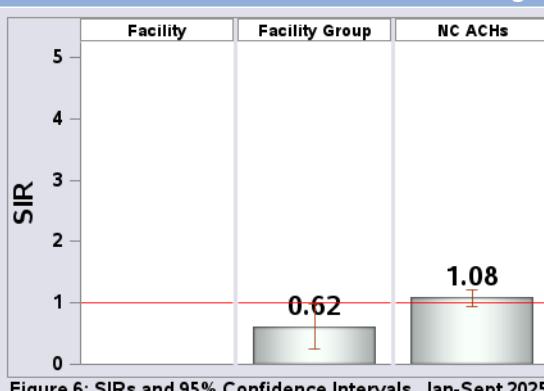
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

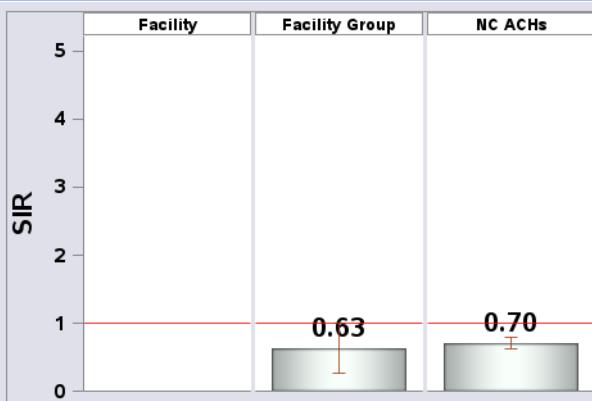


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

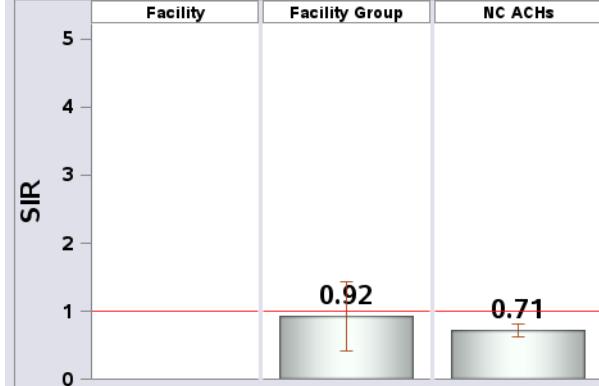


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

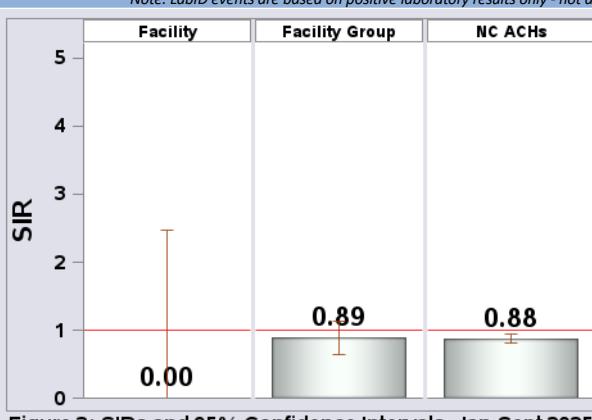


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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
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

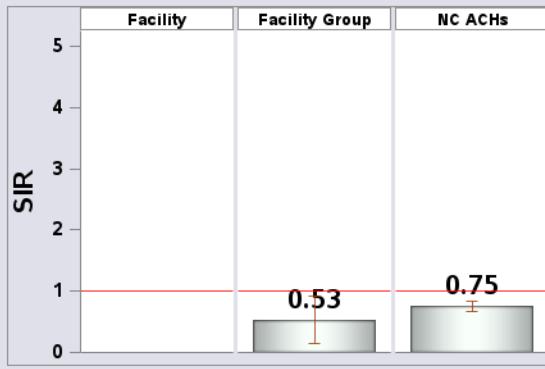


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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)

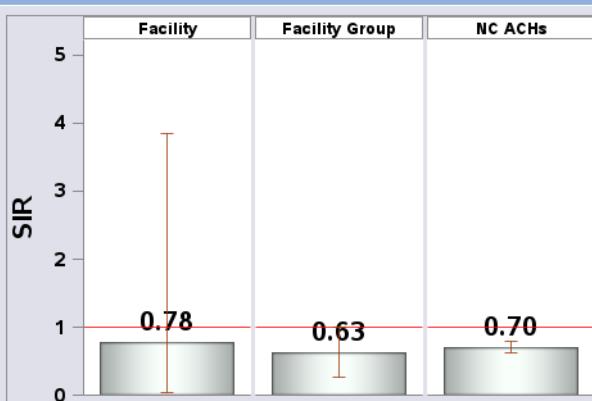


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

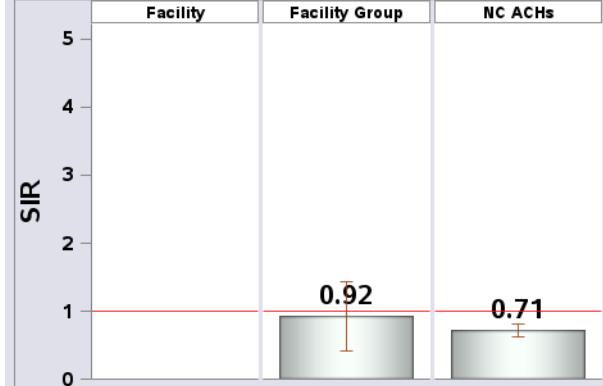


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

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

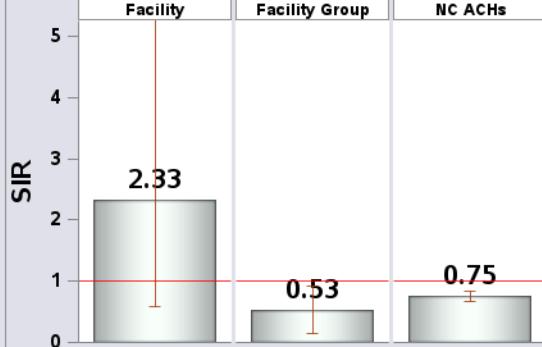


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

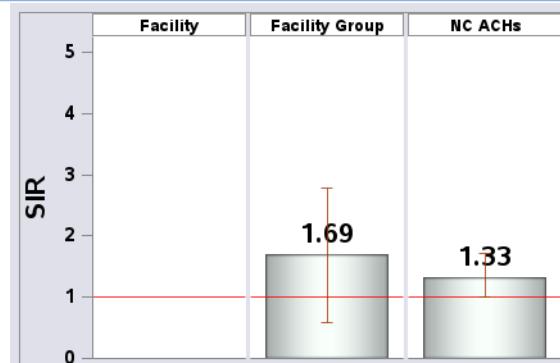


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

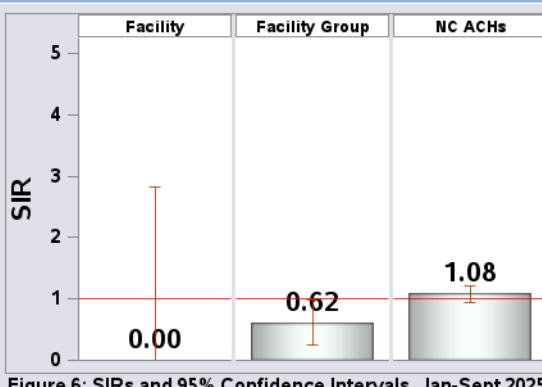


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

Ventilator-Associated Events (VAE)

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

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

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)

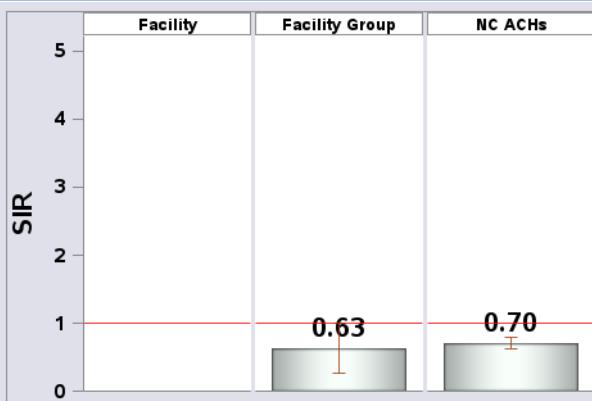


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

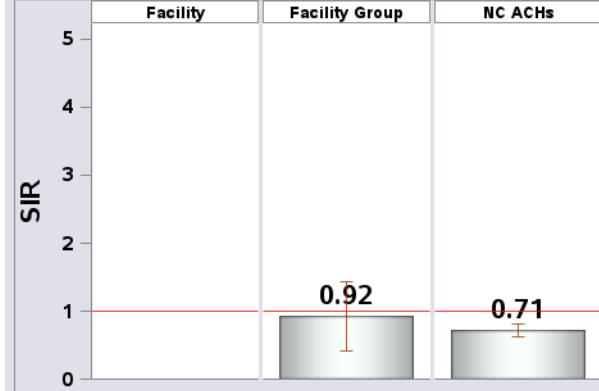


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

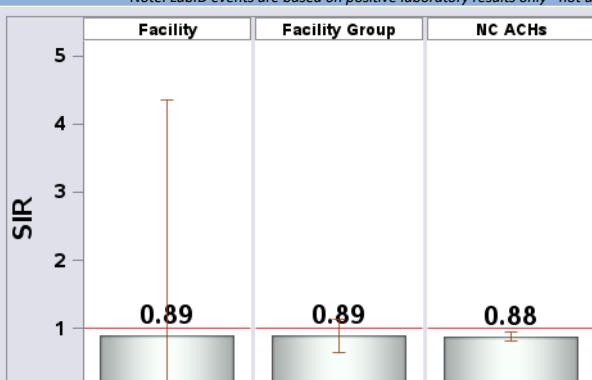


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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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

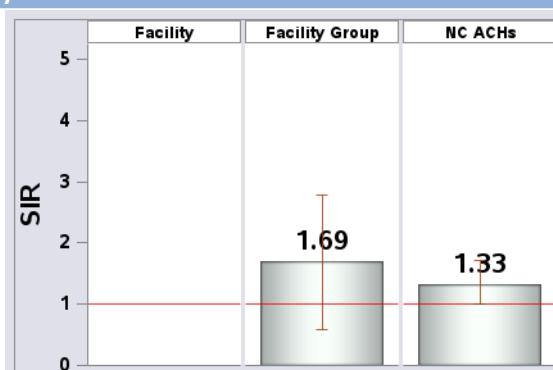


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

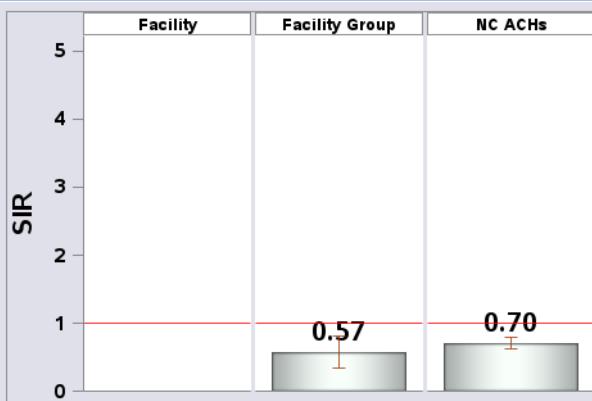


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

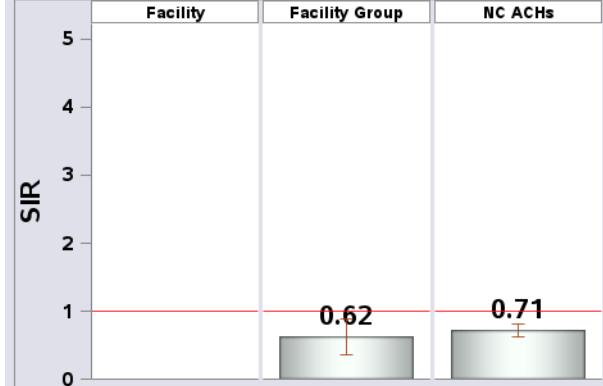


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

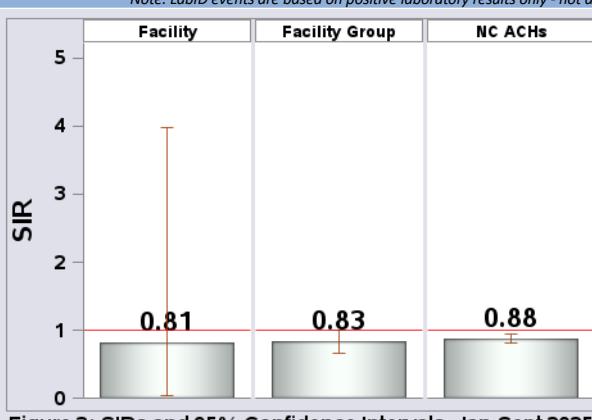


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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 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

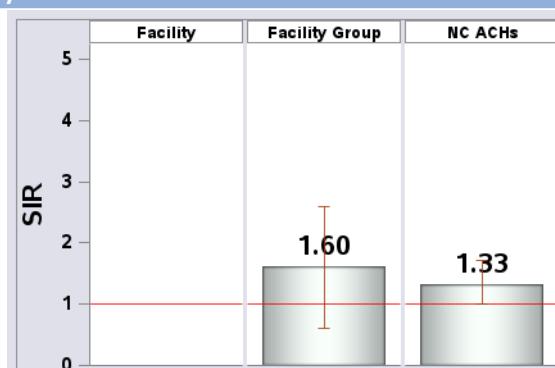


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

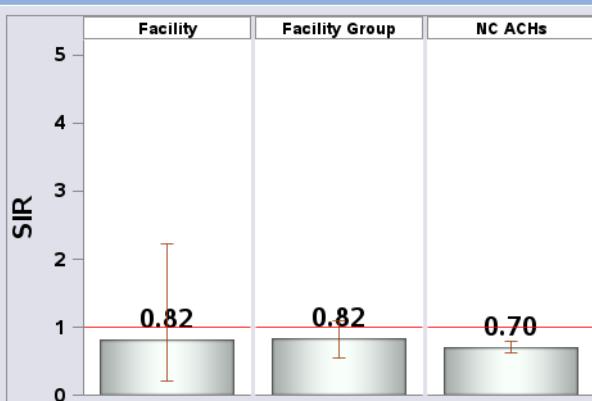


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

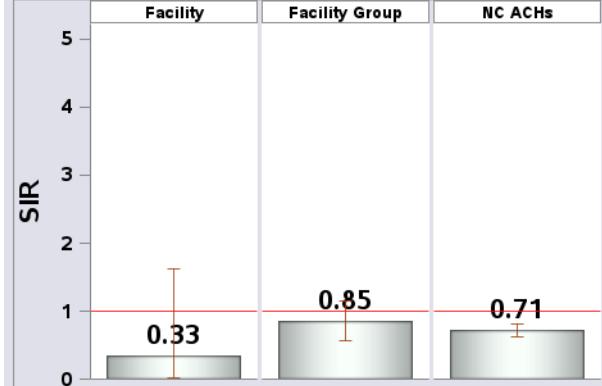


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

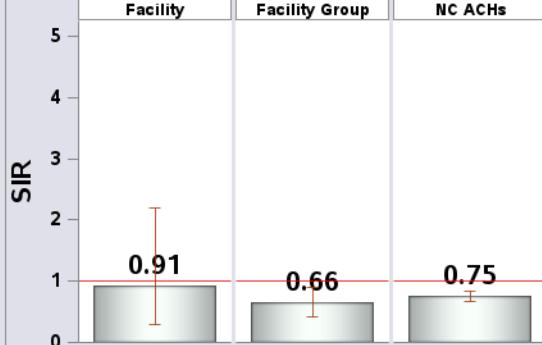


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

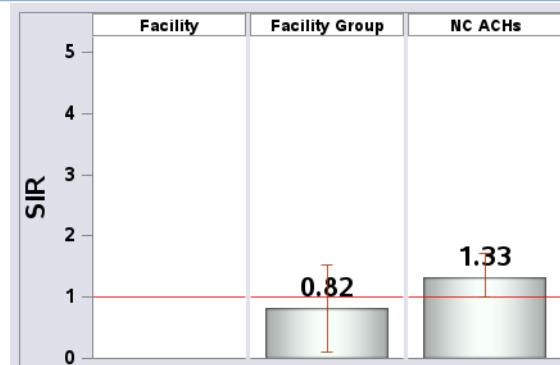


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

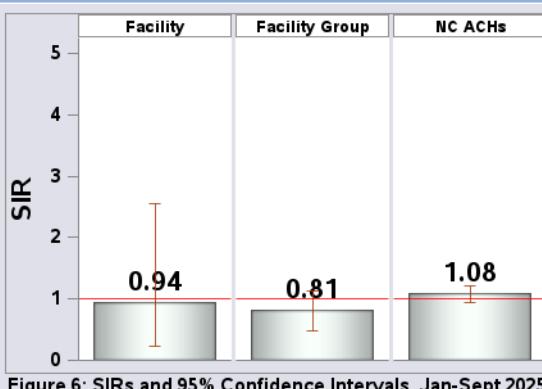


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

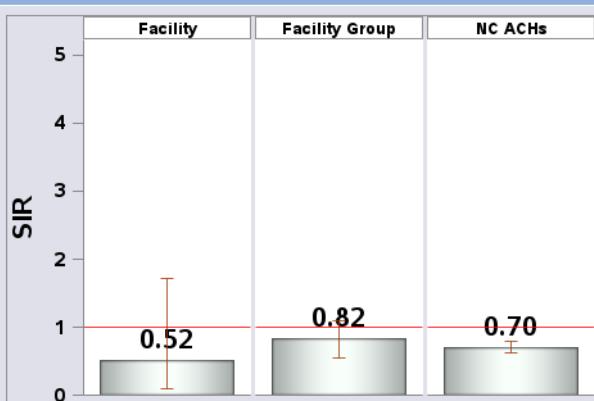


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
All reporting units	2	3.9	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	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

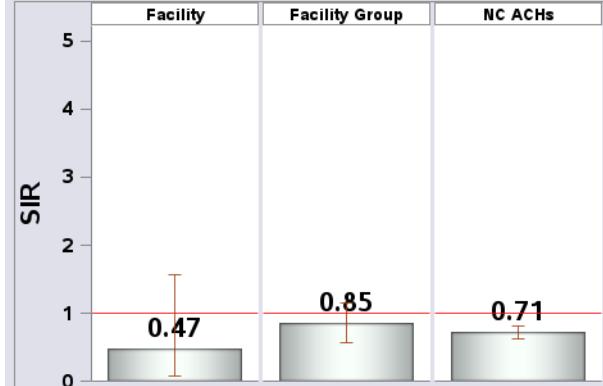


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

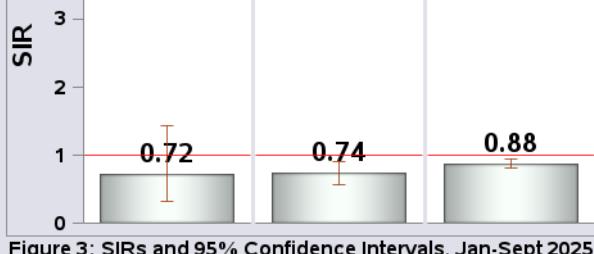


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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

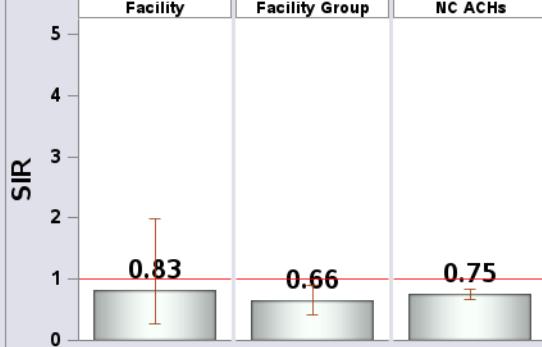


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

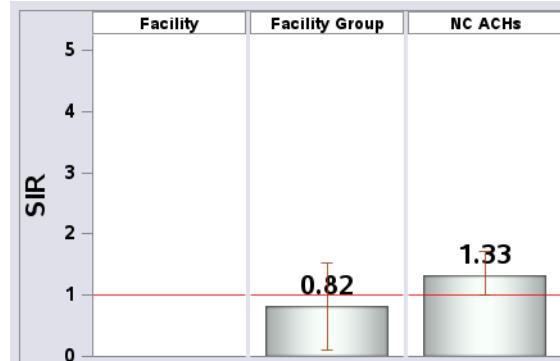


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

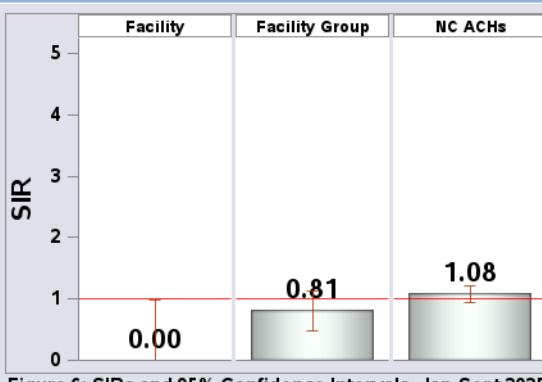


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

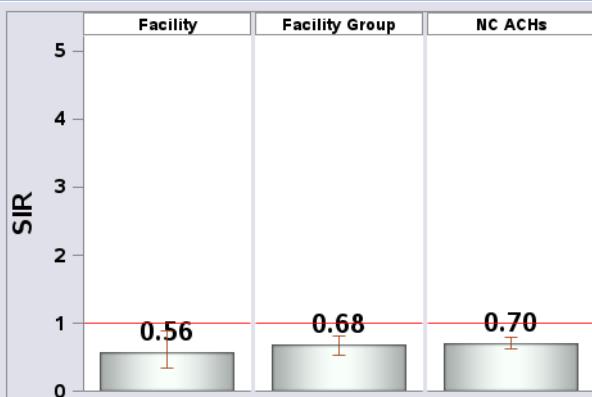


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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	
Adult/Ped Wards	4	10	
All reporting units	17	30	Same Better 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

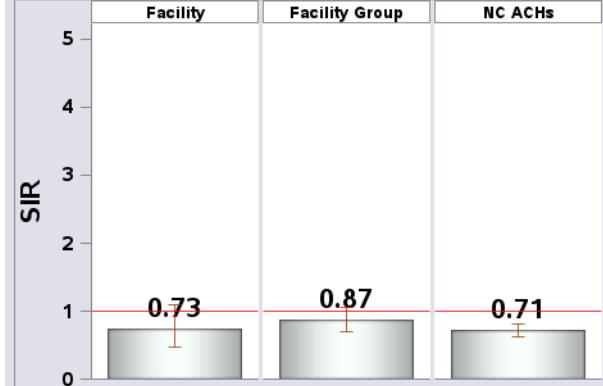


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

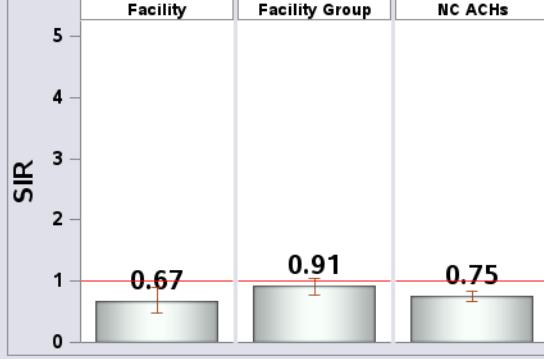
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

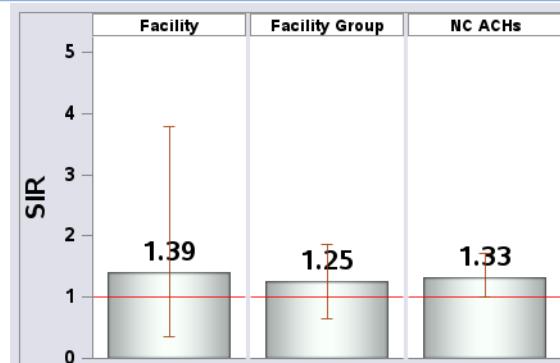
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

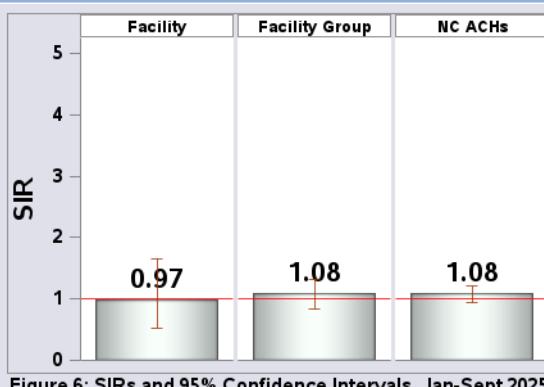
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

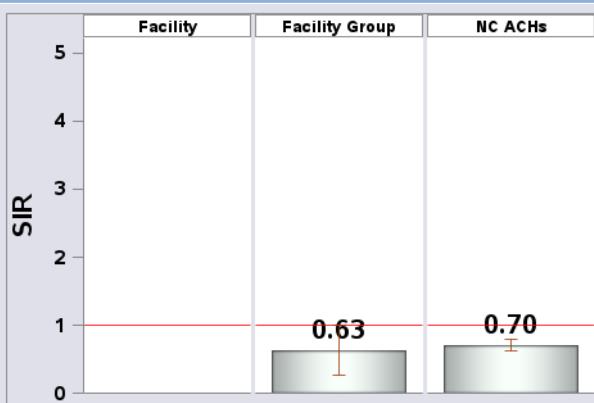


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

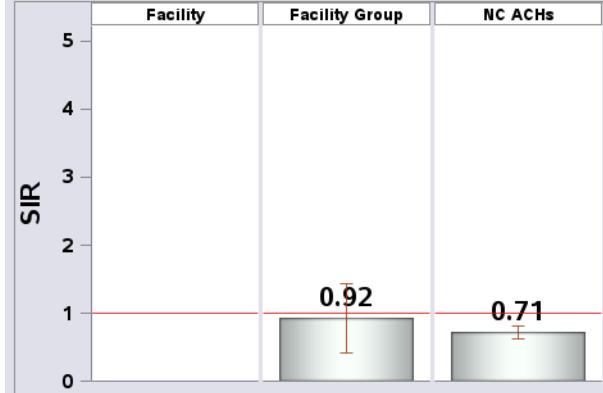


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.

