



Healthcare-Associated Infections Prevention Program Annual Data Report

2024

Wisconsin Healthcare-Associated Infections Prevention Program
Division of Public Health, Wisconsin Department of Health Services

Table of Contents

| | |
|---|----|
| About This Report | 3 |
| About the Wisconsin HAI Prevention Program..... | 3 |
| Methodology..... | 3 |
| Standardized infection ratio | 4 |
| Symbols and conventions used in this report | 5 |
| Key Takeaways for 2024..... | 6 |
| Acute care hospitals..... | 6 |
| Critical access hospitals..... | 6 |
| SSIs | 7 |
| Overview of 2024 SIRs..... | 8 |
| Acute care hospitals..... | 8 |
| Critical access hospitals..... | 9 |
| SSIs | 10 |
| HAI-Specific Data..... | 12 |
| CAUTI: Acute care hospitals..... | 12 |
| CAUTI: Critical access hospitals..... | 14 |
| CLABSI: Acute care hospitals | 15 |
| CLABSI: Critical access hospitals..... | 17 |
| VAE: Acute care hospitals..... | 18 |
| SSIs: All hospitals (All SSI SIR model) | 20 |
| SSI: All hospitals (Complex Admission/Readmission SSI SIR model)..... | 22 |
| MRSA bacteremia: Acute care hospitals..... | 24 |
| MRSA bacteremia: Critical access hospitals | 26 |
| CDI: Acute care hospitals..... | 27 |
| CDI: Critical access hospitals..... | 29 |
| Summary and Next Steps..... | 31 |
| Additional Information | 33 |

About This Report

[Healthcare-associated infections \(HAIs\)](#) are infections that occur while receiving health care. The risk of developing an HAI is higher for patients who undergo surgical procedures or have medical devices such as central lines, urinary catheters, and ventilators. Infections caused by multidrug-resistant organisms (MDROs), such as methicillin-resistant *Staphylococcus aureus* (MRSA), can also be acquired in various health care settings and are considered HAIs.

These infections are a significant burden and can cause serious illness and death, but many are preventable. Wisconsin works to monitor these infections because they are a threat to public health and patient safety.

The purpose of this report is to monitor trends and patterns and to support evaluation of HAI prevention and control efforts among Wisconsin acute care and critical access hospitals. This report includes data on six HAI types:

- Catheter-associated urinary tract infections (CAUTIs)
- Central line-associated blood stream infections (CLABSIs)
- Ventilator associated events (VAE)
- Surgical site infections (SSIs)
- MRSA bacteremia (MRSA in the bloodstream)
- *Clostridioides difficile* infections (CDIs)

About the Wisconsin HAI Prevention Program

The Wisconsin HAI Prevention Program conducts statewide HAI surveillance and provides technical assistance in a variety of areas for health care and public health partners, including infection prevention and control, MDRO containment, and antimicrobial stewardship.

Additional information on the Wisconsin HAI Prevention Program is available on the [DHS website](#). For questions and comments, please email DHSWIHAIPreventionProgram@dhs.wisconsin.gov.

Methodology

The [National Healthcare Safety Network \(NHSN\)](#) is a national HAI reporting system developed and maintained by the CDC (Centers for Disease Control and Prevention).

The Wisconsin Department of Health Services, Division of Public Health (DPH) collects HAI data reported by hospitals into NHSN and reports aggregate data to monitor trends and to compare Wisconsin HAI occurrence to the national baseline. Hospitals voluntarily

share HAI data reported in NHSN with DPH. Among 141 eligible Wisconsin hospitals, all provided data regarding at least one type of HAI to DPH.

Where possible, annual data are displayed separately for acute care and critical access hospitals. Critical access hospitals are those in rural areas with an official federal billing designation, that have 25 or fewer acute care inpatient beds, are located more than 35 miles from another hospital, maintain an average length of stay of 96 hours or less, and provide emergency care services. The remaining acute care hospitals, including children's hospitals, are grouped separately in this report.

Data for this report were downloaded from NHSN in July and August 2025, except for data on SSIs, which were downloaded in October 2025. Changes made to the data after these dates are not reflected in this report.

Standardized infection ratio

The standardized infection ratio (SIR) is a key outcome measure in NHSN and is the ratio of the number of observed HAIs to the number of predicted infections. The number of predicted infections is based on a national benchmark and a risk adjustment process that accounts for facility- and patient-level characteristics that are known to be associated with each HAI type. The specific factors included in the risk adjustment for each infection type vary, but often include hospital size and teaching status, patient population served by the hospital, and surgical patient characteristics.

The SIR enables “apples to apples” comparisons of HAI data across facilities and hospital unit types, as well as comparisons with state and national data.

- A SIR > 1 indicates that more infections were observed than predicted.
- A SIR < 1 indicates that fewer infections were observed than predicted.
- A SIR = 1 indicates there was no difference from the national baseline.

SIR rebaseline. In 2024, NHSN began the process to update national SIR baselines, utilizing data reported by hospitals for calendar year 2022. This rebaseline process is now largely complete, and **all data in this report is based on the 2022 national SIR baseline.**

Note that SIR values **calculated under different baselines cannot be directly compared** to each other. SIR values included in previous annual reports, which were calculated under the 2015 national baseline, should not be compared to values included in this report. For more information on the rebaseline process see [NHSN's 2022 Rebaseline webpages](#).

Symbols and conventions used in this report

In graphs and tables throughout this report, an asterisk (*) is used to denote a **statistically significant difference** between a SIR value and the 2022 national SIR baseline, or a **statistically significant change** in the SIR from year to year. **The horizontal black line in the graphs represents the 2022 national SIR baseline.** The number of hospitals or hospital units reporting data for a specific HAI type is noted in graphs and tables (for example, n=58).

In the "[Key Takeaways](#)" section, plus and minus signs are used to denote SIR values that are statistically significantly **higher or lower than the 2022 national baseline.**

 Lower than national baseline, difference is statistically significant

 Higher than national baseline, difference is statistically significant

Colored arrows are also used in the Key Takeaways section to show **statistically significant changes** in SIR values from 2023 to 2024.

 Statistically significant decrease

 Statistically significant increase

Key Takeaways for 2024

Acute care hospitals

Under the recently updated national SIR baseline, 2024 state-level SIRs for several HAI types were already statistically significantly **lower** than the new baseline. In 2024, there were:

- Fewer CAUTIs than predicted.
- Fewer CLABSIs than predicted.
- Fewer VAEs than predicted.
- Fewer MRSA bacteremia events than predicted.

However, the state-level SIR for **CDI** was significantly **higher** than the updated national SIR baseline. In 2024 there were:

- ✚ More CDI events than predicted.

In terms of statistically significant changes in state-level SIRs for acute care hospitals from 2023 to 2024, data show that:

- ▲ The CAUTI SIR for intensive care unit (ICU) locations increased in 2024.
- ▼ The CLABSI SIR for ICU locations decreased in 2024.
- ▲ The VAE SIR for all location types combined and for ICU locations increased in 2024.

Critical access hospitals

Most state-level SIRs for Wisconsin critical access hospitals were not significantly different from the updated national SIR baseline in 2024. However, the **CLABSI** SIR was statistically significantly **higher** than the updated baseline. In 2024 there were:

- ✚ More CLABSIs than predicted.

There were no statistically significant changes in the state-level critical access hospital SIRs for any HAI type from 2023 to 2024.

Surgical site infections (SSIs)

SSI data for four surgical procedure types; abdominal hysterectomies (HYST), colon surgeries (COLO), hip prosthesis procedures (HPRO), and knee prosthesis procedures (KPRO) are included in this report. Data for acute care and critical access hospitals is combined for SSIs.

Under the [All SSI SIR model](#), the state-level **HYST** SIR was significantly **higher** than the 2022 national baseline, while the state-level **KPRO** SIR was significantly **lower** than the 2022 baseline. State-level SIRs for COLO and HPRO were not significantly different from the 2022 baseline.

In 2024 there were:

-  More HYST SSIs than predicted.
-  Fewer KPRO SSIs than predicted.

Under the [Complex Admission/Readmission SSI SIR model](#), the state-level **COLO** SIR was significantly **higher** than the national baseline. SIRs for the three other procedure types were not significantly different from the 2022 baseline.

In 2024 there were:

-  More COLO SSIs than predicted.

There were no statistically significant changes in SSI SIRs under either model from 2023 to 2024.

More details about these key takeaways can be found in the ["Overview of 2024 SIRs"](#) and ["HAI-specific Data"](#) sections of this report.

