NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

Instructions for Completion of the Resident COVID-19 Event Form

Description

As part of CDC's ongoing COVID-19 response, the Resident COVID-19 Event Form is designed to help long-term care facilities (LTCFs) track and monitor residents who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data into the Module include State Veterans Homes (SVH) providing nursing home (LTC-SNF-SVH) and domiciliary care (LTC-ALF-SVH). LTCFs that are not currently enrolled in NHSN will need to complete enrollment before the COVID-19 Module resident event form is accessible.

Definitions

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

- **Resident COVID-19 Event:** a resident who tests positive for COVID-19 based on a point-of-care (POC) antigen or a nucleic acid Amplification test (NAAT)-polymerase chain reaction (PCR) viral test result. Antibody test results should not be reported.
- **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 and has been readmitted for a subsequent stay.

Data Field	Instructions for Form Completion
Facility ID	The facility ID will be auto populated by the system.
Event ID	Event ID number will be auto populated by the system.
Resident ID	**Required**. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all admissions and stays reported to NHSN. **Note:** If the resident tested is "Veteran Spouse", "Gold Star Parent" or "Other", enter an alphanumeric ID number. This is a number assigned by the facility and may consist of any combination of numbers and/or letters.
Medicare number	*Optional*. Enter the resident Medicare number or comparable railroad insurance number.
Resident Name	**Required**. Enter the first and last name of the resident. Middle name is optional.
Gender	**Required**. Select Female, Male, or Other to indicate the gender of the resident tested.
Date of Birth	**Required**. Record the date of the resident's birth using this format: MM/DD/YYYY.

Ethnicity (specify)	**Required**. Specify if the resident is either Hispanic or Latino, or Not Hispanic or Not Latino.
	Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. *
	The resident should always be asked to identify their race and ethnicity. If the resident is unable to provide this information, ask a family member.
	* https://www.census.gov/topics/population/hispanic-origin/about.html
Race (specify)	**Required**. Specify one or more of the choices below to identify the resident's race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White
	The resident should always be asked to identify their race and ethnicity. If the resident is unable to provide this information, ask a family member.
	NOTE: Hispanic or Latino is not a race. A person may be of any race while being Hispanic or Latino.
Veteran Resident Type	**Required**. From the drop-down menu, choose whether the resident is a Veteran, Veteran Spouse, Gold Star Parent or Other.
	If "Other" is selected, please enter the resident type in the space provided.

Note: Answers to the questions below are based on the current COVID-19 event being reported.

Event Information	
Data Field	**Instructions for Form Completion**
Event Type	**Required**. Event type = COVID-19
Date of Current Admission to Facility	**Required**. The date of current admission is the most recent date the resident entered the facility. Select the date of current admission using the drop-down calendar. **Notes:** • Date of current admission must occur BEFORE the date of event. • If the resident tests positive upon readmission to the facility, a new event form should be completed using the new admission date and the previously assigned resident ID.
Date of Event (Test Date)	**Required**: Enter the date the specimen was **collected** for this event using the drop-down calendar or enter the date manually using format: MM/DD/YYYY. **Note:** Date of Event must occur AFTER the current admission date.

Data Field	Instructions for Form Completion
*TEST TYPE Indicate how the resident was determined to be SARS-CoV-2 (COVID-19 positive).	*Test Type:* Defined by NHSN as a single or series of viral testing methods used to detect SARS-CoV-2 (COVID-19). This information may be useful in capturing inconsistent test results when additional tests are performed after initial reported *Positive Tests* (for example, confirmatory testing performed). The test result may be from a NAAT/PCR **or** an antigen test. **Required.** Based on the date of specimen collection, identify how the resident was tested using the following testing methods **(select one option only):** ___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**. *Note: Only includes combinations when specimens are collected **within 2 calendar days** of the initial test. Excludes combinations with positive antigen **and** negative NAAT (PCR) test results.* **Important:** • $^±$ Include residents with more than one viral test type only when the additional tests were collected <u>within two calendar days of initial SARS-CoV-2 viral test</u>. Otherwise, only select the initial test method performed for *Test Type*. • Tests in which specimens are collected **more than** 2 calendar days apart should be considered separate tests, and discordant results may be due to changes in viral dynamics. **Diagnostic Terms and Definitions:** • SARS-CoV-2 is the virus that causes COVID-19. • SARS-CoV-2 NAAT methods include but are not limited to Polymerase Chain Reaction (PCR) and Real Time Polymerase Chain Reaction (RT-PCR). • NAAT: Nucleic acid amplification testing, a form of molecular testing. Includes but are not limited to Polymerase Chain Reaction (PCR) and Real Time Polymerase Chain Reaction (RT-PCR). • A viral test is used to detect infection with SARS-CoV-2, the virus that causes COVID-19. Molecular (specifically, NAAT) and antigen tests are types of viral tests. CDC-NHSN recognizes positive results from both molecular and antigen diagnostic tests for diagnosing active COVID-19 infection. • **Exclude** antibody test results. They are used to detect previous infection with SARS-CoV-2, the virus that causes COVID-19. This type of test is also called a serological test. Antibody test results are <u>not</u> considered appropriate for diagnosis of active COVID-19 infection.

