State Veterans Homes COVID-19 Resident and Staff Event Reporting Updates

Presenters:
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Agenda

- Review October 2021 modifications for State Veterans Homes COVID-19 Event Reporting:
  - Additional race and ethnicity reporting options
  - Enhancements to vaccine status data collection fields
- Review how to select the correct SVH Facility type and access entry in NHSN
- Review steps to enter COVID-19 Events for resident and staff
- Reporting timelines and discrepancy prevention
- Case scenarios
- State Veterans Homes valuable resources
- Questions and answers
Race and Ethnicity Reporting Options

Additional Response Options
Race and Ethnicity

- **Race** describes physical traits and may also be identified as something you inherit.
- **Ethnicity** refers to cultural traits and is something that is learned.

This is important for:
- Understanding trends in the COVID-19 pandemic
- Ensuring the well-being of racial and ethnic minority groups

NHSN classifies race according to the 5 races included in the Office of Management and Budget’s (OMB) issued Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.

[Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity | The White House (archives.gov)](archives.gov)
NHSN Race and Ethnicity data field options

- **Race**
  - American Indian/Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian/Other Pacific Islander
  - White

- **Ethnicity**
  - Hispanic or Latino
  - Not Hispanic or Not Latino
Former Race and Ethnicity response options
New NHSN Race and Ethnicity data field options

- **Race**
  - American Indian/Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian/Other Pacific Islander
  - White
  - Declined to Respond
  - Unknown

- **Ethnicity**
  - Hispanic or Latino
  - Not Hispanic or Not Latino
  - Declined to Respond
  - Unknown
Locations of the New Response Options
Enhancements to Vaccination Reporting

Updated vaccination data collection fields
Vaccination Status

- Enhancements to the Vaccination Status Section
  - Data collection for Initial Vaccination and Additional or Booster Doses.
  - Users will be required to enter dates and manufacturer(s) for each dose of vaccine, including additional or booster doses.
  - The Additional or Booster Doses data field will be used to identify residents and staff with a newly positive SARS-CoV-2 viral test result who have also received an additional or booster dose of COVID-19 vaccine.
**Former Vaccination Status Section**

<table>
<thead>
<tr>
<th>VACCINATION STATUS: Did the resident receive a COVID-19 vaccine at least 14 days before the newly positive viral test result?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not vaccinated with COVID-19 vaccine</td>
</tr>
<tr>
<td>□ Pfizer-BioNTech COVID-19 vaccine (choose one):</td>
</tr>
<tr>
<td>□ Dose 1 received at least 14 days before the newly positive viral test result</td>
</tr>
<tr>
<td>□ Dose 2 received at least 14 days before the newly positive viral test result</td>
</tr>
<tr>
<td>□ Moderna COVID-19 vaccine (choose one):</td>
</tr>
<tr>
<td>□ Dose 1 received at least 14 days before the newly positive viral test result</td>
</tr>
<tr>
<td>□ Dose 2 received at least 14 days before the newly positive viral test result</td>
</tr>
<tr>
<td>□ Janssen COVID-19 vaccine (Only 1 dose)</td>
</tr>
<tr>
<td>□ Unspecified manufacturer (Only 1 dose)</td>
</tr>
</tbody>
</table>
Users are *required* to enter dates and manufacturer(s) for each dose of vaccine. However, you no longer need to determine if the vaccine was received 14 days or more before the specimen collection date for a COVID-19 test.

Note: If Janssen is selected as Dose 1 for COVID-19 Vaccine, the Dose 2 question does not appear.
Additional or Booster Dose Data Collection Options

Has the resident received an additional or booster dose of vaccine? ☐ Yes ☐ No

**Additional or Booster Doses:** Indicate the date and manufacturer for the additional or booster doses of vaccine.

**Additional Dose:** **Vaccination Date:** [Date] **Manufacturer:** [Manufacturer]
**Booster Dose:** **Vaccination Date:** [Date] **Manufacturer:** [Manufacturer]

COVID-19 THERAPY: Indicate if the resident received one of the following therapies:

Did not receive
Casirivimab/imdevimab (Regeneron)

