

Healthcare-Associated Infections Prevention Program Annual Data Report

2025

Wisconsin Healthcare-Associated Infections Prevention Program

Division of Public Health, Wisconsin Department of Health Services

P-00340 (10/2026)

WISCONSIN DEPARTMENT of HEALTH SERVICES

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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 on July 13, 2026. Changes made to the data after this date 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 updated national SIR baselines, utilizing data reported by hospitals for calendar year 2022. **All data in this report is based on the 2022 national SIR baseline**.

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).

Key Takeaways for 2025

Acute care hospitals

Similar to 2024, SIRs for most HAI types were **statistically significantly lower** than the 2022 national SIR baseline in 2025. This was the case for **CAUTI**, **CLABSI**, **VAE**, and **MRSA bacteremia**.

Improvements were seen in the state-level SIR for **CDI** in 2025. After several years of being statistically significantly higher than the national baseline, the state-level CDI SIR was not significantly different from the national baseline in 2025. There was also a **statistically significant decrease** in the state-level CDI SIR from 2024 to 2025.

Critical access hospitals

State-level SIRs for critical access hospitals were not significantly different from the national SIR baseline in 2025.

SSIs (includes data for acute care and critical access hospitals combined)

A finding warranting further investigation is **statistically significantly high** state-level SIRs for SSIs following both colon surgeries (**COLO**) and abdominal hysterectomies (**HYST**) in 2025.

Overview of 2025 SIRs

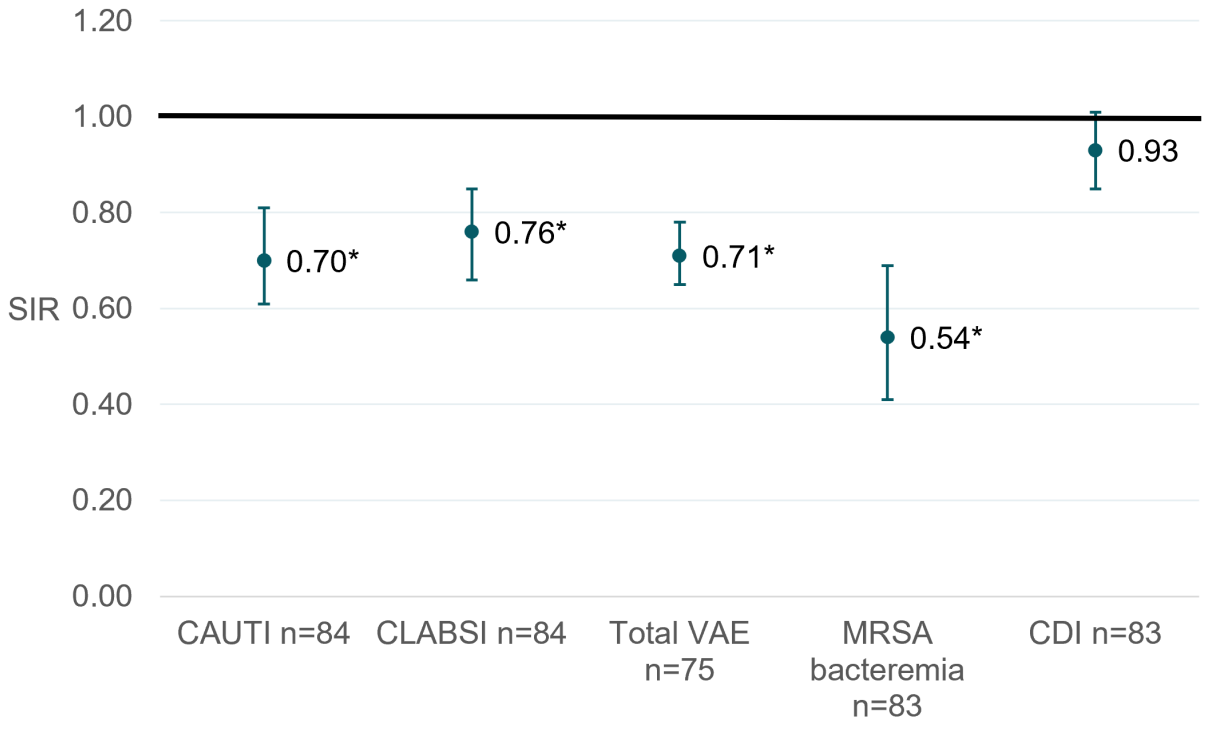
Acute care hospitals

State-level SIRs for acute care hospitals for **CAUTI**, **CLABSI**, **VAE**, and **MRSA bacteremia**, were significantly **lower** than the 2022 national SIR baseline in 2025. After several years of being significantly higher than the national baseline, the CDI SIR was not significantly different from the national baseline in 2025.

Figure 1

State-level SIRs for acute care hospitals were significantly below the national baseline for almost all reported HAI types in 2025.

2025 state-level SIRs for Wisconsin acute care hospitals, 2022 SIR baseline



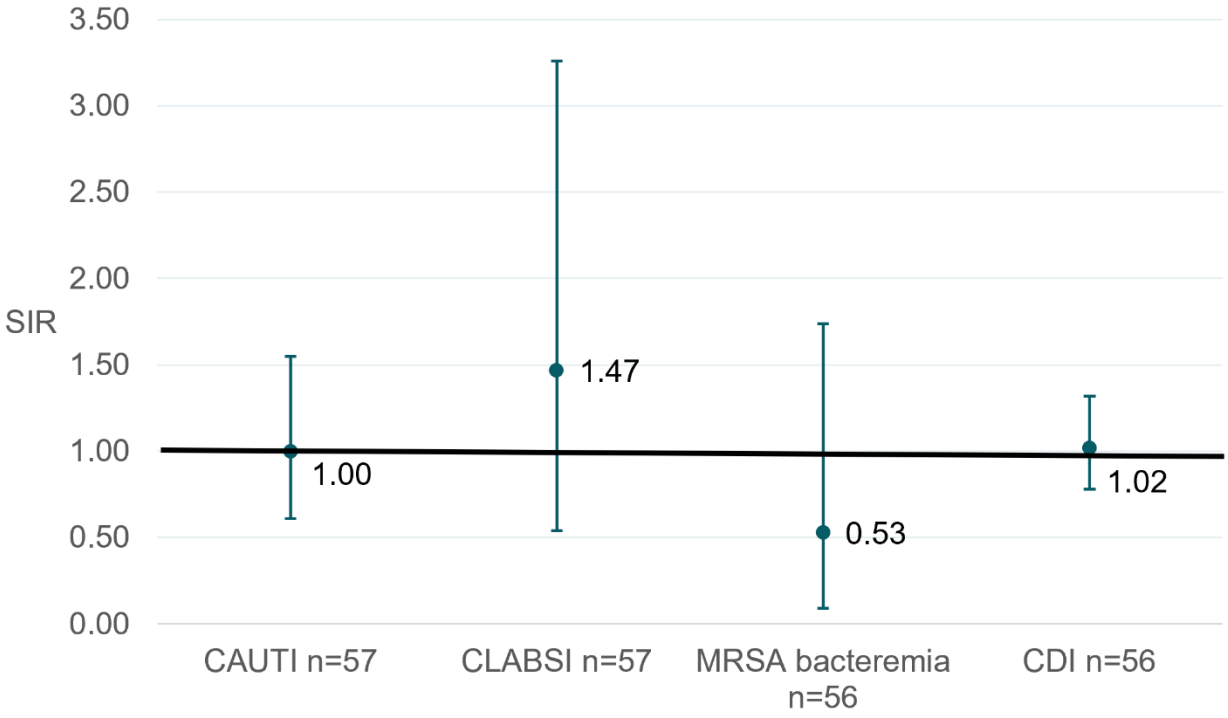
Critical access hospitals

Similar to recent years, state-level SIRs for critical access hospitals for CAUTI, CLABSI, MRSA bacteremia, and CDI were not significantly different from the national baseline in 2025.

Figure 2

State-level SIRs for critical access hospitals were not significantly different from the national baseline in 2025.

2025 state-level SIRs for Wisconsin critical access hospitals, 2022 SIR baseline



Surgical site infections (SSIs)

This report includes SSI SIRs calculated using two different NHSN SIR models. The **All SSI SIR model** (PDF) includes SSIs occurring at the superficial, deep, and organ/space levels. The **Complex Admission/Readmission SSI SIR model** (PDF) 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.

