# Examples of National and International HAI Surveillance Systems

<table>
<thead>
<tr>
<th>System Name</th>
<th>Country or Countries Served</th>
<th>Year Established</th>
<th>Comment</th>
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<tr>
<td>National Healthcare Safety Network (NHSN)</td>
<td>United States</td>
<td>1970 (as National Nosocomial Infection Surveillance System [NNIS])</td>
<td>The NHSN is restructured in 2005 to become the National Healthcare Safety Network (NHSN), the oldest and most well-developed national HAI surveillance system. The NHSN is a voluntary, secure, Internet-based surveillance system that integrates and expands the patient and health care personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at the US Centers for Disease Control and Prevention (CDC). Beginning in 2008, all types of health care facilities in the United States could enroll in the NHSN, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities. There are three components to NHSN data collection, reporting, and analysis: patient safety (which includes the CLABSI module), health care personnel safety, and biovigilance.</td>
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<td>Canadian Nosocomial Infection Surveillance Program (CNISP)</td>
<td>Canada</td>
<td>1994</td>
<td>CNISP is a collaborative effort of the Centre for Infectious Disease Prevention and Control (CIDPC) of the Public Health Agency of Canada (PHAC), the Canadian Hospital Epidemiology Committee (CHEC), and a subcommittee of the Association of Medical Microbiology and Infectious Disease (AMMI) Canada. CNISP uses NHSN definitions of HAIs. About 50 sentinel hospitals from nine provinces participate in the CNISP network. Active prospective surveillance for CLABSIs began in 2006 and included all ICU patients who had at least one CVC.</td>
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<td>Nosocomial Infection National Surveillance Scheme (NINSS)</td>
<td>England</td>
<td>1996</td>
<td>The NINSS was established by the Public Health Laboratory Service (PHLS) in the United Kingdom to provide information to help in the identification of, and reduction in, HAIs (including CLABSIs). Methods and definitions are based on the NNIS/NHSN system. Organizations participate on a voluntary and confidential basis, and information is collected using standard surveillance methods to provide national data to be used as a benchmark of performance.</td>
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<td>Krankenhaus Infektions Surveillance System (KISS)</td>
<td>Germany</td>
<td>1997</td>
<td>This voluntary, confidential national surveillance system consists of two modules: the ICU component and the surgical site infections component. NNIS/NHSN surveillance definitions and methodologies are used. The ICU component includes nosocomial bloodstream infections.</td>
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<td>Japanese Nosocomial Infection Surveillance System (JANIS)</td>
<td>Japan</td>
<td>2000</td>
<td>The JANIS system has become the only source of national information regarding HAIs in Japanese hospitals. Modified from the NNIS/NHSN system, JANIS has three components (ICU, hospital-wide, and laboratory surveillance). The ICU component has more than 30 ICUs collecting and submitting data, including data on CLABSIs. Hospitals receive a quarterly report that includes comparative data from all participating hospitals.</td>
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## Examples of National and International HAI Surveillance Systems (continued)

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<td>The Healthcare-Associated Infections Surveillance Network (HAI-Net)</td>
<td>European countries</td>
<td>2000 (as HELICS, then IPSE)</td>
<td>HAI-Net is a European network for the surveillance of HAIs that has been coordinated by the European Centre for Disease Prevention and Control (ECDC) since July 2008. HAI-Net had its beginnings in Hospitals in Europe for Infection Control through Surveillance (HELICS) network from 2000 to 2005, then Improving Patient Safety in Europe (IPSE) network from 2005 to 2008. The ICU component includes surveillance for CLABSIs (ECDC website).&lt;sup&gt;9&lt;/sup&gt; European results on surveillance of ICU–acquired infections have been published since 2008 in the chapter on HAIs as part of ECDC’s Annual Epidemiological Report, available at <a href="http://www.ecdc.europa.eu/en/activities/surveillance/HAI/about_HAI-Net/Pages/ICU.aspx">http://www.ecdc.europa.eu/en/activities/surveillance/HAI/about_HAI-Net/Pages/ICU.aspx</a>.</td>
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<td>Victorian Hospital Acquired Surveillance System (VICNISS)</td>
<td>Victoria, Australia</td>
<td>2002</td>
<td>VICNISS was previously an acronym for Victorian Nosocomial Infection Surveillance System but is now used to mean Victorian Hospital Acquired Infection Surveillance System. NNIS/NHSN surveillance definitions and methodologies are used. For the adult ICU surveillance module, VICNISS hospitals report rates of CLABSI.&lt;sup&gt;10&lt;/sup&gt; The system produces annual reports of HAIs, available at <a href="http://www.vicniss.org.au/AnnualReport.aspx">http://www.vicniss.org.au/AnnualReport.aspx</a>.</td>
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<td>International Nosocomial Infection Control Consortium (INICC)</td>
<td>More than 40 countries</td>
<td>2002</td>
<td>Founded in Argentina in 1998 by a physician who implemented measurement of HAI processes and outcomes, the INICC is now an international nonprofit, multicenter, collaborative HAI infection control program with a surveillance system based on the US NHSN. It is the first multinational research network established to control HAIs in hospitals by analyzing data that is collected voluntarily by member hospitals. It is the only source of aggregate standardized international data on HAIs in developing countries.&lt;sup&gt;11–14&lt;/sup&gt; There are now more than 400 ICUs in approximately 40 countries on 4 continents that participate in the INICC.</td>
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<td>Surveillance Provinciale des Infections Nosocomiales (SPIN)</td>
<td>Province of Quebec, Canada</td>
<td>2003</td>
<td>SPIN was launched to gather surveillance data on CLABSIs in ICUs in Quebec. This surveillance system sought to estimate the incidence and mortality rates of CLABSIs, the pathogens associated with them, and risk factors for the development of CLABSIs. NNIS/NHSN surveillance definitions and methodologies are used. The database permits ongoing evaluation of rates, with results published annually since 2005. Participation in the system was voluntary until 2007, at which point all ICUs with 10 or more beds were mandated to report their data.&lt;sup&gt;15&lt;/sup&gt;</td>
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References