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

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

ECU Health Beaufort Hospital, Washington, Beaufort 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

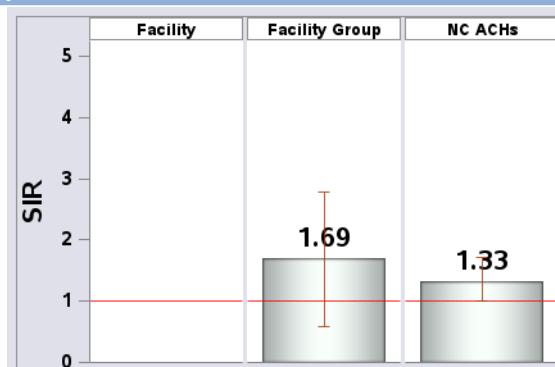


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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)

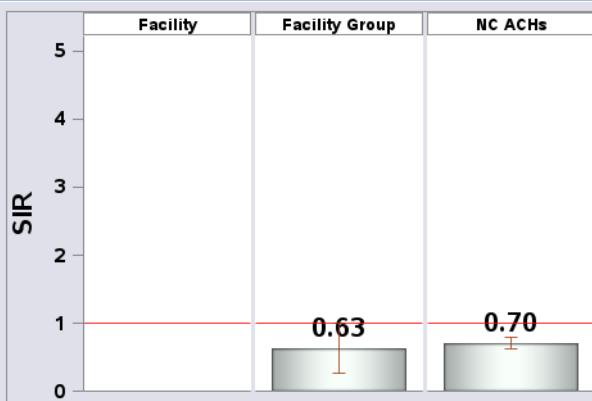


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

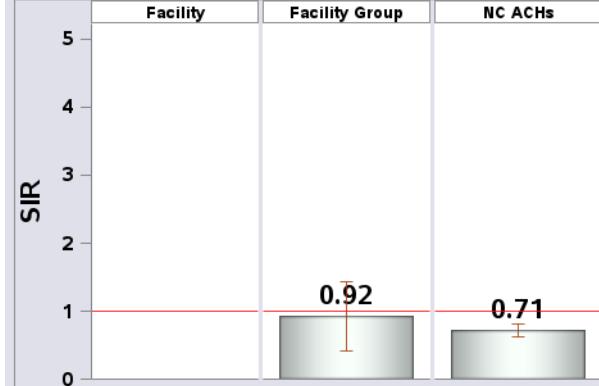


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

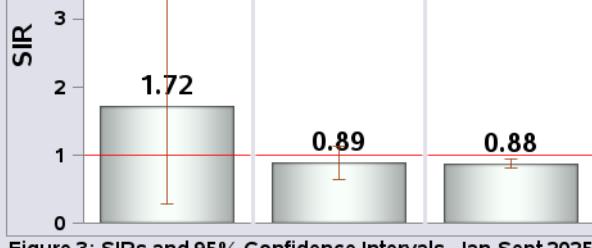


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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 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

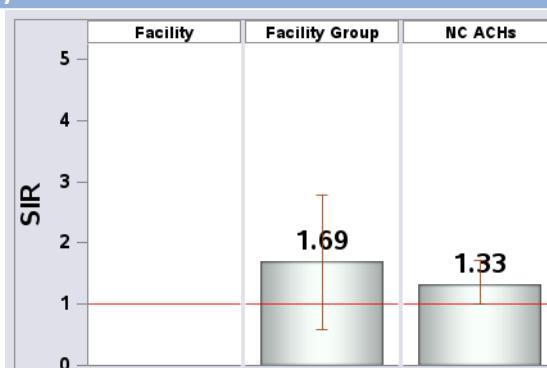


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

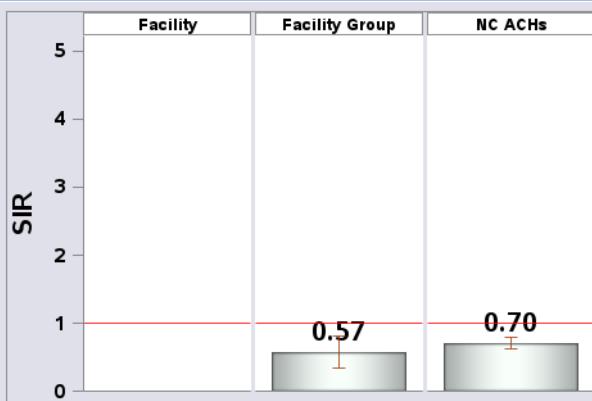


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

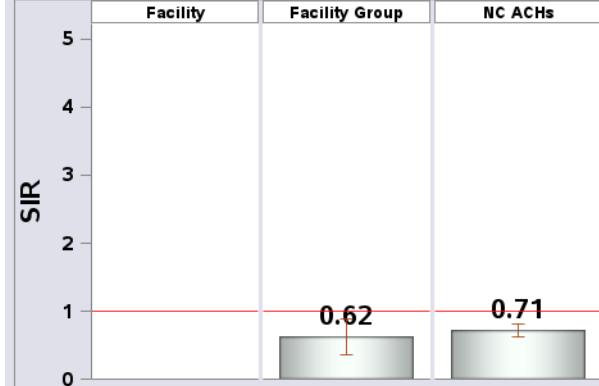


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

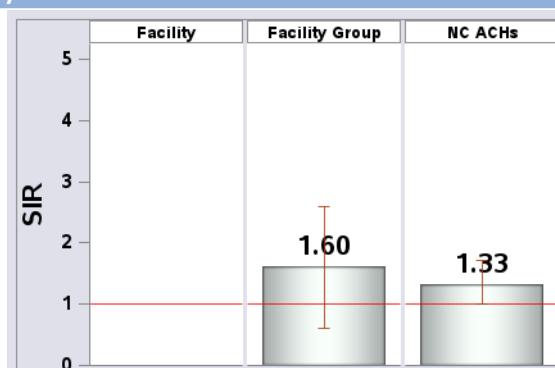


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

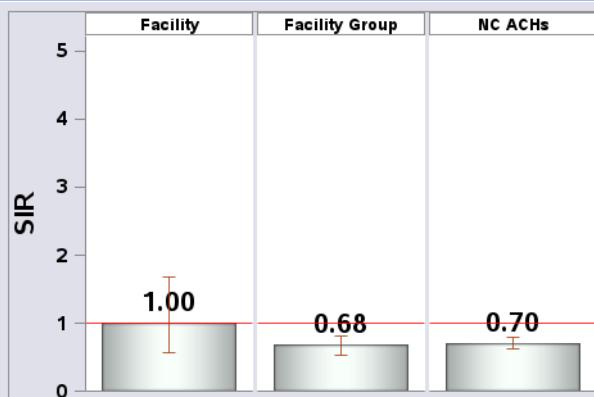


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

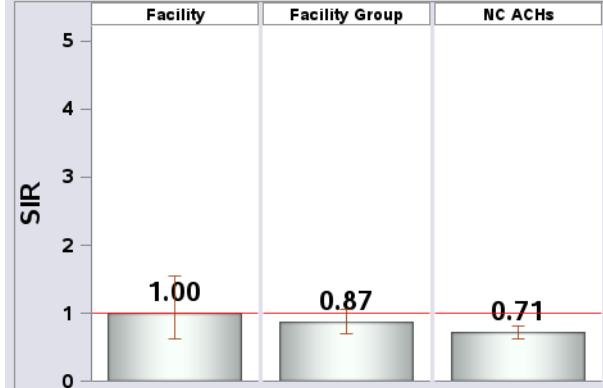


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

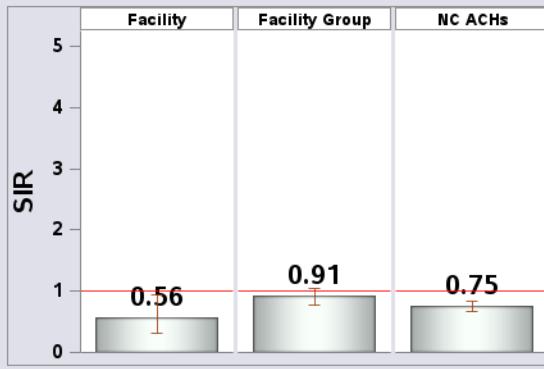
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

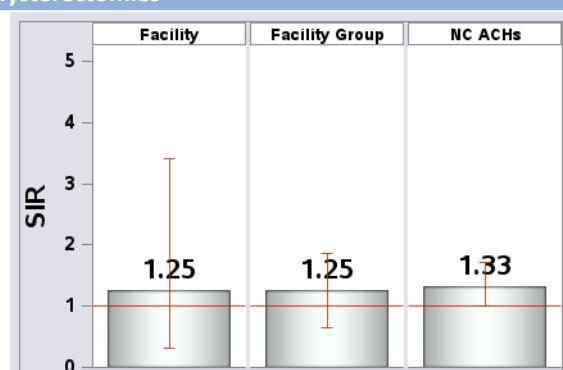
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

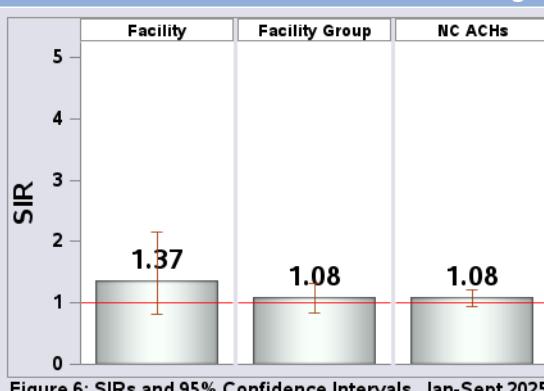
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

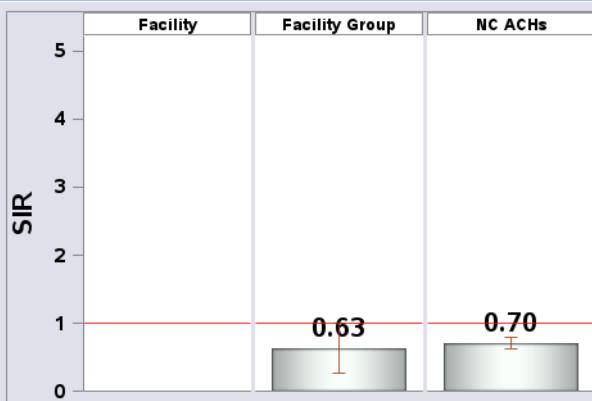


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

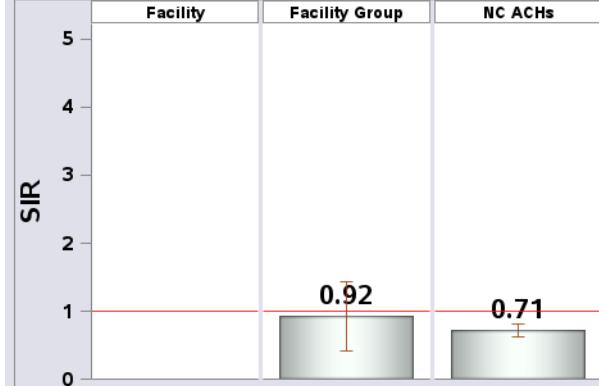


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

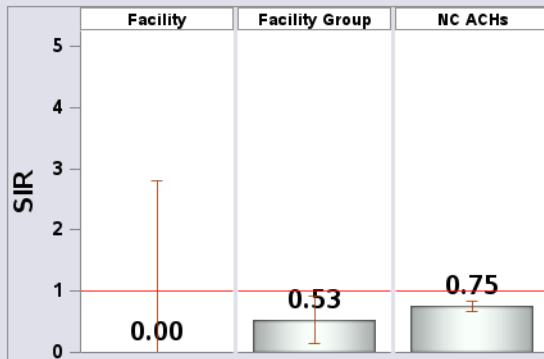


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

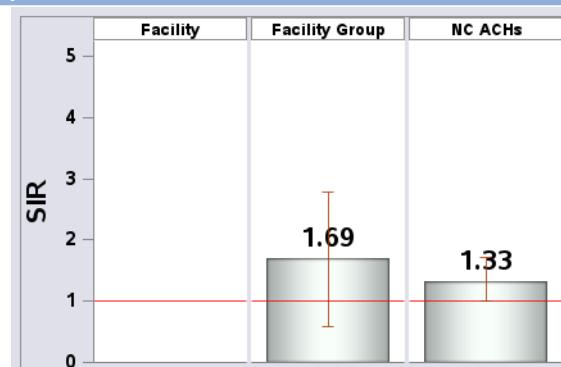


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

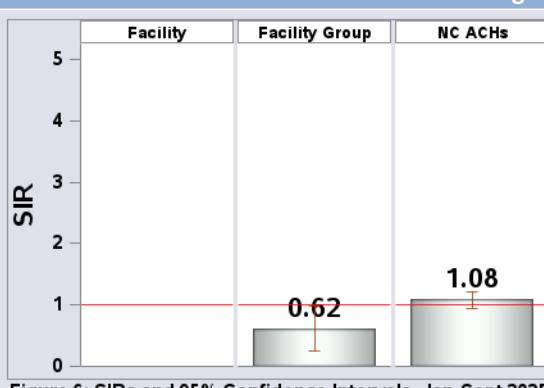


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

Ventilator-Associated Events (VAE)

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

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

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)

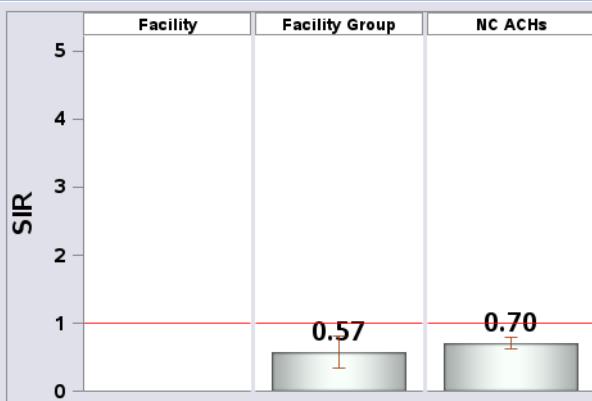


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

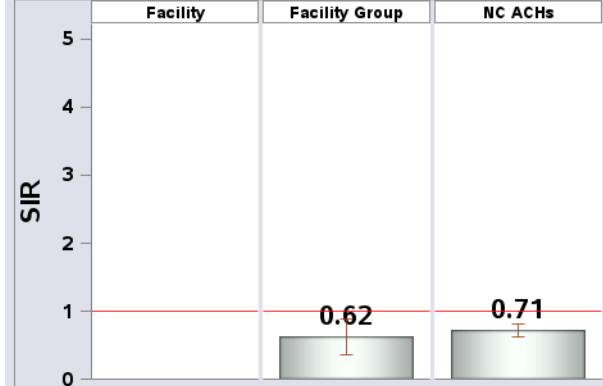


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

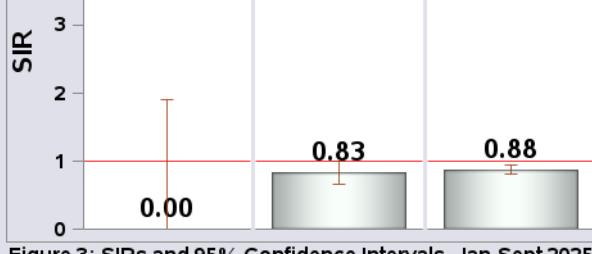


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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

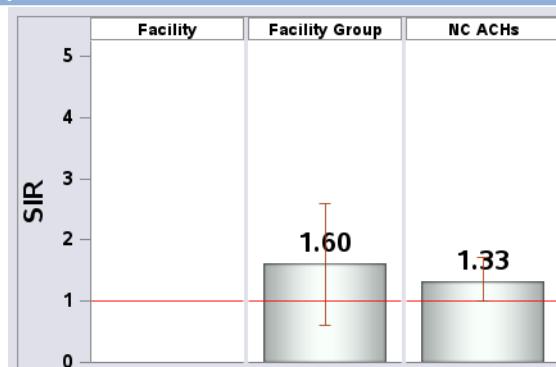


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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.

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)

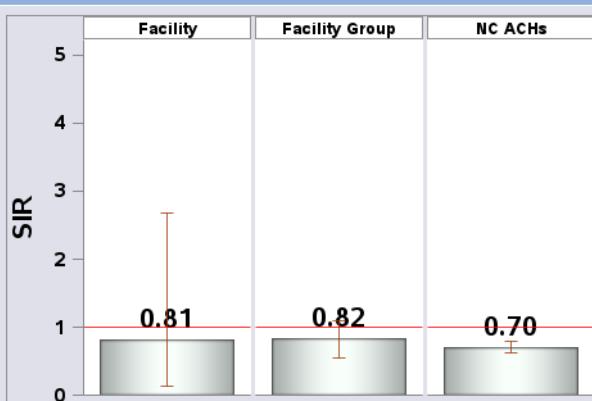


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

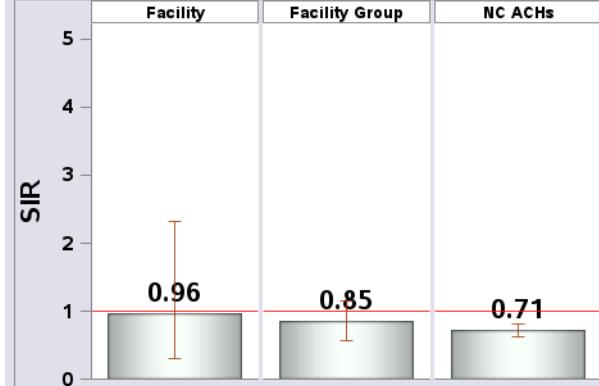


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

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)

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
All reporting units	1	2.7	Same

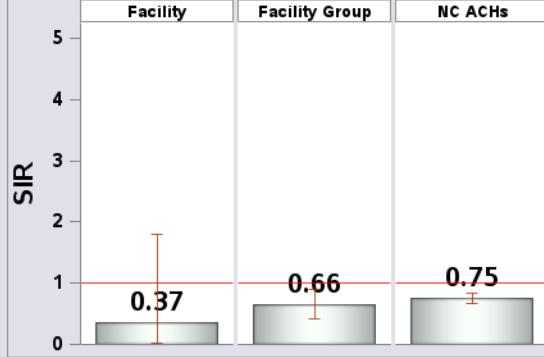
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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	1	1.3	Same

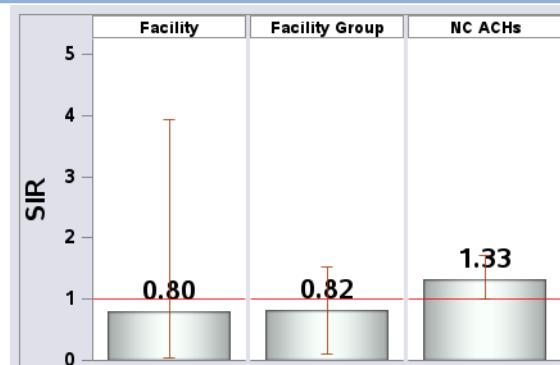
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

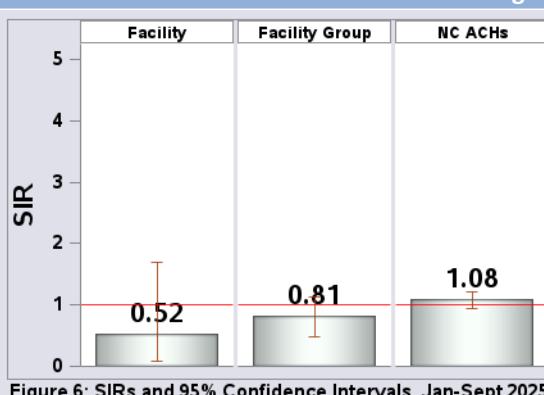
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

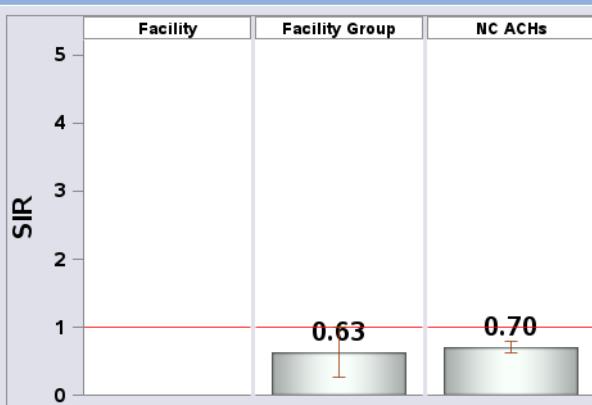


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

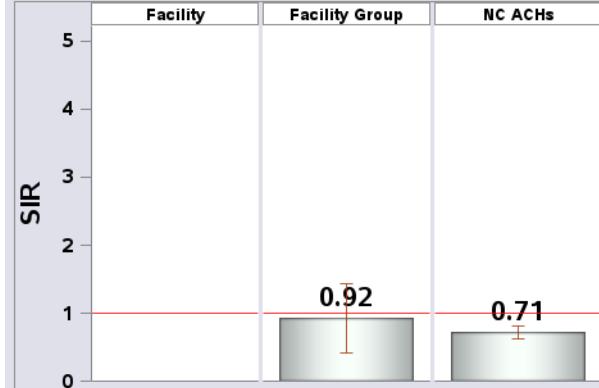


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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)

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

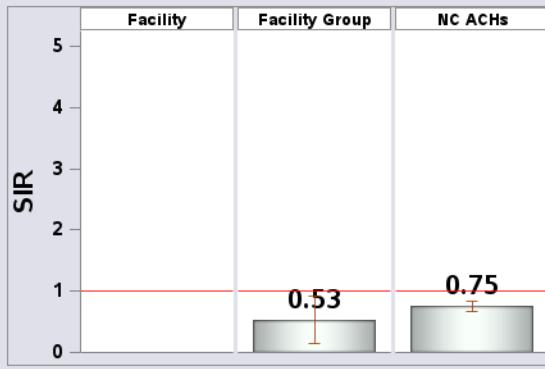


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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)

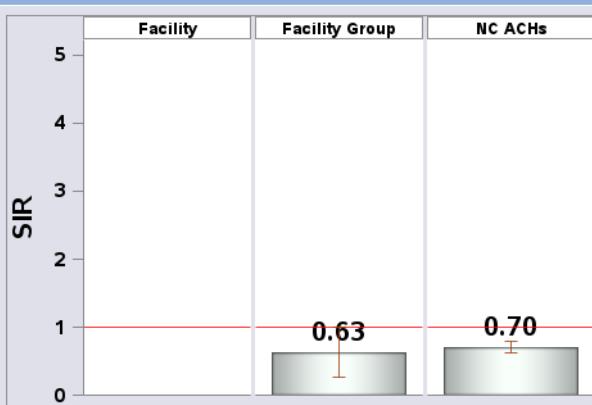


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

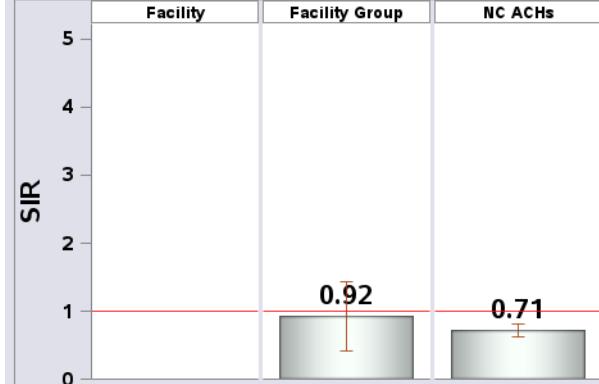


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

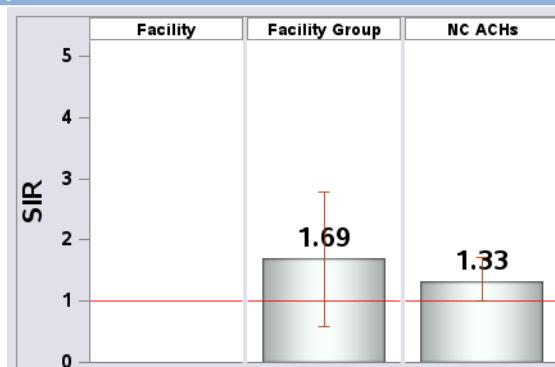


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

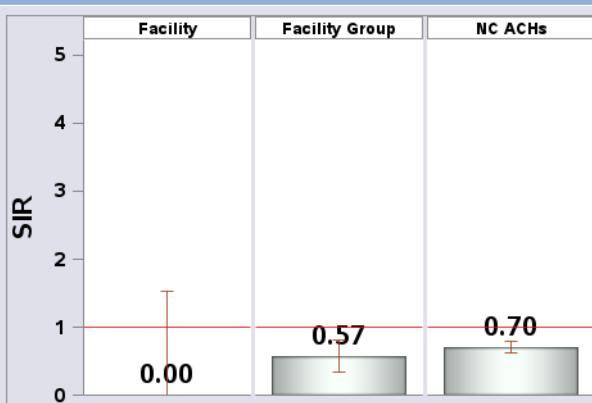


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

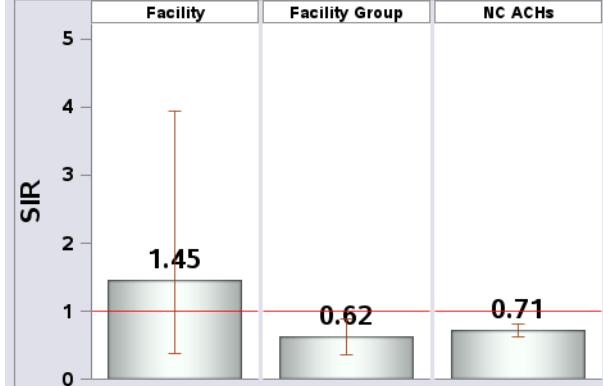


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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?

X Worse: More infections than predicted by the national baseline experience

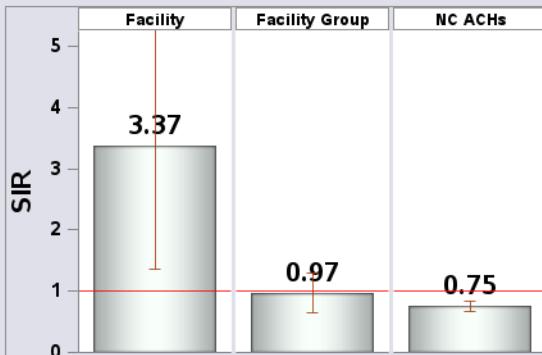


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

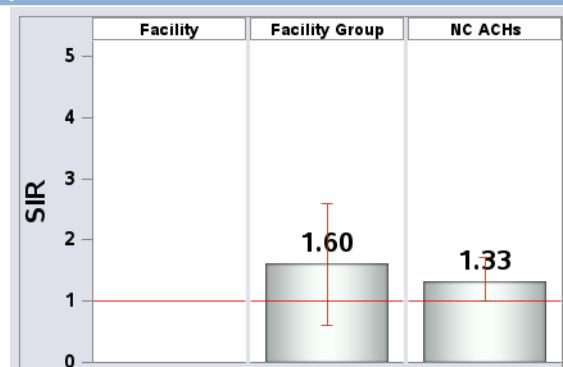


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

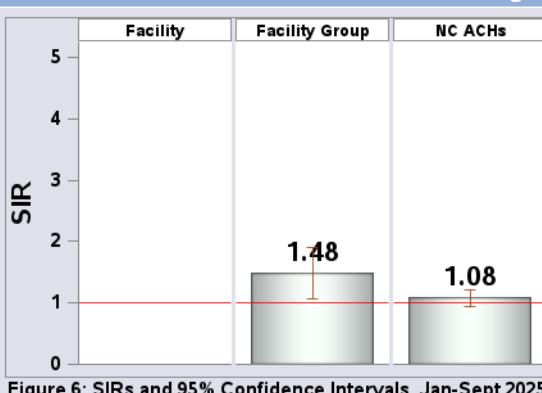


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

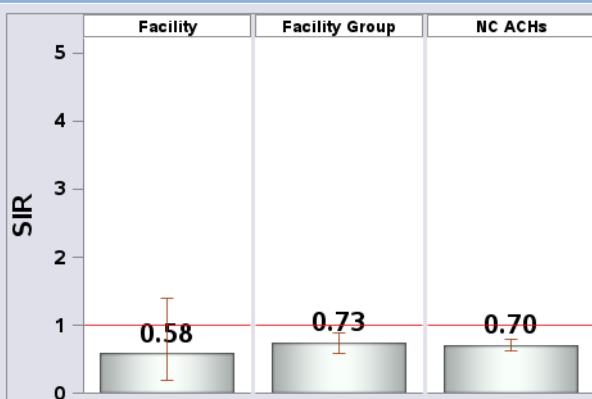


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

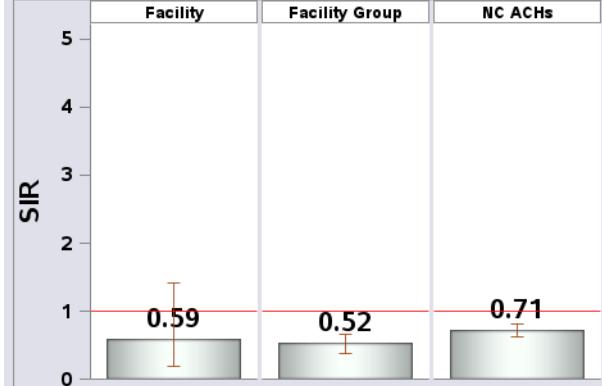


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

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)

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

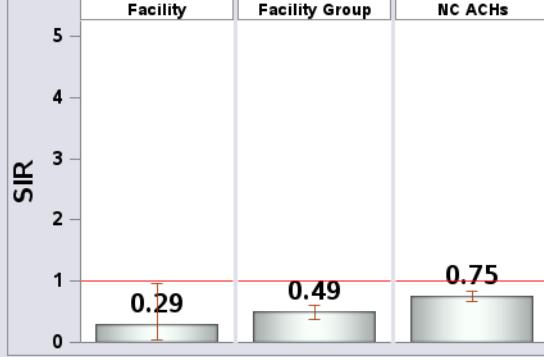
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

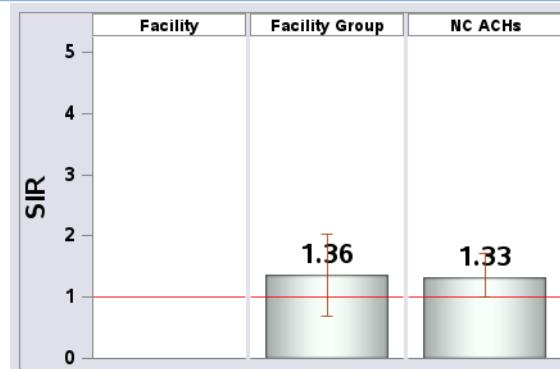
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

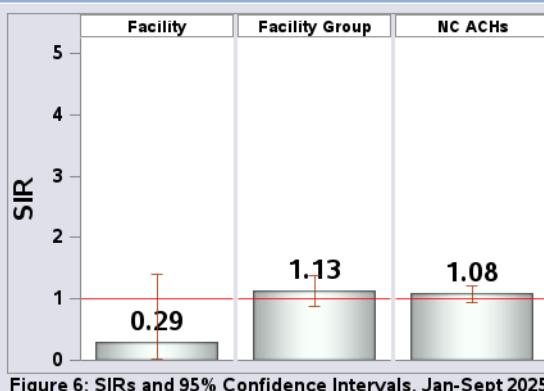
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

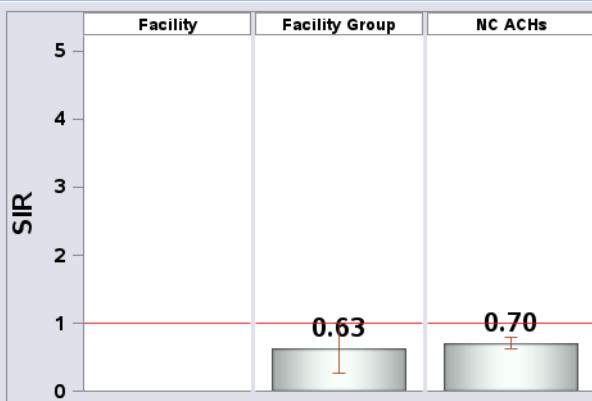


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

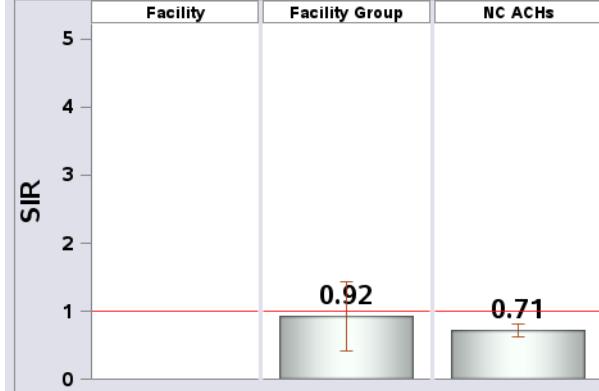


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

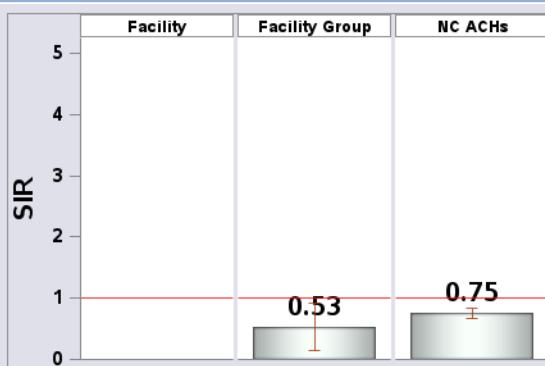


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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

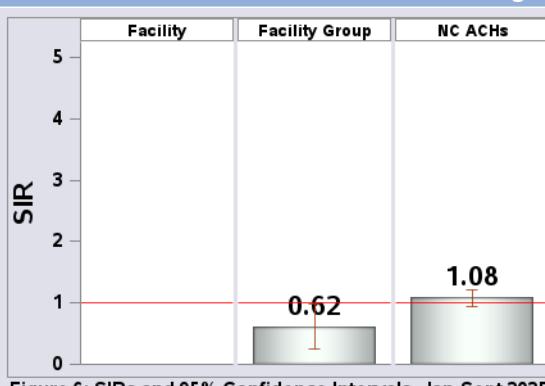


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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)

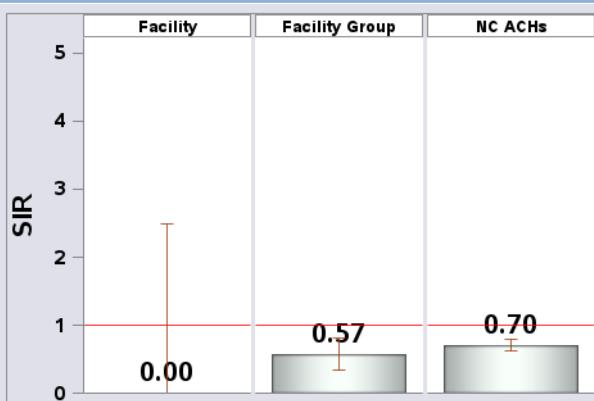


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

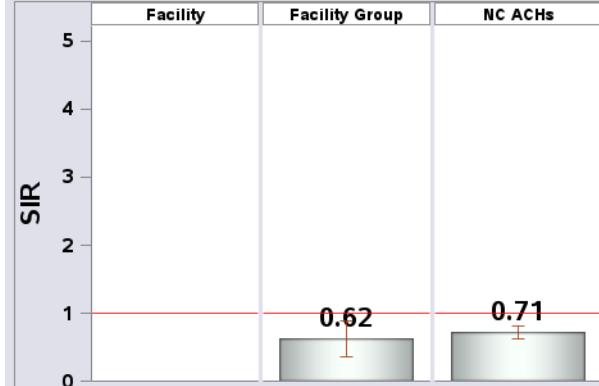


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.