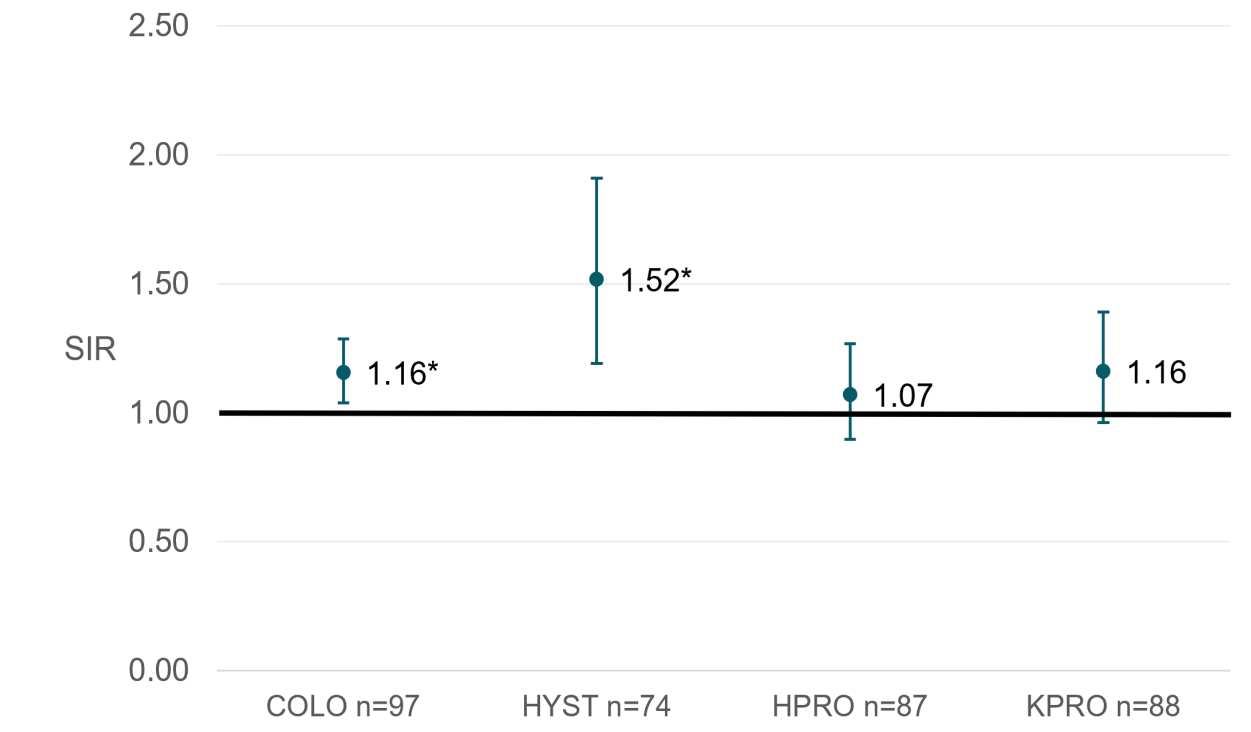
SSI data in this report are for acute care and critical access hospitals combined.

Under the All SSI SIR model, state-level SIRs for **HYST** and **COLO** were significantly **higher** than the 2022 national baseline in 2025. State-level SIRs for HPRO and KPRO were not significantly different from the national baseline.

Figure 3

Under the All SSI SIR model, state-level SIRs for both COLO and HYST were significantly higher than the national baseline in 2025.

2025 All SSI SIRs, acute care and critical access hospitals, 2022 SIR baseline

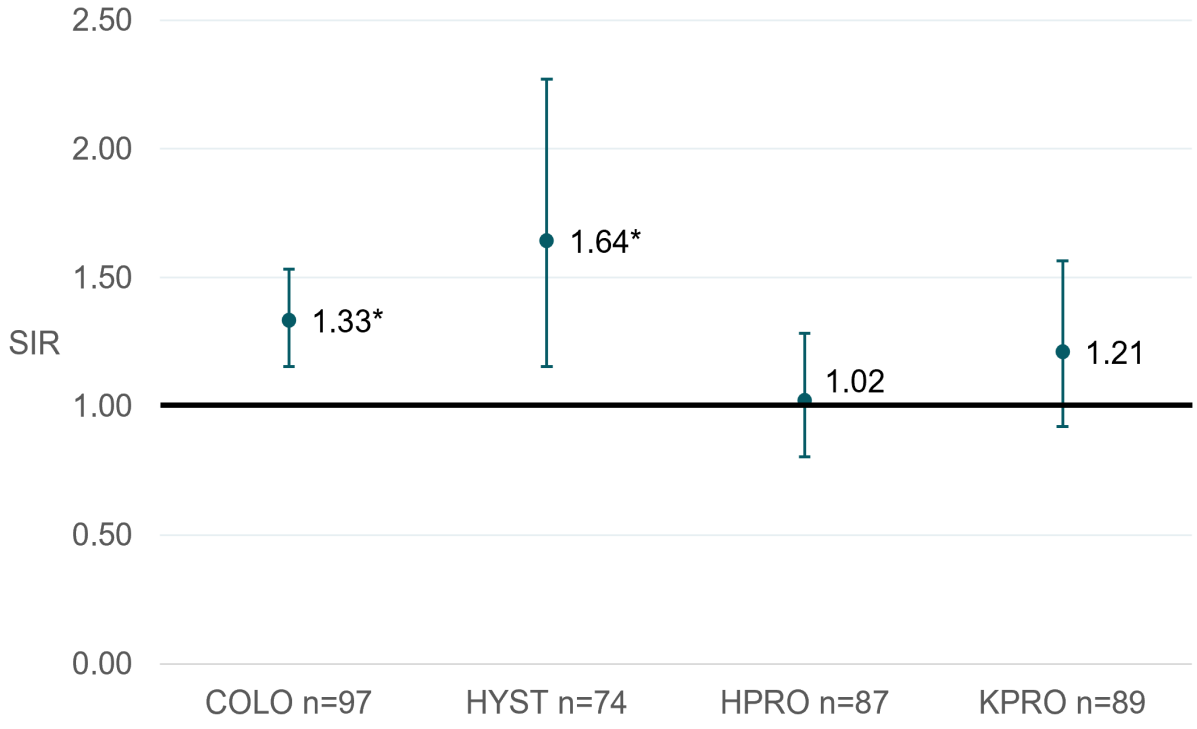


The same pattern was seen under the Complex Admission/Readmission SSI SIR model in 2025, where state-level SIRs for **COLO** and **HYST** were significantly higher than the 2022 SIR baseline, while SIRs for HPRO and KPRO were not significantly different from it.

Figure 4

Under the Complex Admission/Readmission SIR model, state-level SIRs for COLO and HYST were significantly higher than the national baseline in 2025.

2025 Complex Admission/Readmission SSI SIRs, acute care and critical access hospitals, 2022 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 national SIR baseline in 2025, continuing a trend seen since 2023. In addition, there was a statistically significant **decrease** in the CAUTI SIR for **critical care locations** from 2024 to 2025.

Figure 5

Wisconsin's annual acute care hospital CAUTI SIR has been significantly below the 2022 national baseline since 2023.

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

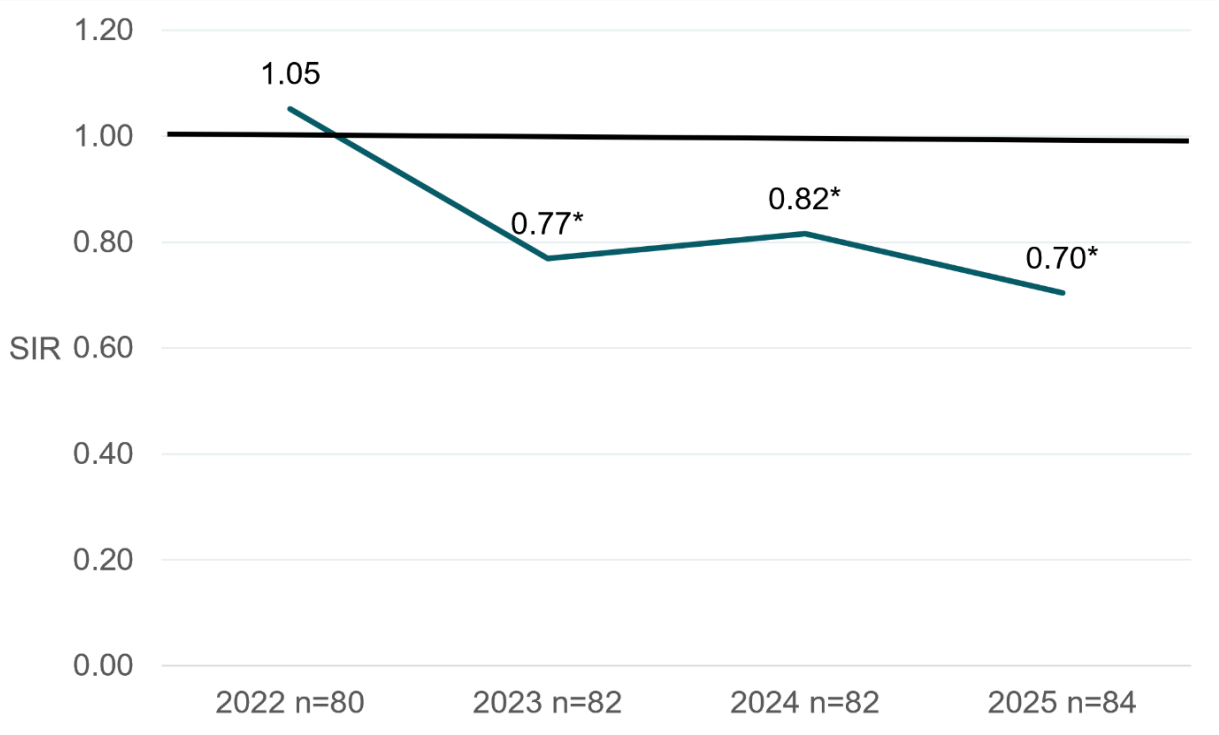


Figure 6 shows facility-level SIRs for CAUTI for 2025. NHSN will only calculate a SIR value if the number of predicted infections for that time period is one or more; therefore facility-level SIRs are not available for all hospitals.

Of the 84 acute care hospitals reporting CAUTI data in 2025, 43 (51%) were able to calculate a facility-level CAUTI SIR. Among these facilities, the median SIR value was 0.62.

Figure 6

The median facility-level SIR value for CAUTI was 0.62 in 2025.

