

# New Mexico Healthcare-associated Infections Annual Report: 2024

Prepared by: New Mexico Department of Health

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Healthcare-associated infections (HAI) are infections patients can acquire while receiving medical treatment. The New Mexico Department of Health (NMDOH) and New Mexico HAI Advisory Committee have facilitated statewide and regional HAI prevention efforts since 2008. NMDOH receives both voluntary and mandatory data from healthcare facilities via the National Healthcare Safety Network (NHSN) reporting system and publishes an annual surveillance report. This annual report provides an update on NM HAI prevention progress in 2024. Facility specific information, including data for reporting critical access hospitals is available on the NMDOH website ([Healthcare-Associated Infections](#)). State specific 2023 data (the most recent available) for all states is included in the Centers for Disease Control and Prevention (CDC) 2024 HAI Data Report ([Current HAI Progress Report | HAIs | CDC](#)).

The standardized infection ratio (SIR) is a summary measure used to track HAIs over time. The SIR compares the actual number of HAIs reported to what was predicted, given the standard population (NHSN baseline), adjusting for several risk factors found to be significantly associated with differences in infection incidence. In other words, an SIR greater than 1.0 indicates more HAIs were observed than predicted, an SIR less than 1.0 indicates fewer HAIs were observed than predicted. National prevention targets are set by US Department of Health and Human Services (DHHS), this report uses Healthy People 2030 targets to set goals for HAI reduction in New Mexico. HAI data provide healthcare facilities and public health agencies information needed to design, implement, monitor, and evaluate HAI prevention efforts.

## 2024 New Mexico key findings

- The NM aggregate Central line-associated bloodstream infection SIR (0.64) for ICU locations is below the national baseline, meaning there were fewer infections than predicted.
- Acute Care Hospitals reported a significant decrease in the CAUTI SIR (0.73), performing better in comparison to the national baseline SIR of 1.0.
- Acute Care Hospitals did meet the Healthy People 2030 target for reducing facility-onset *Clostridioides difficile* infections.

## WHAT'S INSIDE?

Page 2: New Mexico progress on healthcare personnel (HCP) influenza vaccination, HAI measures and surveillance

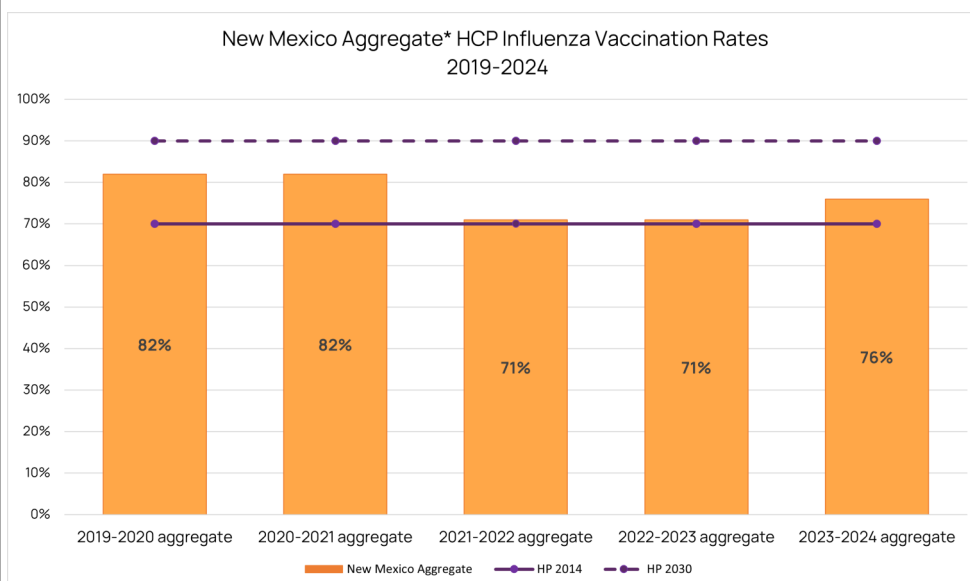
Page 3: New Mexico progress on central line-associated bloodstream infection (CLABSI), *Clostridioides difficile* (CDI) and Methicillin-resistant *Staphylococcus aureus* (MRSA); what patients can do to reduce their risk of infections

Page 4: Statewide Catheter-associated Urinary Tract Infection (CAUTI) performance.