PFIZER - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine

Has the resident received an additional or booster dose of vaccine? ☐ Yes ☐ No

**Additional or Booster Doses:** Indicate the date and manufacturer for the additional or booster doses of vaccine.

**Additional Dose:** **Vaccination Date:** [Date] **Manufacturer:** [Manufacturer]
**Booster Dose:** **Vaccination Date:** [Date] **Manufacturer:** [Manufacturer]

COVID-19 THERAPY: Indicate if the resident received one of the following therapies:

Did not receive
Casirivimab/imdevimab (Regeneron)
Bamlanivimab/etesevimab (Lilly)

PFIZER - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine
JANSSEN - Janssen COVID-19 vaccine
COVID-19 State Veterans Homes Event Reporting

Does my facility have access to the Event Reporting Form?
NHSN Access through Level 3 Security

- Log-in to SAMS at http://sams.cdc.gov
NHSN Access through Level 3 Security

- Select “NHSN Reporting” under National Healthcare Safety Network System

Select “NHSN Reporting” for Level 3 security access into NHSN application.
Access through Level 3?

- Once you select “NHSN Reporting” you will be directed to the NHSN Landing Page.

Select Long-Term Care Facility Component in the drop down
- Select your Facility/Group
- Click “submit” to be directed to the facility homepage
Important! Skilled Nursing Facilities for State Veterans Homes and Assisted Living/ Domiciliary Facilities for State Veterans Homes must update the “Facility Type” for their facility before the Event Reporting Form can be accessed.
Previously enrolled facility type

(LTC-SKILLNURS COV19) - Skilled Nursing Facility

(LTC-ASSIST COV19) - Assisted Living Residence

Changed to new SVH facility type

State Veterans Home – Skilled Nursing Facility (LTC-SVHSNF)

State Veterans Home – Assisted Living Facility/Domiciliary (LTC-SVHALF)
How do I update the facility type?

- Log-in to NHSN
- On LTC Home Page Select>Facility>>Facility Info on the left side navigation panel.
- After clicking “Facility Info” the “Edit Facility Information” screen displays.

https://www.cdc.gov/nhsn/ltc/vha/index.html
How do I update the facility type?

Once the Edit Facility Information screen appears:

- Scroll down to Facility type. Then choose the correct facility type in the drop-down menu.
- Click “Update” to save your edits.
- You will need to log-out/log-in for changes to take effect.
Navigation panel before and after facility type changed
How do I add the VA station code?

To add the VA Station Code, please follow the previous steps identified by:

- Log-in to NHSN
- Select, on the left-hand side, Facility>>Facility info.
- On the Edit Facility Information page, enter assigned VA Station Code (if shows blank)
- Click “Update” on the bottom of page to save your edits.
COVID-19 State Veterans Homes Event Reporting

How to Access the Event Reporting Form
How do I access the State Veterans Homes COVID-19 Event Reporting Form?

- Log-in to NHSN
How do I access the State Veterans Homes COVID-19 Event Reporting Form?

Once the COVID-19 Event Reporting page screen appears:

- Select the "Type of Individual tested" from the drop-down menu.
How do I access the State Veterans Homes COVID-19 Event Reporting Form?

- Enter the demographic data
- Click “Add Event Details” to enter event data.

*Demographic data must be entered before proceeding with adding event details*
State Veterans Homes COVID-19 Resident Event Form
COVID-19 State Veterans Homes Event Reporting

How to enter SARS-CoV-2 (COVID-19) Resident Event
LTCF COVID-19 Event Reporting for Resident and Staff-Level

Created to track and monitor residents and staff with laboratory-positive COVID-19 (SARS-CoV-2) Events

Resident COVID-19 Event
- Newly Positive Event
- Test Type
- Re-infections
- Vaccination Status
- COVID-19 Therapy
- Hospitalization
- COVID-19 Deaths

Staff COVID-19 Event
- Newly Positive Event
- Test Type
- Re-infections
- Vaccination Status
- COVID-19 Deaths

May 2021
*An event form must be entered each time a resident newly tests positive for COVID-19, including re-infections and re-admissions*

**Resident/Staff COVID-19 Event:** a resident or staff member who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care antigen or a NAAT/PCR viral test result.

**Re-infection:** a new positive SARS-CoV-2 (COVID-19) viral test result performed more than 90 days after a previous COVID-19 infection.