2025 acute care hospital CAUTI SIR values, 2022 SIR baseline

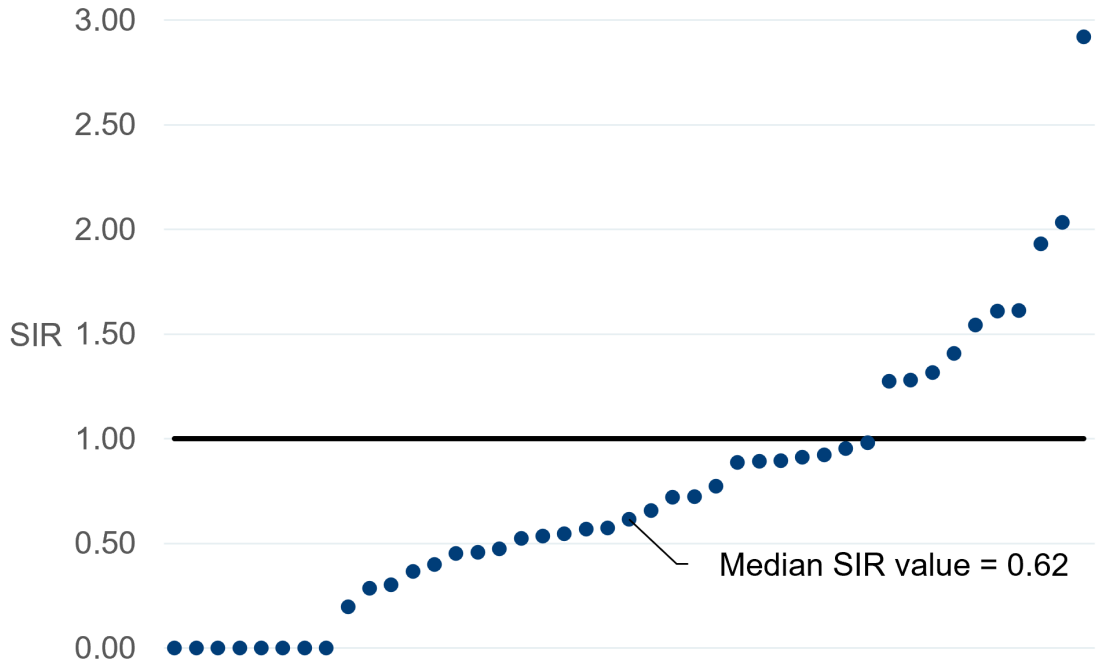


Table 1. Unit-level CAUTI information for acute care hospitals.

Unit type	Number of reporting hospitals (units)	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All units	84 (470)	228	0.70*	0.61, 0.81	12% decrease
ICU	62 (88)	86	0.62*	0.48, 0.79	30% decrease*
Non-ICU	84 (382)	142	0.75*	0.63, 0.88	4% decrease

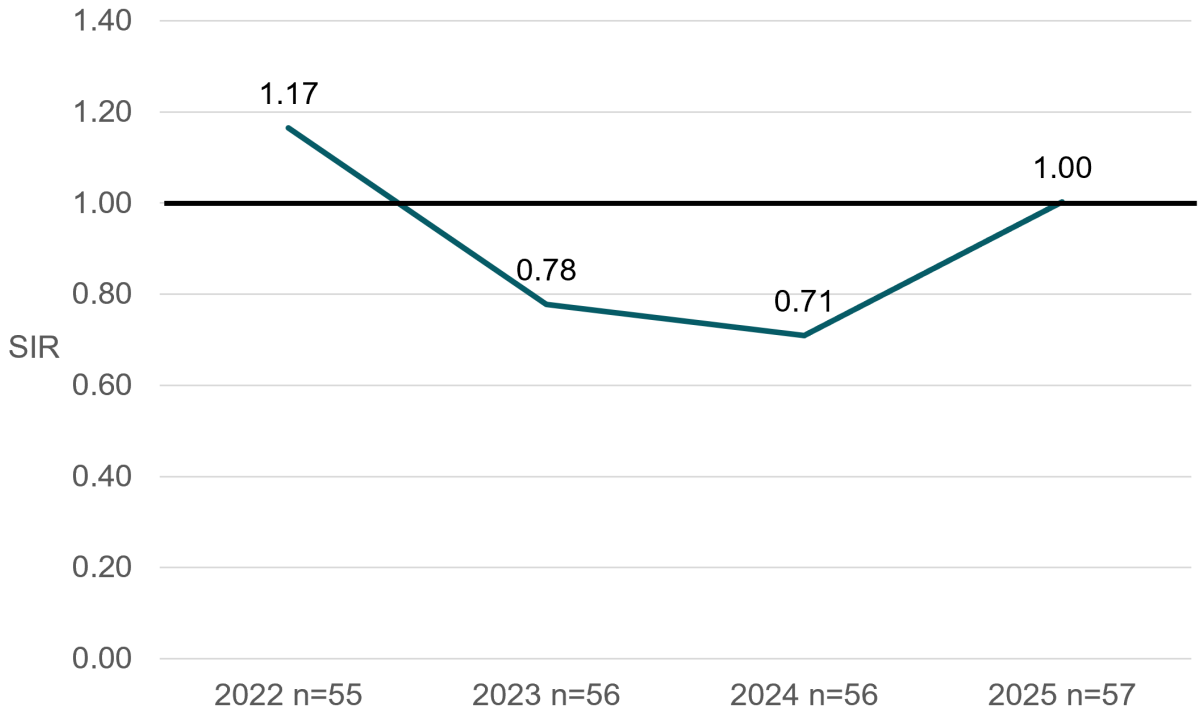
CAUTI: Critical access hospitals

As in recent years, the state-level CAUTI SIR for critical access hospitals was not significantly different from the national baseline in 2025. Wisconsin critical access hospitals reported between 12 and 20 CAUTI events each year from 2022 to 2025.

Figure 7

Annual CAUTI SIRs for critical access hospitals were not significantly different from the 2022 national baseline between 2022 and 2025.

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



Only one Wisconsin critical access hospital was able to calculate a facility-level SIR in 2025.

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

Unit type	Number of reporting hospitals (units)	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All units	57 (83)	18	1.00	0.61, 1.55	41% increase
ICU	12 (12)	0	0.00	--	--
Non-ICU	57 (71)	18	1.03	0.63, 1.59	42% increase

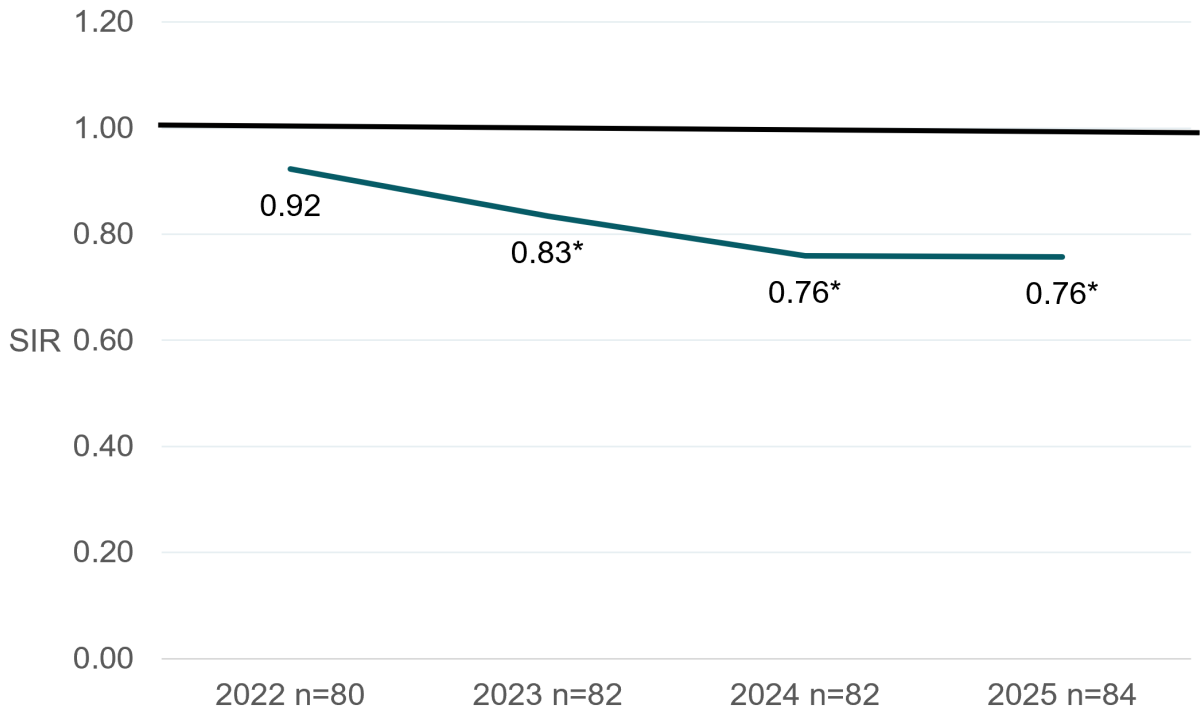
Central line-associated bloodstream infection (CLABSI): Acute care hospitals

Continuing a trend seen in recent years, the state-level **CLABSI** SIR for acute care hospitals was significantly **lower** than the national baseline in 2025.

Figure 8

The state-level CLABSI SIR for acute care hospitals has been significantly below the 2022 national baseline since 2023.

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



Of the 84 acute care hospitals reporting CLABSI data for 2025, 42 (50%) were able to calculate a facility-level CLABSI SIR. Among these facilities, the median SIR value was 0.60.

Figure 9

The median facility-level SIR value for CLABSI for acute care hospitals was 0.60.