Overview of 2024 SIRs

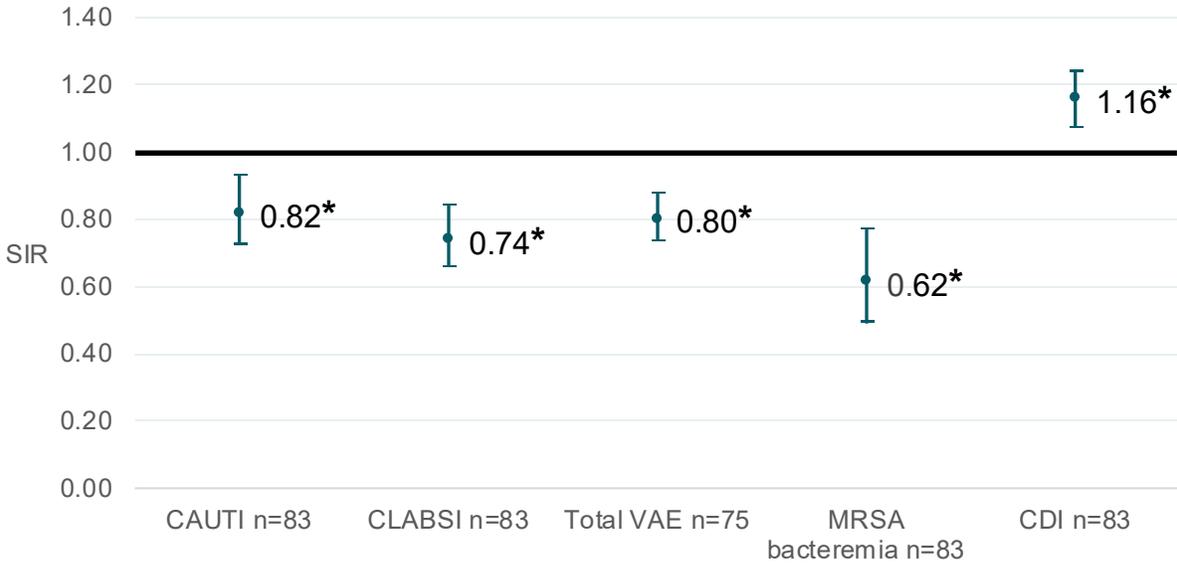
Acute care hospitals

State-level SIRs for acute care hospitals for **CAUTI, CLABSI, VAE, and MRSA bacteremia**, were significantly **lower** than the updated national baseline in 2024. In contrast, the state-level SIR for *C. difficile* infections (CDI) was significantly **higher** than the 2022 national baseline in 2024.

FIGURE 1

The CAUTI, CLABSI, VAE, and MRSA bacteremia SIRs were significantly lower than the new baseline in 2024, while the CDI SIR was significantly higher.

2024 state-level SIRs for Wisconsin acute care hospitals by HAI type, 2022 national SIR baseline



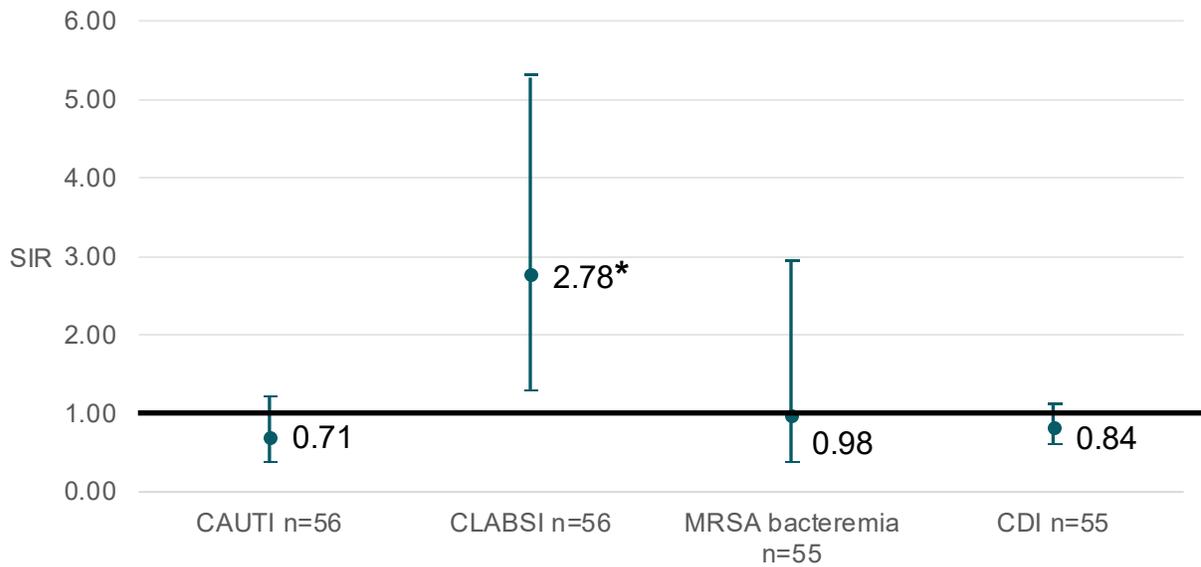
Critical access hospitals

The state-level SIR for critical access hospitals for **CLABSI** was statistically significantly **higher** than the updated baseline in 2024, while the state-level SIRs for CAUTI, MRSA bacteremia, and CDI were not significantly different from the updated baseline.

FIGURE 2

For critical access hospitals, the CLABSI SIR was significantly higher than the updated national baseline in 2024.

2024 state-level SIRs for critical access hospitals by HAI type, 2022 national SIR baseline



Surgical site infections (SSIs)

This report includes SSI SIRs calculated using two different NHSN SIR models. The [All SSI SIR model](#) includes SSIs occurring at the superficial, deep, and organ/space levels. The [Complex Admission/Readmission SSI SIR model](#) only includes SSIs occurring at the deep or organ/space level that are detected during the same hospital admission as the surgical procedure, or upon readmission to the same facility where the procedure was performed. Both models only include SSIs associated with adult, inpatient surgical procedures.

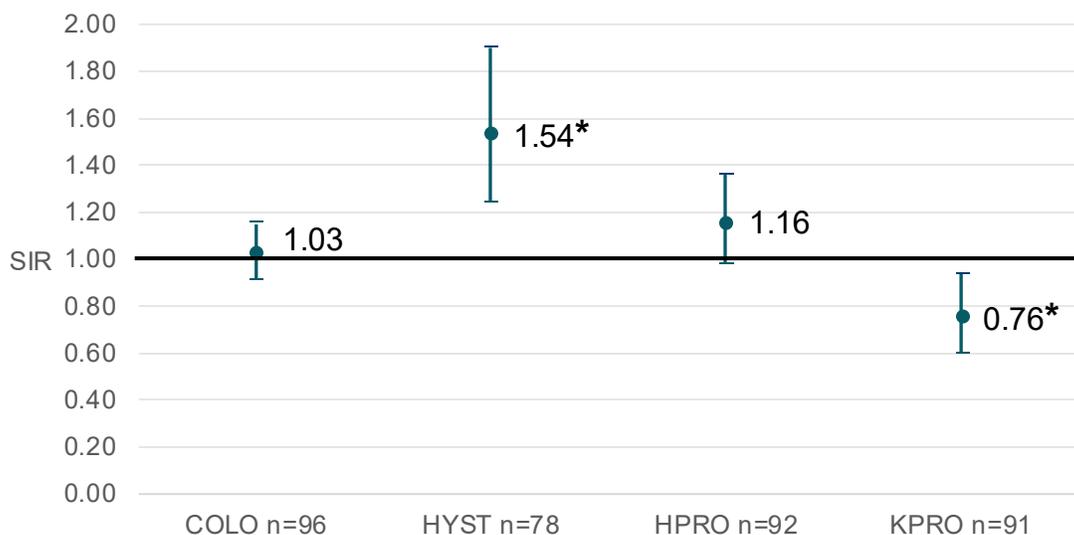
As noted previously, SSI data in this report is for acute care and critical access hospitals combined.

Under the All SSI SIR model, the state-level SIR for **HYST** was significantly **higher** than the 2022 national baseline, while the state-level SIR for **KPRO** was significantly **lower** than the updated baseline in 2024. State-level SIRs for COLO and HPRO were not significantly different from the updated national baseline.

FIGURE 3

Under the All SSI SIR model, the HYST SIR was significantly higher than the new baseline, while the KPRO SIR was significantly lower than the new baseline in 2024.

2024 SSI SIRs for Wisconsin acute care and critical access hospitals, All SSI model, 2022 national SIR baseline

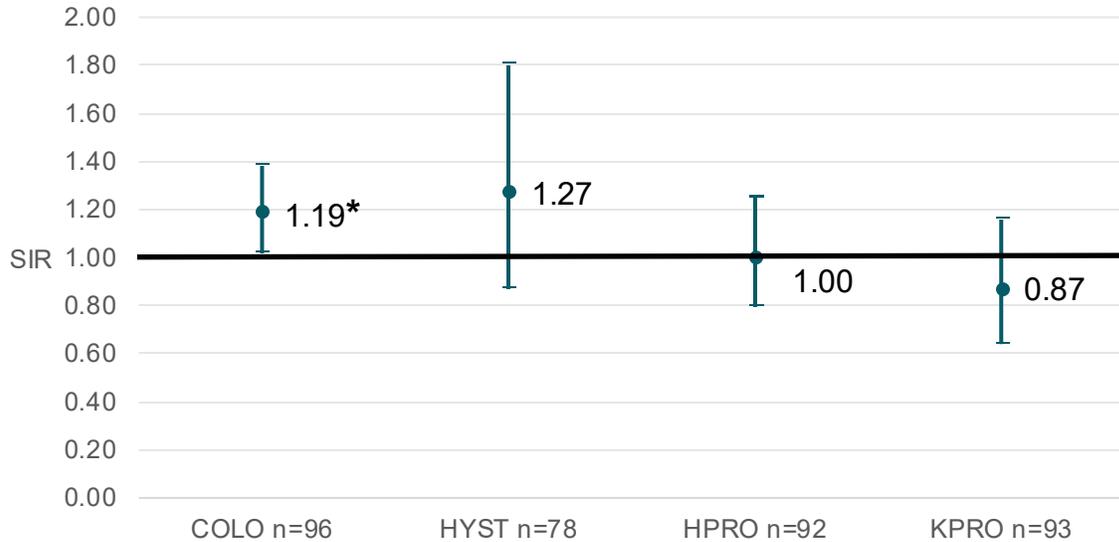


Under the Complex Admission/Readmission SSI SIR model, only the state-level SIR for **COLO** was significantly different from the updated baseline, and was significantly **higher** at 1.19.