The logo for NMHealth, featuring the letters "NM" in a dark purple serif font and the word "Health" in an orange sans-serif font, all contained within a white rectangular box with a purple border.

## Healthcare personnel (HCP) influenza vaccination

Annual influenza vaccination of healthcare personnel (HCP) can reduce influenza-related illness and its potentially serious consequences among HCP and their patients. Because persons infected with influenza virus (i.e., seasonal flu) can transmit influenza, even before showing symptoms, personnel who interact with patients or the patient care environment are encouraged to be vaccinated. For the 2023-2024 season, the aggregate NM HCP influenza vaccination rate was 76% among all HCP at 33 inpatient voluntarily reporting healthcare facilities. This met the HP 2014 target of 70% but below the HP 2030 target of 90%.



Healthcare personnel influenza vaccinations are just one of the many strategies designed to reduce your risk of infections.

### *HAI Measures/Surveillance*

Central line-associated bloodstream infection (CLABSI)

\* - A central line is a tube placed in a large blood vessel usually of a patient's neck or chest for giving medications, drawing blood, or for monitoring purposes. When not inserted correctly or kept clean, central lines can become a pathway for germs to enter the body and cause infections in the blood that can be serious and even deadly.

### *Clostridioides difficile*

infection (CDI)\* - A CDI occurs when a patient becomes ill from *Clostridioides difficile* bacteria. Consequences of CDI range from diarrhea to life-threatening inflammation of the colon.

### Methicillin-resistant

*Staphylococcus aureus* (MRSA)

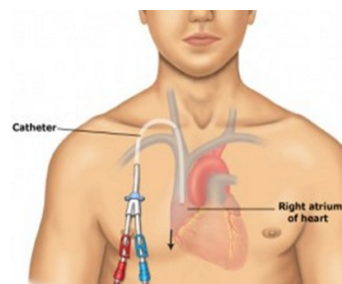
- MRSA are bacteria that are resistant to many antibiotics. In the community, most MRSA infections are skin infections. In medical facilities, MRSA can cause life-threatening bloodstream infections, pneumonia and surgical site infections.

Healthcare personnel (HCP) influenza vaccination - HCP (e.g., doctors, nurses, technicians, volunteers) can become ill with influenza (flu) and pass it to patients. It is recommended that HCP receive an influenza vaccination yearly to protect themselves and patients.

\* Acute care hospital data sharing with NMDOH as required by New Mexico

## Central line-associated bloodstream infection (CLABSI)

In 2024, 31 NM acute care hospitals shared data on CLABSIs in a total of 84 units including intensive care units (ICU), and non-ICU wards.



CLABSI	NM aggregate 2024 SIR	95% confidence interval	Statistical comparison between NM SIR and national baseline (1.00)	Healthy People 2030 Target SIR (0.50)
Non-ICU	0.80	0.46, 1.32	No significant difference between the number of observed	Target not met
ICUs	0.64	0.49, 0.83	There were fewer infections observed than predicted.	Target not met

While the central line will be managed by health care professionals, there are some ways that patients can help themselves. 1) research the hospital and learn about its CLABSI rate; 2) speak up to help healthcare providers follow the best infection prevention practices; 3) ask your provider about the central line such as if it is necessary and how long it will be in place; 4) observe the bandage and the area around it. Tell a HCP if the bandage comes off or if bandage or area around it is wet or dirty; 5) do not get the central line wet; 6) tell a HCP if the area around the catheter is red or sore; 7) do not touch the catheter or let any visitors touch the catheter or tubing; 8) have all visitors wash their hands before and after their visit.