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

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.

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

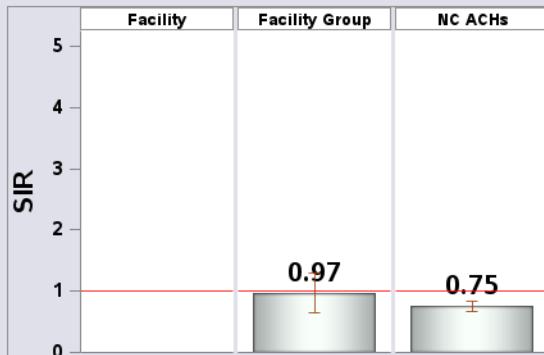


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

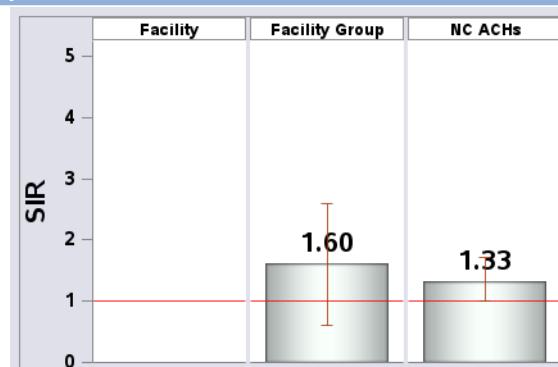
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

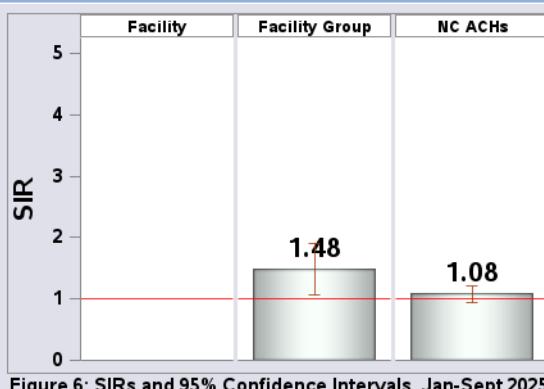
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

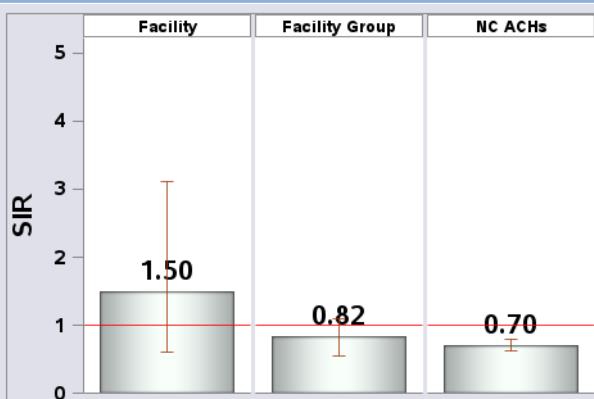


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

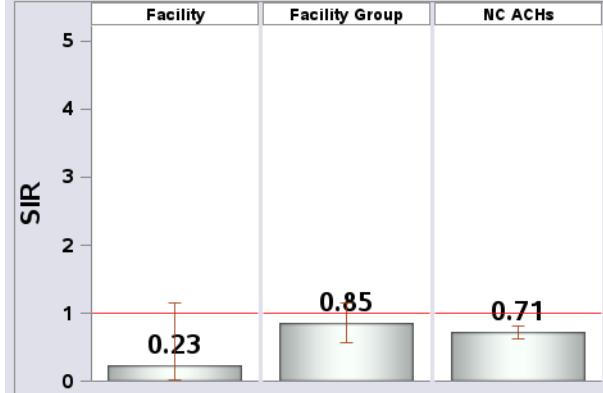


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

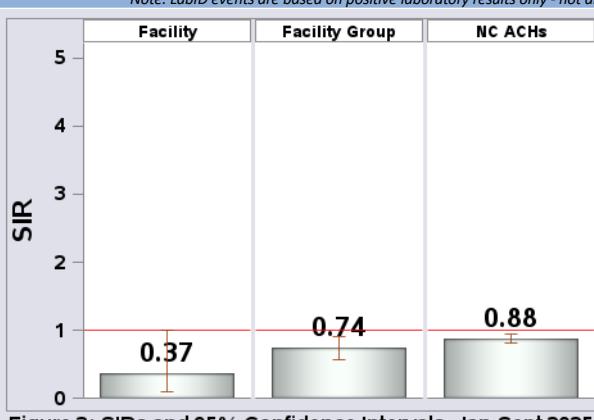


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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

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)

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

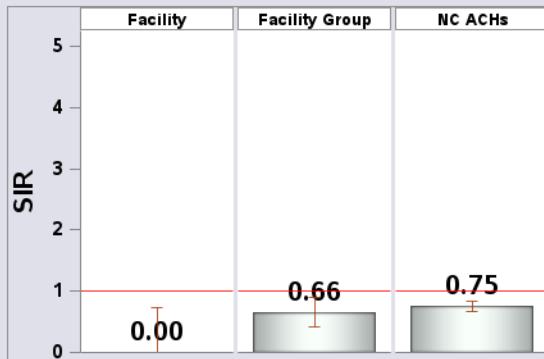


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

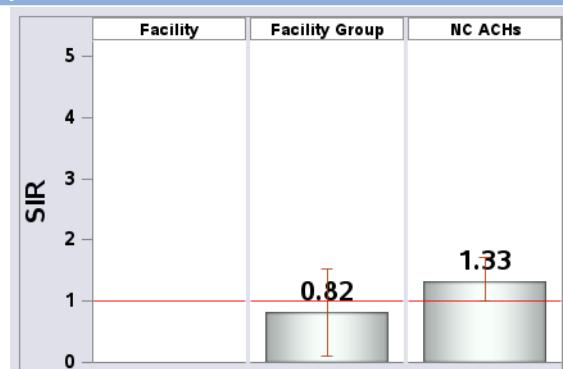


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	3.1	Same

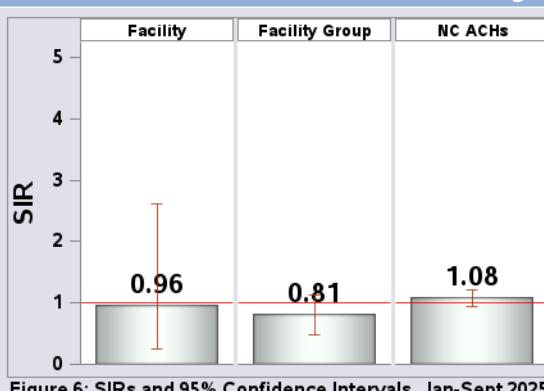
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

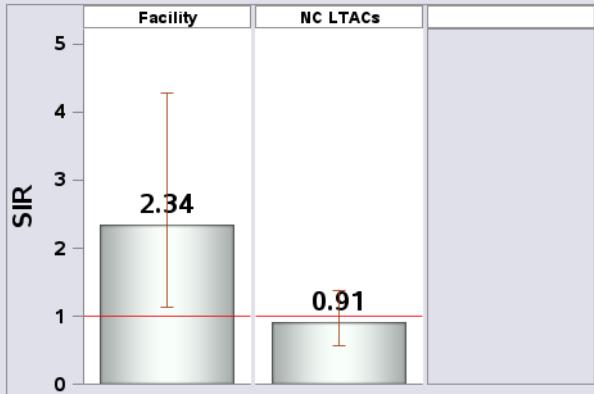


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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?

X Worse: More infections than predicted by the national baseline experience

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

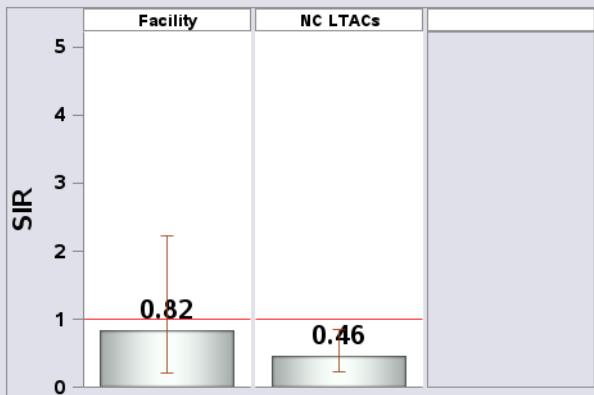
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

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.

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

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

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

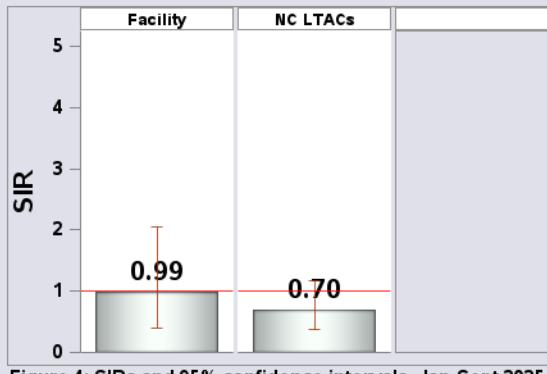


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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)

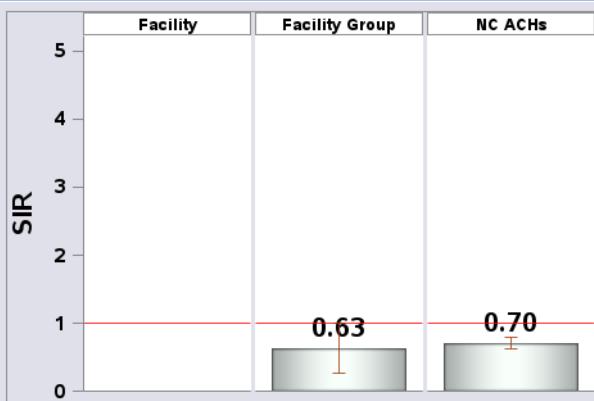


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

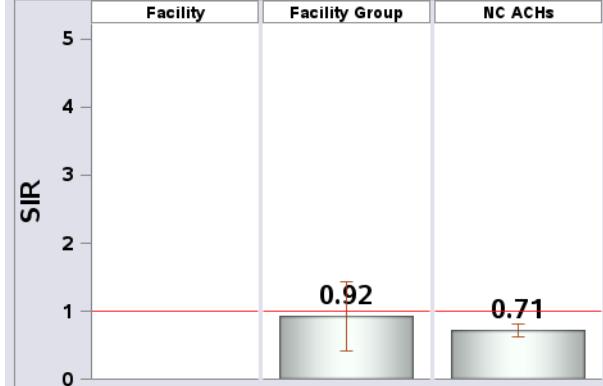


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

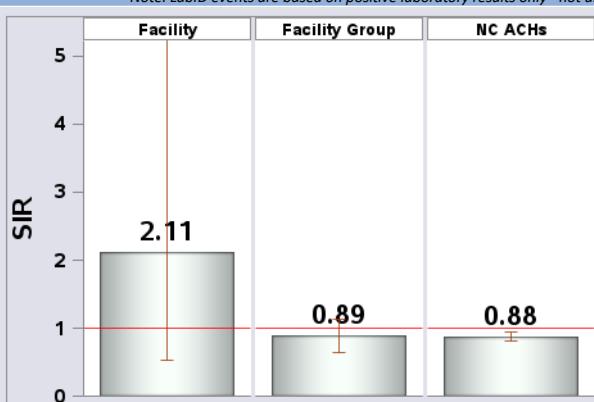


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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)

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

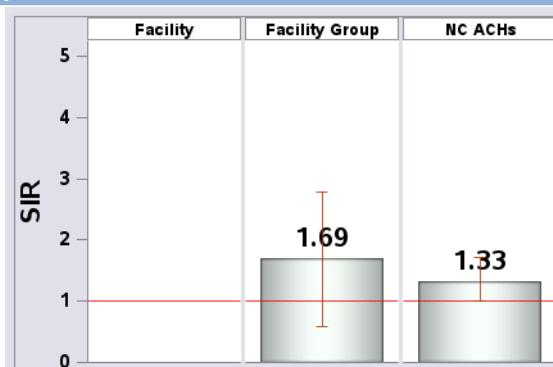


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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:	
Medical Affiliation:	Undergraduate
Admissions in 2024:	1,302
Patient Days in 2024:	13,110
Total Number of Beds:	42
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.19

[*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)

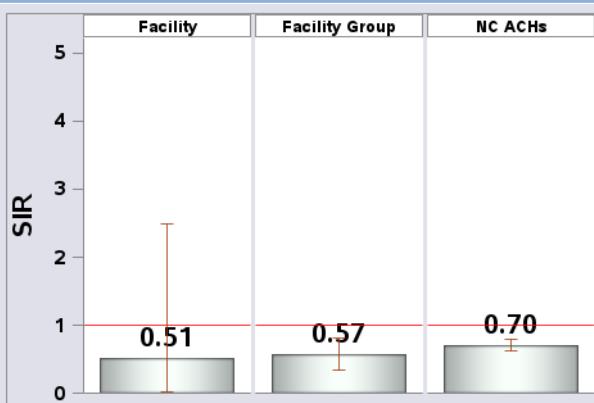


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

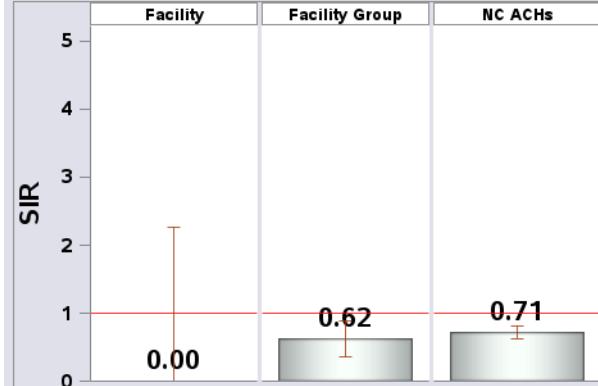


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

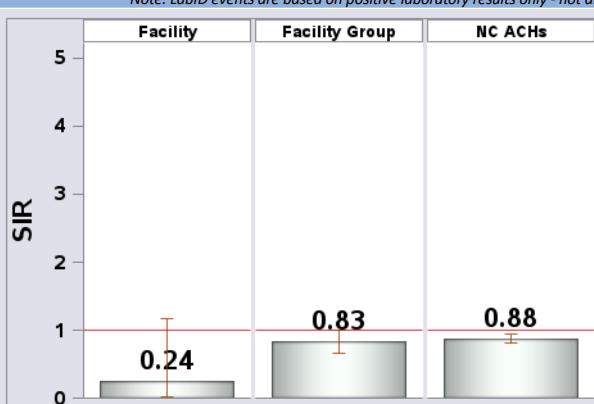


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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)

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?

X Worse: More infections than predicted by the national baseline experience

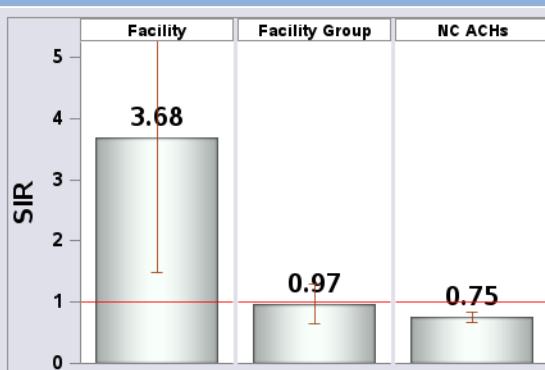


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

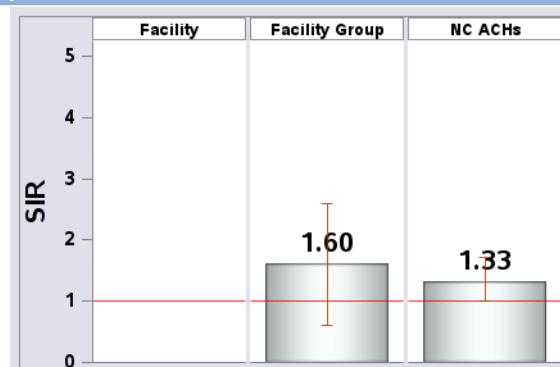


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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

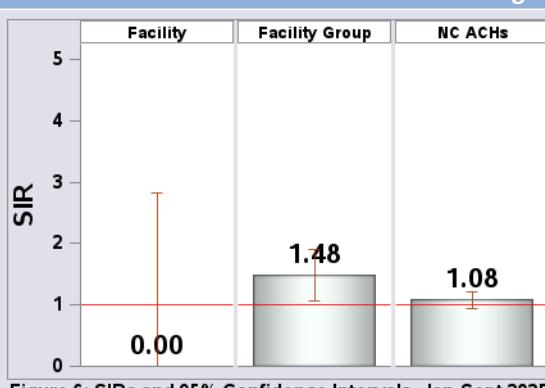


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

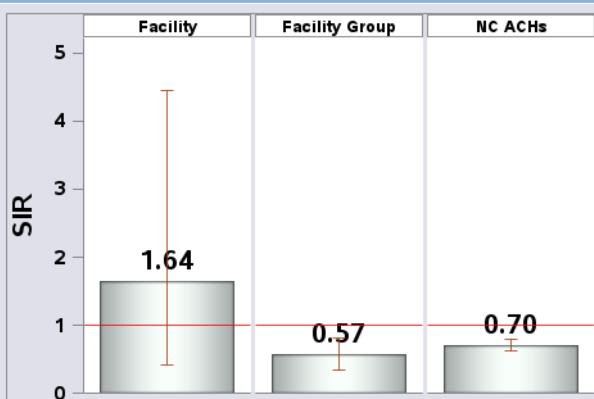


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

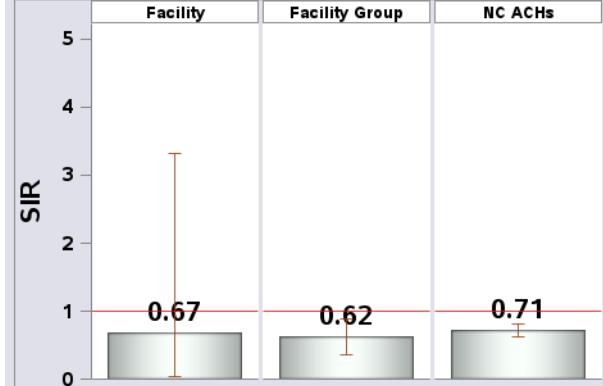


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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>).

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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

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

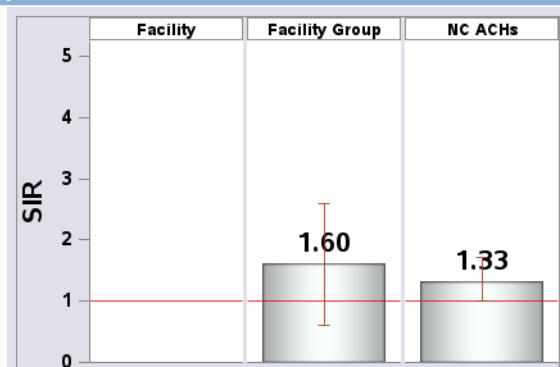


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

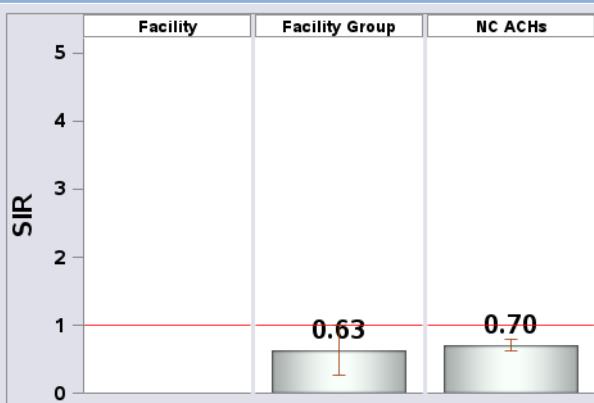


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

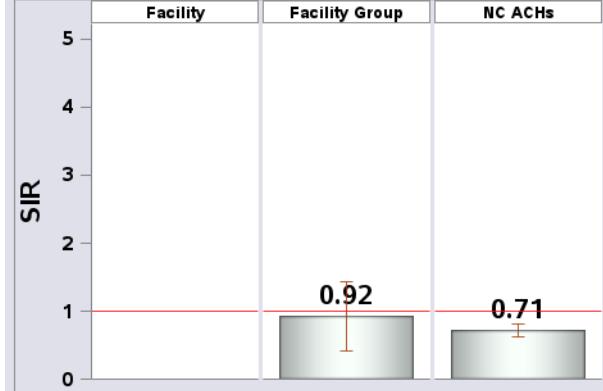


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

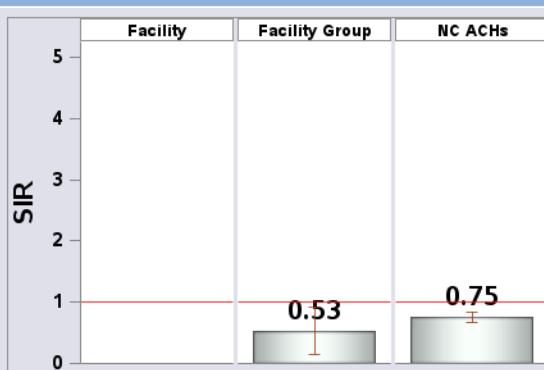
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

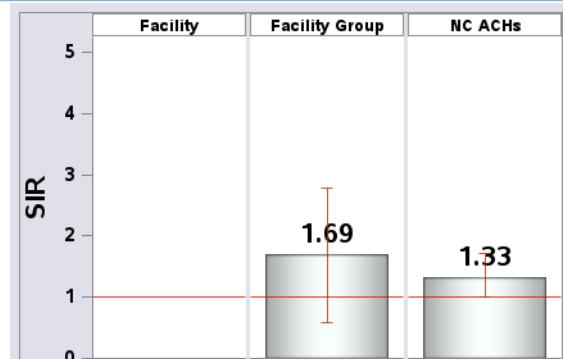
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

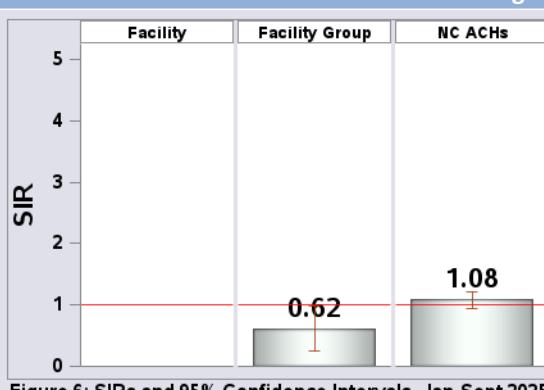
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

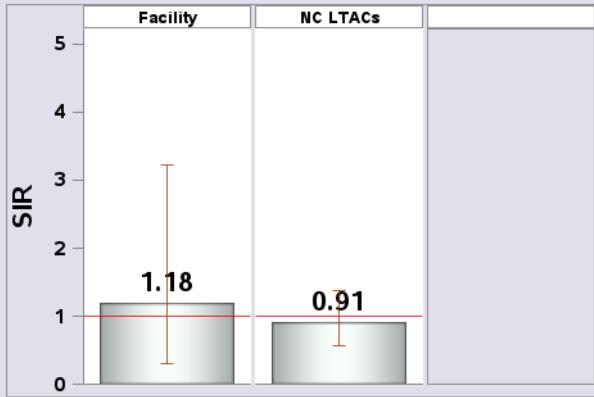


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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.