**Re-admission:** a resident who was discharged from the LTCF for more than 3 days with SARS-CoV-2 (COVID-19) and has been readmitted for a subsequent stay.
State Veterans Homes COVID-19 Resident Event Form

### Event Details

**Event Type: COVID-19**

**Date of Current Admission to Facility:**

**Date of Event:**

**TEST TYPE:** The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only one):

- [ ] Positive SARS-CoV-2 antigen test only (no other testing performed)
- [ ] Positive SARS-CoV-2 NAAT (PCR) only (no other testing performed)
- [ ] Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
- [ ] Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

**Only select if the two tests were performed within 2 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.**

**RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-CoV-2 Infection):

- [ ] Is the resident considered to be re-infected with SARS-CoV-2? **Yes** [ ] No

**VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

- [ ] Has the resident received any COVID-19 vaccine? **Yes** [ ] No

**Initial Vaccination:** Select all vaccine doses received, vaccination date, and manufacturer.

- [ ] **Dose 1:** [ ] **Vaccination Date:** 14 [ ] **Manufacturer:**
- [ ] **Dose 2:** [ ] **Vaccination Date:** 14 [ ] **Manufacturer:**

- [ ] Has the resident received an additional or booster dose of vaccine? **Yes** [ ] No

**Additional or Booster Doses:** Indicate the date and manufacturer for the additional or booster doses of vaccine.

- [ ] **Additional Dose:** [ ] **Vaccination Date:** 14 [ ] **Manufacturer:**
- [ ] **Booster Dose:** [ ] **Vaccination Date:** 14 [ ] **Manufacturer:**

**COVID-19 THERAPY:** Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS-CoV2 Infection):

- [ ] Did not receive
- [ ] Casirivimab/Imdevimab (Regeneron)
- [ ] Bamlanivimab/Odavimab (Lilly)
- [ ] Sotrovimab (GlaxoSmithKline)

**HOSPITALIZATION:** Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event? **Yes** [ ] No

**COVID-19 DEATH:** Did the resident die from COVID-19 related complications? **Yes** [ ] No
State Veterans Homes COVID-19 Event Reporting

*Test Type:* Required for each positive SARS-CoV2 (COVID-19) event.

- **TEST TYPE:** The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options *(select only one)*:
  - Positive SARS-CoV-2 antigen test only [no other testing performed]
  - Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]
  - Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
  - Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test
  - ✮ Only select if the two tests were performed within 2 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.
If the resident is considered re-infected with SARS-CoV-2, user will also need to answer if symptomatic.

**RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-CoV-2 Infection):

- Is the resident considered to be re-infected with SARS-CoV-2? □ Yes □ No
- If applicable, was the resident symptomatic at the time of re-infection? □ Yes □ No
State Veterans Homes Event Form Vaccination Definitions


Initial Vaccination Series: 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) or a single dose of Janssen vaccine.

Additional Dose: after an initial or primary series; a subsequent dose of vaccine administered to people who likely did not mount a protective immune response after primary vaccination in order to optimize vaccine-induced protection.

Booster Dose: a subsequent dose of vaccine administered to people in whom protection from primary vaccination is likely to have waned over time.
State Veterans Homes COVID-19 Resident Event Form

**VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? [ ] Yes [ ] No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

**Dose 1:**
- **Vaccination Date:** 09/01/2021
- Manufacturer: JANSSEN - Janssen COVID-19 vaccine

**Dose 2:**
- **Vaccination Date:** [ ]
- Manufacturer: [ ]

[ ] Not received.

New!
Has the resident received an additional or booster dose of vaccine? Yes ☐ No ☐

**Additional or Booster Doses:** Indicate the date and manufacturer for the additional or booster doses of vaccine.

**Additional Dose:** **Vaccination Date:** __________ **Manufacturer:**

**Booster Dose:** **Vaccination Date:** __________ **Manufacturer:**
State Veterans Homes COVID-19 Resident Event Form

New!