FIGURE 4

Under the Complex Admission/Readmission SSI SIR model, the COLO SIR was significantly higher than the new baseline in 2024.

2024 SSI SIRs for Wisconsin acute care and critical access hospitals, Complex Admission/Readmission model, 2022 national SIR baseline



HAI-Specific Data

Catheter-associated urinary tract infection (CAUTI): Acute care hospitals

Wisconsin’s acute care hospital CAUTI SIR was significantly **below** the updated baseline for both 2023 and 2024. In 2024, this was true when looking at all hospital units combined, as well as for non-ICU unit types. While the state-level SIR for **critical care locations increased** significantly from 2023 to 2024, the 2024 SIR for critical care locations was not statistically significantly different from the national baseline.

FIGURE 5

The Wisconsin acute care hospital CAUTI SIR was significantly below the 2022 national baseline in both 2023 and 2024.

State-level annual CAUTI SIRs, 2022–2024, all acute care hospital reporting units, 2022 national SIR baseline

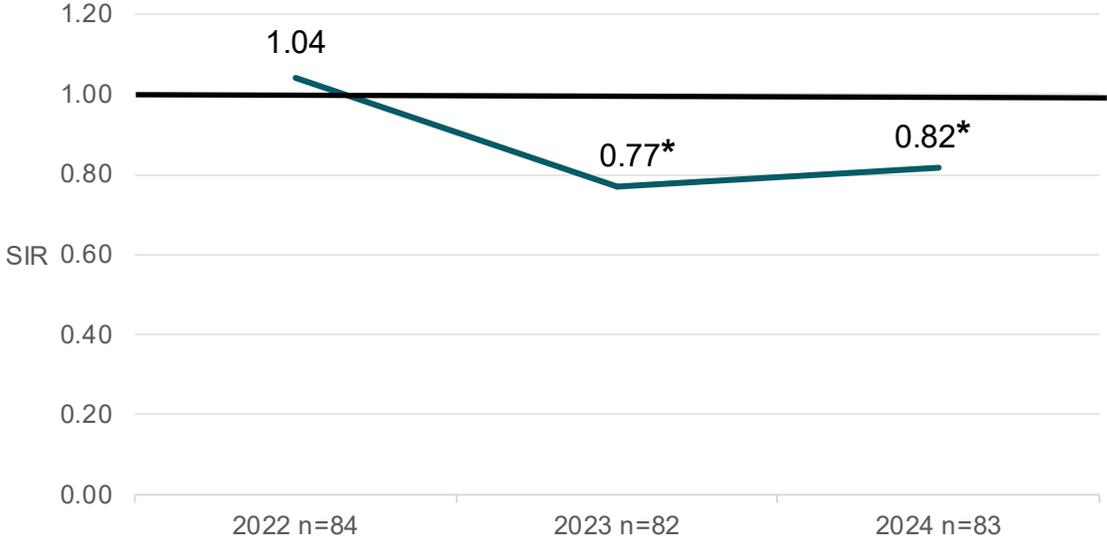


Figure 6 shows facility-level SIRs for CAUTI for 2024. NHSN will only calculate a SIR value if the number of predicted infections for that time period is 1 or more; therefore facility-level SIRs are not available for all hospitals.

Of the 83 Wisconsin acute care hospitals reporting CAUTI data in 2024, 45 (54%) were able to calculate a facility-level CAUTI SIR. Among facilities able to calculate a SIR, the median SIR value was 0.76.

FIGURE 6

The median facility-level SIR value for CAUTI in 2024 was 0.76.

2024 Wisconsin acute care hospital CAUTI SIR values, 2022 national SIR baseline

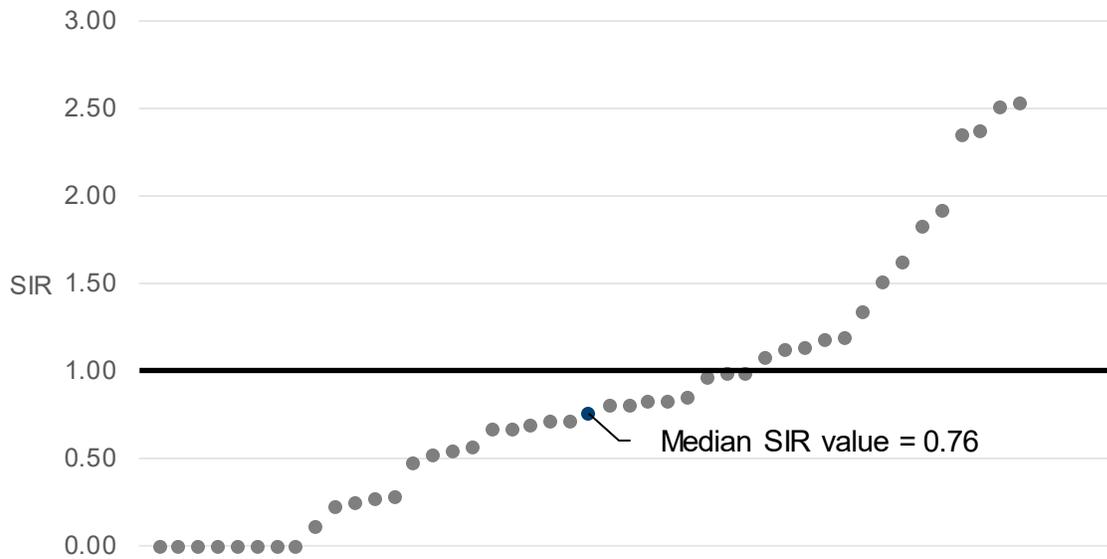


TABLE 1. Unit-level CAUTI information for acute care hospitals.

| Unit type | Number of reporting hospitals (units) | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-----------|---------------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 83 (487) | 228 | 0.82* | 0.72, 0.93 | 6% decrease |
| ICU | 63 (90) | 86 | 0.87 | 0.70, 1.07 | 38% increase* |
| Non-ICU | 83 (397) | 142 | 0.78* | 0.66, 0.92 | 7% decrease |

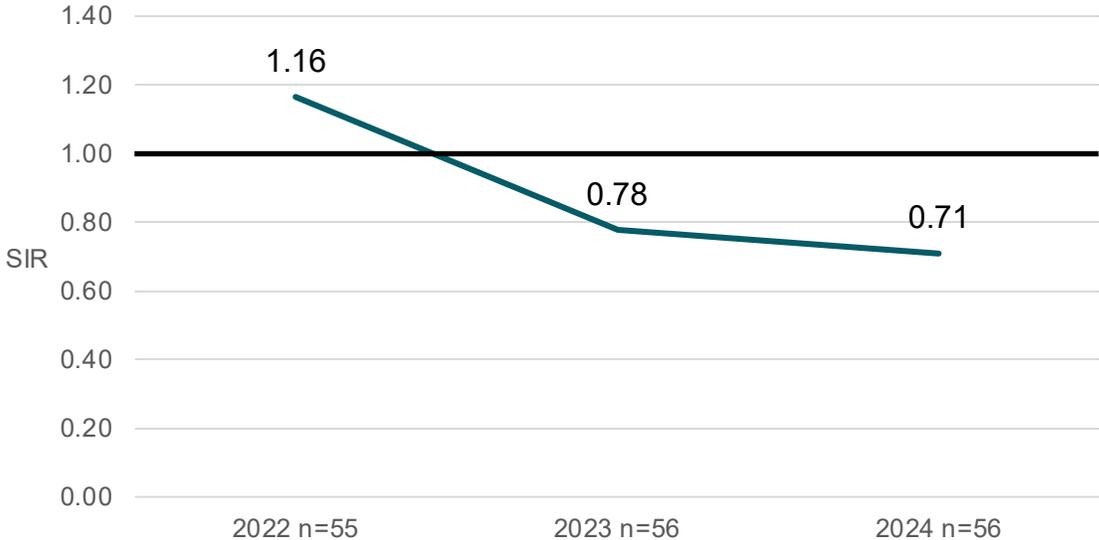
CAUTI: Critical access hospitals

The state-level CAUTI SIR for critical access hospitals was not significantly different from the 2022 baseline in 2022, 2023, or 2024. Wisconsin critical access hospitals reported 20 CAUTI events in 2022, 13 CAUTI events in 2023, and 12 CAUTI events in 2024.