2025 acute care hospital CLABSI SIR values, 2022 national SIR baseline

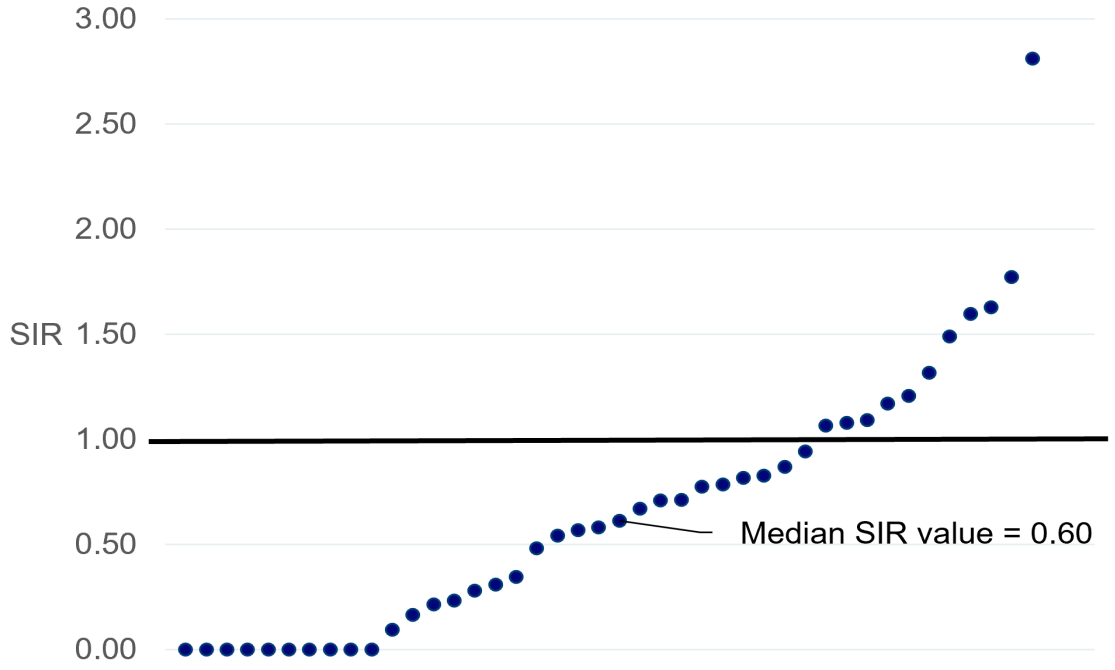


Table 3. Unit-level CLABSI information for acute care hospitals.

Unit type	Number of reporting hospitals (units)	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All units	84 (487)	267	0.76*	0.67, 0.85	No change
NICU	17 (17)	13	0.70	0.39, 1.17	22% decrease
ICU	62 (88)	76	0.61*	0.48, 0.76	21% increase
Non-ICU	84 (382)	178	0.85*	0.73, 0.98	6% decrease

CLABSI: Critical access hospitals

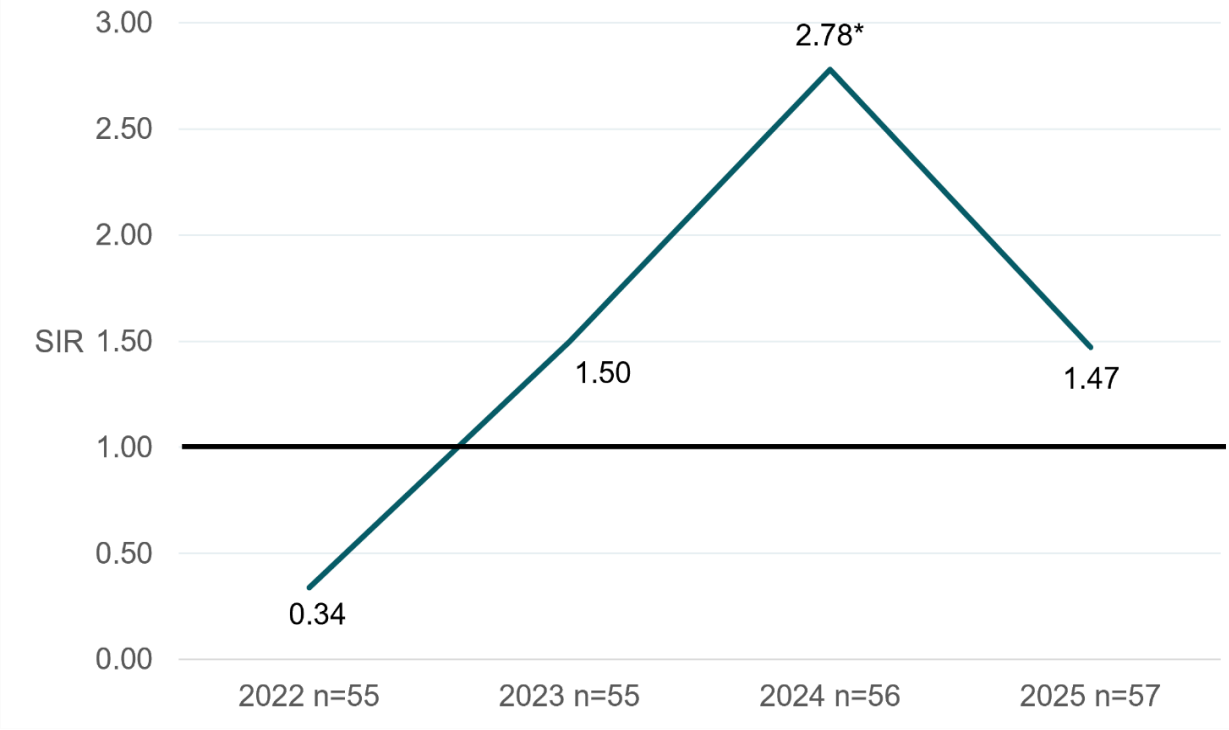
Wisconsin critical access hospitals report relatively few CLABSI events each year, and the state-level SIR can fluctuate considerably from year to year. Wisconsin critical access hospitals reported one CLABSI event in 2022, four CLABSI events in 2023, eight CLABSI events in 2024, and five CLABSI events in 2025.

After being significantly high in 2024, the state-level CLABSI SIR for critical access hospitals returned to more typical levels in 2025 and was not statistically significantly different from the national SIR baseline.

Figure 10

The critical access hospital CLABSI SIR was not significantly different from the national baseline in 2025.

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



No critical access hospital was able to calculate a facility-level CLABSI SIR for 2025.

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

Unit type	Number of reporting hospitals (units)	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All units	57 (82)	5	1.47	0.54, 3.26	47% decrease
ICU	12 (12)	0	--	--	--
Non-ICU	57 (70)	5	1.56	0.57, 3.46	48% decrease

Ventilator-associated event (VAE): Acute care hospitals

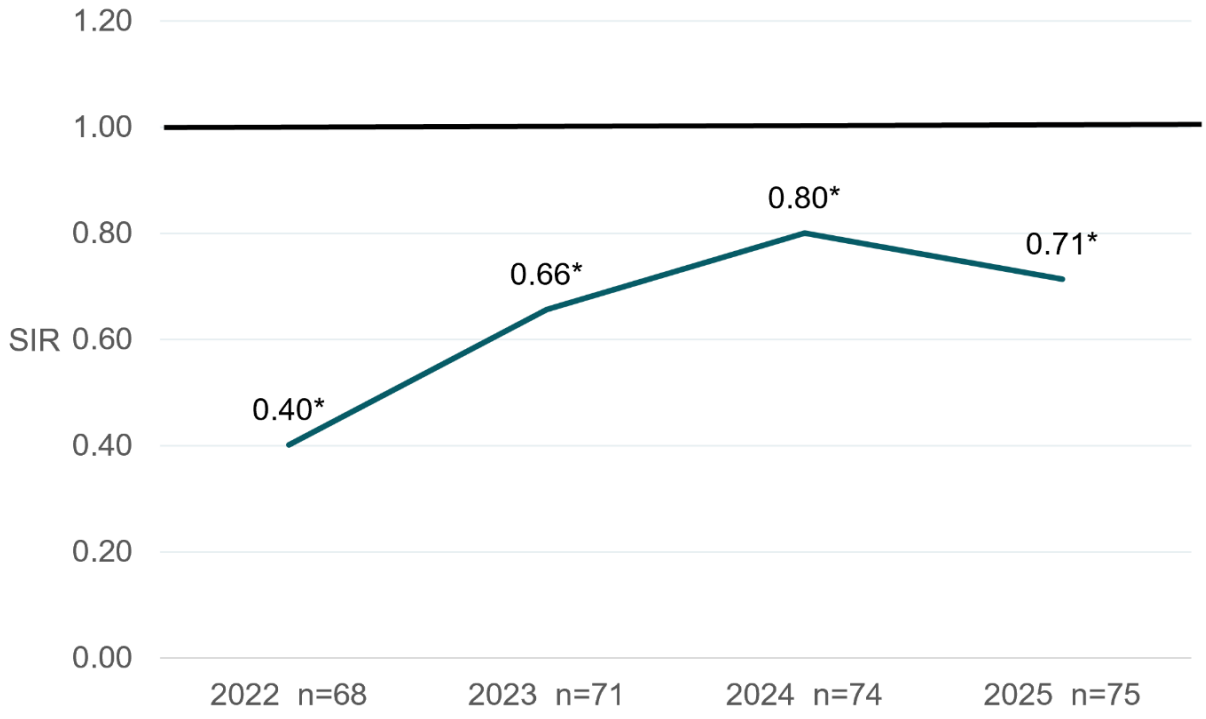
Surveillance for VAEs includes both infections and other conditions that may or may not represent true infections. The “Total VAE” measure includes all VAEs. Data shown is for acute care hospitals only.

Continuing a trend seen since 2022, the **Total VAE** SIR for Wisconsin acute care was significantly **below** the national baseline in 2025.