Has the resident received an additional or booster dose of vaccine? ☐ Yes ☐ No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date:** [Date] ☐ [Manufacturer]: [Manufacturer]

Booster Dose: **Vaccination Date:** [Date] ☐ [Manufacturer]: [Manufacturer]

- PFIZER - Pfizer BioNTech COVID-19 vaccine
- MODERNA - Moderna COVID-19 vaccine
State Veterans Homes COVID-19 Resident Event Form

Has the resident received an additional or booster dose of vaccine? □ Yes □ No

**Additional or Booster Doses:** Indicate the date and manufacturer for the additional or booster doses of vaccine.

**Additional Dose:** **Vaccination Date:** [ ] **Manufacturer:** [ ]

**Booster Dose:** **Vaccination Date:** [ ] **Manufacturer:** [ ]

- PFIZER - Pfizer-BioNTech COVID-19 vaccine
- MODERNA - Moderna COVID-19 vaccine
- JANSSEN - Janssen COVID-19 vaccine
COVID-19 Therapy: Select only one option

* COVID-19 THERAPY: Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

- Did not receive
- Casirivimab/imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)
State Veterans Homes COVID-19 Resident Event Form

** Date for each element is conditional to “YES” response to question
## State Veterans Homes COVID-19 Resident Event Form

### Event Details
- **Event Type:** COVID-19
- **Date of Current Admission to Facility:** 09/01/2021
- **Date of Event:** 10/06/2021

#### TEST TYPE:
The resident was determined to have a newly positive SARS-CoV-2 viral test result using one of the following testing options (select only one):
- [ ] Positive SARS-CoV-2 antigen test only [no other testing performed]
- [ ] Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]
- [ ] Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
- [ ] Any other combination of SARS-CoV-2 NAAT (PCR) and/ or antigen test(s) with at least one positive test
- Only select if the two tests were performed within 2 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.

#### RE-INFECTION:
Respond to questions based on the current COVID-19 event (SARS-CoV-2 Infection):
- Is the resident considered to be re-infected with SARS-CoV-2? [ ] Yes [ ] No

#### VACCINATION STATUS:
Indicate the vaccination status of the resident on the event date or date of specimen collection:
- Has the resident received any COVID-19 vaccine? [ ] Yes [ ] No
- **Initial Vaccination:** Select all vaccine doses received, vaccination dates, and manufacturer.
  - **Dose 1:** Vaccination Date: 06/01/2021
  - **Manufacturer:** PFIZER BIONTECH COVID-19 vaccine
  - **Dose 2:** Vaccination Date: 07/01/2021
  - **Manufacturer:** PFIZER BIONTECH COVID-19 vaccine
- Has the resident received an additional or booster dose of vaccine? [ ] Yes [ ] No
- **Additional or Booster Doses:** Indicate the date and manufacturer for the additional or booster doses of vaccine.
  - **Additional Dose:** Vaccination Date: 10/05/2021
  - **Manufacturer:** PFIZER BIONTECH COVID-19 vaccine
  - **Booster Dose:** Vaccination Date: 10/23/2021

#### COVID-19 THERAPY:
Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 Infection):
- [ ] Did not receive
- [ ] Casirivimab/Imdavimab (Regeneron)
- [ ] Bamlanivimab/Otsevimab (Lilly)
- [ ] Sotrovimab (GlaxoSmithKline)

#### HOSPITALIZATION:
Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event? [ ] Yes [ ] No
- **Date of hospitalization:** 10/13/2021

#### COVID-19 DEATH:
Did the resident die from COVID-19 related complications? [ ] Yes [ ] No
- **Date of death:** 10/14/2021
State Veterans Homes COVID-19 Resident Event Form
COVID-19 State Veterans Homes Event Reporting
How to enter a SARS-CoV-2 (COVID-19) Staff Event
State Veterans Homes COVID-19 Staff Event Form

COVID-19 Event Reporting

Resident/Staff

Type of Individual: Staff/Volunteer/Contractor

- Staff ID:
- First Name:
- Gender:
- Ethnicity:
- Date of Birth: 12

Event Details

Add Event Details

I'm done. Start New Event →
State Veterans Homes COVID-19 Staff Event Form

**Event Details**

- **Event Type:** COVID-19
- **Date of Event:**
- **Test Type:** The staff member was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only one):
  - [ ] Positive SARS-CoV-2 antigen test only [no other testing performed]
  - [ ] Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]
  - [ ] Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
  - [ ] Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test
- **Re-Infection:** Respond to questions based on the current COVID-19 event (SARS-CoV-2 infection):
  - [ ] Is the staff member considered to be re-infected with SARS-CoV-2? Yes [ ] No

**Vaccination Status:** Indicate the vaccination status of the staff member on the event date or date of specimen collection:

- Has the staff member received any COVID-19 vaccine? [ ] Yes [ ] No
- **Initial Vaccination:** Select all vaccine doses received, vaccination date, and manufacturer.
  - **Dose 1:** **Vaccination Date:** [ ] **Manufacturer:**
  - **Dose 2:** **Vaccination Date:** [ ] **Manufacturer:** [ ] Not received.