FIGURE 7

Annual CAUTI SIRs for critical access hospitals were not significantly different from the 2022 national baseline between 2022 and 2024.

State-level annual CAUTI SIRs, 2022-2024, all critical access hospital reporting units, 2022 national SIR baseline



Only one Wisconsin critical access hospital was able to calculate a facility-level SIR in 2024.

TABLE 2. Unit-level CAUTI information for critical access hospitals.

| Unit type | Number of reporting hospitals (units) | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-----------|---------------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 56 (86) | 12 | 0.71 | 0.38, 1.20 | 9% decrease |
| ICU | 13 (13) | 0 | 0.00 | -- | -- |
| Non-ICU | 56 (73) | 12 | 0.73 | 0.39, 1.24 | 10% decrease |

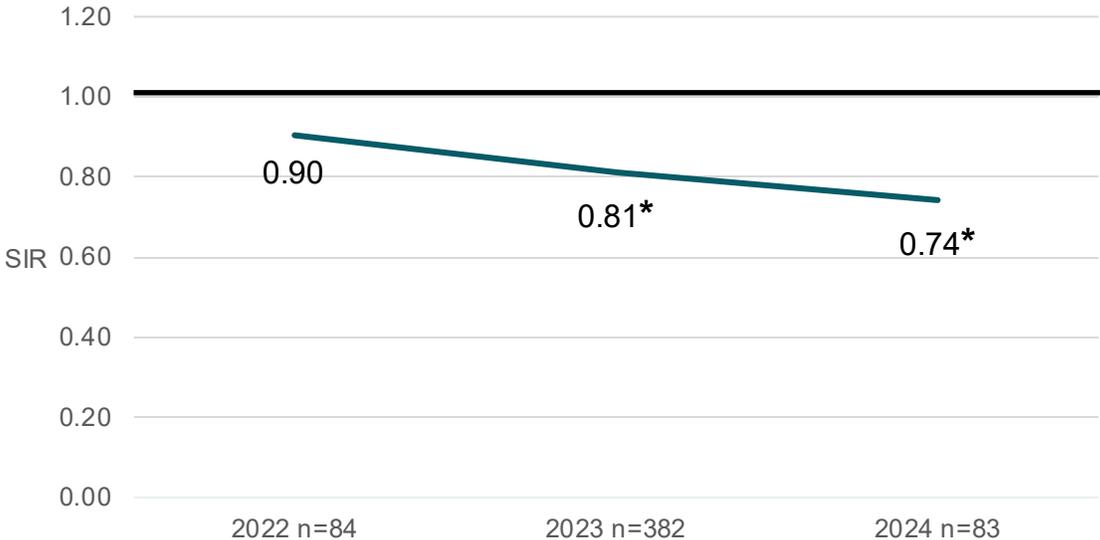
Central line-associated bloodstream infection (CLABSI): Acute care hospitals

The state-level **CLABSI** SIR for acute care hospitals was significantly **lower** than the updated national baseline in both 2023 and 2024. In addition, the state-level CLABSI SIR for ICU locations **decreased** significantly from 2023 to 2024.

FIGURE 8

The state-level CLABSI SIR was significantly below the 2022 national baseline in both 2023 and 2024.

State-level annual CLABSI SIRs, 2022-2024, all acute care hospital reporting units, 2022 national SIR baseline



Of the 83 acute care hospitals reporting CLABSI data for 2024, 43 (52%) were able to calculate a facility-level CLABSI SIR. Among these facilities, the median SIR value was 0.38.

FIGURE 9

The median facility-level SIR for CLABSI among Wisconsin acute care hospitals was 0.38.

2024 Wisconsin acute care hospital CLABSI SIR values, 2022 national SIR baseline

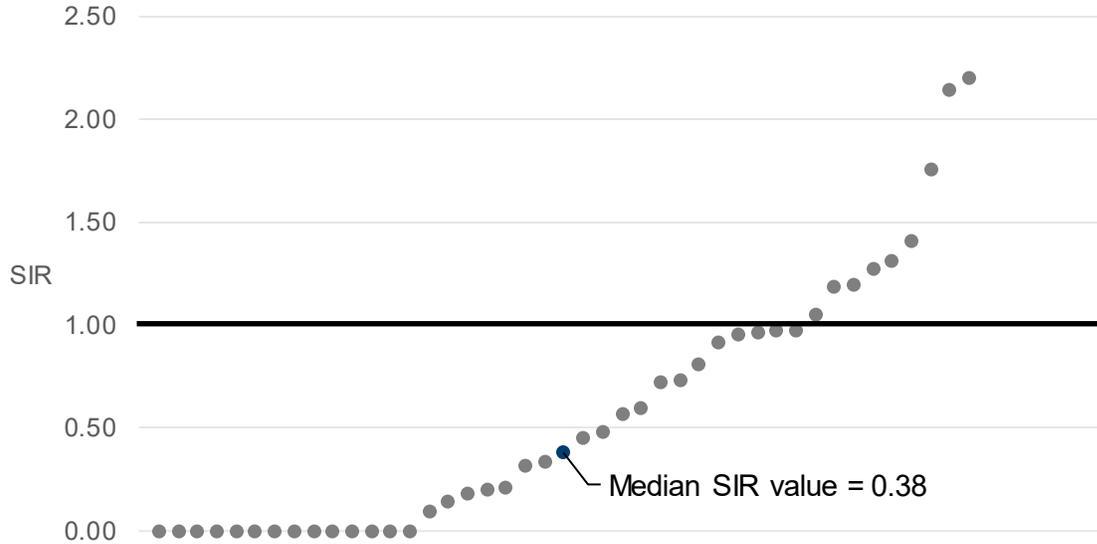


TABLE 3. Unit-level CLABSI information for acute care hospitals.

| Unit type | Number of reporting hospitals (units) | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-----------|---------------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 83 (501) | 266 | 0.74* | 0.66, 0.84 | 8% decrease |
| NICU | 17 (17) | 16 | 0.90 | 0.54, 1.44 | 13% decrease |
| ICU | 63 (88) | 62 | 0.50* | 0.39, 0.64 | 33% decrease* |
| Non-ICU | 83 (396) | 188 | 0.87* | 0.75, 0.998 | 4% increase |

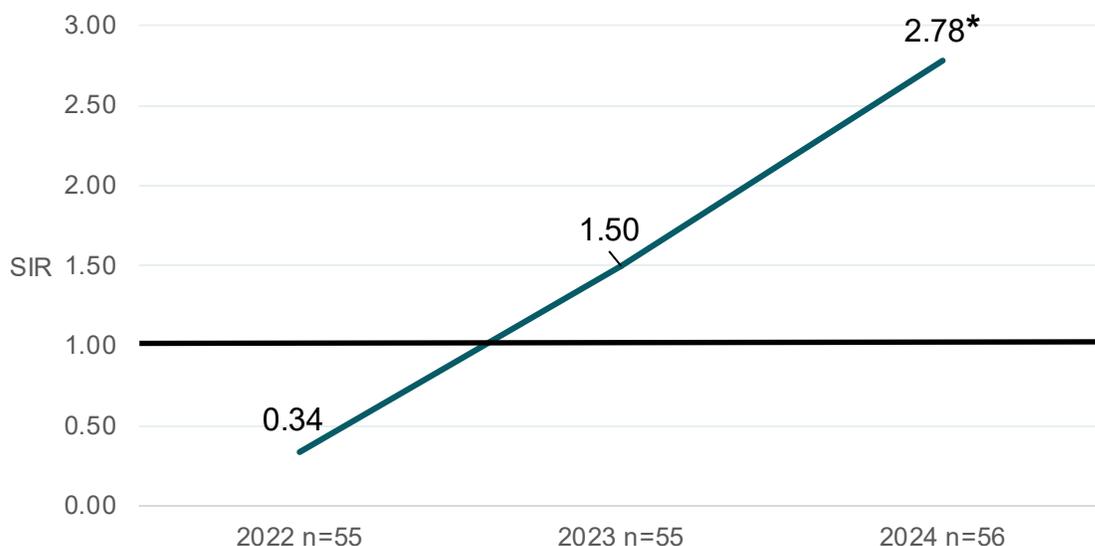
CLABSI: Critical access hospitals

The state-level **CLABSI** SIR for critical access hospitals was significantly **higher** than the updated baseline in 2024. The state-level CLABSI SIR also increased each year from 2022 to 2024, but this reflects a very small number of CLABSI events reported, and these changes were not statistically significant. Wisconsin critical access hospitals reported one CLABSI event in 2022, four CLABSI events in 2023, and eight CLABSI events in 2024.

FIGURE 10

While representing a small number of infections, the CLABSI SIR for critical access hospitals was significantly higher than the 2022 national baseline in 2024.

State-level annual CLABSI SIRs, 2022–2024, all critical access reporting units, 2022 national SIR baseline



No critical access hospital was able to calculate a facility-level CLABSI SIR for 2024.