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

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

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)

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

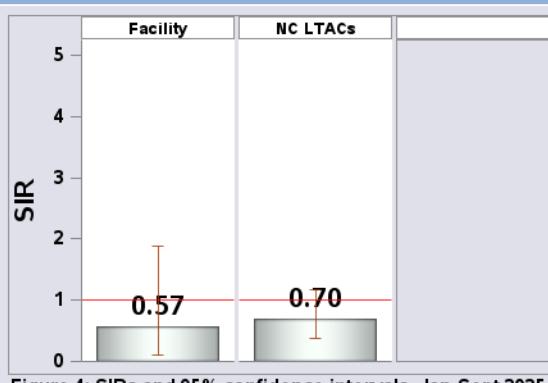


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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)

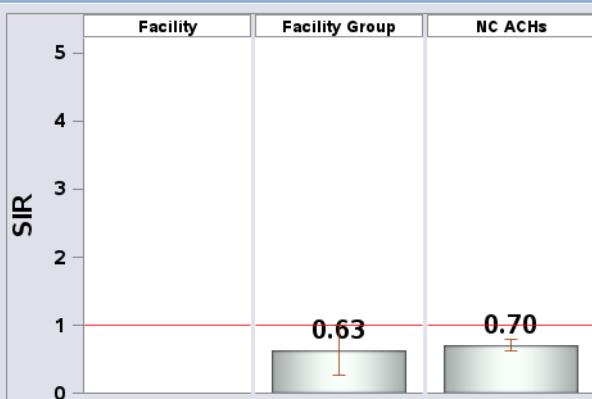


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

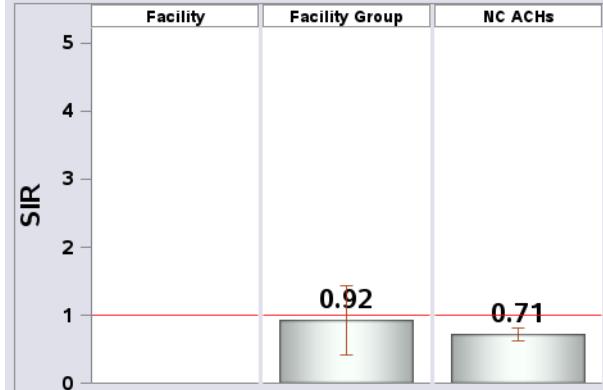


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

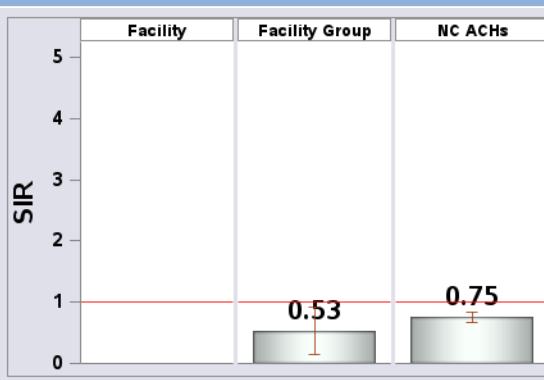


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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)

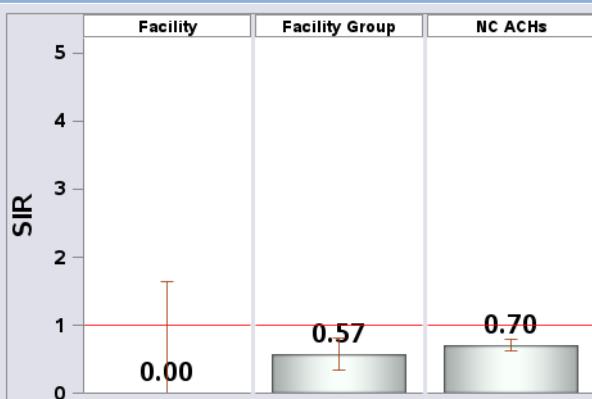


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

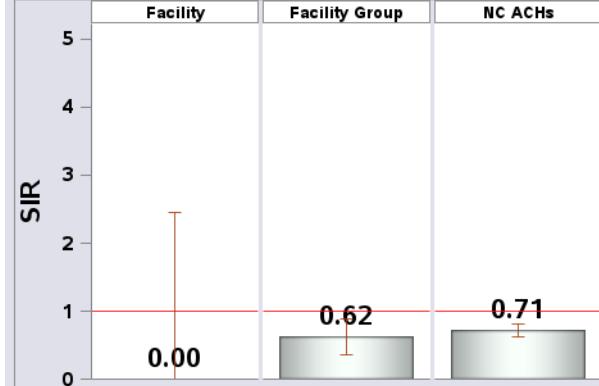


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

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

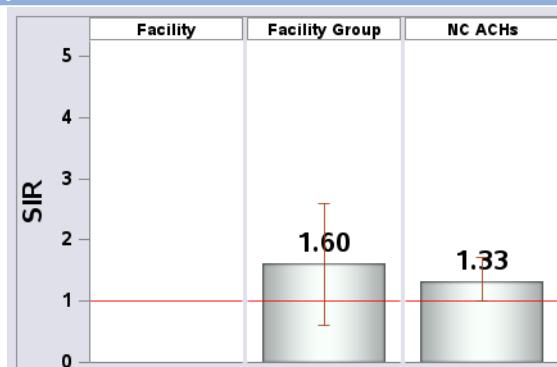


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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)

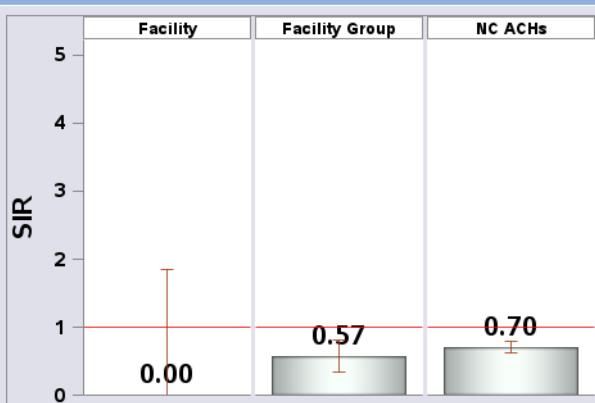


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

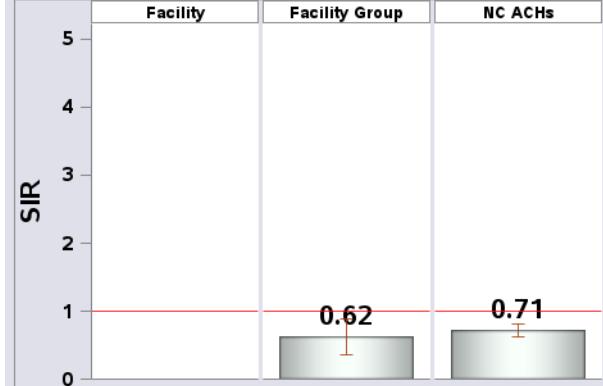


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

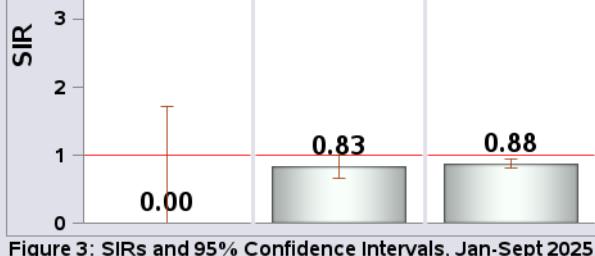


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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

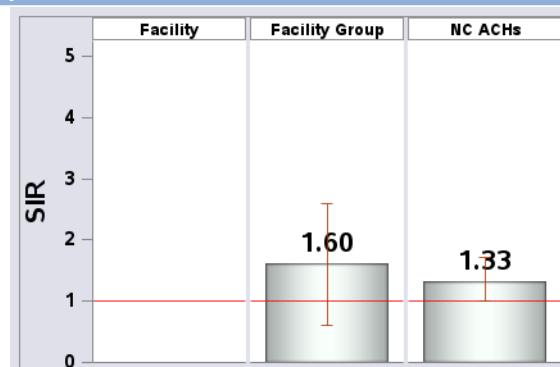


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

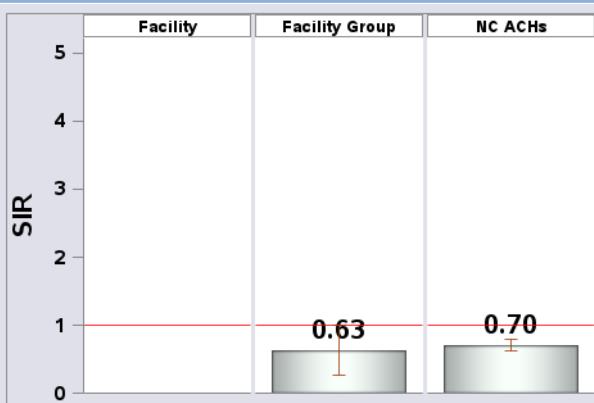


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

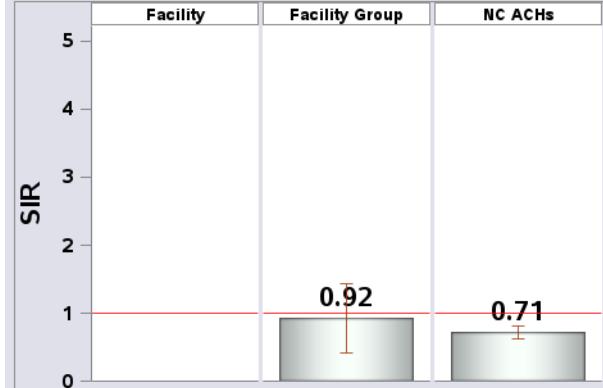


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

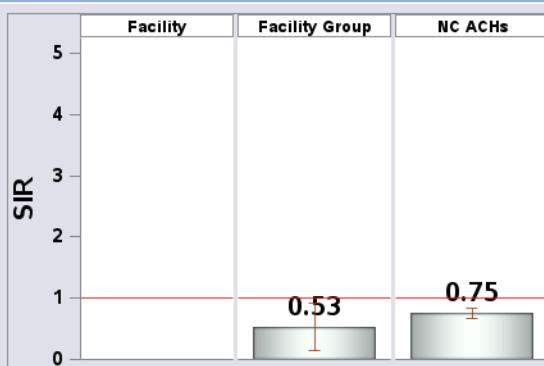


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

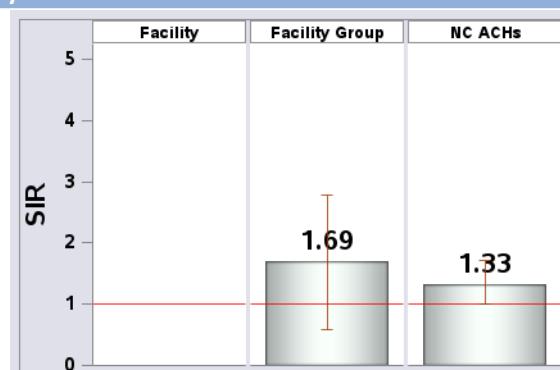


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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

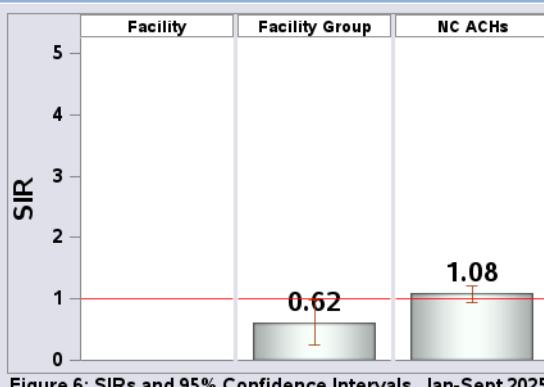


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

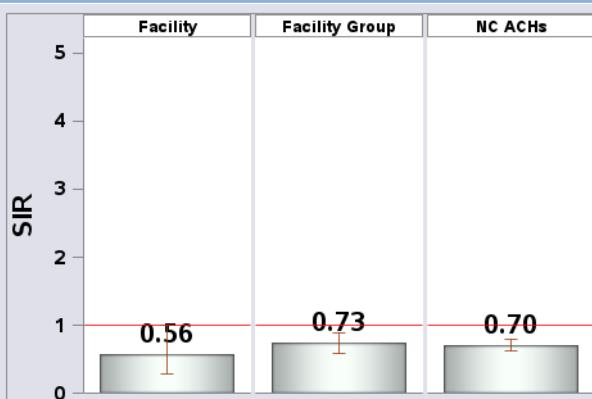


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

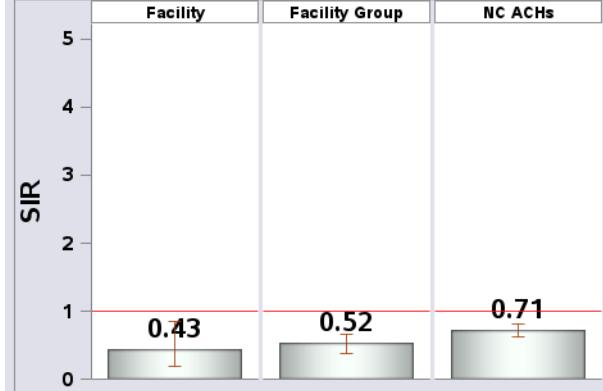


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

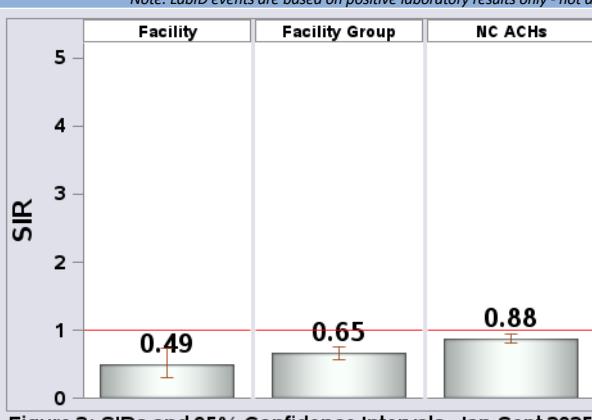


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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)

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

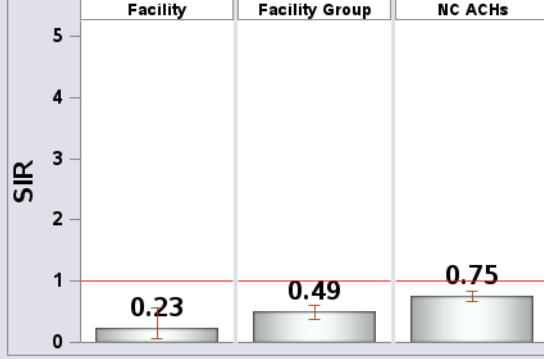
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

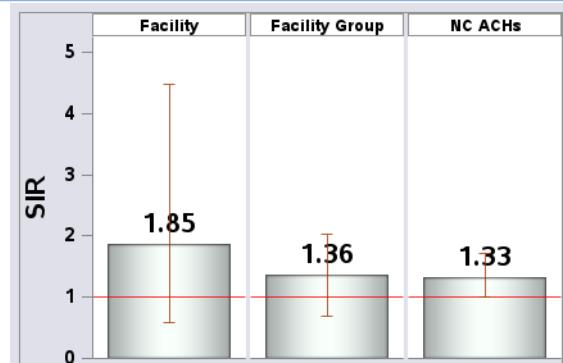
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

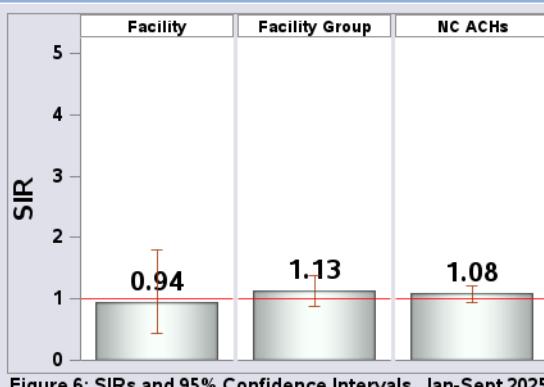
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

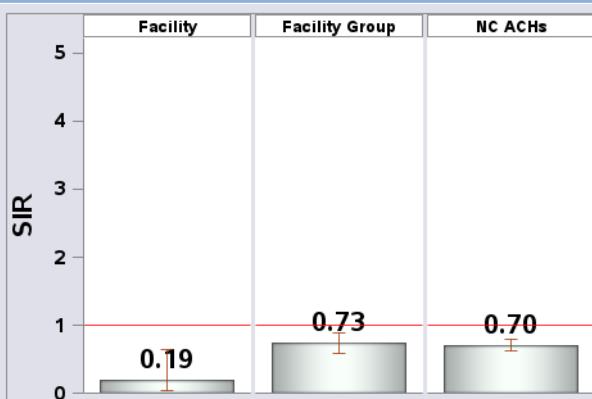


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

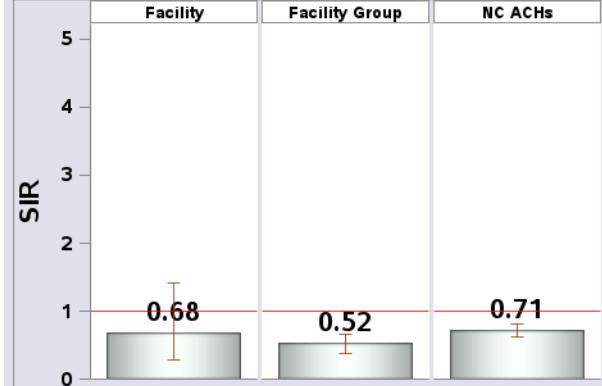


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

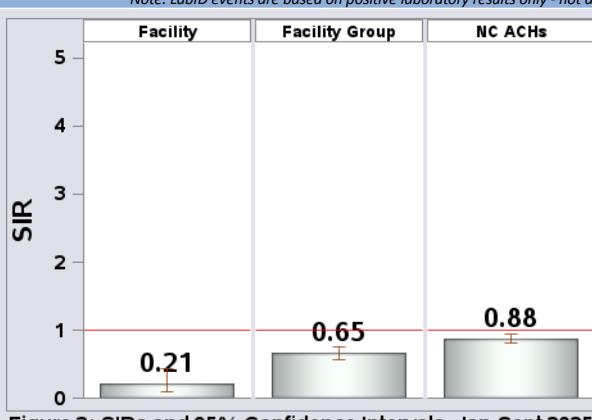


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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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

Moses Cone Hospital, Greensboro, Guilford 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	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

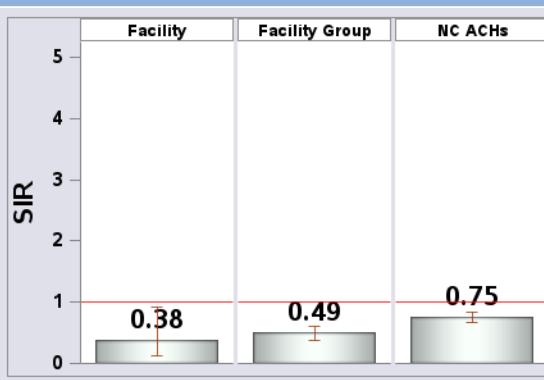


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

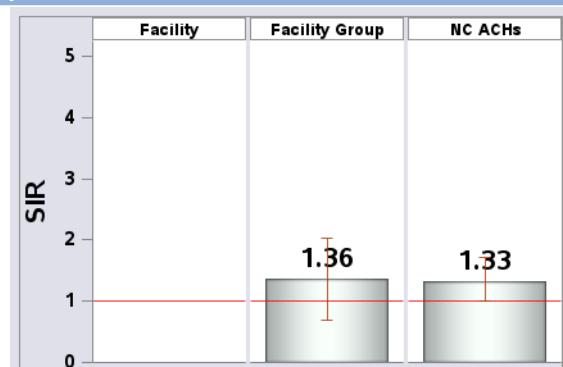


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

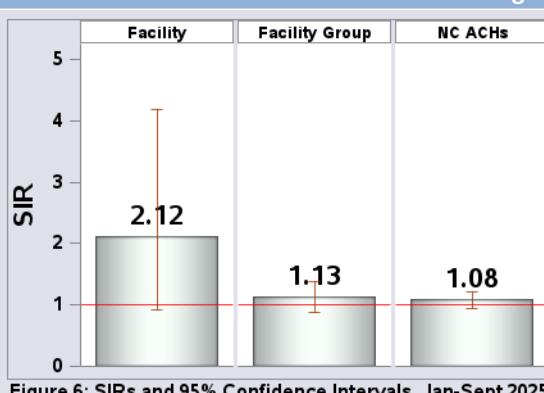


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

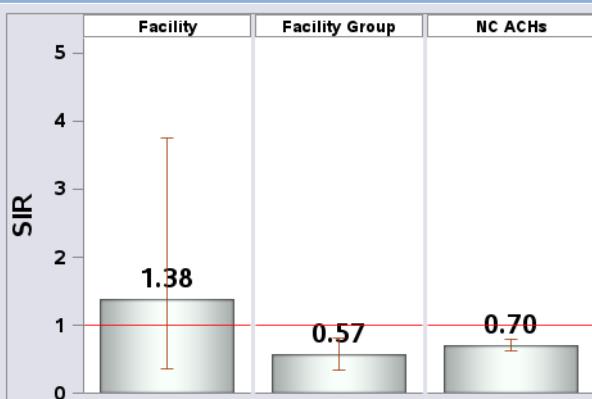


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
All reporting units	3	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	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

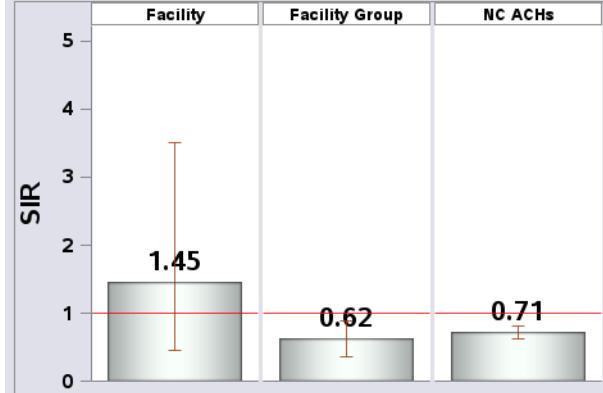


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

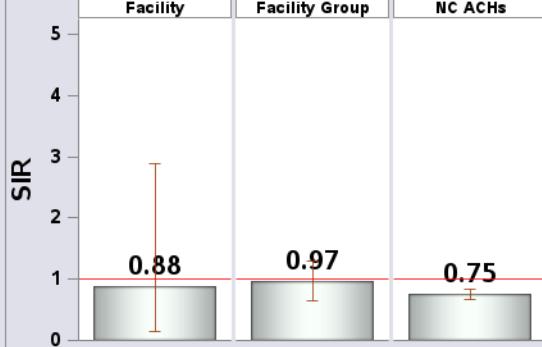


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

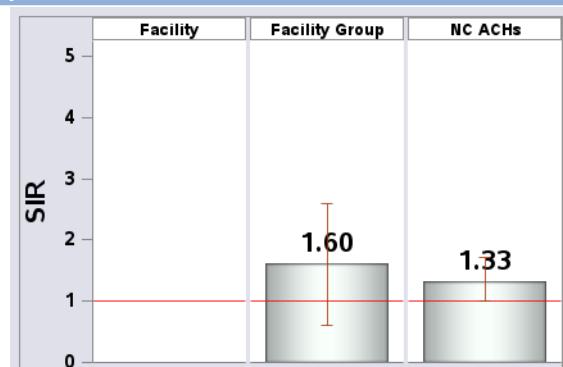


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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?

X Worse: More infections than predicted by the national baseline experience

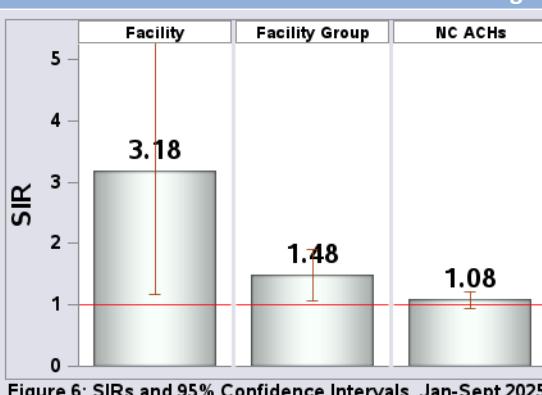


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

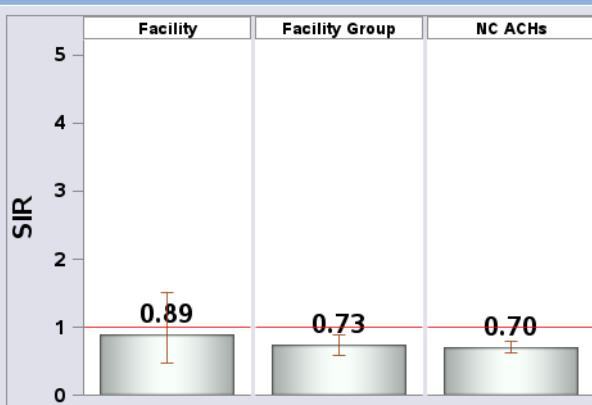


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

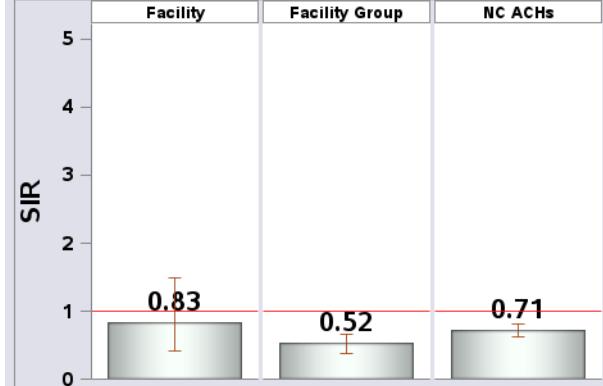


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

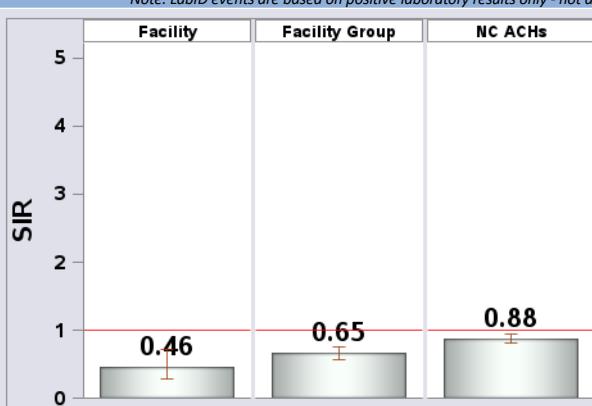


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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)

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

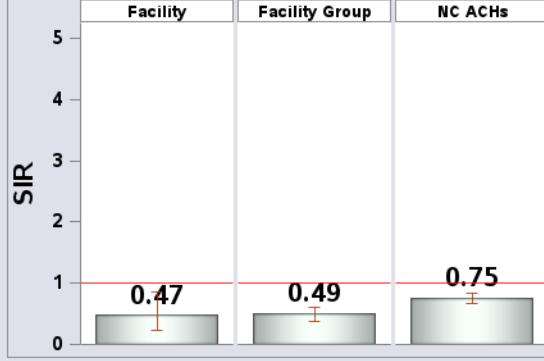
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

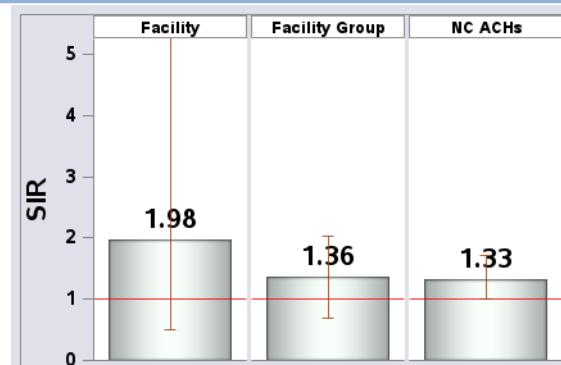
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

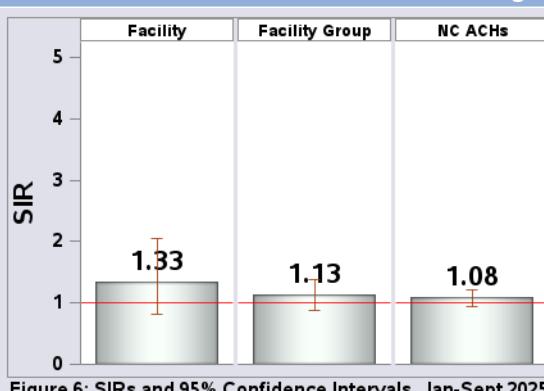
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

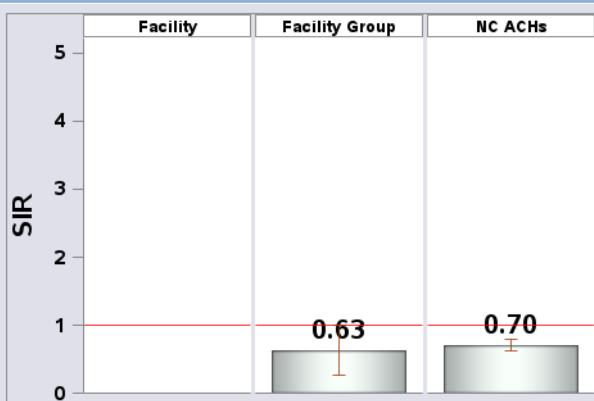


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

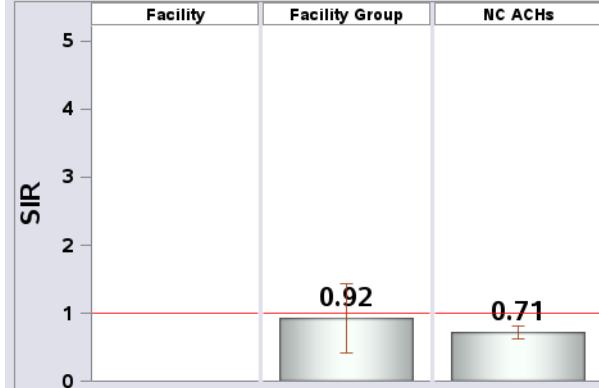


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

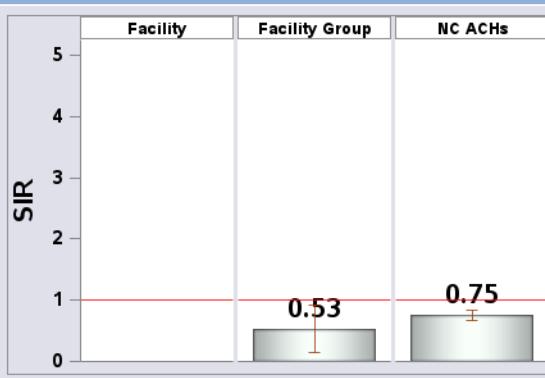


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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)

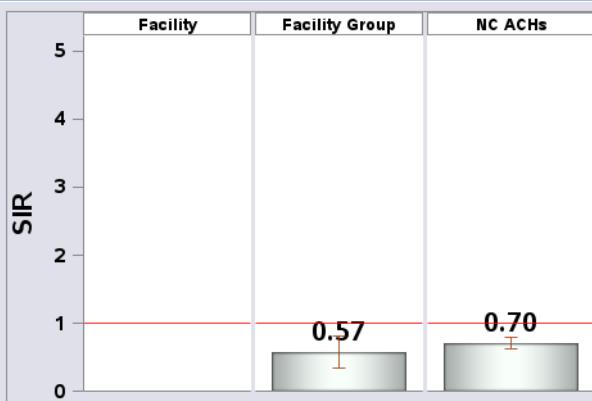


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

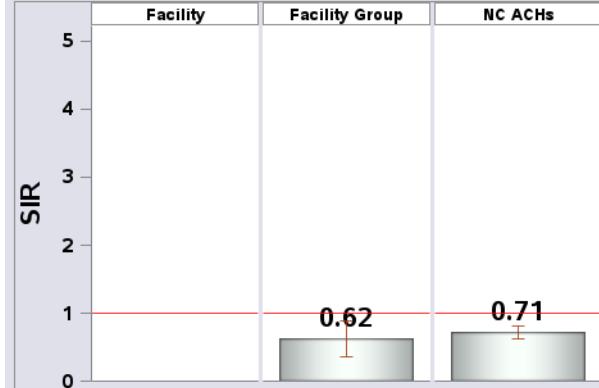


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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?