- Has the staff member received an additional or booster dose of vaccine? [ ] Yes [ ] No
- **Additional or Booster Dose:** Indicate the date, manufacturer, and for the additional or booster doses of vaccine.
  - **Additional Dose:** **Vaccination Date:** [ ] **Manufacturer:**
  - **Booster Dose:** **Vaccination Date:** [ ] **Manufacturer:**

- [ ] COVID-19 DEATH: Did the staff member die from COVID-19 related complications? Yes [ ] No

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b; 242c; and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/records needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSIR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1306), CDC 5700X (Front) September 2021 V1

[Save] [Cancel]
**State Veterans Homes COVID-19 Staff Event Form**

### Event Details

- **Event Type:** COVID-19
- **Date of Event:** 10/05/2021

**TEST TYPE:** The staff member was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only one):
- [ ] Positive SARS-CoV-2 antigen test only [no other testing performed]
- [ ] Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]
- [ ] Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
- [ ] Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

- Only select if the two tests were performed within 2 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.

**RE-INFECTION:** Respond to questions based on the current COVID-19 event (SARS-CoV-2 infection):
- **Is the staff member considered to be re-infected with SARS-CoV-2?** [ ] Yes [ ] No
- **If applicable, was the staff member symptomatic at the time of re-infection?** [ ] Yes [ ] No

**VACCINATION STATUS:** Indicate the vaccination status of the staff member on the event date or date of specimen collection:

- Has the staff member received any COVID-19 vaccine? [ ] Yes [ ] No
  - **Initial Vaccination:** Select all vaccine doses received, vaccination date, and manufacturer.
  - **Dose 1:**
    - **Vaccination Date:** 06/01/2021 [ ]
    - **Manufacturer:** Pfizer-BioNTech COVID-19 vaccine [ ]
  - **Dose 2:**
    - **Vaccination Date:** 07/01/2021 [ ]
    - **Manufacturer:** Pfizer-BioNTech COVID-19 vaccine [ ]
- Has the staff member received an additional or booster dose of vaccine? [ ] Yes [ ] No
  - **Additional Dose:**
    - **Vaccination Date:** 10/19/2021 [ ]
    - **Manufacturer:** Pfizer-BioNTech COVID-19 vaccine [ ]

**COVID-19 DEATH:** Did the staff member die from COVID-19 related complications? [ ] Yes [ ] No

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COVID-19 State Veterans Homes Event Reporting

Avoiding discrepancies in reporting
Each positive SARS-CoV-2 (COVID-19) test must be submitted to the SVH Event Reporting Tool and Facility Level COVID-19 Pathways
State Veterans Homes Reporting Timelines

- Report all COVID-19 cases in the RIFC and Staff and Personnel Impact pathways for the reporting week.
  *Facilities must submit their data through the NHSN reporting system at least once every seven days.

- Create a COVID-19 event in the State Veterans Homes COVID-19 Tool for every COVID-19 case reported to the RIFC and Staff and Personnel Impact pathways.

- Ensure that the total number of events from the State Veterans Homes COVID-19 Tool matches the total number of cases reported to RIFC and Staff and Personnel Impact pathways.
Facility Reporting Discrepancies - Example

**Example 1:** Facility A reported 8 resident cases in the LTC COVID-19 module – Resident Impact and Facility Capacity (RIFC) pathway for week-ending 10/03/21, but only reported 4 COVID-19 events in the SVH COVID-19 Tool.

⚠️ **Correct reporting practice:** If Facility A reported 8 resident cases in the LTC COVID-19 module – RIFC pathway for week-ending 10/03/21, they should also report 8 COVID-19 events in the SVH COVID-19 Event Tool.
Facility Reporting Discrepancies - Example


⚠️ There should be a total of 6 events reported in both the COVID-19 module and the SVH COVID-19 Tool.