TABLE 4. Unit-level CLABSI information for critical access hospitals.

| Unit type | Number of reporting hospitals (units) | Infection count | 2024 SIR | 95% confidence interval | Percent change 2022–2023 |
|-----------|---------------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 56 (83) | 8 | 2.78* | 1.29, 5.28 | 86% increase |
| ICU | 13 (13) | 0 | -- | -- | -- |
| Non-ICU | 56 (83) | 8 | 2.98* | 1.38, 5.66 | 84% increase |

Ventilator-associated event (VAE): Acute care hospitals

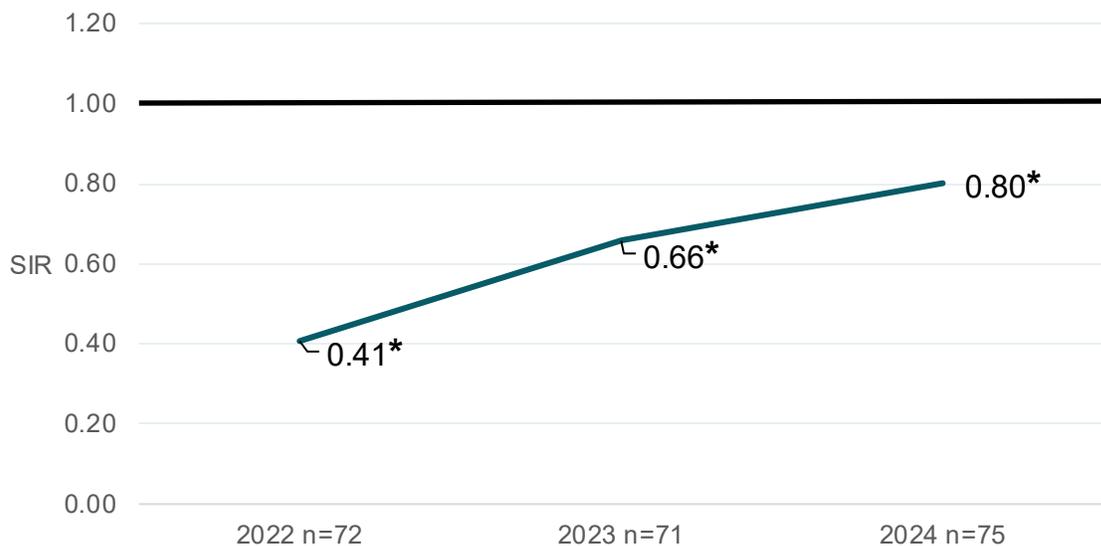
Surveillance for VAEs includes both infections and other conditions that may or may not represent true infections. The “Total VAE” measure includes all VAEs. Data shown is for acute care hospitals only.

There was a statistically significant **increase** in the **Total VAE** SIR for Wisconsin acute care hospitals from 2023 to 2024, but the SIR remains significantly **below** the 2022 national baseline.

FIGURE 11

Wisconsin acute care hospital VAE SIRs were significantly lower than the 2022 national baseline for every year from 2022–2024.

State-level annual Total VAE SIRs, 2022–2024, all acute care hospital reporting units, 2022 national SIR baseline



Of the 75 acute care hospitals that reported VAE data, 42 (56%) were able to calculate a facility-level Total VAE SIR for 2024. The median SIR among these hospitals was 0.

FIGURE 12

The median SIR value for Total VAE in acute care hospitals in Wisconsin in 2024 was 0.

2024 Wisconsin acute care hospital Total VAE SIR values, 2022 national SIR baseline

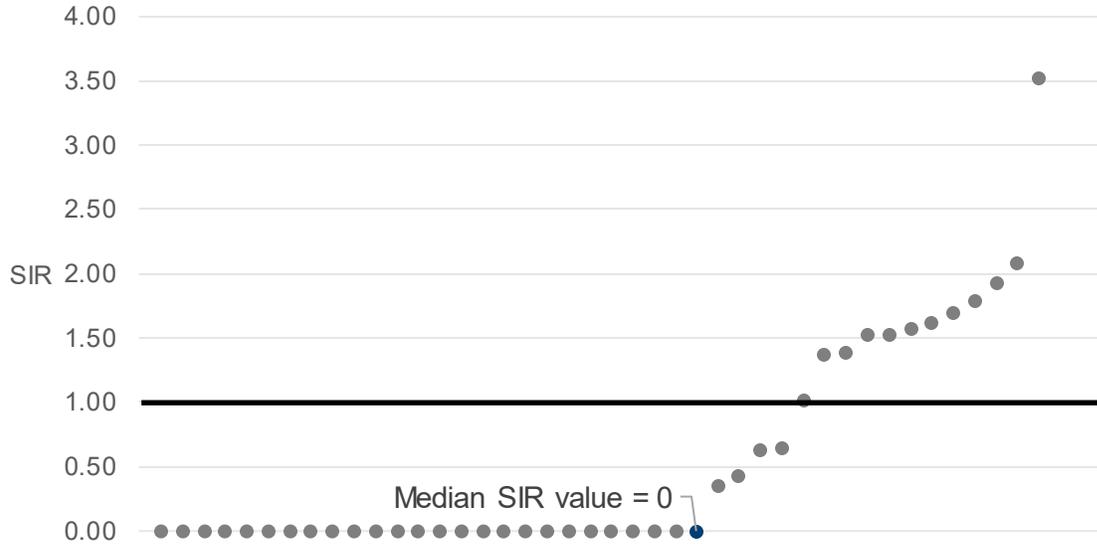


TABLE 5. Unit-level Total VAE information for acute care hospitals.

| Unit type | Number of reporting hospitals (units) | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-----------|---------------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 75 (408) | 480 | 0.80* | 0.73, 0.88 | 22% increase* |
| ICU | 58 (76) | 439 | 0.79* | 0.72, 0.86 | 26% increase* |
| Non-ICU | 75 (332) | 41 | 1.00 | 0.72, 1.34 | 16% decrease |

SSIs: All hospitals (All SSI SIR model)

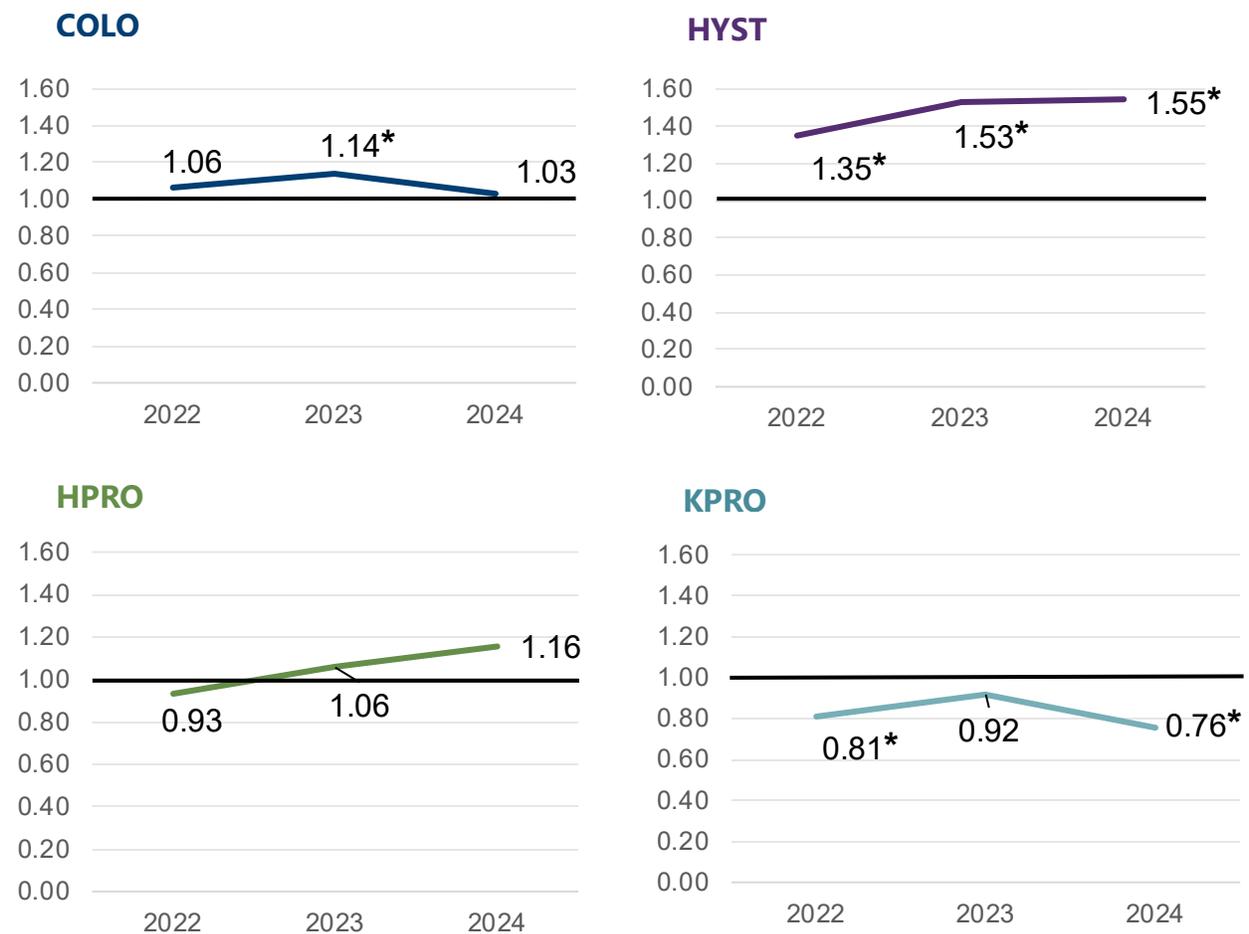
SSIs are classified by the type of procedure with which they are associated, as well as the depth of the infection, and can involve tissues under the skin, organs, or implanted material. Shown in this section are data for adult, inpatient procedures in acute care and critical access hospitals using the All SSI SIR model, which includes SSIs occurring at the superficial, deep and organ/space levels. See the [NHSN SIR guide](#) for details on the different SSI SIR models.