X Worse: More infections than predicted by the national baseline experience

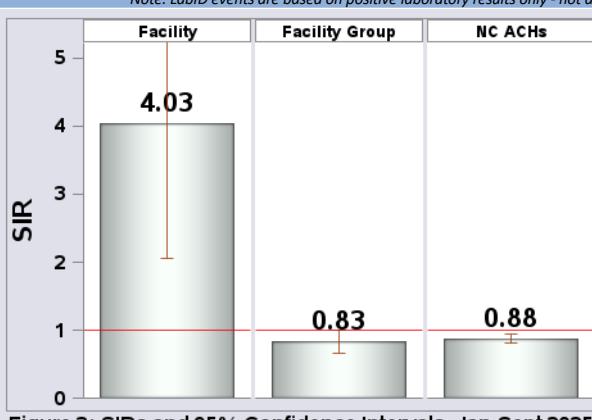


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Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

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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

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

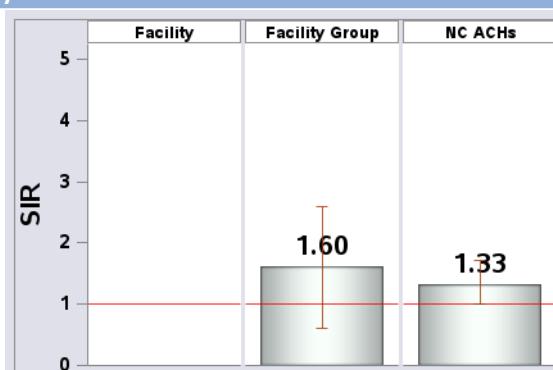


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

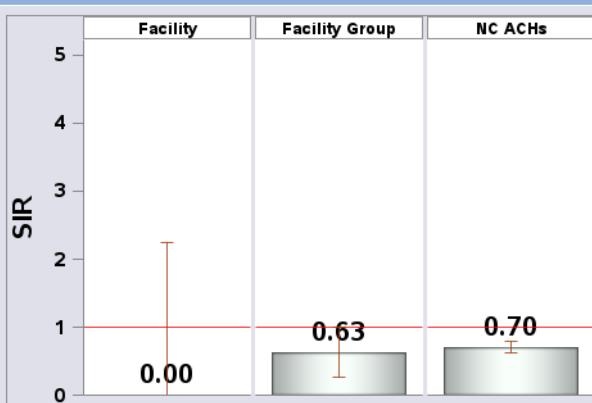


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

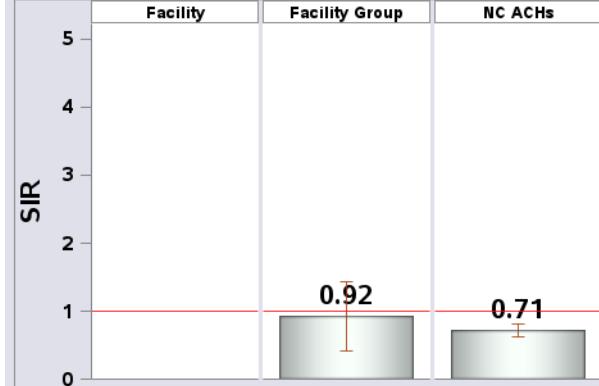


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

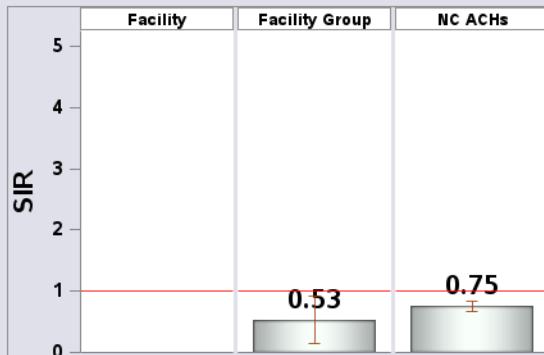


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

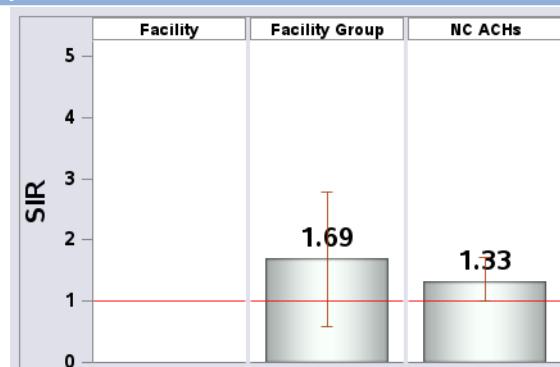


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

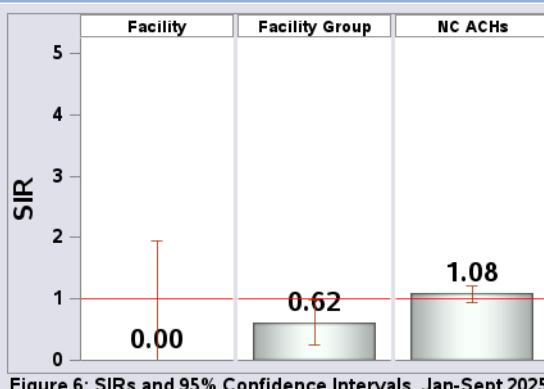


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

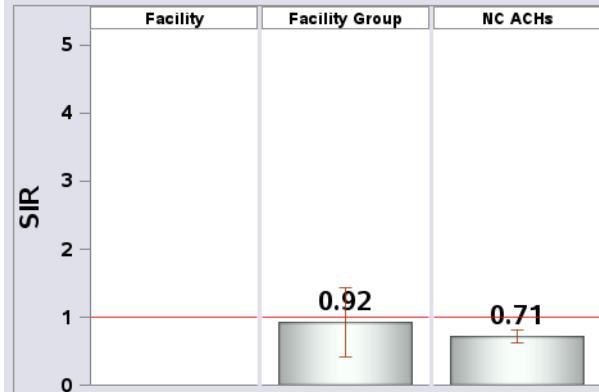


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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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 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)

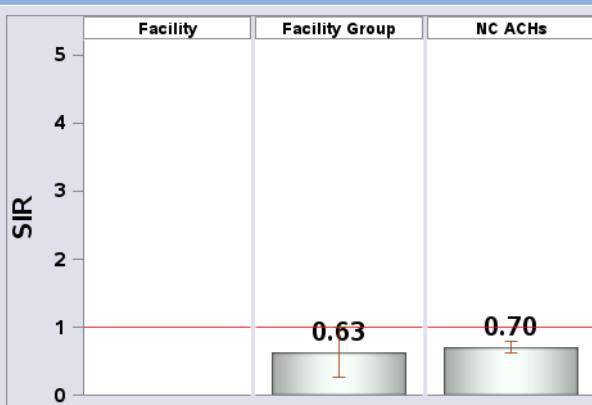


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

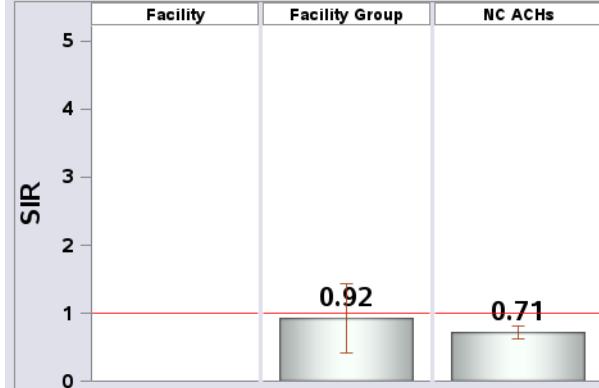


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

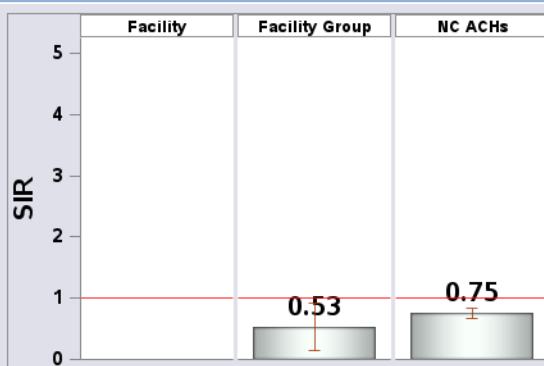


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

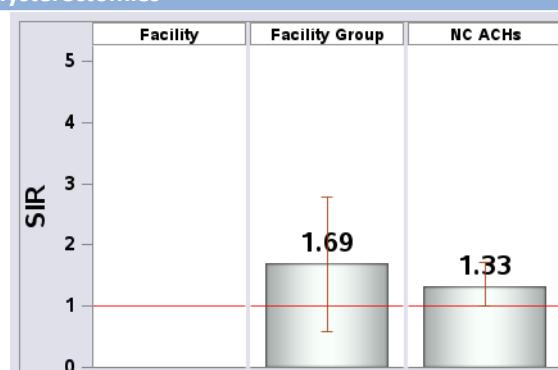


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

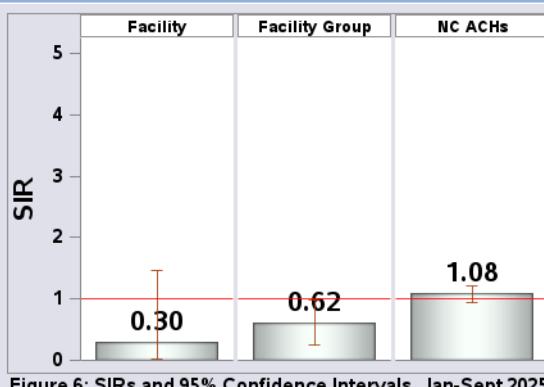


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

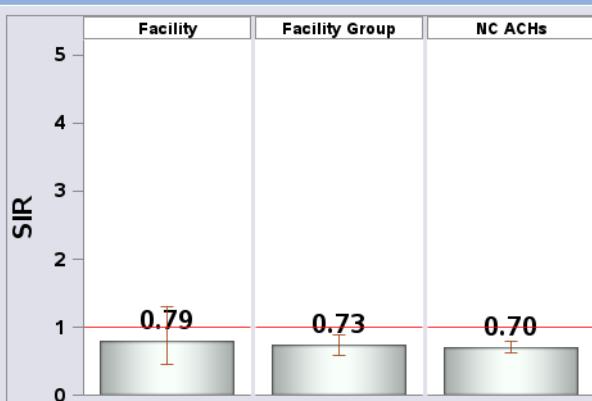


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

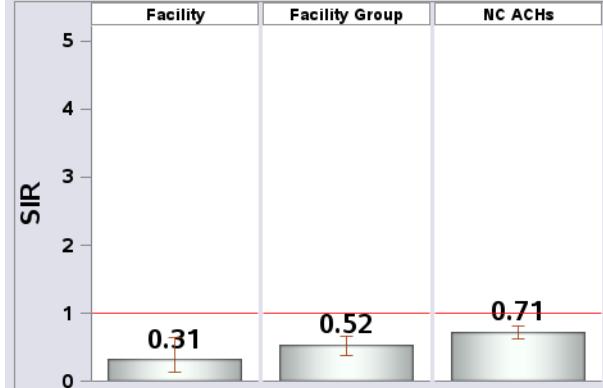


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

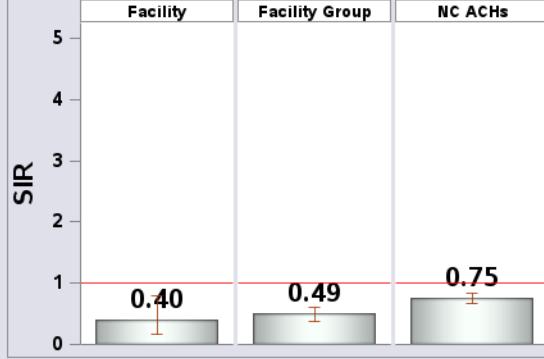
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

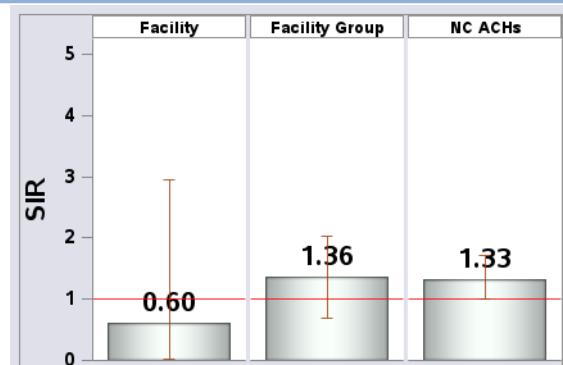
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

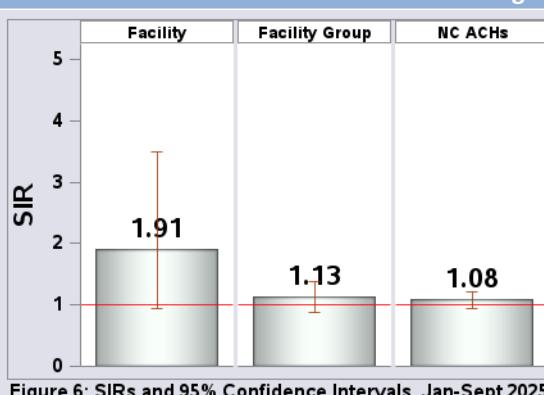
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

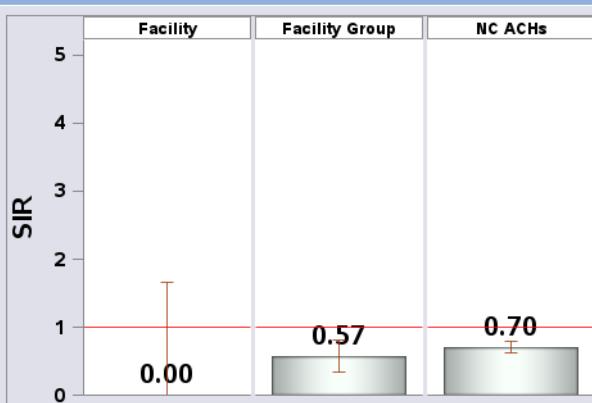


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

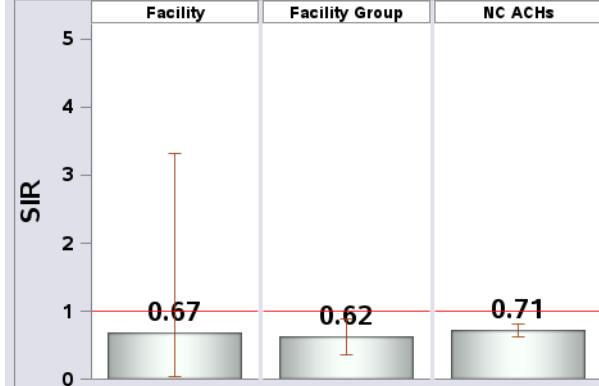


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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
All reporting units	2	1.5	Same

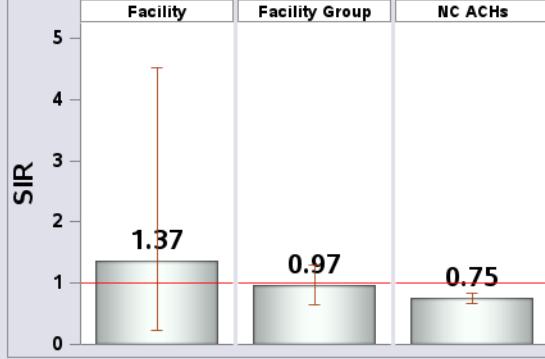
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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	0	Less than 1.0	No Conclusion

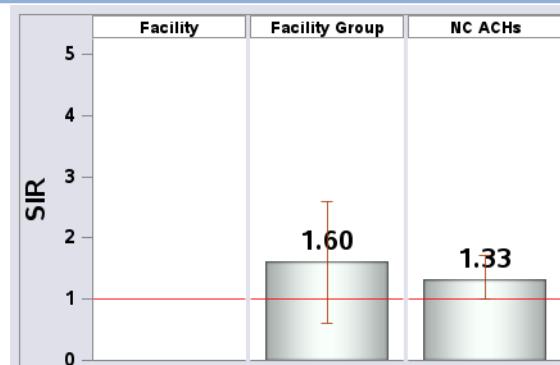
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

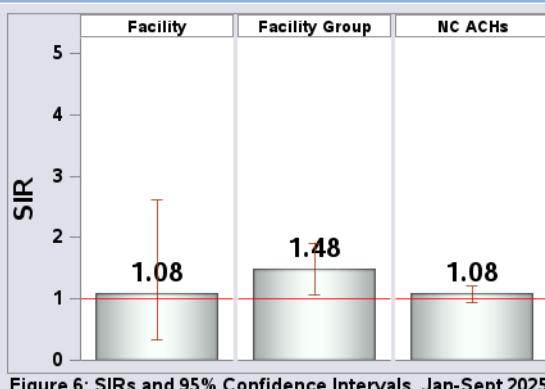
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

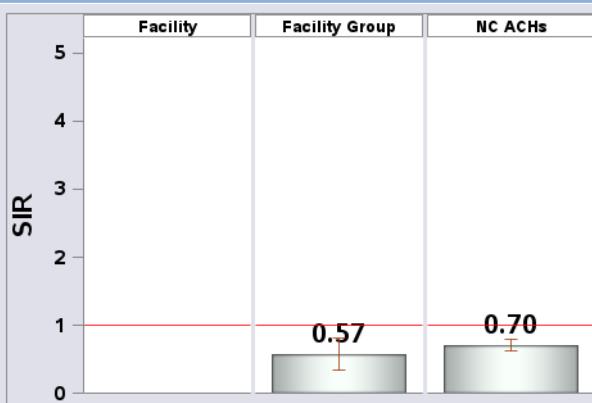


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

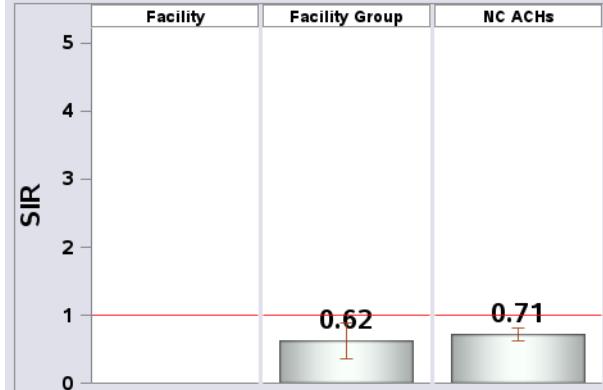
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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



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

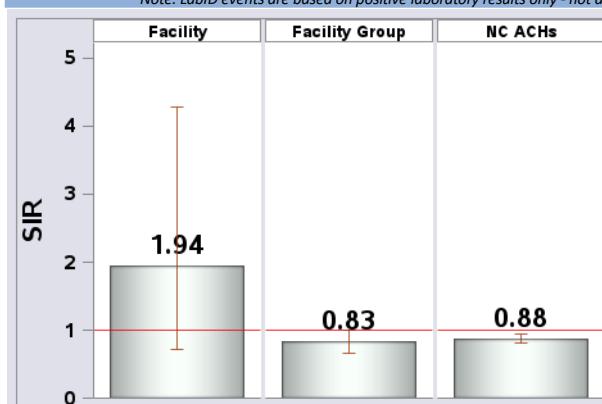
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	2.6	Same

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



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

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

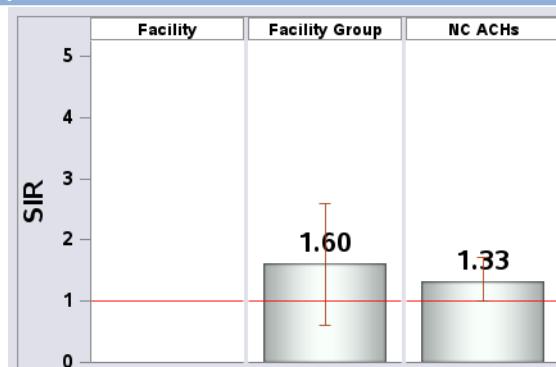


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

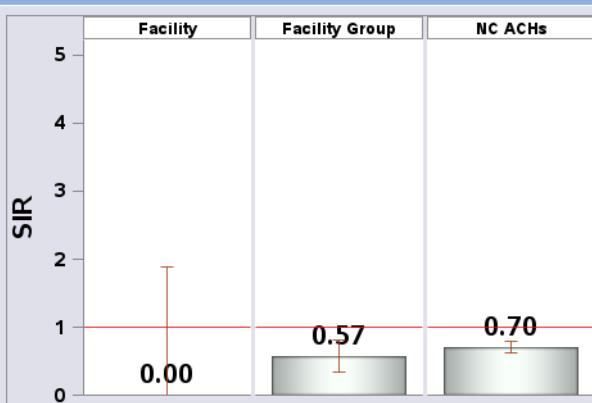


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

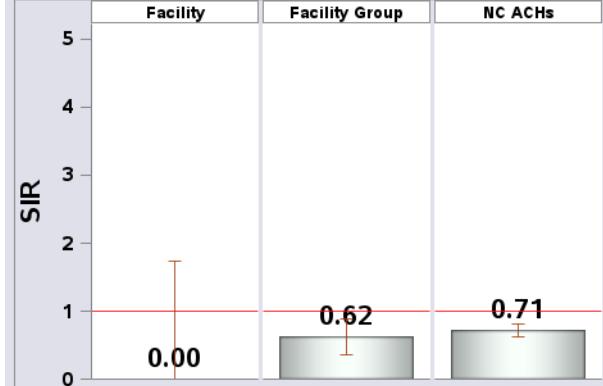


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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 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

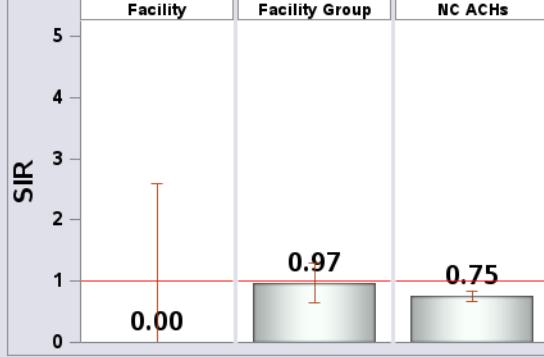
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

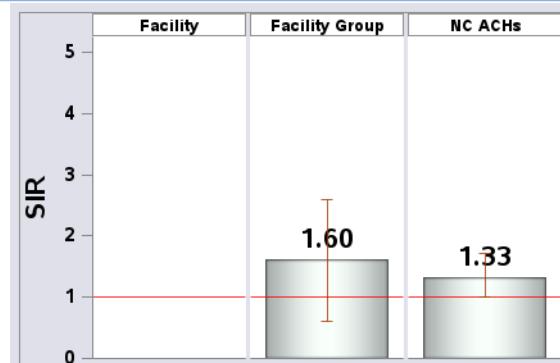
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

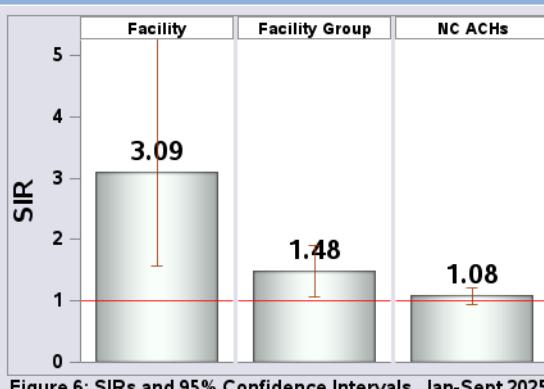
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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?

X Worse: More infections than predicted by the national baseline experience



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)

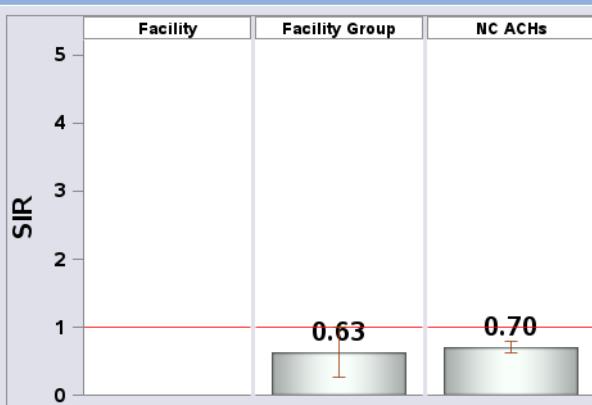


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

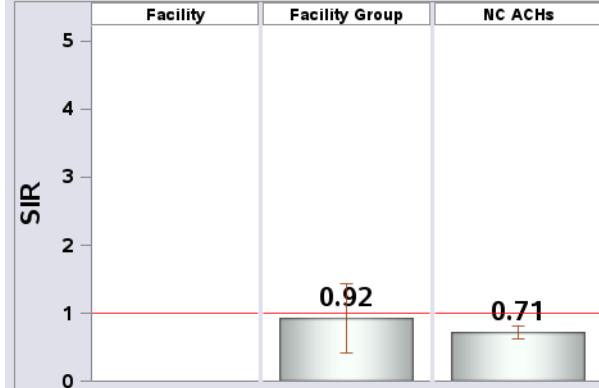


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

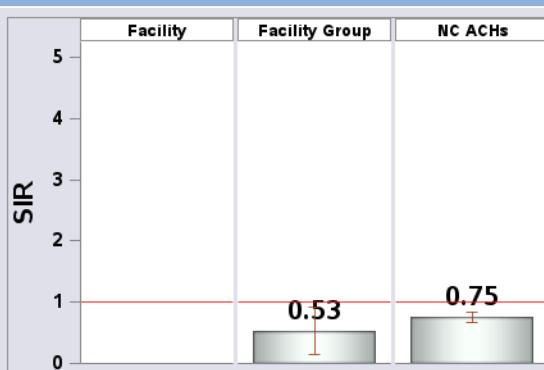
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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	Worse

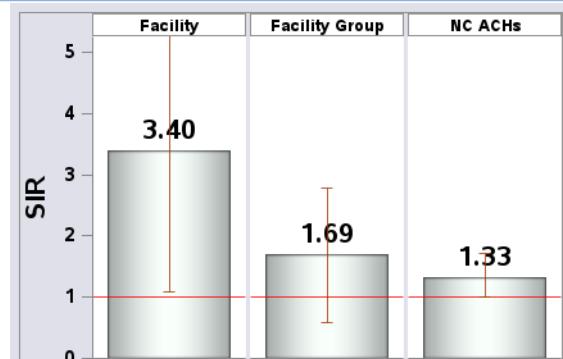
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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?