Figure 11

Wisconsin’s acute care hospital VAE SIR continues to be significantly lower than the national baseline.

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



Of the 75 acute care hospitals that reported VAE data, 37 (49%) were able to calculate a facility-level Total VAE SIR for 2025. The median SIR value among these hospitals was 0.

Figure 12

The median SIR value for Total VAE in acute care hospitals in 2025 was 0.

2025 acute care hospital Total VAE SIR values, 2022 SIR baseline

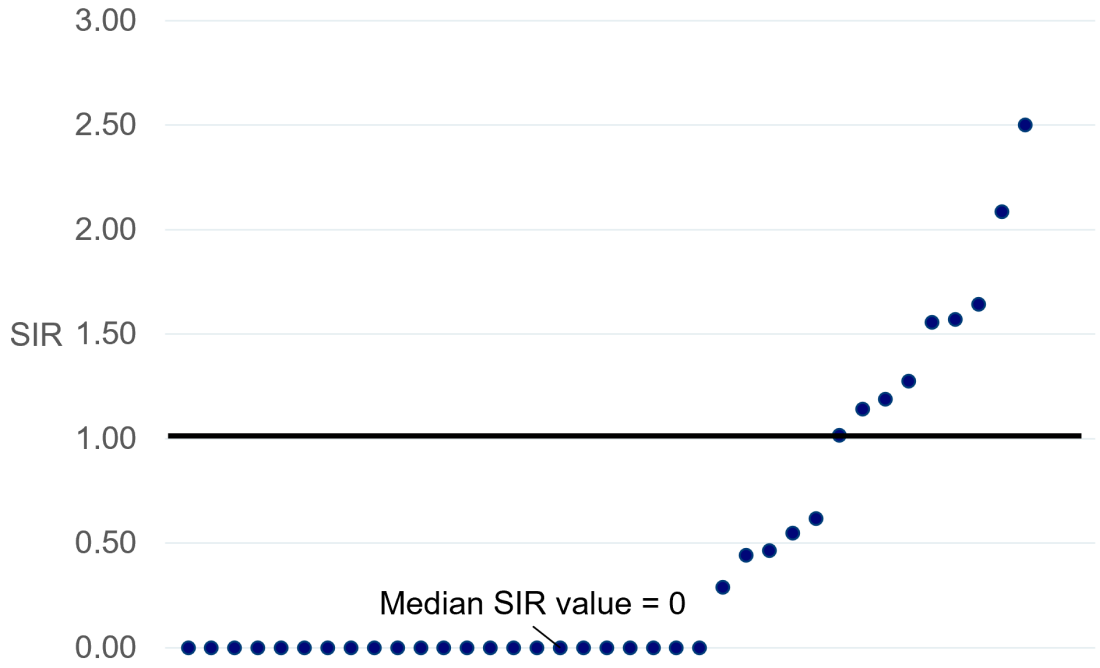


Table 5. Unit-level Total VAE information for acute care hospitals.

Unit type	Number of reporting hospitals (units)	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All units	75 (391)	413	0.71*	0.65, 0.78	11% decrease
ICU	58 (77)	369	0.69*	0.62, 0.76	12% decrease
Non-ICU	74 (314)	44	0.88	0.75, 1.36	2% increase

SSIs: All hospitals (All SSI SIR model)

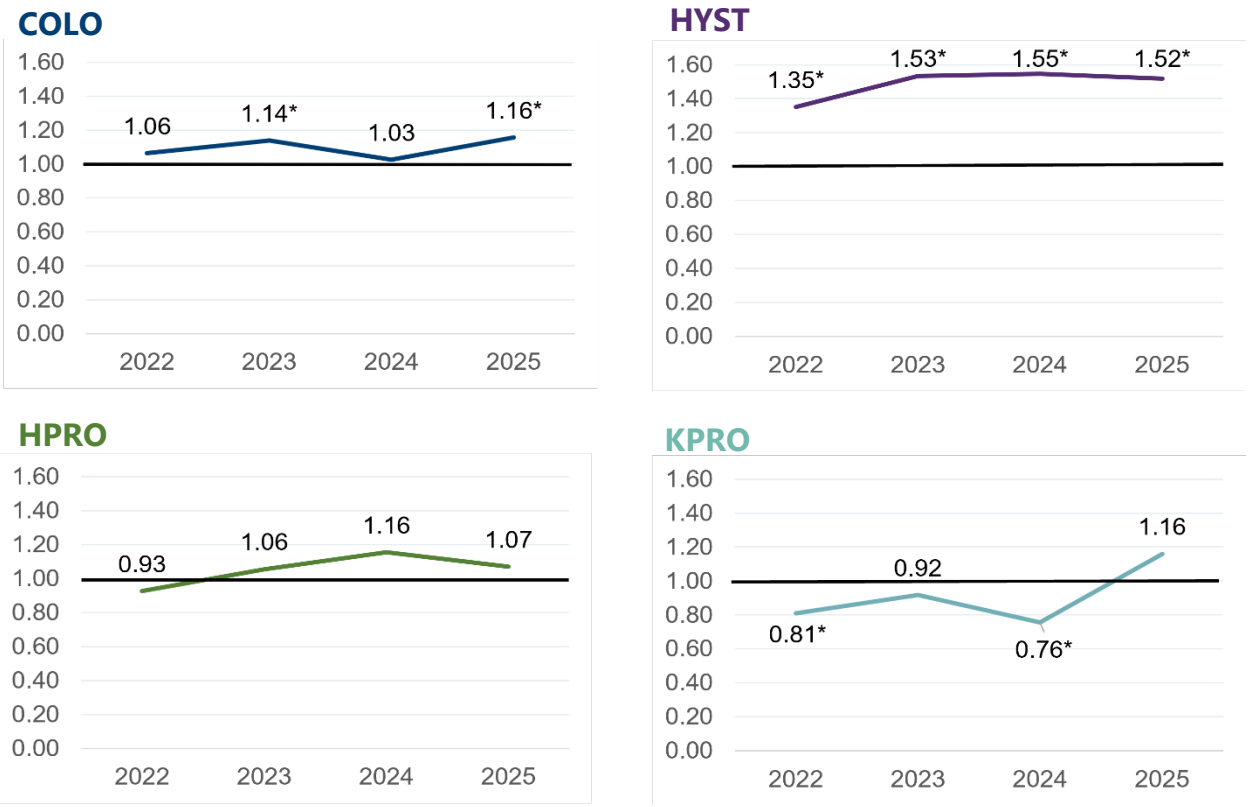
SSIs are classified by the type of surgical procedure with which they are associated, as well as the depth of the infection, and can involve tissues under the skin, organs, or implanted material. Shown in this section are data for adult, inpatient procedures in acute care and critical access hospitals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

Figure 13 shows SSI SIRs for COLO, HYST, HPRO, and KPRO for 2022 through 2025. Notable for 2025 is that state-level SIRs both **COLO** and **HYST** were significantly **higher** than the 2022 baseline.

Figure 13

Under the All SSI SIR model, state-level SIRs for COLO and HYST have frequently been significantly higher than the national baseline in recent years.

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



As shown in Table 6, when looking at **all NHSN surgical procedure types combined**, the state-level SIR was significantly **higher** than the national baseline in 2025. Also, there was a statistically significant **increase** in this SIR from 2024 to 2025.

For **KPRO,** while there was a significant **increase** in the SIR from 2024 to 2025, the 2025 KPRO SIR was not significantly different from the national baseline.

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

	Number of reporting hospitals[1] (procedures)	**Infection count**	**2025 SIR**	**95% confidence interval**	**Percent change 2024–2025**
All surgical procedures	114 (62,277)	1207	1.24*****	1.17, 1.31	13% increase*****
COLO	97 (6,575)	333	1.16*****	1.04, 1.28	13% increase
HYST	74 (3,081)	69	1.52*****	1.19, 1.91	2% decrease
HPRO	87 (10,611)	128	1.07	0.90, 1.27	7% decrease
KPRO	88 (12,920)	113	1.16	0.96, 1.39	54% increase*****

[1]Number of reporting hospitals includes only hospitals that performed at least one surgical procedure of that type during 2025.