Figure 13 shows SSI SIRs for COLO, HYST, HPRO, and KPRO for 2022 through 2024. Notable is the state-level **HYST** SIR, which was significantly **higher** than the 2022 baseline for all three years. Other significant differences include the **COLO** SIR, which was **higher** than the updated baseline in 2023, and the **KPRO** SIR, which was significantly **lower** than the updated baseline in 2022 and 2024.

FIGURE 13

Under the All SSI SIR model, the state-level HYST SIR was significantly higher than the updated baseline in recent years.

All SSI SIR model, acute care and critical access hospitals combined, 2022 national baseline



As shown in Table 6, there were no statistically significant changes in any SIRs from 2023 to 2024.

TABLE 6. All procedure and procedure-specific information (All SSI model).

| | Number of reporting hospitals¹ (procedures) | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-------------------------|---|------------------------|-----------------|--------------------------------|---------------------------------|
| All surgical procedures | 114 (68,247) | 1153 | 1.17* | 1.10, 1.24 | 6% decrease |
| COLO | 96 (6,460) | 288 | 1.03 | 0.91, 1.15 | 10% decrease |
| HYST | 78 (3,255) | 85 | 1.54* | 1.24, 1.90 | 1% increase |
| HPRO | 92 (10,938) | 144 | 1.16 | 0.98, 1.36 | 9% increase |
| KPRO | 91 (13,636) | 78 | 0.76* | 0.60, 0.94 | 18% decrease |

¹Number of reporting hospitals includes only hospitals that performed at least one surgical procedure of that type during 2024.

SSI: All hospitals (Complex Admission/Readmission SSI SIR model)

SSI data in this section is for adult, inpatient procedures in both acute care and critical access hospitals, and includes only infections occurring at the deep or organ/space level that are detected during the same hospital admission as the surgical procedure, or upon readmission to the same facility where the procedure was performed. See the [NHSN SIR guide](#) for details on the different SSI SIR models.

Under the Complex Admission/Readmission SSI SIR model, most state-level SIRs were not significantly different from the updated SIR baseline in recent years. However, the **COLO** SIR was significantly **higher** than the updated baseline in 2024, and the **HPRO** SIR was significantly **lower** than the updated baseline in 2023. There were no statistically significant changes in the SIRs for any of these procedures between 2023 and 2024.

FIGURE 14

In 2024, under the Complex Admission/Readmission SSI SIR model, only the COLO SIR was significantly higher than the updated national baseline.

Complex admission/readmission SSI SIR model, acute care and critical access hospitals combined, 2022 national baseline

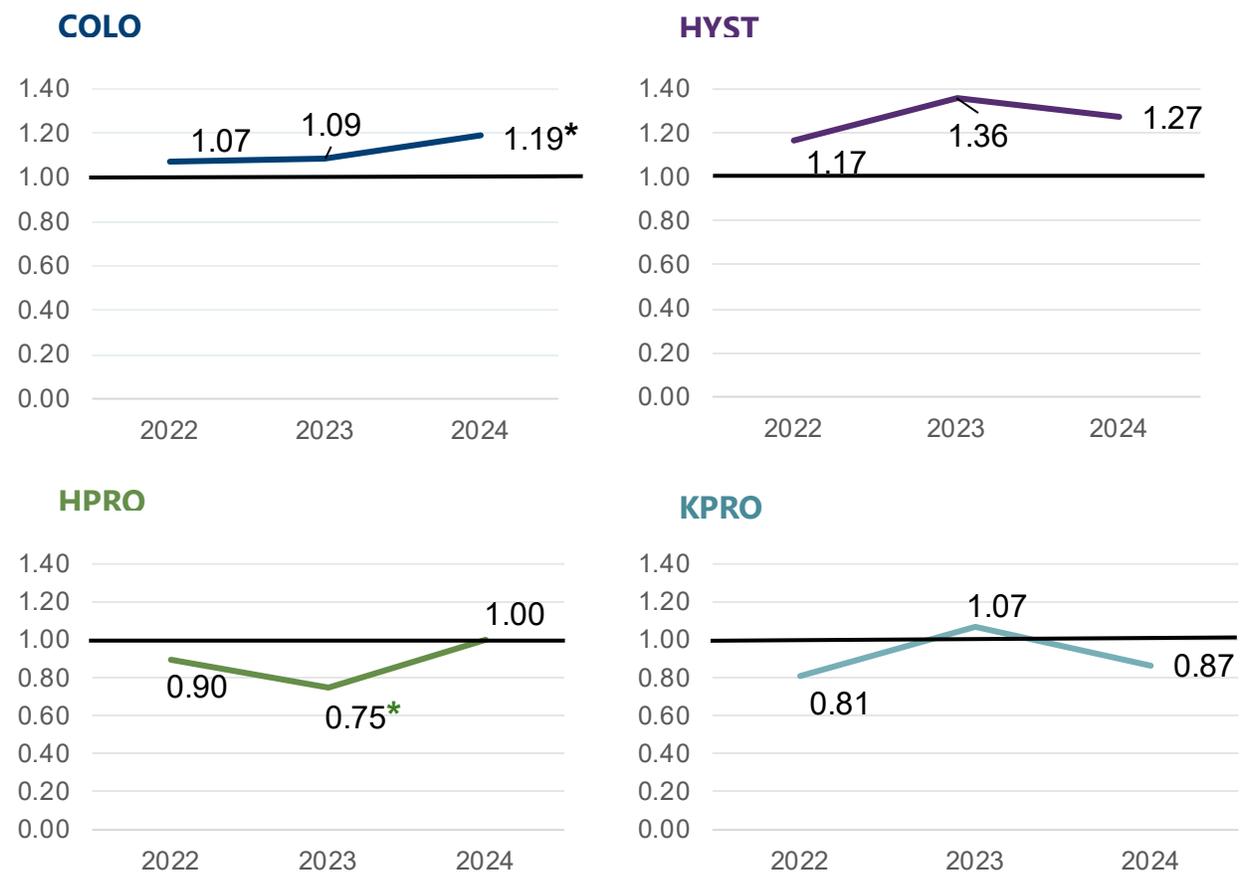


TABLE 7. All procedure and procedure-specific information (Complex Admission/Readmission SSI SIR model).

| | Number of reporting hospitals¹ (procedures) | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-------------------------|---|------------------------|-----------------|--------------------------------|---------------------------------|
| All surgical procedures | 114 (68,356) | 540 | 1.06 | 0.97, 1.16 | 4% decrease |
| COLO | 96 (6,460) | 166 | 1.19* | 1.02, 1.38 | 10% increase |
| HYST | 78 (3,255) | 29 | 1.27 | 0.87, 1.80 | 6% decrease |
| HPRO | 92 (10,938) | 72 | 1.00 | 0.79, 1.25 | 34% increase |
| KPRO | 93 (13,745) | 42 | 0.87 | 0.64, 1.16 | 19% decrease |

¹Number of reporting hospitals includes only facilities that performed at least one surgical procedure of that type during 2024.

MRSA bacteremia: Acute care hospitals

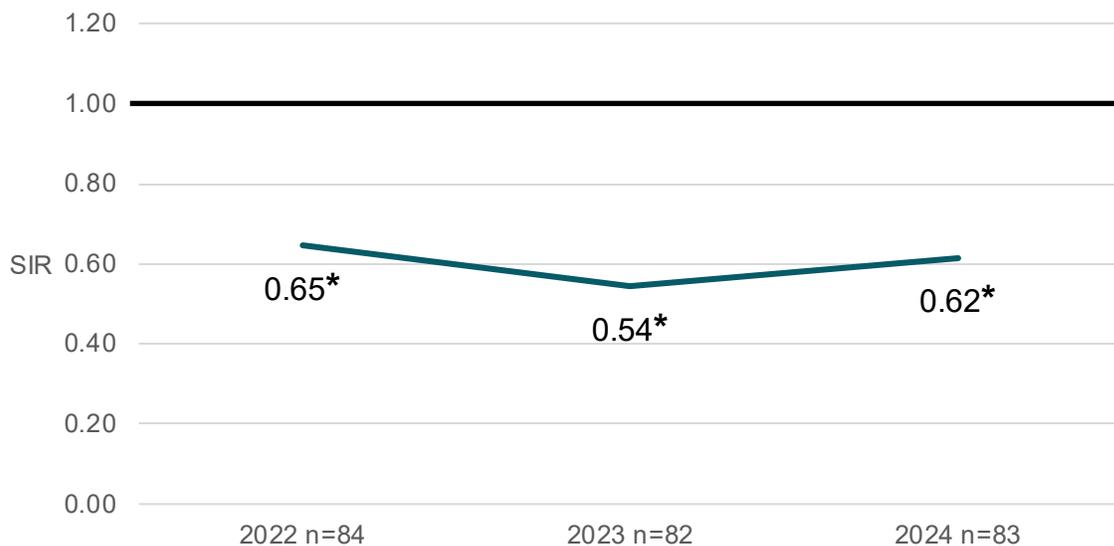
Patients who are treated with antibiotics or have devices such as urinary catheters are at increased risk of acquiring HAIs caused by MRSA and other multidrug-resistant organisms (MDROs). This measure includes laboratory-identified MRSA bloodstream infections occurring more than three days after a hospital admission (healthcare-onset).