4 case counts reported in COVID-19 Module-RIFC Pathway
2 case counts reported in COVID-19 Module-Staff and Personnel Impact Pathway
6 events in SVH COVID-19 Event Reporting Tool
Tips for NHSN Reporting in the LTCF COVID-19 Module

- Report in the pathway(s) once during the reporting week
- Report only **NEW counts** since the last time counts were collected for reporting to NHSN
- Do not leave any data fields blank, enter a “0” if appropriate

**Important!** Facilities reporting to NHSN still need to follow State and local public health reporting requirements.
Visit NSHN LTCF COVID-19 Module web-page for reporting resources

https://www.cdc.gov/nhsn/ltc/covid19/index.html
Step 1: Accessing NHSN Home Page and Calendar View Page
Step 2: Select Date

Click a cell to begin entering data on the day for which counts are reported.
Step 3: Enter the Current Census

“Current Census” is required before saving data entered in any pathway.
Step 4: Enter Data into the RIFC Pathway

![Image of RIFC Pathway](image)

**Resident Impact and Facility Capacity**

<table>
<thead>
<tr>
<th>Facility Capacity</th>
<th>123</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL BEDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT CENSUS</strong>: Total number of beds that are occupied on the reporting calendar day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Resident Impact for COVID-19 (SARS-CoV-2)**

- **ADMISSIONS**: Number of residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. Includes recovered residents.
- **POSITIVE TESTS**: Enter the number of residents with a newly positive SARS-CoV-2 viral test result. Include only residents newly positive since the most recent date data were collected for NHN report.

**Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result**

<table>
<thead>
<tr>
<th>TEST TYPE CATEGORIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive SARS-CoV-2 NaAT (PCR) [no other testing performed]</td>
<td></td>
</tr>
<tr>
<td><em>Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)</em></td>
<td></td>
</tr>
<tr>
<td><em>Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test</em></td>
<td></td>
</tr>
</tbody>
</table>

**ADDORBOOSTS**: Additional dose or booster dose of COVID-19 vaccine

0

0

0
Step 5: Enter Data into the Staff and Personnel Impact Pathway
Step 6: Enter Data into the Supplies and PPE Pathway

NOTE: Collect and report responses once during the reporting week. A blank response is equivalent to missing data.
Step 7: Enter Data into the Therapeutics Pathway
### Reporting Timeline for LTCF COVID-19 Module Pathways - Weekly Reporting

<table>
<thead>
<tr>
<th>Facility Reporting Day</th>
<th>Collection count of events to include for reporting of the prior week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>Sunday to Saturday of all reported events</td>
</tr>
<tr>
<td>Monday</td>
<td>Monday to Sunday of all reported events</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Tuesday to Monday of all reported events</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Wednesday to Tuesday of all reported events</td>
</tr>
<tr>
<td>Thursday</td>
<td>Thursday to Wednesday of all reported events</td>
</tr>
<tr>
<td>Friday</td>
<td>Friday to Thursday of all reported events</td>
</tr>
<tr>
<td>Saturday</td>
<td>Saturday to Friday of all reported events</td>
</tr>
</tbody>
</table>

**Example:** A facility who enters COVID-19 data in NHSN every Friday would include new counts from the prior Friday through Thursday of each week.
COVID-19 State Veterans Homes Event Reporting

Case Definitions
Case Definition: Initial Vaccination Series

- A resident with a newly positive COVID-19 test result who received a 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or a single dose of Janssen vaccine.

OR

Single Dose of Janssen Vaccine
Case Definition: Initial Vaccination Series, 2nd Dose Not Received

- A resident with a newly positive COVID-19 test result who only received Dose 1 of Pfizer on 9/1/21.
- Since Dose 2 of Pfizer was not received at the time of event, user must select “Not received” for dose 2.
Case Definition: Additional Dose

- An immunocompromised resident with a newly positive COVID-19 test result who received a 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) and a subsequent dose of vaccine.