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

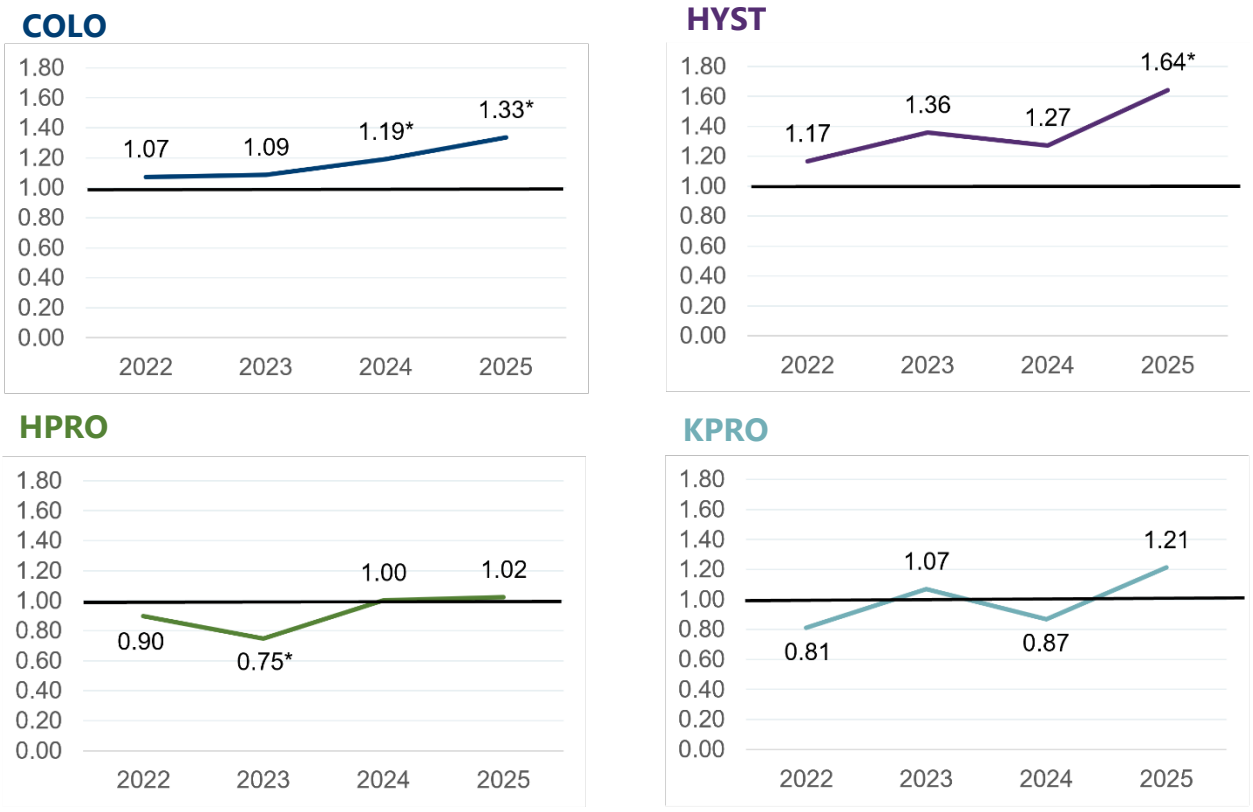
SSI data in this section is for adult, inpatient procedures in both acute care and critical access hospitals and includes only infections occurring at the deep or organ/space level that are detected during the same hospital admission as the surgical procedure, or upon readmission to the same facility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

Under the Complex Admission/Readmission SIR model, SIRs for SSIs following **COLO** and **HYST** procedures were significantly **higher** than the 2022 baseline in 2025. This is similar to what was seen for these procedure types under the All SSI SIR model and suggests a need for further investigation.

Figure 14

Under the Complex Admission/Readmission SSI SIR model, SIRs for both COLO and HYST were significantly higher than the national baseline in 2025.

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



Looking at **all NHSN procedure types combined**, there was a statistically significant **increase** in the state-level SIR from 2024 to 2025. This is the same pattern as was seen under the All SSI SIR model for 2025.

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

	Number of reporting hospitals[1] (procedures)	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All surgical procedures	114 (62,278)	573	1.20*	1.10, 1.30	13% increase*
COLO	97 (6,575)	190	1.33*	1.15, 1.53	12% increase
HYST	74 (3,081)	34	1.64*	1.16, 2.27	29% increase
HPRO	87 (10,611)	70	1.02	0.80, 1.28	2% increase
KPRO	89 (12,975)	55	1.21	0.92, 1.57	40% increase

[1]Number of reporting hospitals includes only facilities that performed at least one surgical procedure of that type during 2025.

MRSA bacteremia: Acute care hospitals

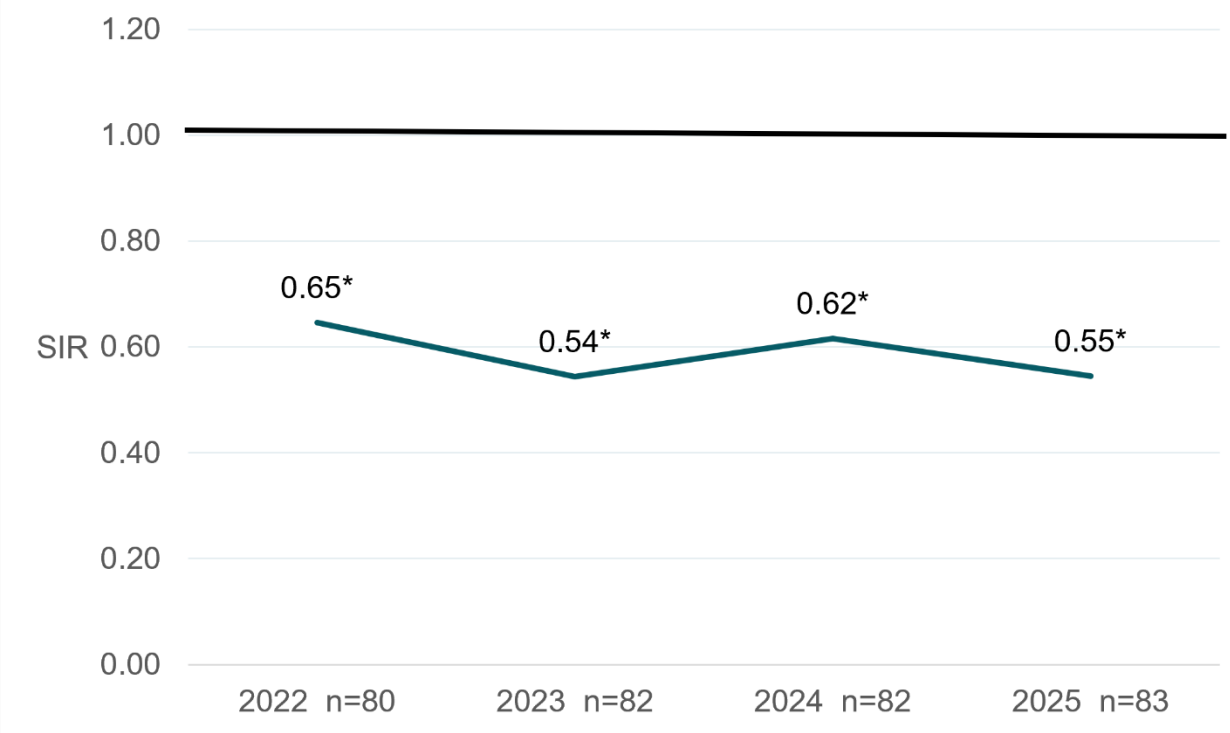
Patients who are treated with antibiotics or have devices such as urinary catheters are at increased risk of acquiring HAIs caused by MRSA and other multidrug-resistant organisms (MDROs). This measure includes laboratory-identified MRSA bloodstream infections occurring more than three days after a hospital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

Continuing a trend seen in recent years, the state-level **MRSA bacteremia** SIR for acute care hospitals was statistically significantly **lower** than the national baseline in 2025.

Figure 15

The state-level MRSA bacteremia SIR for acute care hospitals has been significantly lower than the national baseline from 2022 to 2025.

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



Twenty-nine acute care hospitals (35%) were able to calculate a facility-level MRSA bacteremia SIR for 2025. Among these facilities, the median SIR value was 0.47.

Figure 16

The median facility-level MRSA bacteremia SIR for acute care hospitals was 0.47 in 2025.

2025 acute care hospital MRSA bacteremia SIR values, 2022 SIR baseline

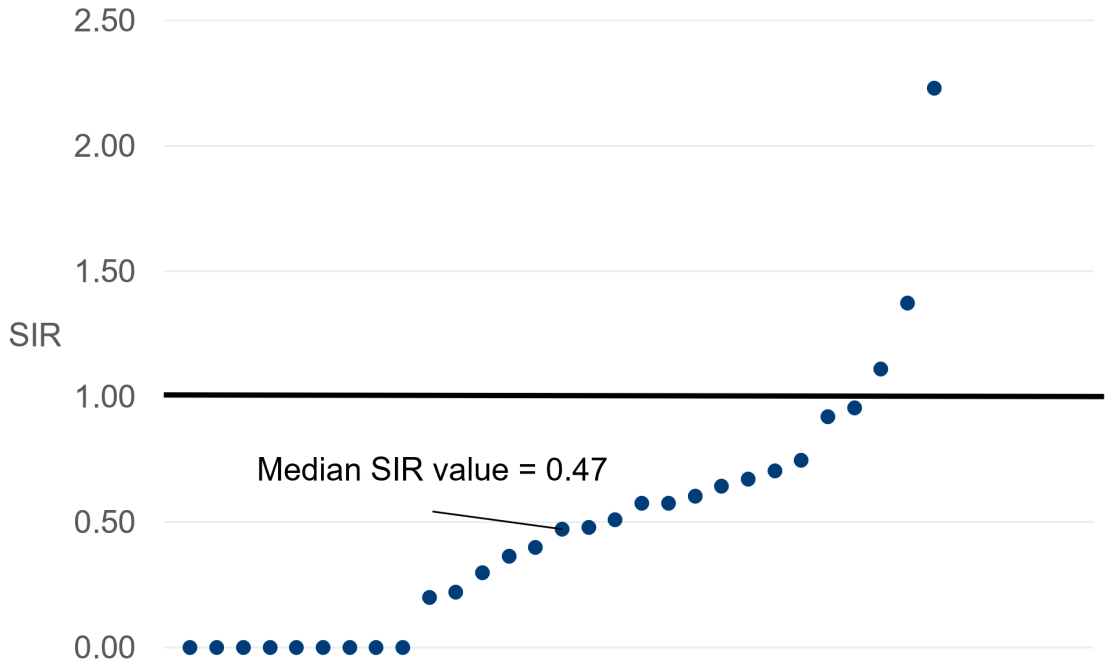


Table 8. Unit-level MRSA bacteremia information for acute care hospitals.