X Worse: More infections than predicted by the national baseline experience



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

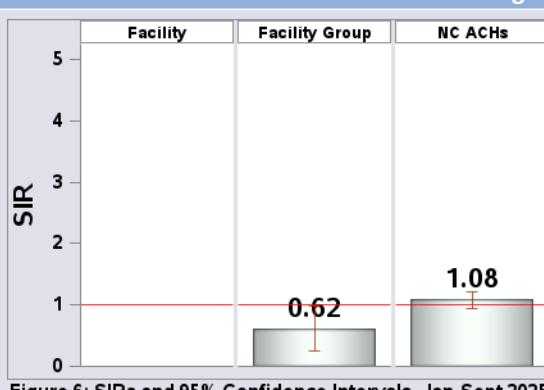
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

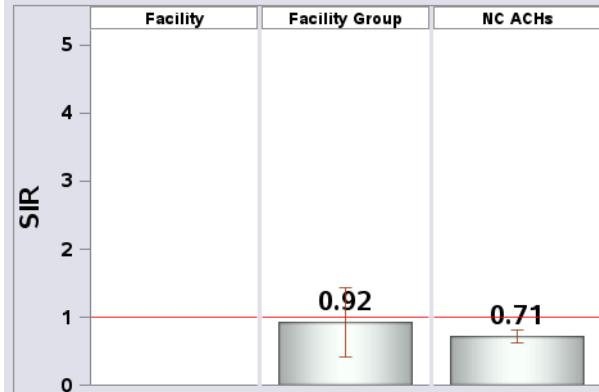


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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)

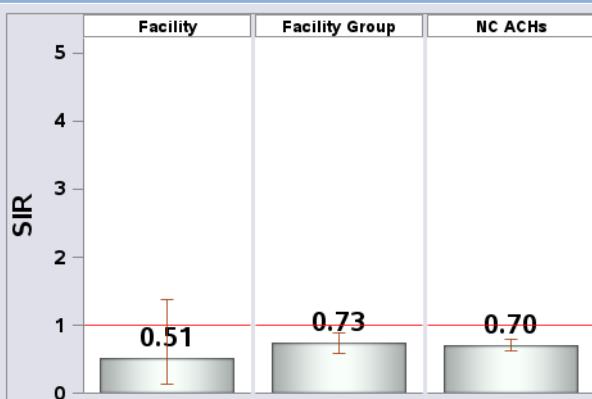


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

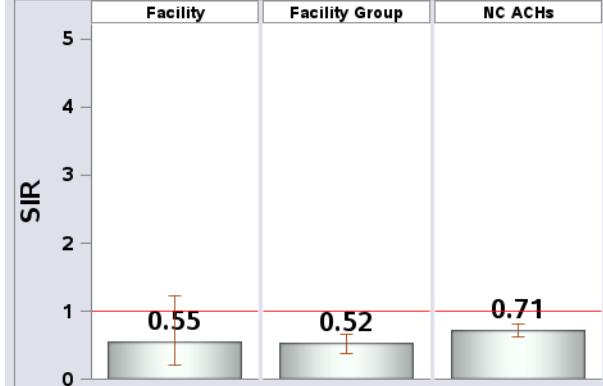


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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 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

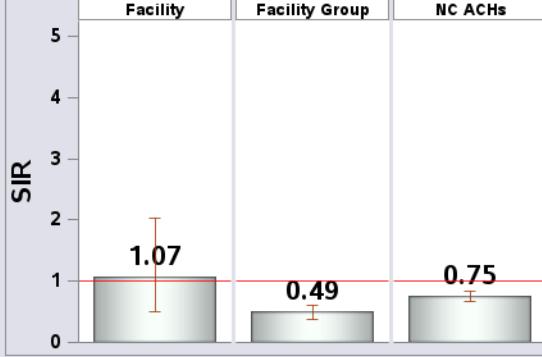
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

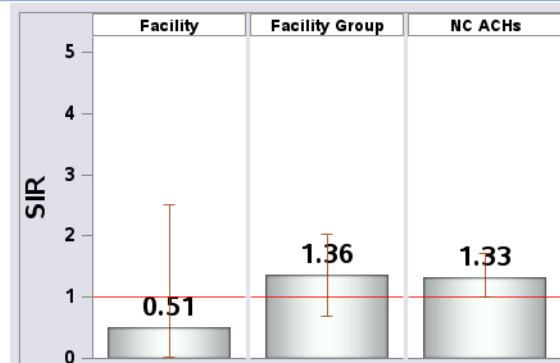
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

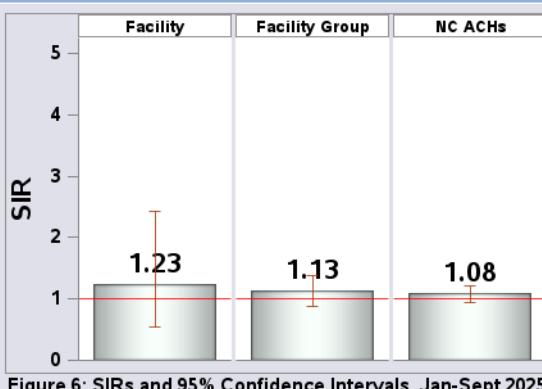
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



Ventilator-Associated Events (VAE)

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

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

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)

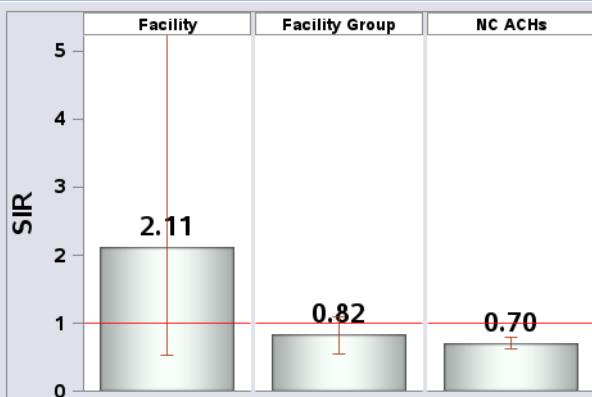


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
All reporting units	3	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	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

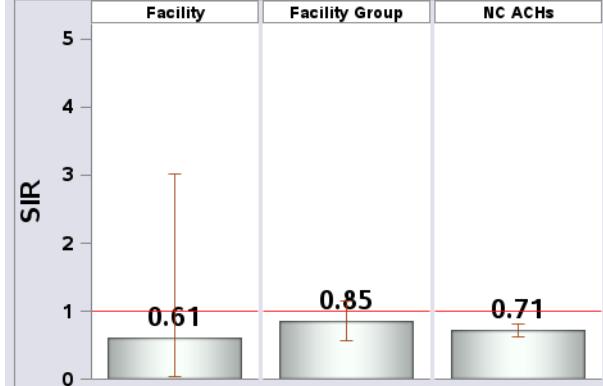


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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	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

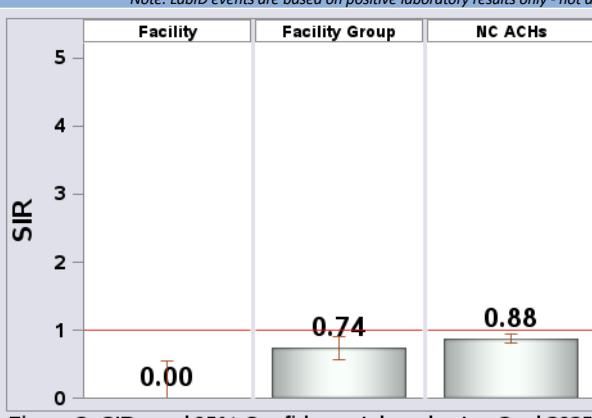


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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)

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

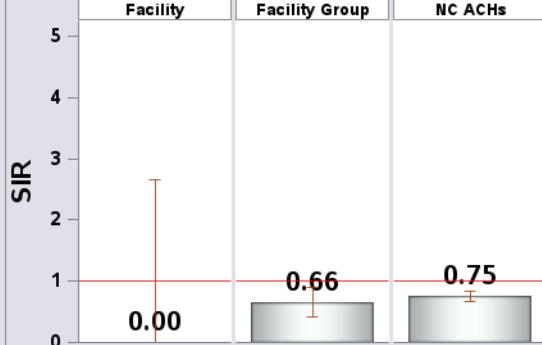


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

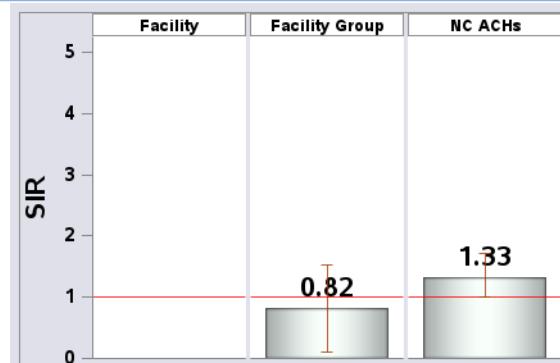


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	1.9	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

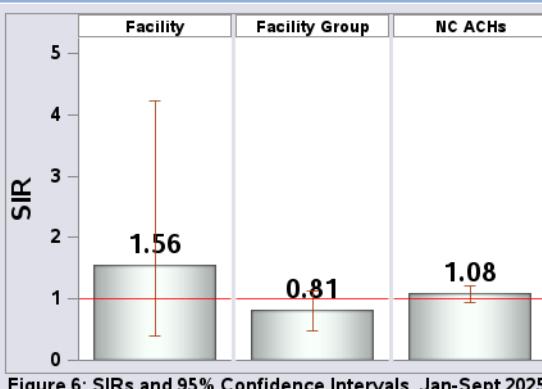


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

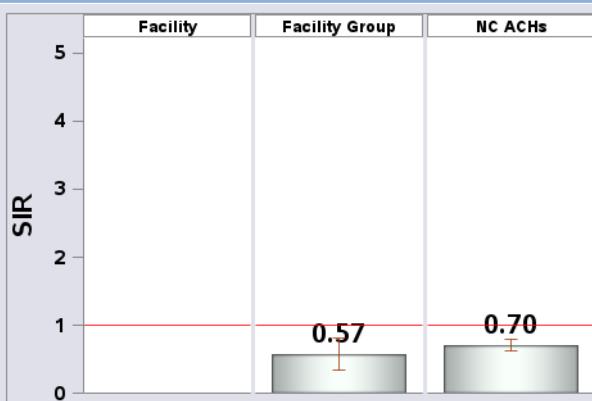


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

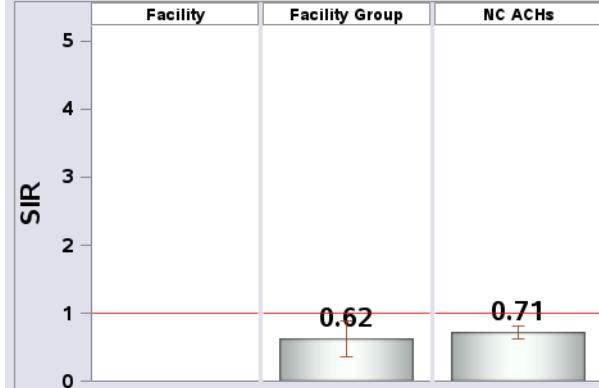


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

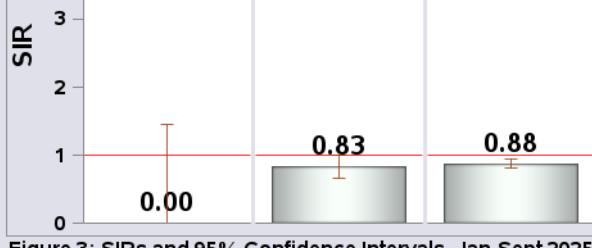


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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

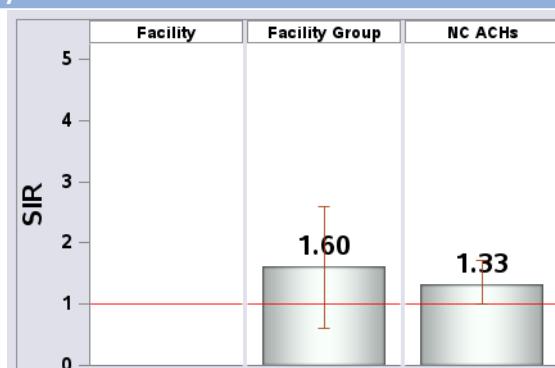


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

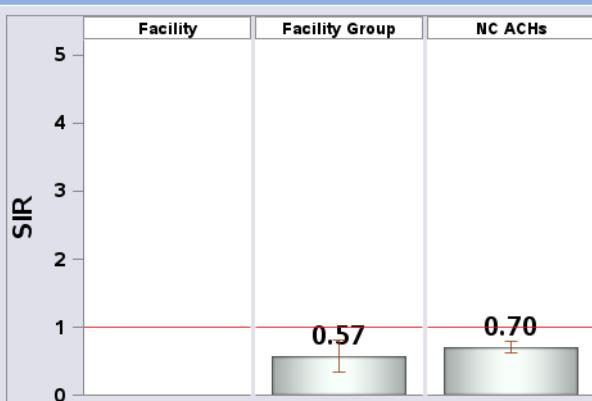


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

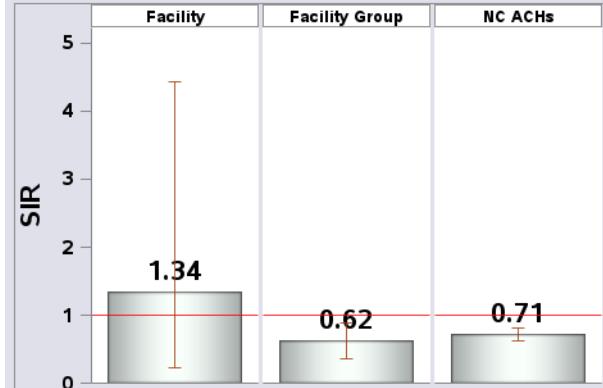


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.ncdhhs.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

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

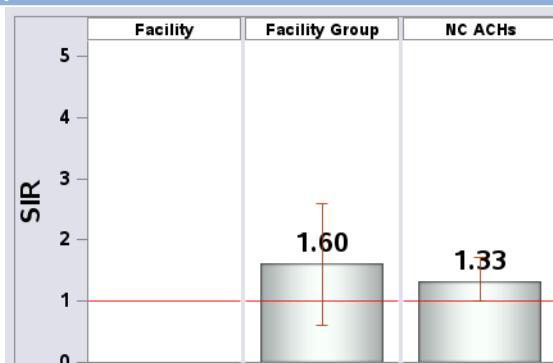


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

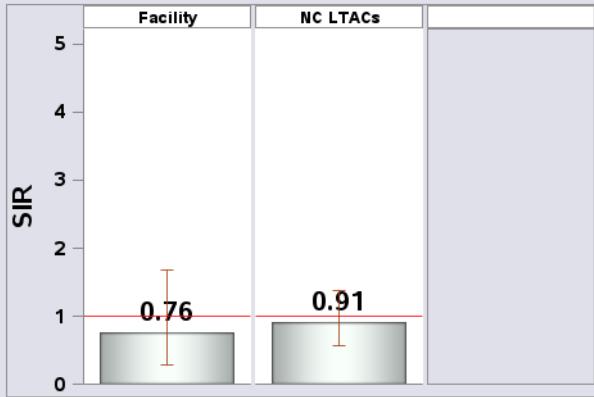


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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.

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

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

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

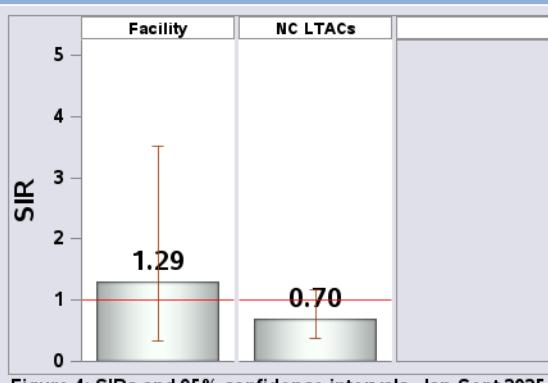


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

Pardue 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)

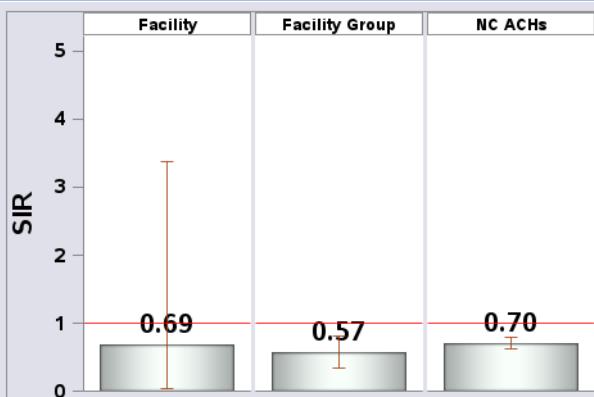


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
All reporting units	1	1.5	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	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

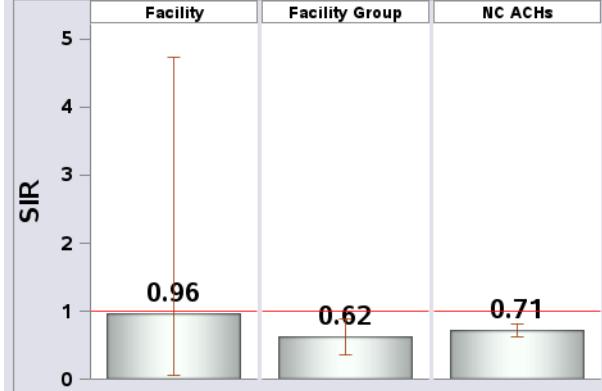


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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?

X Worse: More infections than predicted by the national baseline experience

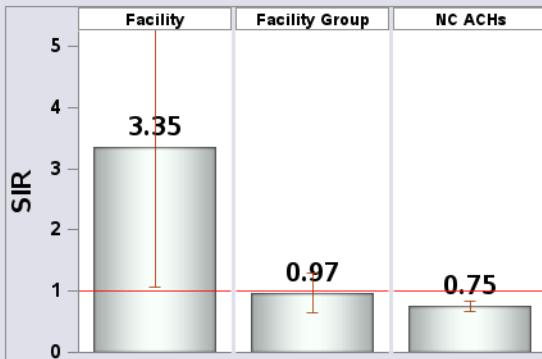


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

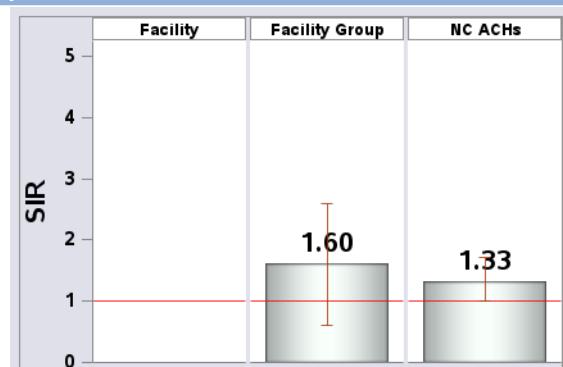


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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

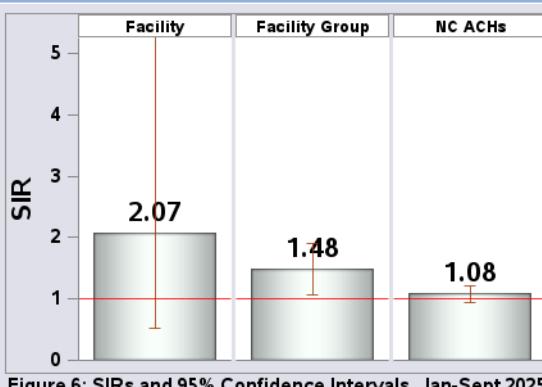


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

Ventilator-Associated Events (VAE)

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

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
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)

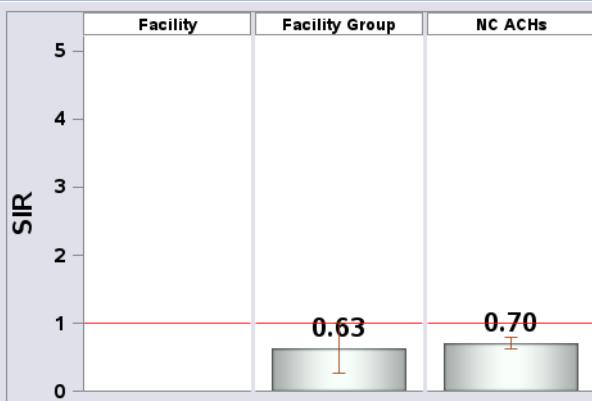


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

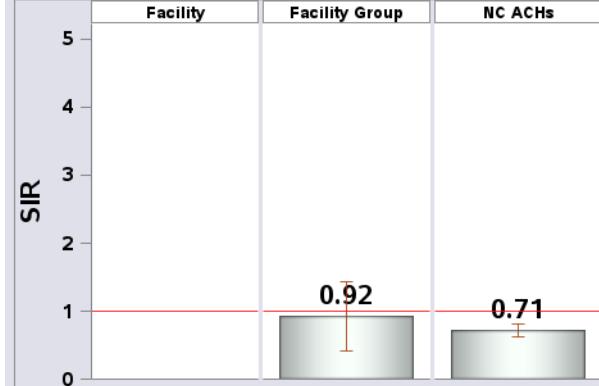


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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.

Central Line-Associated Bloodstream Infections (CLABSI)

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

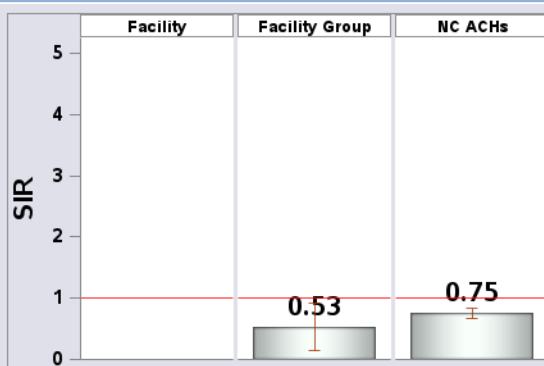


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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

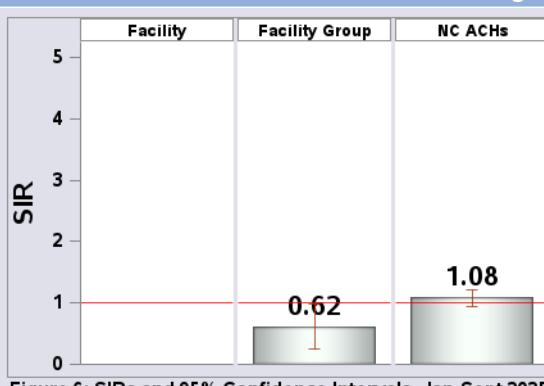


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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

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)

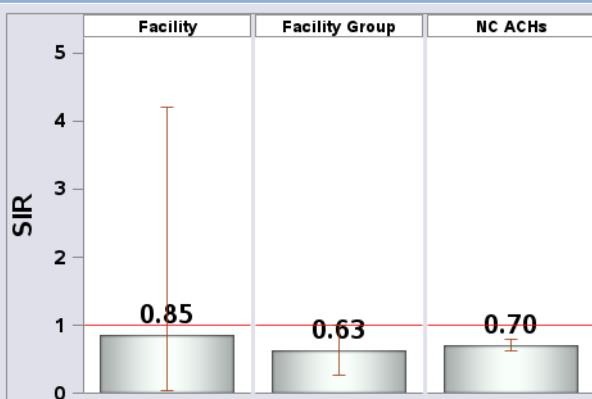


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
All reporting units	1	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

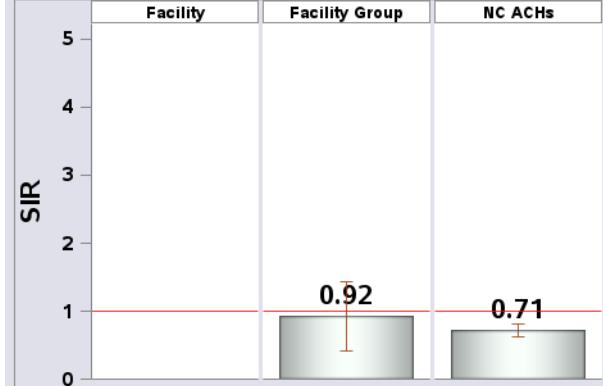


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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	12	2.0	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?

X 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>).

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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

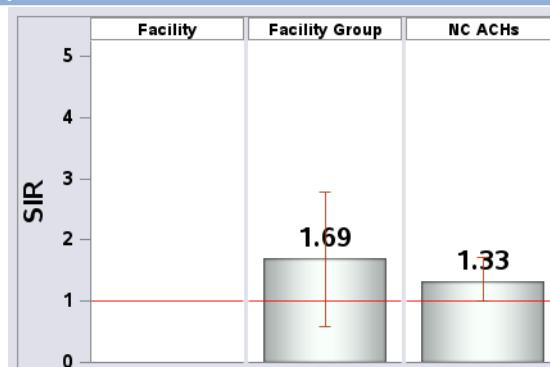


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

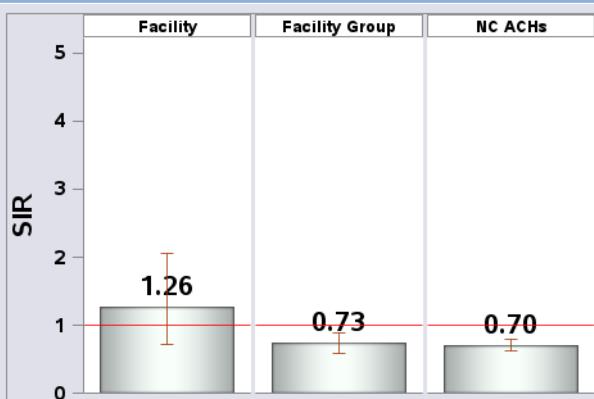


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

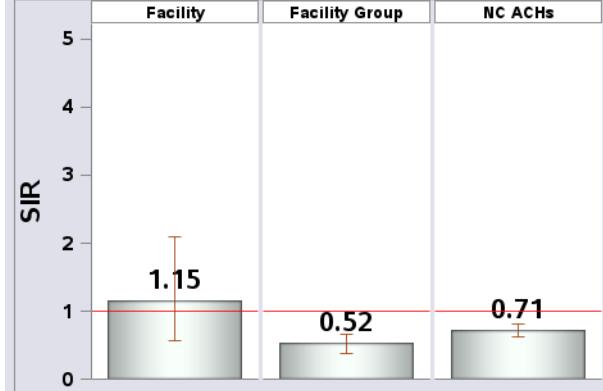


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

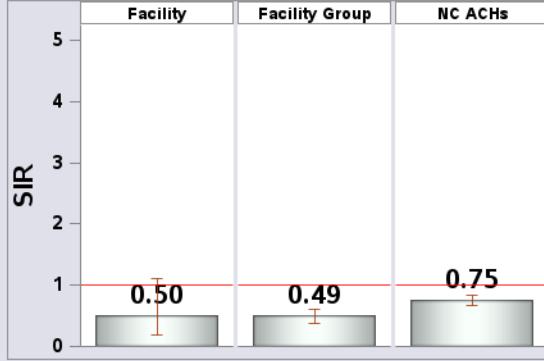
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

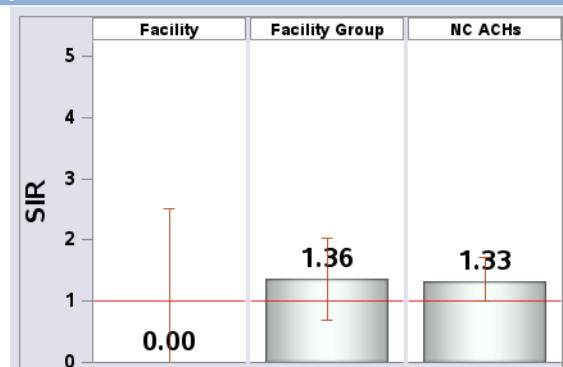
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

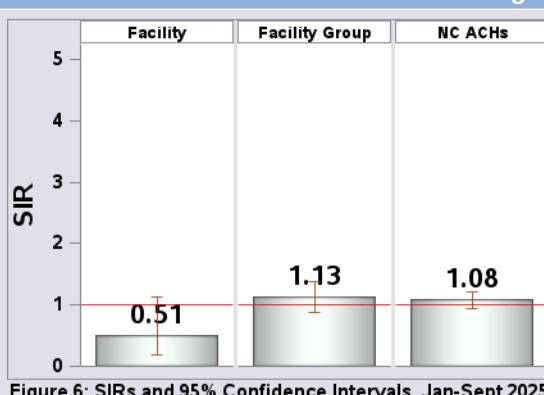
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

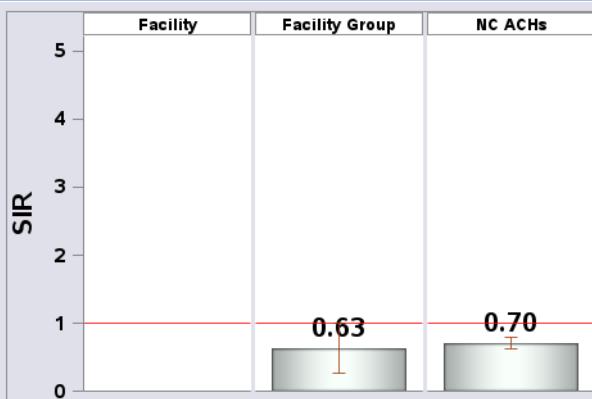


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

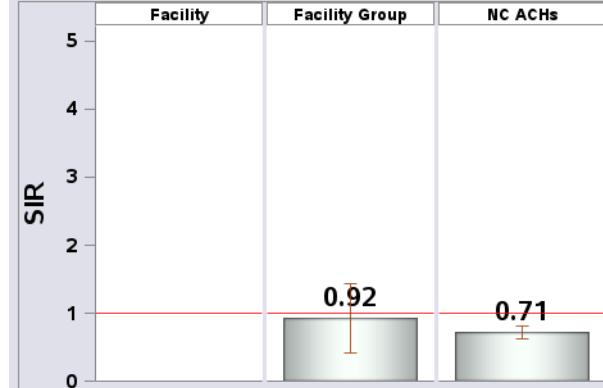


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

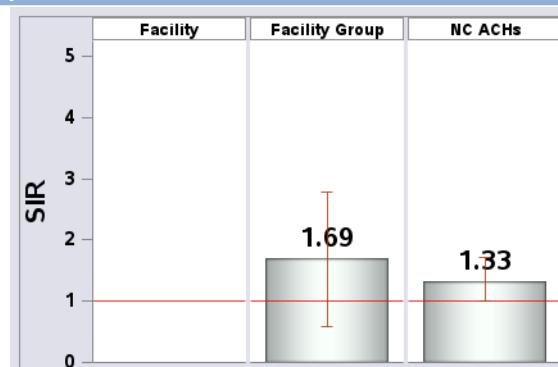


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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
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)

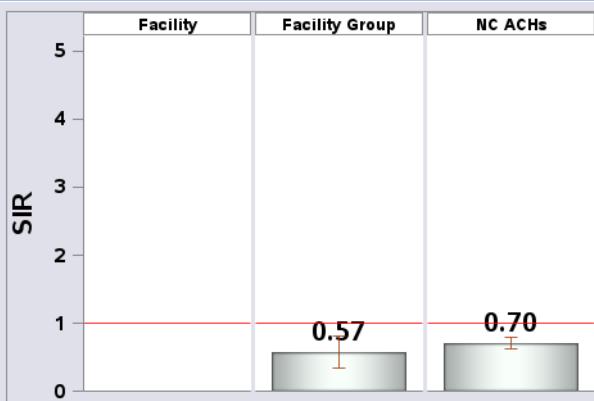


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

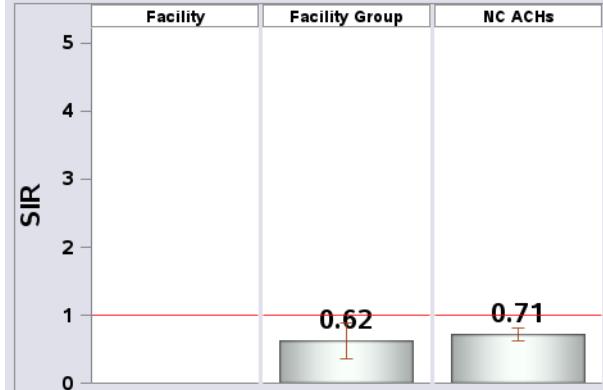
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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



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?