The state-level **MRSA bacteremia** SIR for acute care hospitals was statistically significantly **lower** than the national baseline in 2022, 2023, and 2024.

FIGURE 15

The state-level MRSA bacteremia SIR for acute care hospitals was significantly lower than the updated national baseline for the past three years.

State-level annual MRSA bacteremia SIRs, 2022–2024, all acute care hospital reporting units, 2022 national SIR baseline



Thirty-two acute care hospitals (38%) were able to calculate a facility-level MRSA bacteremia SIR for 2024. Among these facilities, the median SIR value was 0.42.

FIGURE 16

The median facility-level MRSA bacteremia SIR for acute care hospitals was 0.42.

2024 Wisconsin acute care hospital MRSA bacteremia SIR values, 2022 national SIR baseline

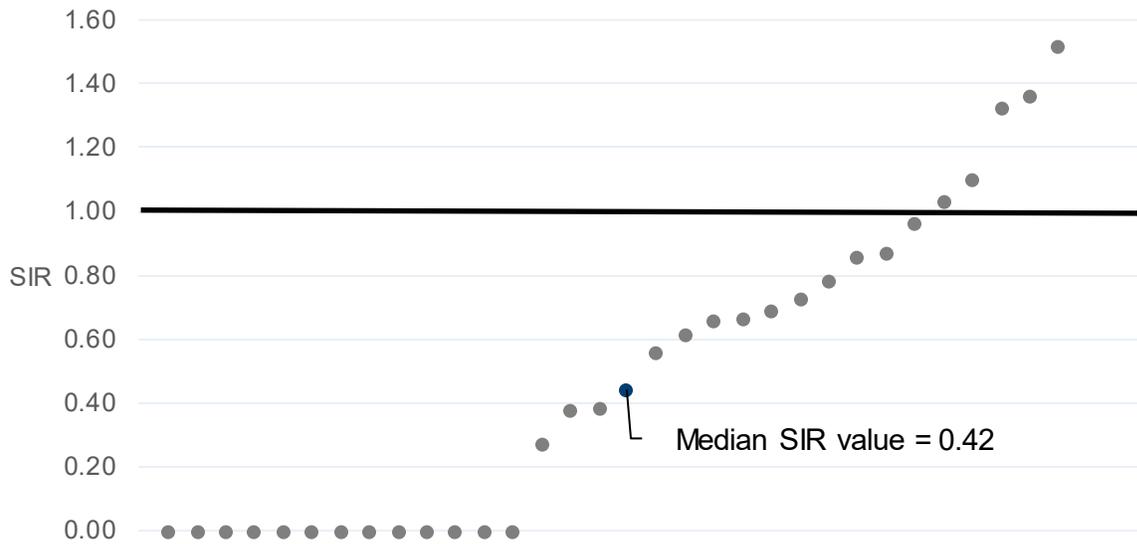


TABLE 8. Unit-level MRSA bacteremia information for acute care hospitals.

| Unit type | Number of reporting hospitals | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-----------|-------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 83 | 74 | 0.62* | 0.49, 0.77 | 13% increase |

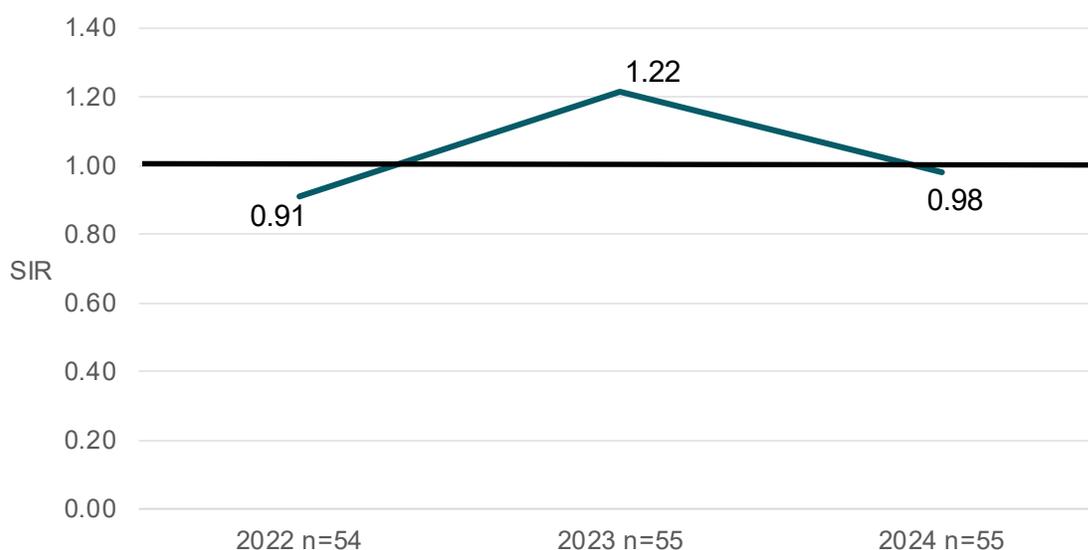
MRSA bacteremia: Critical access hospitals

The state-level MRSA bacteremia SIR for critical access hospitals was not significantly different from the 2022 national baseline in 2022, 2023, or 2024. Wisconsin critical access hospitals reported three hospital-onset MRSA bacteremia LabID events in 2022, four events in 2023, and three events in 2024.

FIGURE 17

The MRSA bacteremia SIR for critical access hospitals was not statistically significantly different from the 2022 national baseline.

State-level MRSA bacteremia SIRs, 2022–2024, all critical access hospital reporting units, 2022 national SIR baseline



No critical access hospital was able to calculate a facility-level MRSA bacteremia SIR for 2024.

TABLE 9. Unit-level MRSA bacteremia information for critical access hospitals.

| Unit type | Number of reporting hospitals | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-----------|-------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 55 | 3 | 0.98 | 0.25, 2.67 | 19% decrease |

C. difficile infections (CDI): Acute care hospitals

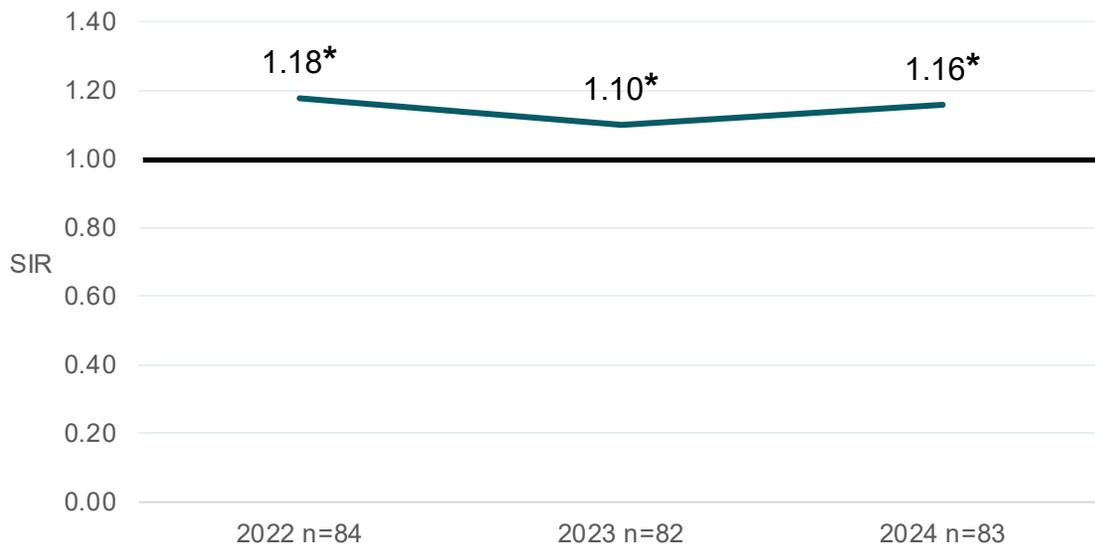
People at highest risk of CDI include older hospital patients or nursing home residents receiving prolonged antibiotic therapy. The CDI measure includes laboratory-identified CDIs occurring more than three days after a hospital admission (hospital-onset).

The state-level **CDI** SIR for acute care hospitals was significantly **higher** than the updated national baseline in 2022, 2023, and 2024. The HAI Prevention Program has convened a workgroup of infection preventionists and others from across the state to further examine our state-level CDI data, with the aim of better understanding what is contributing to our high state-level SIR under the new baseline.