Unit type	Number of reporting hospitals	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All units	83	65	0.55*	0.42, 0.69	11% decrease

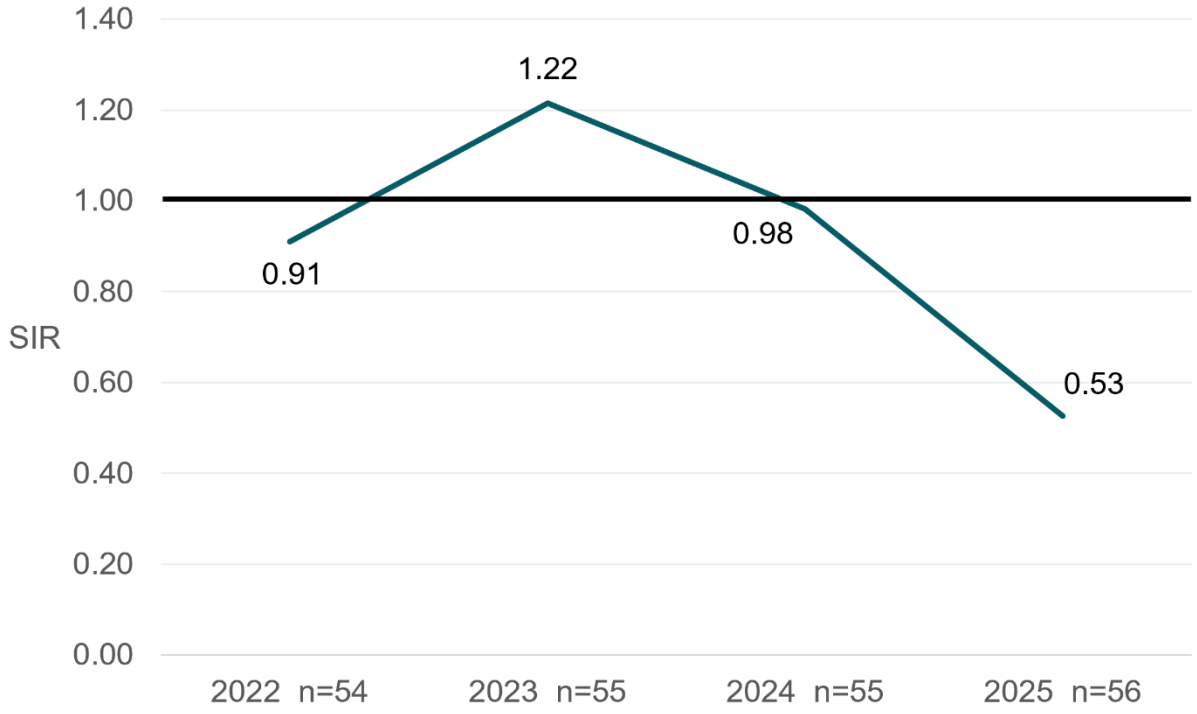
MRSA bacteremia: Critical access hospitals

Similar to recent years, the state-level MRSA bacteremia SIR for critical access hospitals was not significantly different from the 2022 national baseline in 2025. Wisconsin critical access hospitals reported three hospital-onset MRSA bacteremia events in 2022 and 2024, four events in 2023, and two events in 2025.

Figure 17

The MRSA bacteremia SIR for critical access hospitals has not been statistically significantly different from the 2022 national baseline in recent years.

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



No critical access hospital was able to calculate a facility-level MRSA bacteremia SIR for 2025.

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

Unit type	Number of reporting hospitals	Infection count	2025 SIR	95% confidence interval	Percent change 2024–2025
All units	56	2	0.53	0.09, 1.74	46% decrease

C. difficile infections (CDI): Acute care hospitals

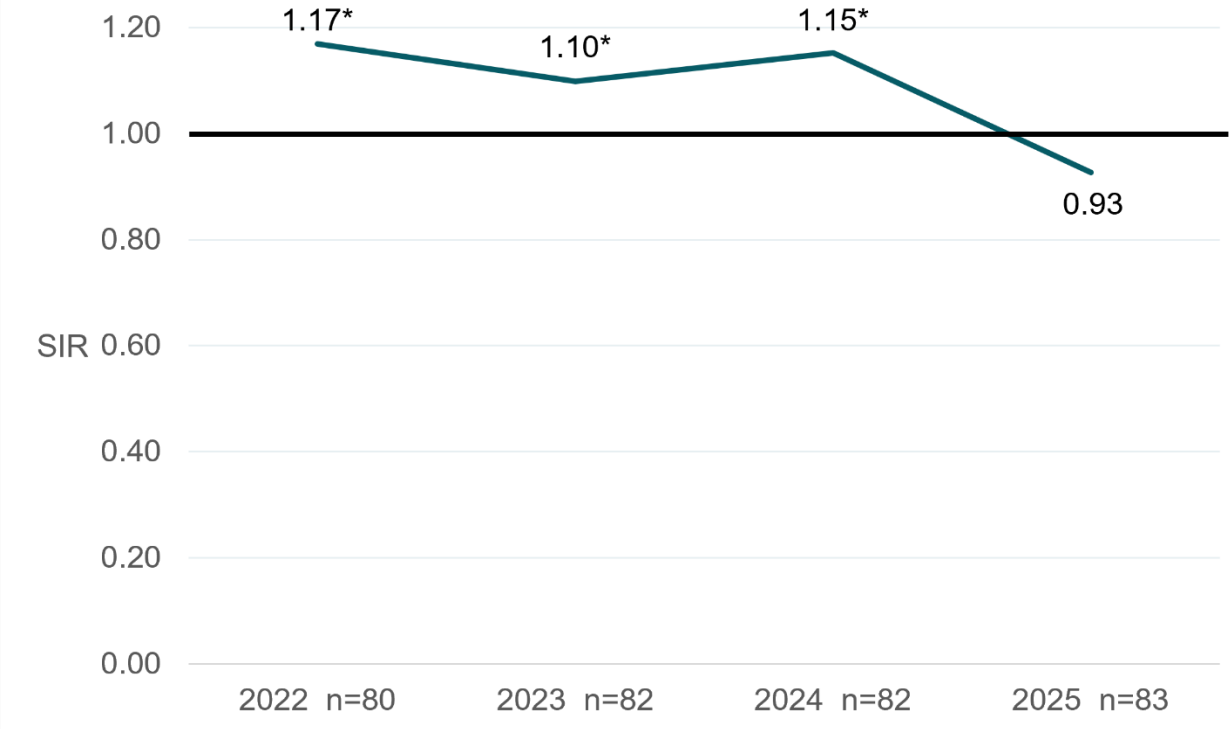
People at highest risk of CDI include older hospital patients or nursing home residents receiving prolonged antibiotic therapy. The CDI measure includes laboratory-identified CDIs occurring more than three days after a hospital admission (hospital-onset).

After several years of being significantly higher than the 2022 SIR baseline, in 2025 the state-level CDI SIR for acute care hospitals was not significantly different from the national baseline. In addition, as shown in Table 10, there was a statistically significant **decrease** in the **CDI** SIR for acute care hospitals from 2024 to 2025.

Figure 18

The state-level CDI SIR for acute care hospitals was no longer statistically significantly higher than the national baseline in 2025.

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



Sixty-three acute care hospitals (76%) had sufficient volume to calculate a facility-level CDI SIR for 2025. Among these facilities, the median SIR value was 0.70.

Figure 19

The median facility-level CDI SIR for acute care hospitals was 0.70 in 2025.

2025 acute care hospital CDI SIR values, 2022 SIR baseline

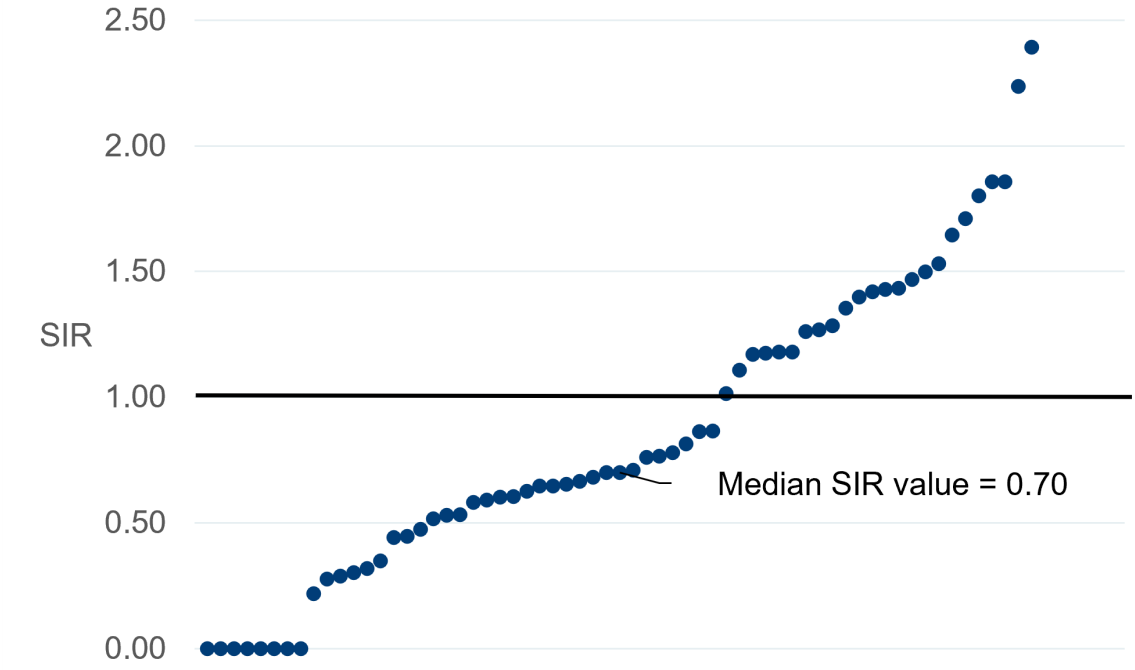


Table 10. Unit-level CDI information for acute care hospitals.