X 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

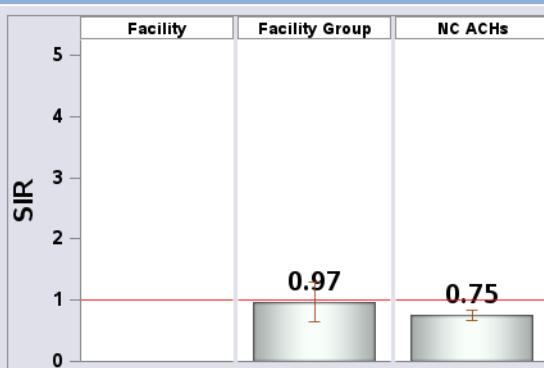


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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

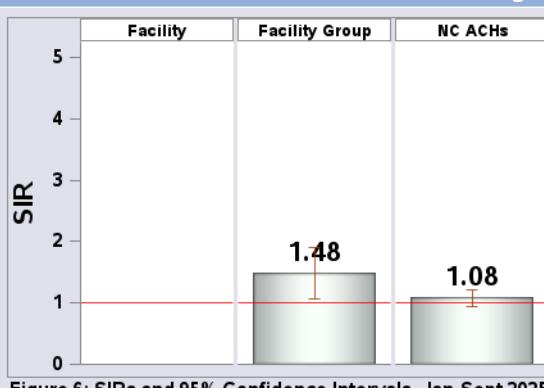


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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)

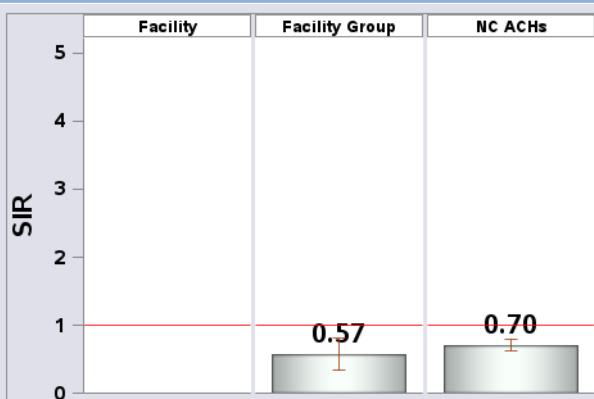


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
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

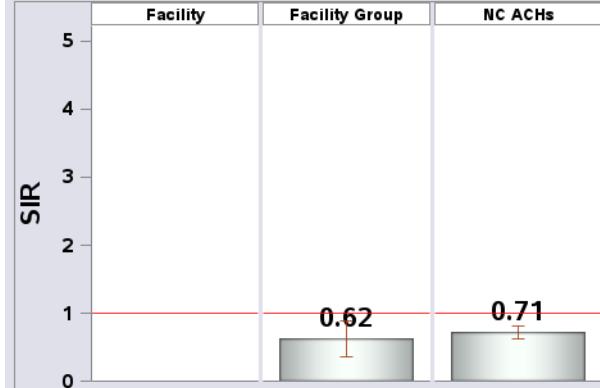


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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	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>).

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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

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

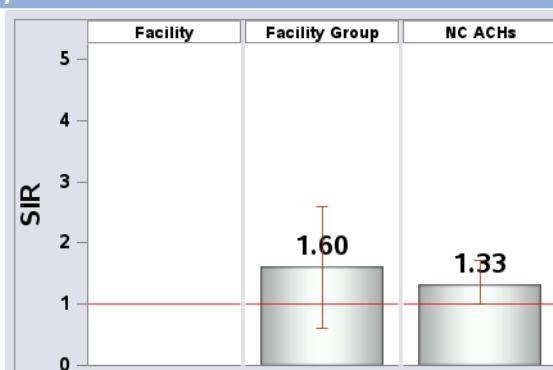


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

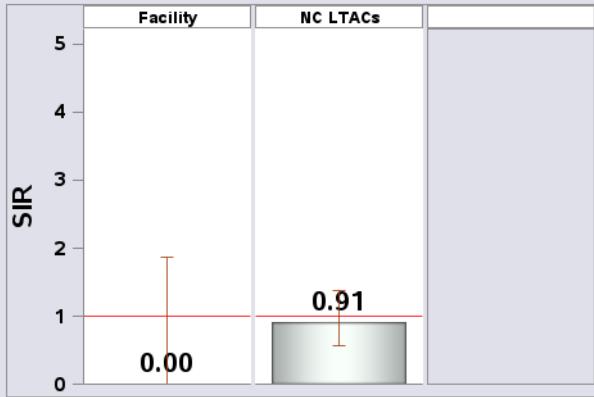


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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.

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

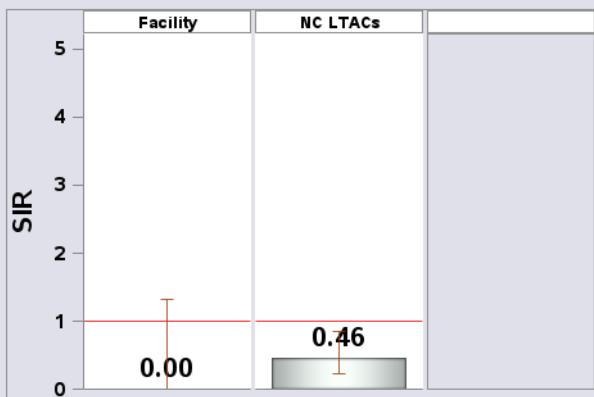


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Table 3. Number of Observed and Predicted CDIs, 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

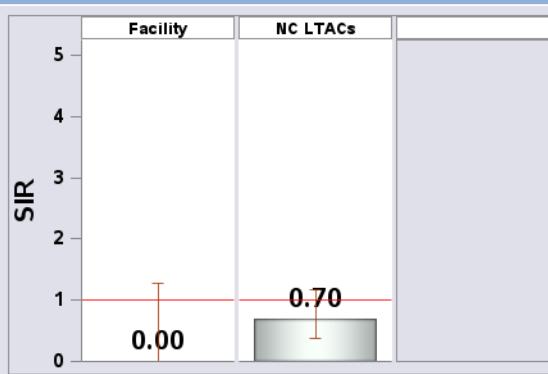


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

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)

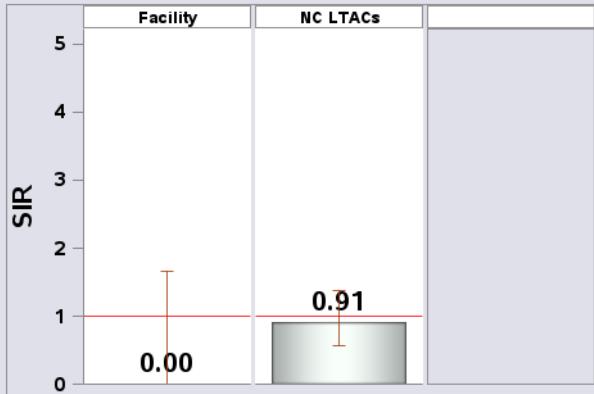


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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.

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

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

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	
All reporting units	0	3.1	Better Better

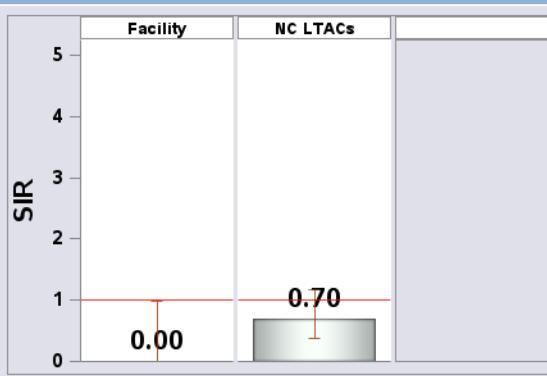
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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)

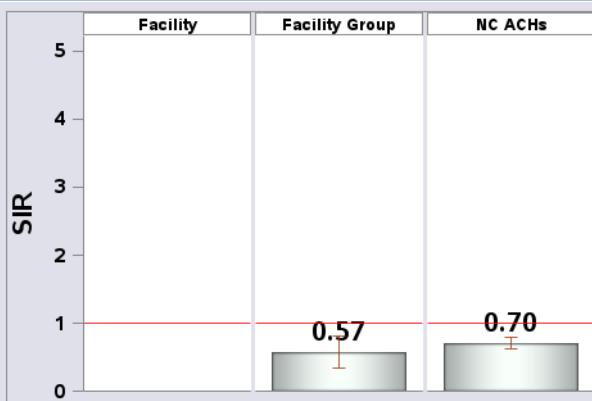


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

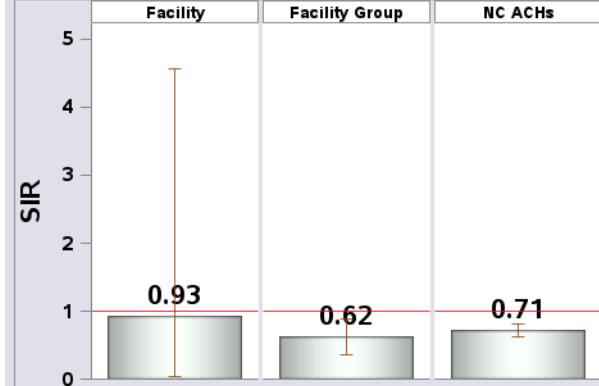


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

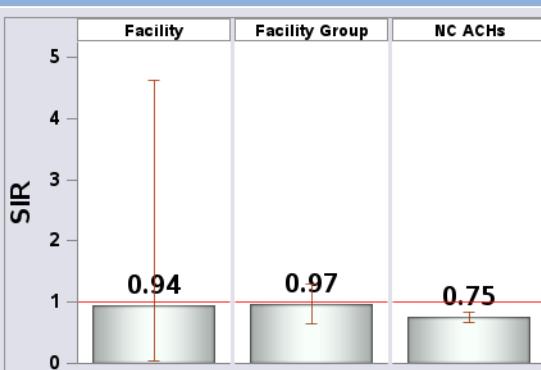


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

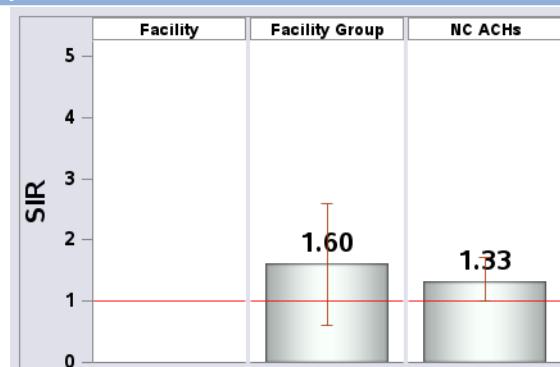


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

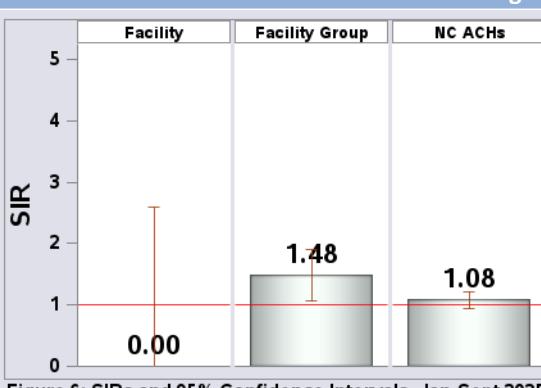


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

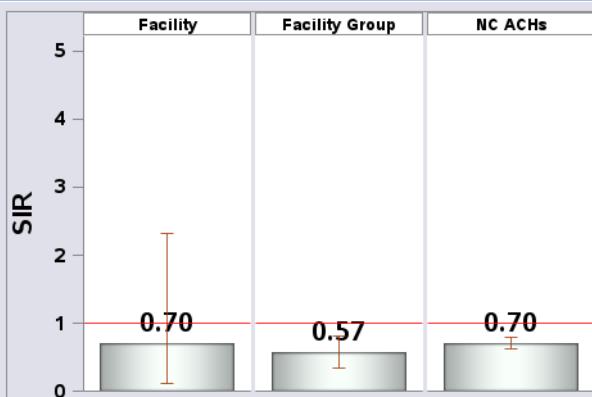


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
All reporting units	2	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	2.2	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

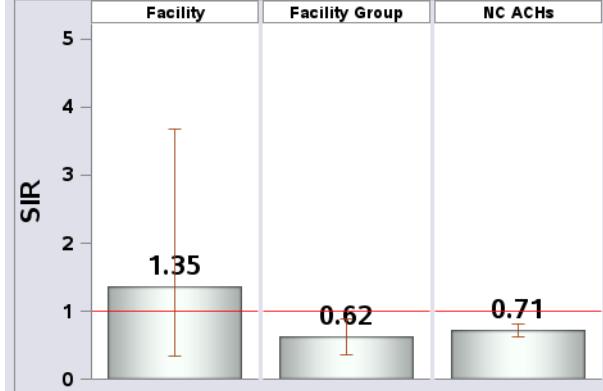


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

Southeastern Regional Medical Center, Lumberton, Robeson 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	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

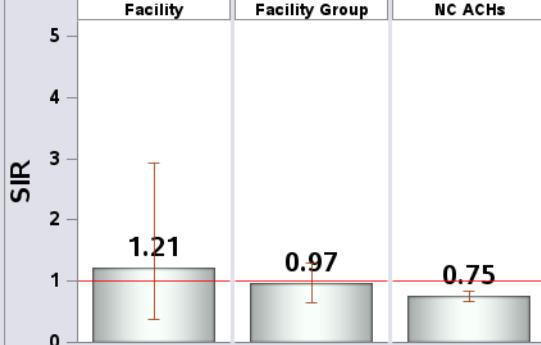


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

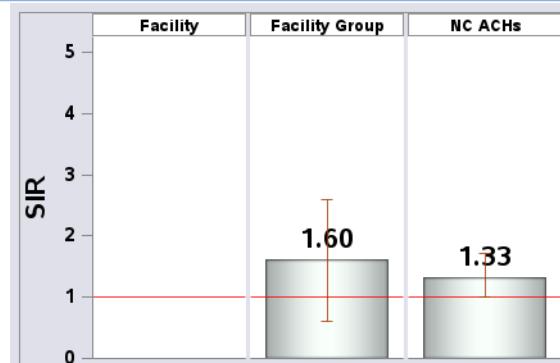


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

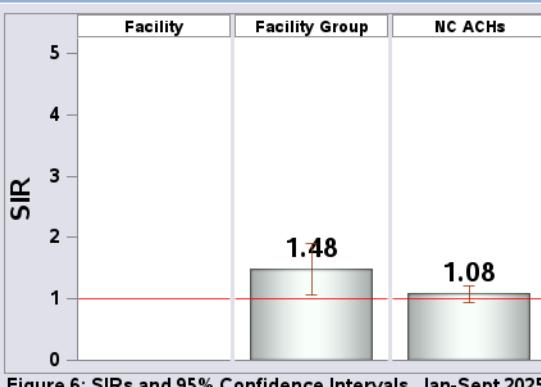


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

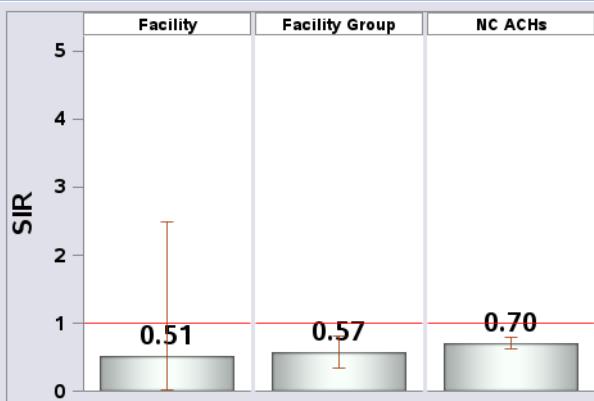


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

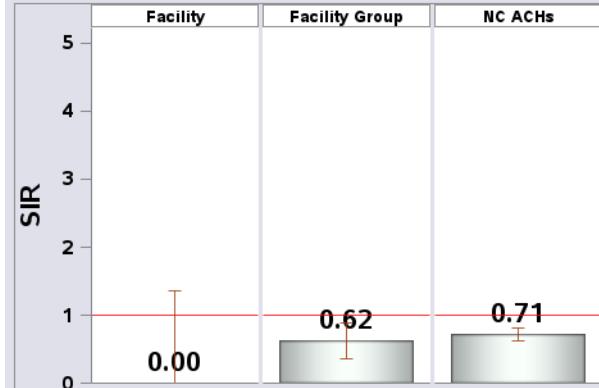
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	Same

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



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

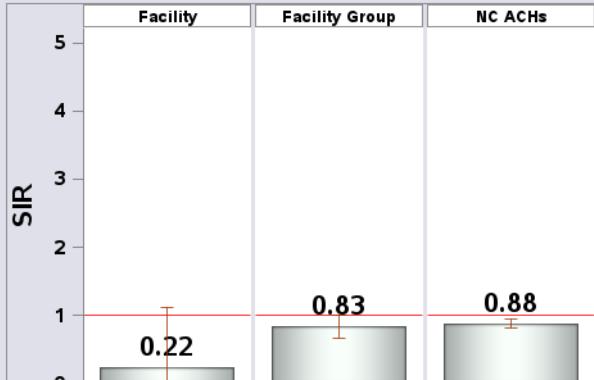
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.5	Same

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



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

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)

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

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

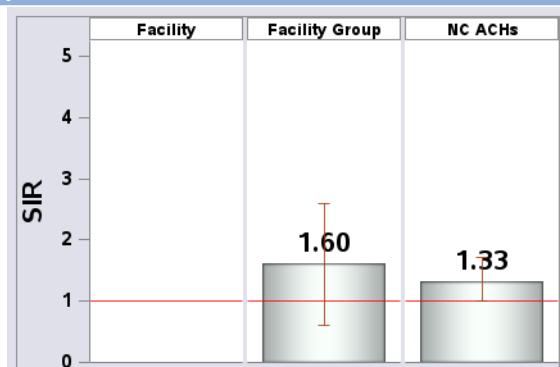


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	1.3	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)

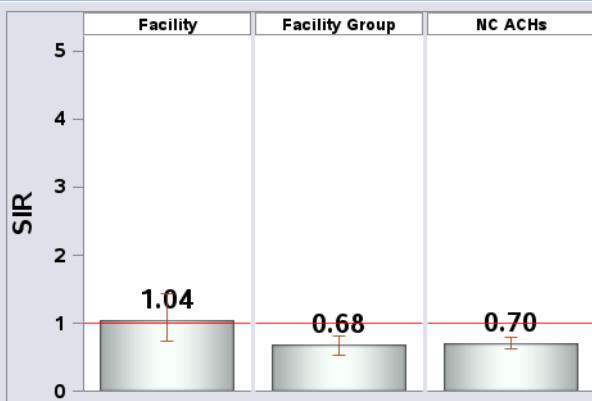


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

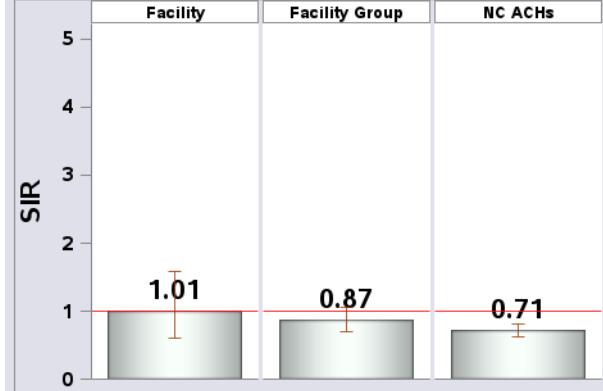


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

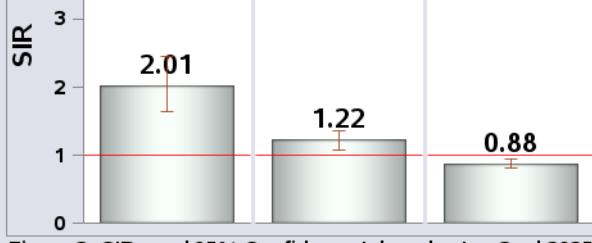


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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)

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

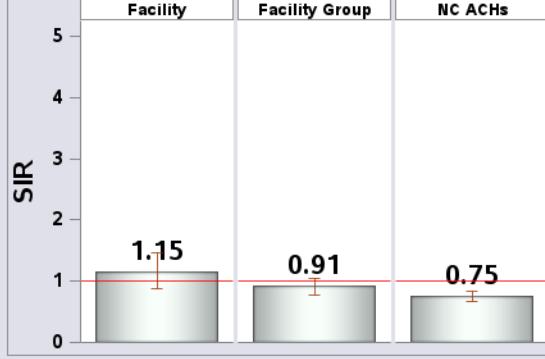
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

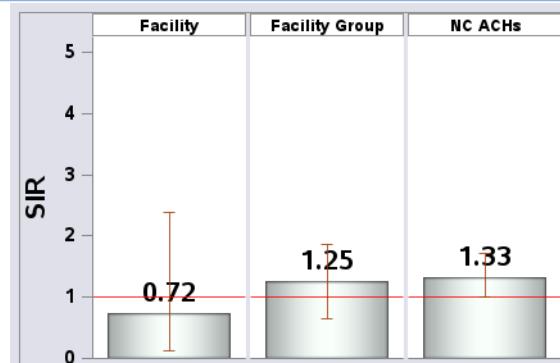
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

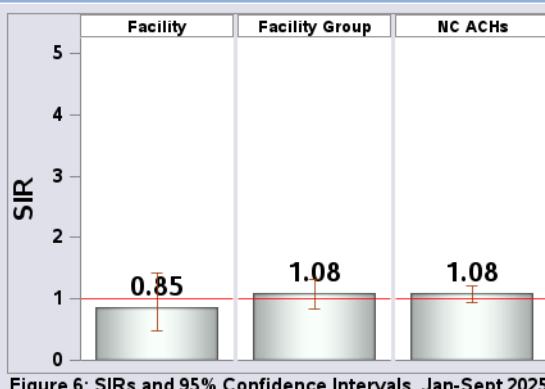
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

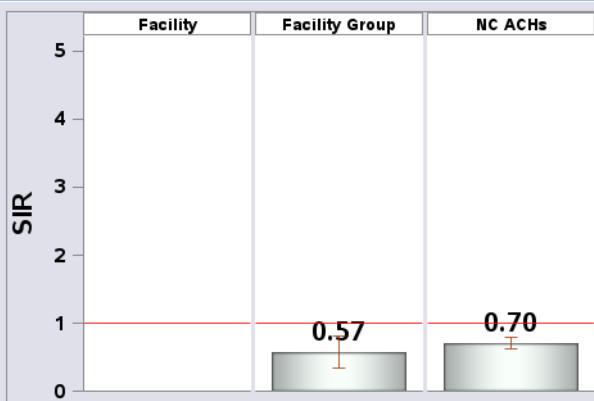


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
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

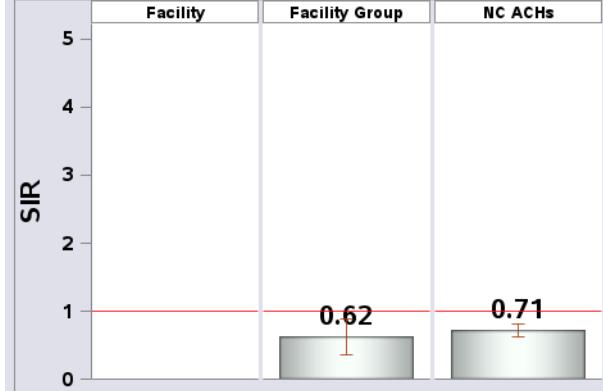


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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

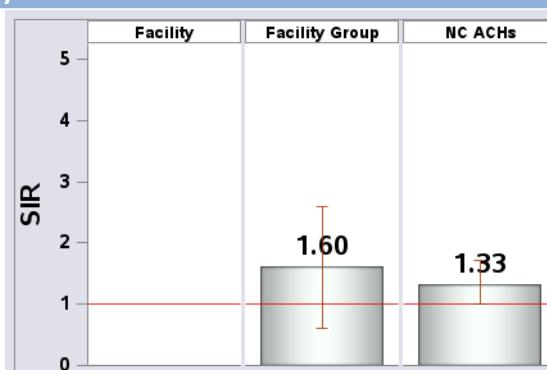


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

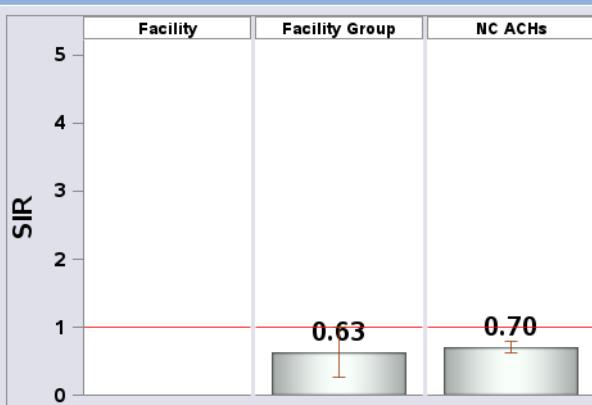


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

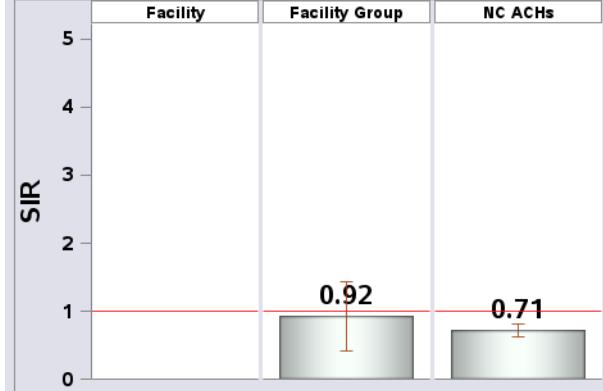


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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

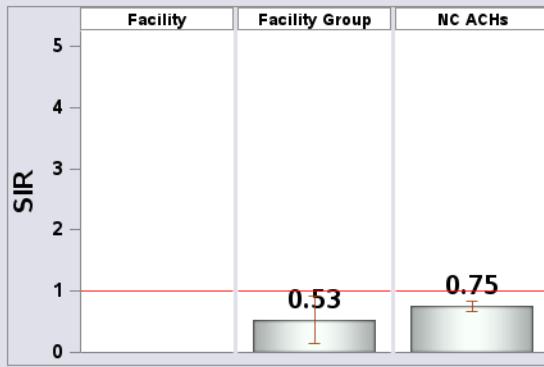
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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)

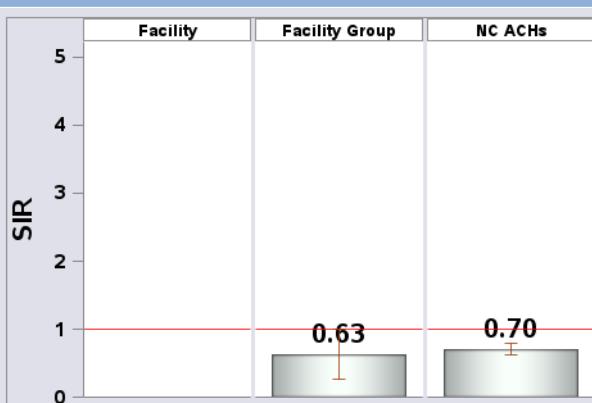


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

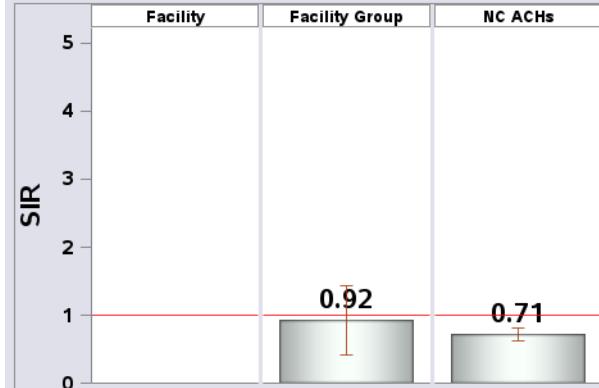


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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-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

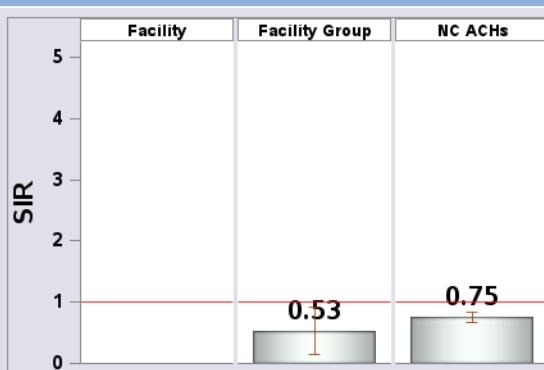
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

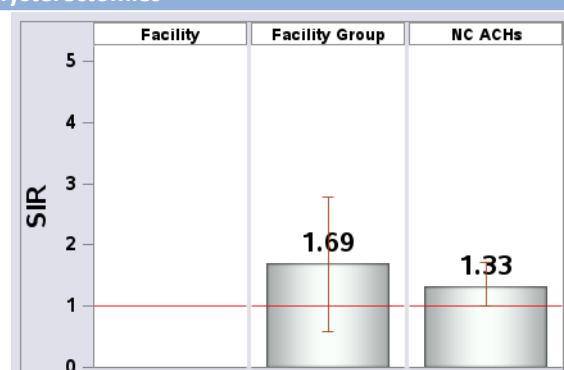
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

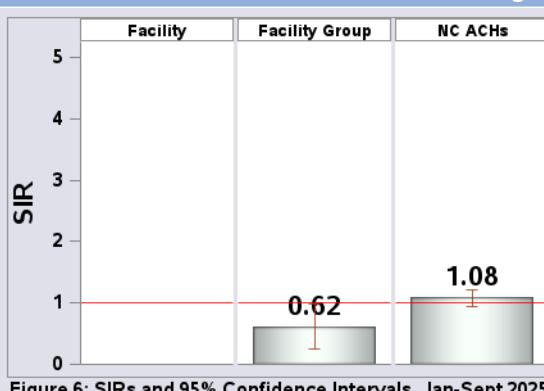
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



Ventilator-Associated Events (VAE)

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

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.