FIGURE 18

State-level CDI SIRs for acute care hospitals were significantly higher than the 2022 national baseline in 2022, 2023, and 2024.

State-level annual CDI SIRs, 2022–2024, all acute care reporting units, 2022 national SIR baseline



Sixty-three acute care hospitals (77%) had sufficient volume to calculate a facility-level CDI SIR for 2024. Among these facilities, the median SIR value was 1.01.

FIGURE 19

The median facility-level CDI SIR was near the 2022 national baseline.

2024 Wisconsin acute care hospital CDI SIR values, 2022 national SIR baseline

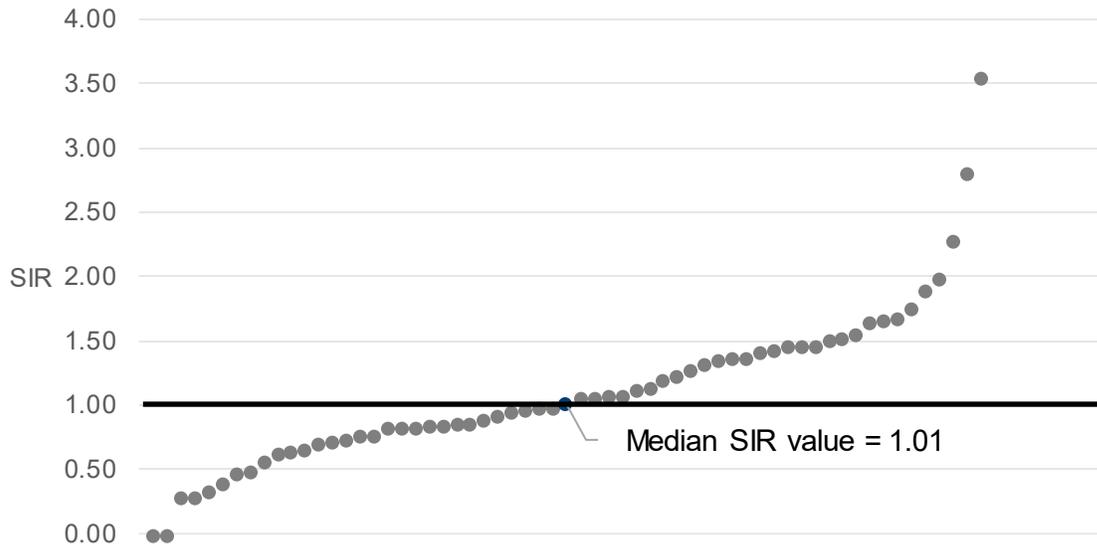


TABLE 10. Unit-level CDI information for acute care hospitals.

| Unit type | Number of reporting hospitals | Infection count | 2024 SIR | 95% confidence interval | Percent change 2023–2024 |
|-----------|-------------------------------|-----------------|----------|-------------------------|--------------------------|
| All units | 83 | 707 | 1.16* | 1.07, 1.24 | 5% increase |

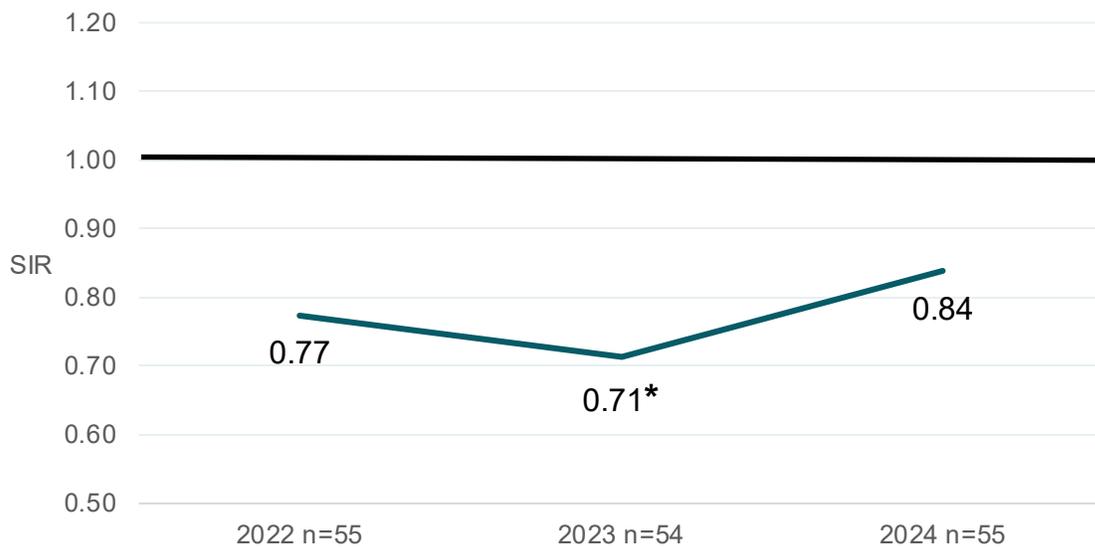
CDI: Critical access hospitals

Unlike what was seen for Wisconsin acute care hospitals in recent years, state-level **CDI SIRs** for Wisconsin critical access hospitals were either **below** the 2022 national baseline or not significantly different from it.

FIGURE 20

The CDI SIR for critical access hospitals was significantly lower than the updated baseline in 2023, but not significantly different from it in 2022 or 2024.

State-level annual CDI SIRs, 2022–2024, all critical access hospital reporting units, 2022 national SIR baseline



Summary and Next Steps

The recently updated national SIR baseline provides a much more current benchmark against which facilities, health systems, and states can assess and track their progress in preventing HAIs. Looking at Wisconsin's acute care hospitals, several state-level SIRs were already **lower** than the updated baseline for two or more years included in this report. This was the case for **CAUTI**, **CLABSI**, **VAE**, and **MRSA bacteremia**.

At the same time, state-level SIRs for a small number of HAI types, notably **CDI** and **SSIs** associated with some surgical procedures, were statistically significantly **higher** than the new baseline in one or more years included in this report.

As illustrated in the section on **CDI**, there is a persistent signal in Wisconsin's state-level acute care hospital CDI data under the updated SIR baseline that warrants further attention. Preliminary data for the first three quarters of 2025 show continued high state-level SIRs, suggesting this will continue to be an area needing further investigation.

State-level data for other states in our region under the updated SIR baseline is not yet available from NHSN, but should provide additional context for better understanding Wisconsin's CDI data in the coming months. It should be noted that NHSN's 2024 [National and State HAI Progress Report](#) which will be released in early 2026, will utilize the **2015** national SIR baseline, and so SIR values in that report will not be directly comparable to those included in this report. However, we expect that updated national and state data under the 2022 SIR baseline will also be forthcoming from NHSN in the near future.

It should also be noted that NHSN is in the process of refining a new [digital quality measure](#) for CDI that, in addition to considering laboratory results, will take into account whether the patient was treated for CDI during the hospital admission. This new measure is currently being tested by a small number of hospitals around the country and should also provide additional insights into Wisconsin acute care hospitals' performance on CDI prevention once available to all hospitals in NHSN.

The Wisconsin HAI Prevention Program convened a workgroup with representatives from hospitals and health systems from across the state in the fall of 2025 to further examine our state-level CDI data. This group will continue to meet into early 2026 and we look forward to sharing insights and lessons learned related to CDI prevention efforts with the Wisconsin infection prevention community.

Wisconsin **SSI** data under the updated national baseline shows somewhat mixed results in recent years. The most consistent finding has been a statistically significantly **high** SIR for **HYST** between 2022 and 2024 under the All SSI SIR model. While these high SIRs warrant further attention, they represent a relatively small number of infections, with between 85 and 89 HYST SSIs reported statewide each year. Of these infections, roughly half were at the superficial level and half were at the organ/space level.

State-level **COLO** SIRs were also occasionally significantly **high** in recent years. Under the All SSI SIR model, the COLO SIR for 2023 was significantly higher than the new baseline, and under the Complex Admission/Readmission SSI SIR model, the COLO SIR was significantly high in 2024. While this finding is not as consistent as was seen with HYST SIRs, it also bears additional review and attention, particularly as roughly 300 COLO SSIs were reported under the All SSI SIR model each year, with half of these infections occurring at the organ/space level.

Finally, the significantly **high** state-level **CLABSI** SIR for critical access hospitals in 2024 is of note. As stated previously, the total number of CLABSI events reported by Wisconsin critical access hospitals is typically quite low each year, ranging from 1 event in 2022 to 8 events in 2024. The eight CLABSI events for 2024 were reported by six critical access hospitals, with 5 facilities each reporting one CLABSI event, and one facility reporting 3 CLABSI events.

Preliminary data for the first three quarters of 2025 show only two CLABSI events reported by Wisconsin critical access hospitals, suggesting a return to a low number of CLABSI events identified and reported by these facilities each year.

The HAI Prevention Program will continue to monitor and share state-level NHSN data to support infection prevention efforts in the state. Individuals are welcome to [contact the HAI Prevention Program](#) with questions about this report or suggestions for future HAI data reports.

Additional Information

For more information on the specific HAI types discussed in this report, visit the following CDC webpages.

- [CAUTI](#)
- [CLABSI](#)
- [SSI](#)
- [MRSA bacteremia](#)
- [CDI](#)