Form:

* VACCINATION STATUS: Indicate the vaccination status of the resident on the event date or date of specimen collection:

- Has the resident received any COVID-19 vaccine? ☑ Yes ☐ No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

- Dose 1: ☑ Vaccination Date: 02/01/2021 ☑ 28 ☑ Manufacturer: PZ-BION - Pfizer-BioNTech COVID-19 vaccine
- Dose 2: ☑ Vaccination Date: 02/28/2021 ☑ 28 ☑ Manufacturer: PZ-BION - Pfizer-BioNTech COVID-19 vaccine ☐ Not received.

- Has the resident received an additional or booster dose of vaccine? ☑ Yes ☐ No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

- Additional Dose: ☑ Vaccination Date: 08/04/2021 ☑ 28 ☑ Manufacturer: PZ-BION - Pfizer-BioNTech COVID-19 vaccine
Case Definition: Booster Dose

- A 65 y/o resident of a SVH facility who received their initial series of vaccine 6 months or more before the COVID-19 event.
Often Overlooked NHSN Resources
Click here to access the LTC COVID-19 Module

https://www.cdc.gov/nhsn/ltc/index.html
Resources for State Veterans Homes COVID-19 Event Reporting

Visit NHSN LTCF State Veterans Homes COVID-19 web-page for reporting resources

https://www.cdc.gov/nhsn/ltc/vha/index.html
### Data Collection Forms and Form Instructions

Visit NHSN LTCF State Veterans Homes COVID web-page

#### Resident COVID-19 Event Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Name</td>
<td>Name of the resident.</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Date of birth of the resident.</td>
</tr>
<tr>
<td>Resident ID</td>
<td>Resident's identification number.</td>
</tr>
<tr>
<td>resident Home ID</td>
<td>Identification number of the resident's home.</td>
</tr>
<tr>
<td>Staff ID</td>
<td>Identification number of the staff member.</td>
</tr>
<tr>
<td>Staff Role</td>
<td>Role of the staff member.</td>
</tr>
<tr>
<td>Staff Name</td>
<td>Name of the staff member.</td>
</tr>
<tr>
<td>Date of Event</td>
<td>Date on which the event occurred.</td>
</tr>
<tr>
<td>Event Type</td>
<td>Type of the event (e.g., death, hospitalization).</td>
</tr>
<tr>
<td>Cause</td>
<td>Cause of the event.</td>
</tr>
<tr>
<td>Other Data</td>
<td>Additional data related to the event.</td>
</tr>
</tbody>
</table>

#### Staff and Prepared COVID-19 Event Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Name</td>
<td>Name of the staff member.</td>
</tr>
<tr>
<td>Staff ID</td>
<td>Identification number of the staff member.</td>
</tr>
<tr>
<td>Date of Event</td>
<td>Date on which the event occurred.</td>
</tr>
<tr>
<td>Event Type</td>
<td>Type of the event (e.g., death, hospitalization).</td>
</tr>
<tr>
<td>Cause</td>
<td>Cause of the event.</td>
</tr>
<tr>
<td>Other Data</td>
<td>Additional data related to the event.</td>
</tr>
</tbody>
</table>

#### Instructions for Completing the Resident COVID-19 Event Form

- Complete all fields accurately and legibly.
- Include all relevant dates and times.
- Provide detailed descriptions of events.
- Review the completed form for accuracy before submission.
Enrollment

https://www.cdc.gov/nhsn/ltc/enroll.html

Contact NHSN at nhsn@cdc.gov for: SVH facility enrollment questions
Resources

- Long Term Care Facilities COVID-19 Module: [https://www.cdc.gov/nhsn/ltc/index.html](https://www.cdc.gov/nhsn/ltc/index.html)
An event form will need to be completed and entered for all new positive SARS-CoV-2 tests, re-infections, and re-admissions.

The weekly number of "Positive tests" reported in the RIFC and Staff and Personnel Impact pathway must equal the number of events entered into the State Veterans Home tool.

Facilities must submit their data through the NHSN reporting system at least once every seven days.

Before you can access the Event Reporting Form you must update the “Facility Type” for your facility.

For questions, email NHSN@CDC.gov
Subject Line: SVH
Thank You!

CDC is committed to working with State Veterans Homes to fulfill their reporting requirements. We appreciate your participation to the NHSN LTCF Component, as well as your commitment and dedication in keeping residents safe.
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.