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)

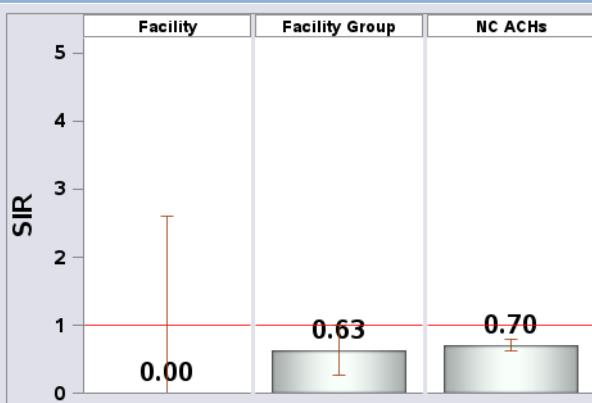


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

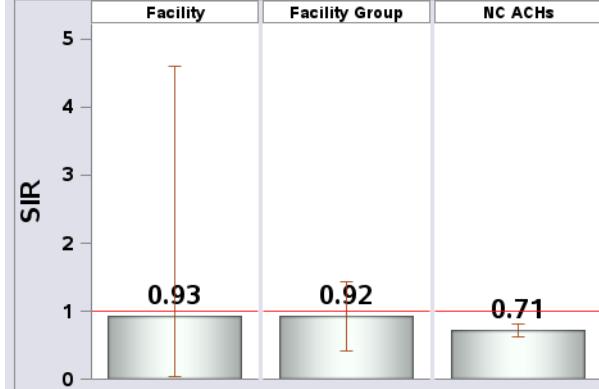


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

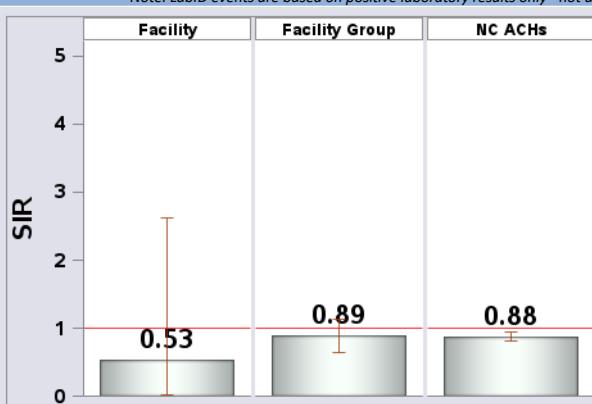


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

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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

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

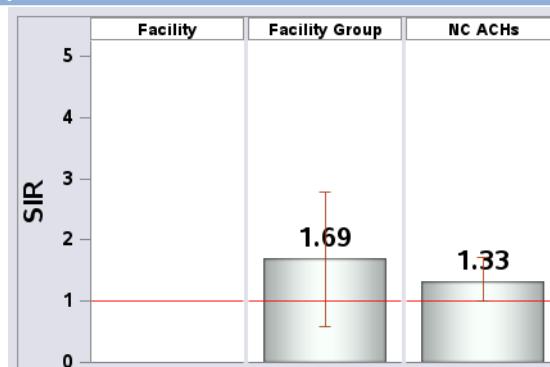


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

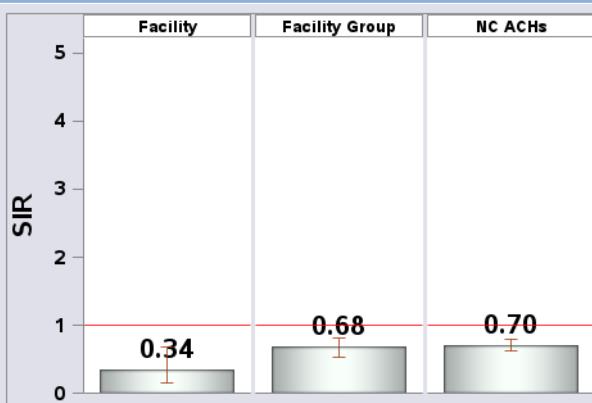


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

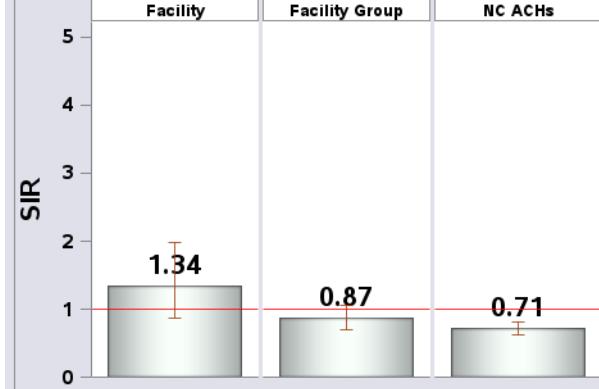


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.ncdhhs.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

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

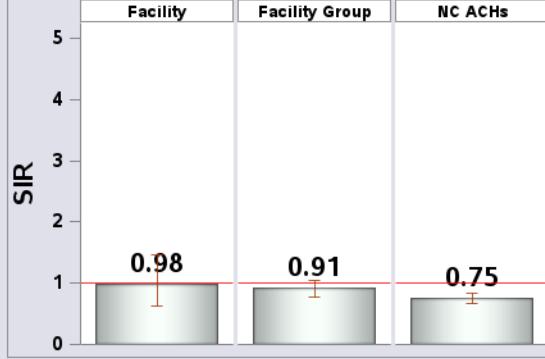
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

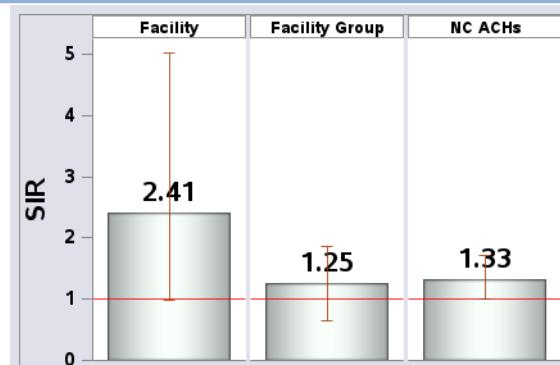
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

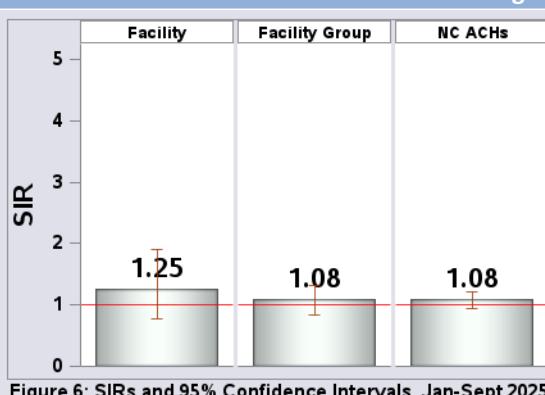
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



Ventilator-Associated Events (VAE)

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

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

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)

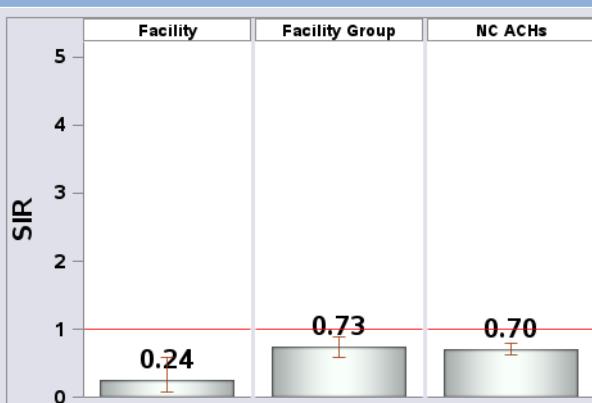


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

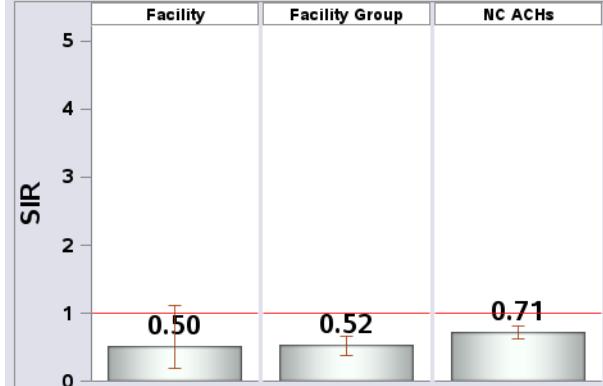


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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)

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
All reporting units	8	13	Same

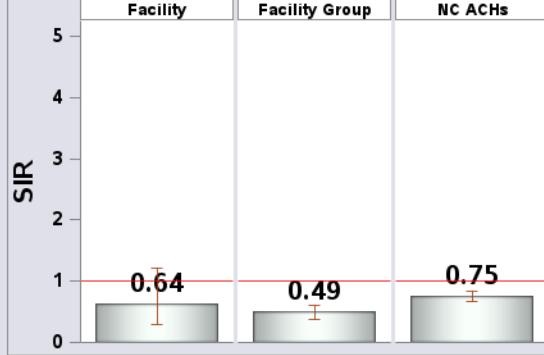
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

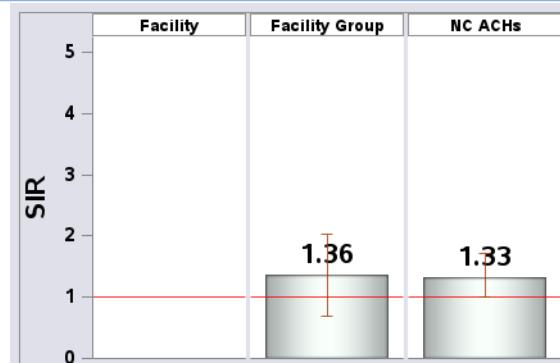
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

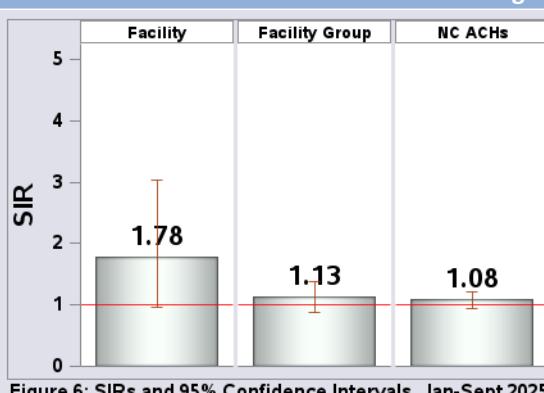
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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)

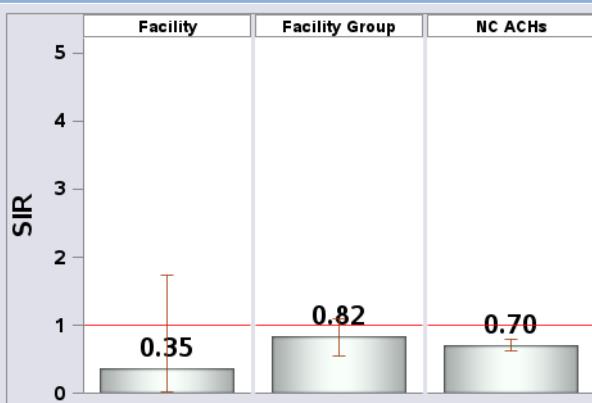


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
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	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

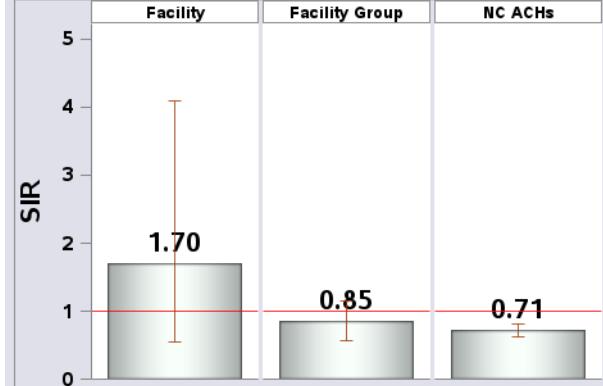


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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)

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

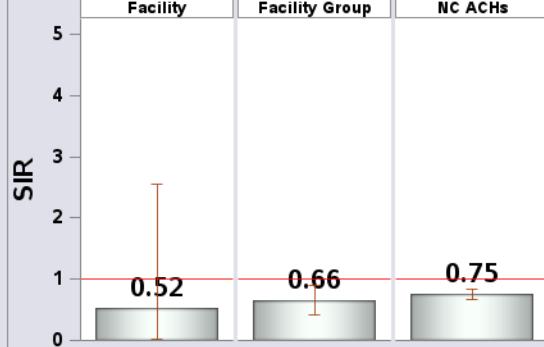


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

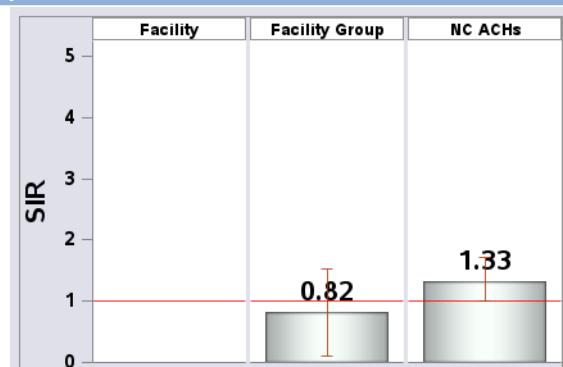


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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

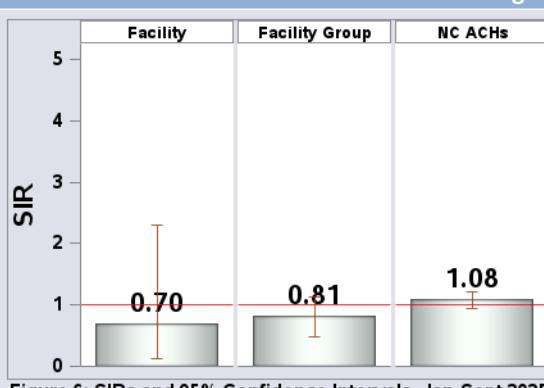


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

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:	10,061
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)

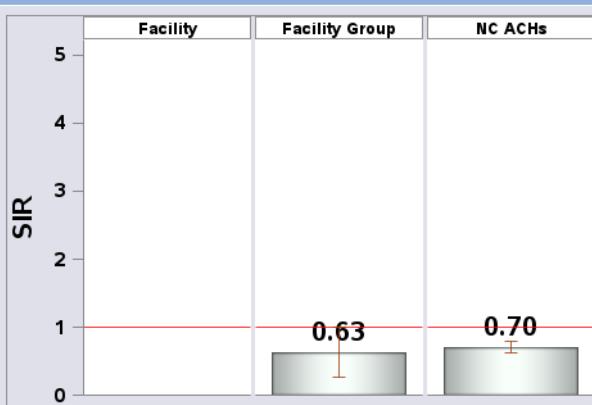


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

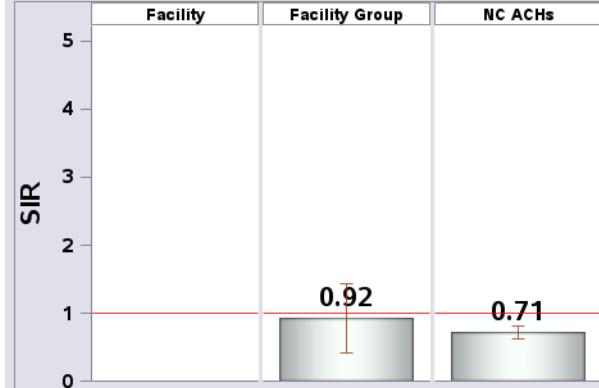


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.

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

Wakemed North Family Health & Women's 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

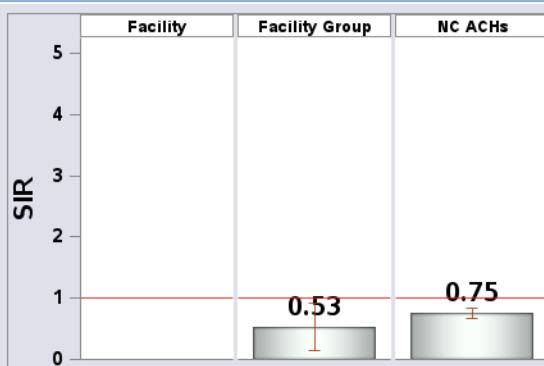


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

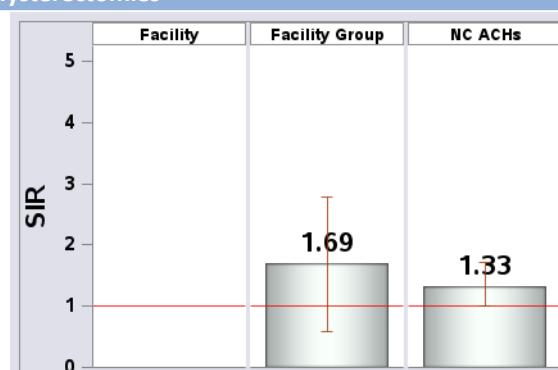


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

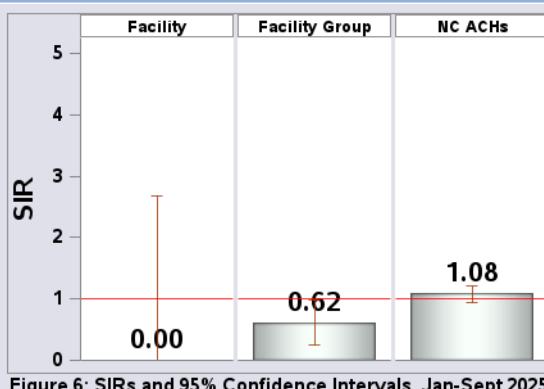


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

Ventilator-Associated Events (VAE)

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

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

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)

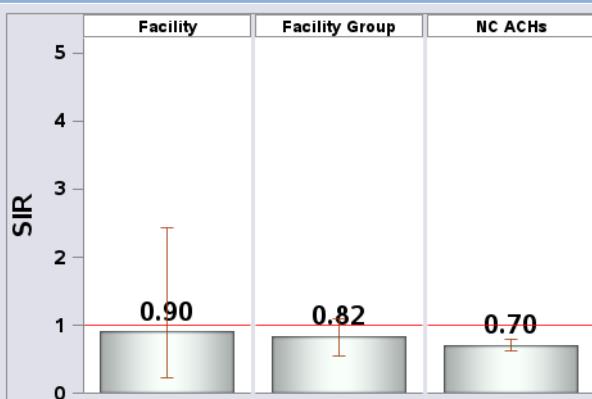


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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
All reporting units	3	3.3	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	9	1.6	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?

X Worse: More infections than predicted by the national baseline experience

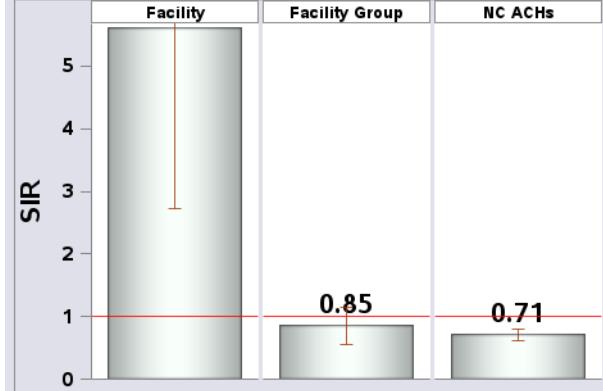


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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.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

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?

X Worse: More infections than predicted by the national baseline experience

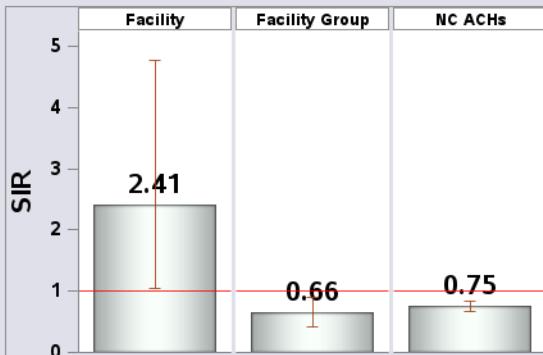


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

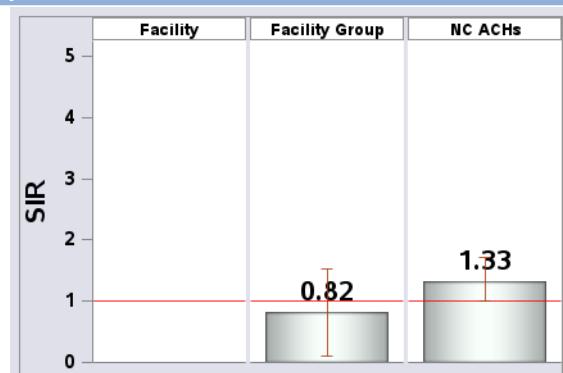


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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

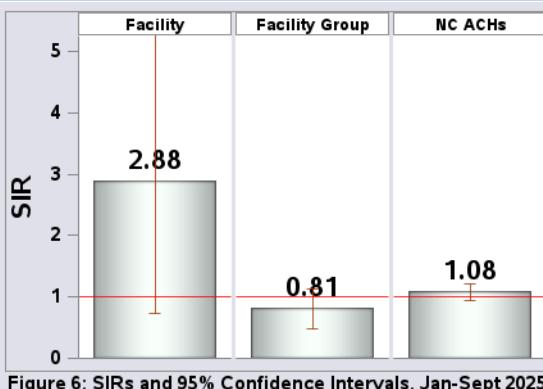


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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)

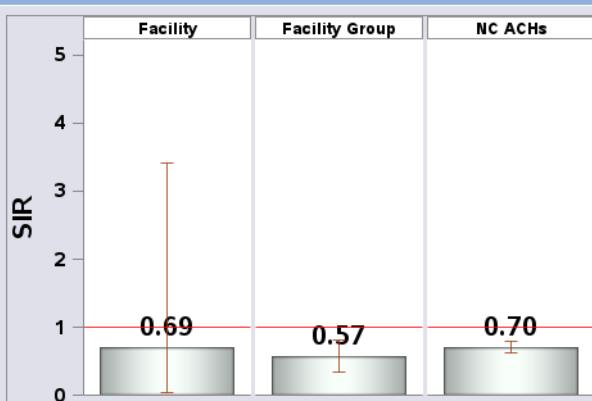


Figure 1: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

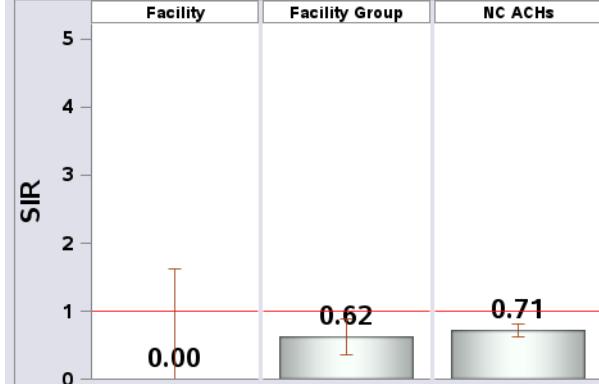


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

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

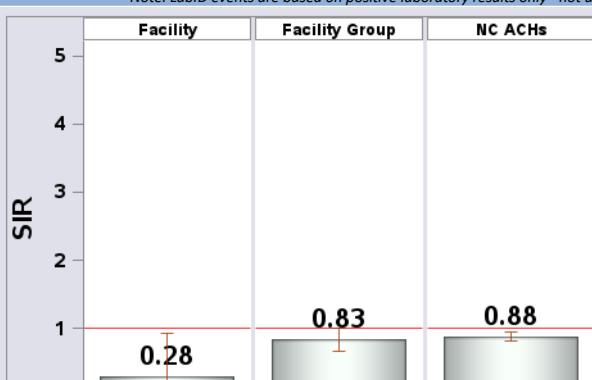


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.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

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)

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

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

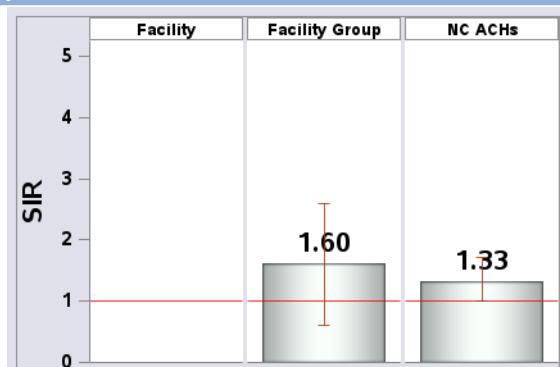


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sept 2025

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	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)

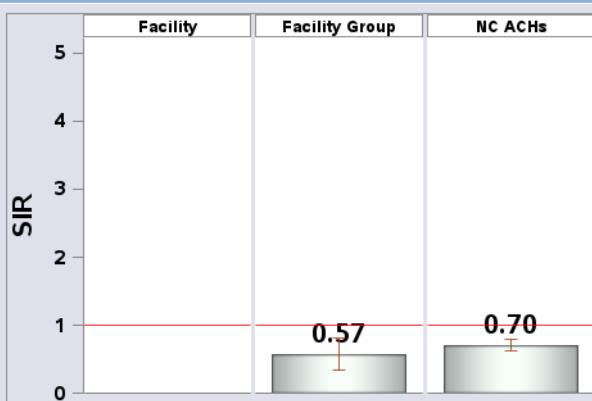


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sept 2025.

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

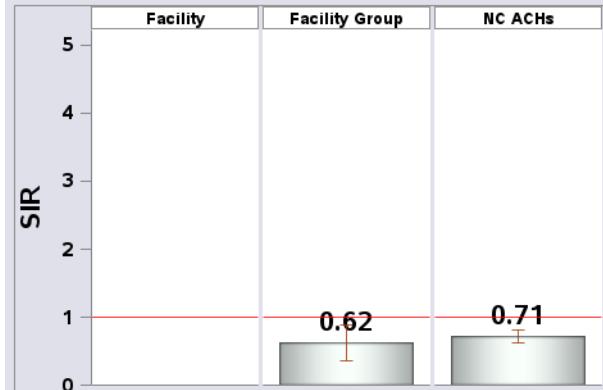
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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



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

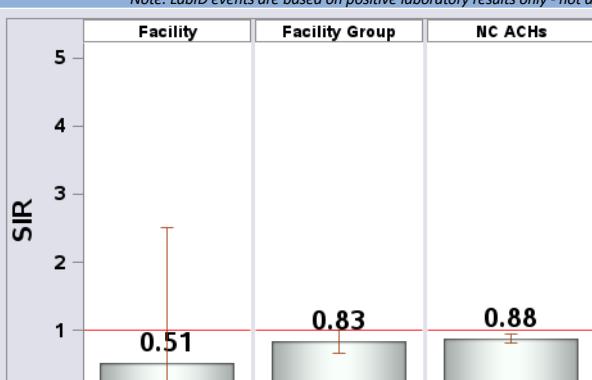
Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.0	Same

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



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

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

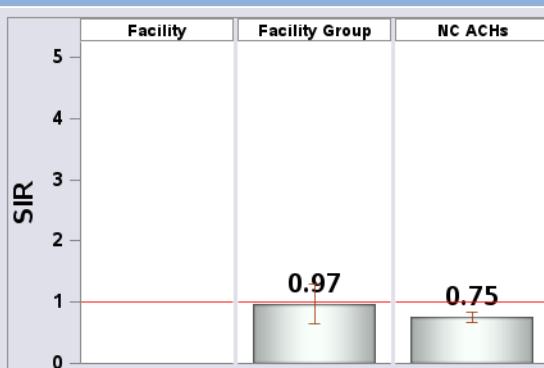


Figure 4: SIRs and 95% confidence intervals, Jan-Sept 2025.

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

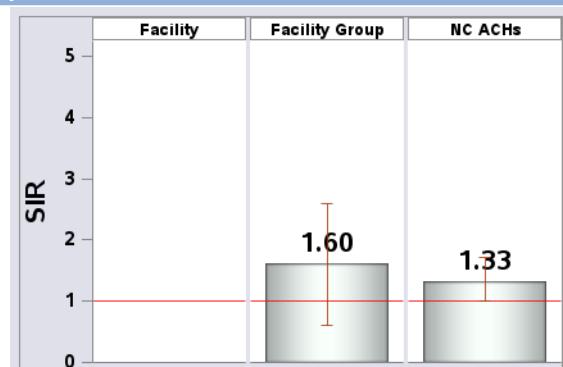
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

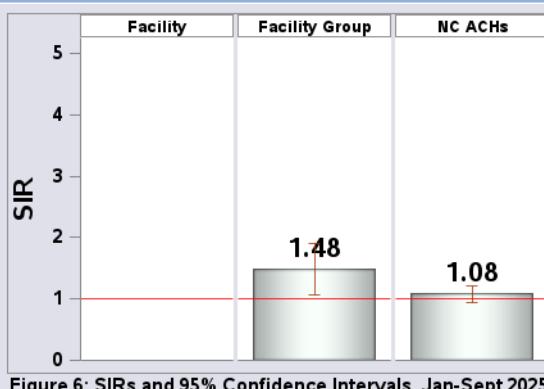


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sept 2025.

Ventilator-Associated Events (VAE)

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