Unit type	Number of reporting hospitals	Infection count	2024 SIR	95% confidence interval	Percent change 2023–2024
All units	83	549	0.93	0.85, 1.01	20% decrease*

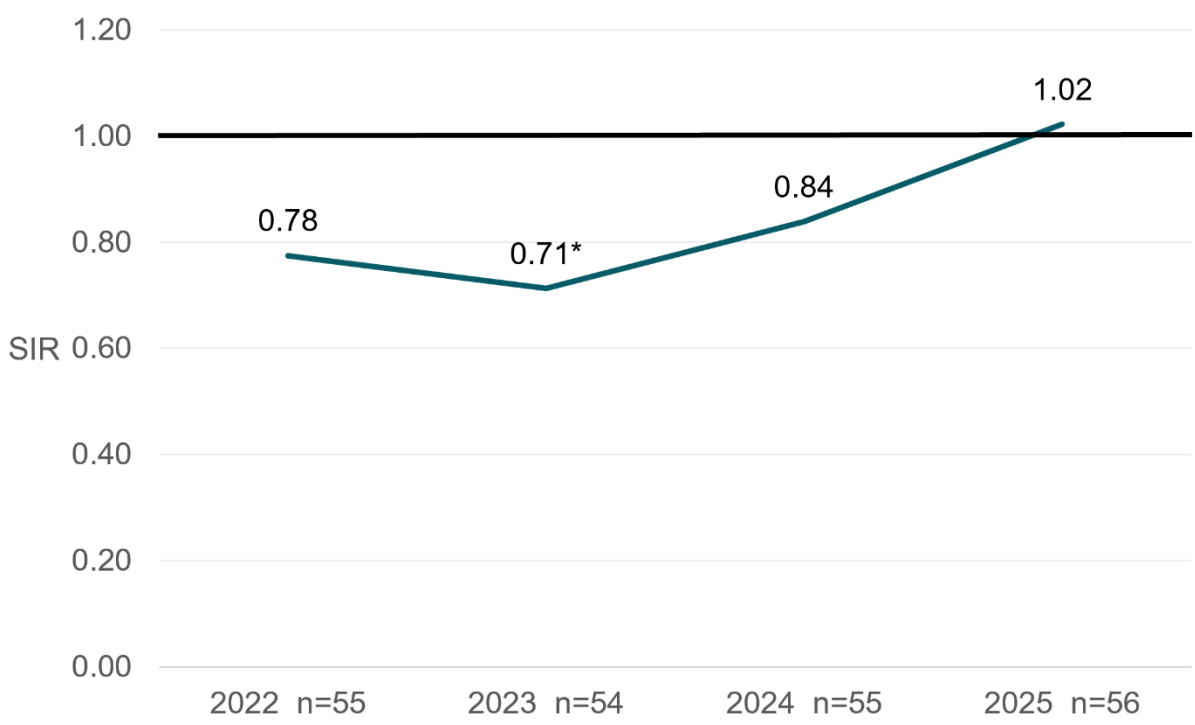
CDI: Critical access hospitals

While state-level CDI SIRs for Wisconsin critical access hospitals have increased slightly in recent years, the 2025 CDI was not significantly different from the national baseline in 2025.

Figure 20

The CDI SIR for critical access hospitals was not significantly different from the national baseline in 2025.

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



Twenty critical access hospitals (36%) were able to calculate a facility-level CDI SIR for 2025. Among these facilities, the median SIR value was 0.68.

Figure 21

The median facility-level CDI SIR value for Wisconsin critical access hospitals was 0.68 in 2025.

2025 critical access hospital CDI SIR values, 2022 SIR baseline

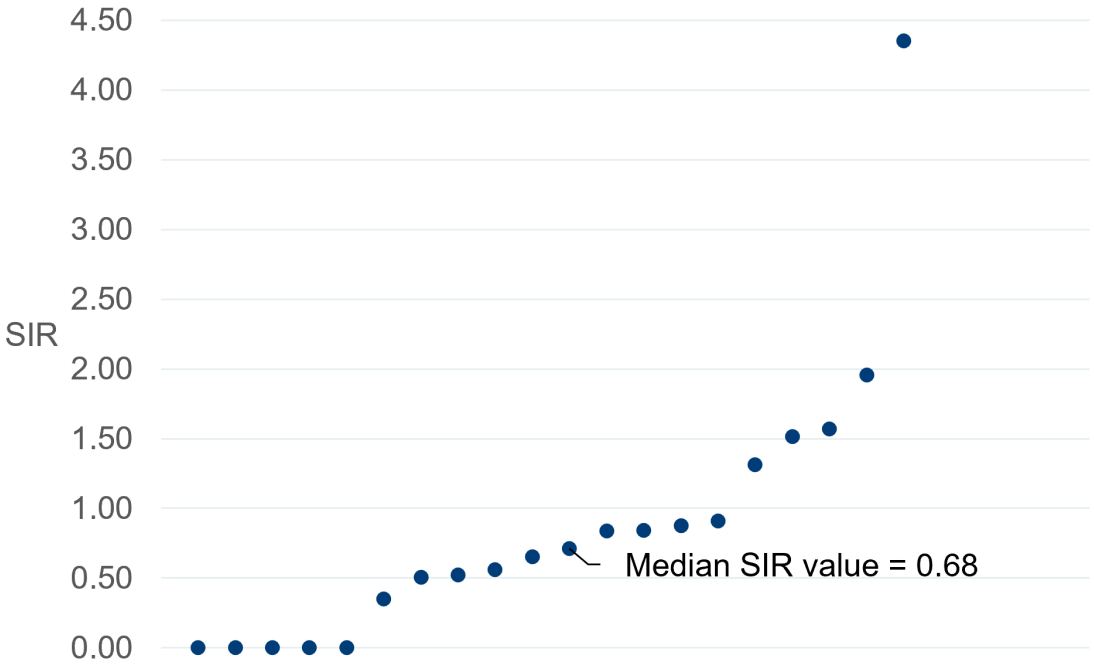


Table 11. Unit-level CDI information for critical access hospitals.

Unit type	Number of reporting hospitals	Infection count	2024 SIR	95% confidence interval	Percent change 2023–2024
All units	56	56	1.02	0.78, 1.32	22% increase

Summary and Next Steps

As noted throughout this report, Wisconsin acute care hospitals continued to perform well on many HAI types in 2025. State-level SIRs were significantly **lower** than the recently updated national baseline for **CAUTI**, **CLABSI**, **VAE**, and **MRSA bacteremia**.

Also, the state-level SIR for acute care hospitals for CDI was no longer statistically significantly high in 2025, ending a trend of significantly high state-level CDI SIRs seen for the previous three years. Preliminary data for the first half of 2026 also show lower state-level CDI SIRs for acute care hospitals, suggesting this improving trend is continuing.

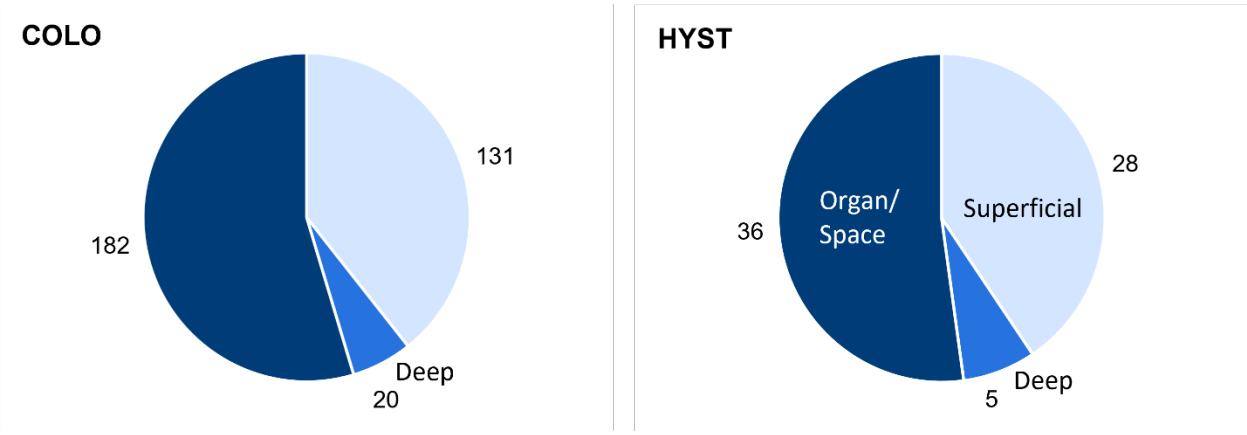
One area of concern in the 2025 data is the consistent pattern of **high** state-level SIRs for SSIs following **COLO** and **HYST** procedures. While SIRs for COLO and/or HYST have occasionally been significantly high in recent years, in 2025, SIRs for both procedure types were significantly high under both the All SSI SIR model and the Complex Admission/Readmission SIR model.

Also concerning is that under the All SSI SIR model, more than half of reported COLO and HYST SSI events were at the "organ/space" level in 2025. This refers to infections occurring in tissues or spaces deeper than the fascial or muscle layer.

Figure 22

Under the All SSI SIR model, more than half of reported COLO and HYST SSIs were at the "Organ/Space" level in 2025.

2025 SSI events by infection level, acute care and critical access hospitals, All SSI SIR model



The Wisconsin HAI Prevention Program plans to convene hospital, health system, and other partners in the coming months to further examine our state-level SSI data and explore potential reasons for our high COLO and HYST SIRs.

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 at DHSWIHAIPreventionProgram@dhs.wisconsin.gov 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