## *Clostridioides difficile* infection (CDI) and methicillin-resistant *Staphylococcus aureus* (MRSA)

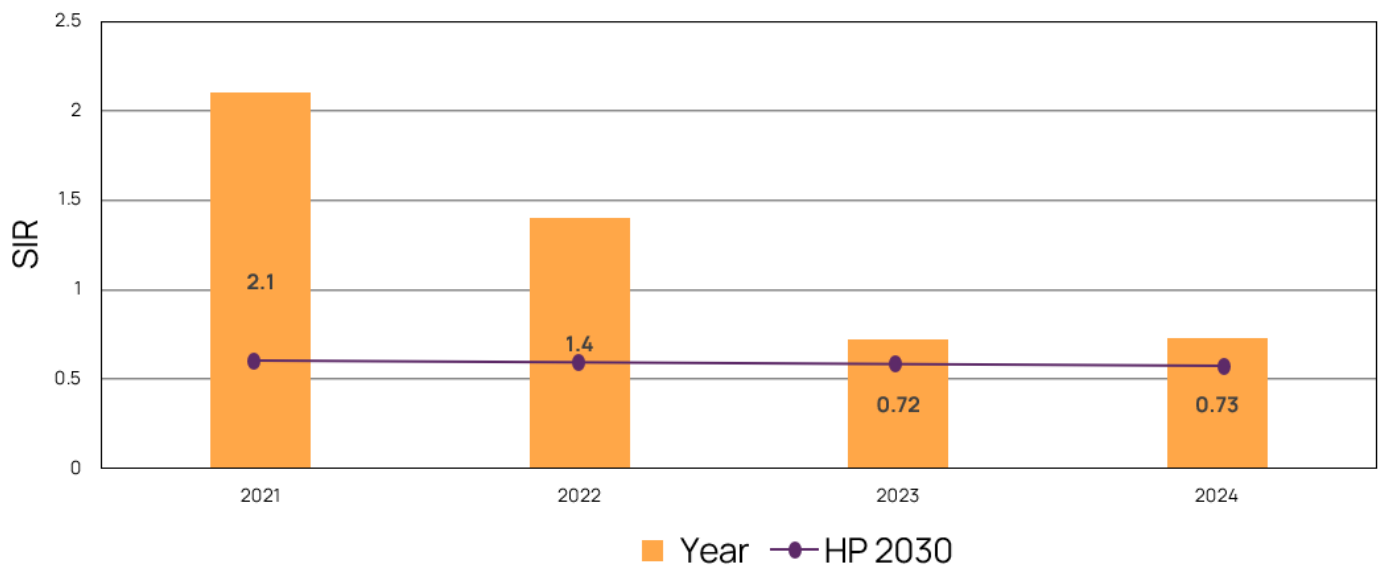
In 2024 CDI data were shared by 31 acute care hospitals under NM Administrative Code. MRSA bloodstream infection data were voluntarily shared by 20 acute care hospitals.

Infection	NM aggregate 2024 SIR	95% confidence interval	Statistical comparison between NM SIR and national baseline (1.00)	Healthy People 2030 Target SIR
CDI	0.60	0.53, 0.68	There were fewer infections observed than predicted.	0.70 Target met
MRSA	0.76	0.51, 1.09	No significant difference between the number of observed and predicted infections.	0.50 Target not met

# Catheter-associated Urinary Tract Infection (CAUTI)

In 2024 CAUTI data were shared by 31 acute care hospitals.

New Mexico Aggregate\* CAUTI SIR  
2021-2024



## Highlights of statewide CAUTI performance

- Among acute care hospitals, there has been a significant decrease in the CAUTI SIR since 2021.
- Overall, a 50% reduction from 2021 to 2022 .
- From 2022 to 2023 there was a 94% reduction.
- For the time period above, there is a continued improvement of state performance compared to the national baseline SIR of 1.0.

Catheter-associated urinary tract infection (CAUTI): A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney. When an indwelling urinary catheter is not put in correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys. In this report, the CAUTI data include all infections reported to National Healthcare Safety Network from all applicable locations, including intensive care units and wards.

Action to protect against infection:1) Before and after handling the catheter or drainage bag it is critical for patients with indwelling catheters to prioritize hand hygiene; 2) maintain a closed drainage system and clean the catheter site daily; 3) keep the area dry, do not use lotions or powders close to the site; 4) You can shower with a catheter, but avoid baths, pools, and hot tubs; 5) maintain the drainage bag positioned below the level of your bladder to prevent urine from flowing back into your body; 6) empty the bag when it is about half to two-thirds full, or at least every 8 hours; 7) patients and caregivers need to recognize the signs of infection and seek medical care.