Data Field	Instructions for Form Completion
*Re-Infections Based on the current COVID-19 event, does the resident meet the NHSN definition for re-infection? Based on the current COVID-19 event, indicate if the resident was symptomatic at the time of re-infection.	**Re-infections**: Defined by NHSN as a new positive SARS-CoV-2 (COVID-19) viral test result performed **more than 90 days** after an initial COVID-19 infection. **Required.** Indicate if the resident met the NHSN definition for Re-infection for the current COVID-19 event as outlined above. ***Symptomatic Re-infections:** **Conditional Required.** Based on the current COVID-19 event being reported, indicate if the resident had signs and/or symptoms consistent with COVID-19, as defined by the CDC. **Example of Symptomatic Re-infection:** Resident first had COVID-19 122 days ago and recently tested PCR positive after new onset of fever, fatigue, productive cough, loss of taste and smell, and shortness of breath.
* VACCINATION STATUS Indicate if the resident received a COVID-19 vaccine at least 14 days prior to the specimen collection date for the positive COVID-19 viral test. **[to be considered as vaccinated, there must be at least 14 days between the most recent COVID-19 vaccine dose administered and the specimen collection date]**	*Vaccination Status*: Defined by NHSN as residents who received the most recent dose of COVID-19 vaccine **14 days or more prior** to the specimen collection date for the newly positive viral test used to detect SARS-CoV-2 (COVID-19). The date vaccine received is considered as Day 1. Such estimates are useful as early indicators of effectiveness of vaccines in this setting and may indicate the need for further investigation or action. The window of 14 days is being used because that is how long it could take for the COVID-19 vaccines to have an effect. **Required.** Indicate the resident's COVID-19 vaccination status at the time of specimen collection. **Vaccination status** of newly positive resident is to be reported based on: (1) event reported for selected *Test Type* categories; (2) vaccine type received; and (3) if only dose 1 was received at least 14 days prior to specimen collection of the newly positive SARS-CoV-2 test **or** if dose 1 and dose 2 were received with the last dose being at least 14 days prior to specimen collection of the newly positive SARS-CoV-2 test result single or series of viral testing methods for the following: • Positive SARS-CoV-2 antigen test only [no other testing performed] • Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed] • Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test **Vaccination Status Definitions:** • **(NOVACC) Not vaccinated with COVID-19 vaccine:** Indicate if the resident did not have a history of prior COVID-19 vaccination **or** received the first dose of COVID-19 vaccine **less than 14 days prior** to the specimen collection date for the newly positive viral test result. Date vaccine received is equal to day 1.

Data Field	Instructions for Form Completion
	• **(MODERNA1)** Resident received **only one** dose of the Moderna COVID-19 vaccine at least **14 days prior** to the specimen collection date for the newly positive viral test result **or** the second dose was received **less than 14 days prior** to the to the specimen collection date for the newly positive viral test result. • **(MODERNA)** Resident received **both doses** (doses 1 and 2) of the Moderna COVID-19 vaccine with the second dose being **at least 14 days prior** to the specimen collection date for the newly positive viral test result. • **(PFIZBION1)** Resident received **only one** dose of the Pfizer-BioNTech COVID-19 vaccine at least **14 days prior** to the specimen collection date for the newly positive viral test result **or** the second dose was received **less than 14 days prior** to the to the specimen collection date for the newly positive viral test result. • **(PFIZBION)** Resident received **both doses** (doses 1 and 2) of the Pfizer-BioNTech COVID-19 vaccine with the second dose being **at least 14 days prior** to the specimen collection date for the newly positive viral test result. • **(JANSSEN)** Resident received dose of the COVID-19 vaccine at least **14 days prior** to the specimen collection date for the newly positive viral test result. • **(UNSPECIFIED)** Resident received the complete vaccination series from an unknown manufacturer with the last dose being **at least 14 days prior** to the specimen collection date for the newly positive viral test result. **Important:** • To be considered vaccinated, the most recent vaccine must be administered at least 14 days **before** the specimen collection date for the SARS-CoV-2 viral test. The date in which vaccine was received is equal to Day 1. • Vaccination status is to be reported for residents who are newly positive. • Include residents who received the vaccine while in the LTCF or outside of the LTCF.
*COVID-19 Therapy Indicate if the resident received one of the therapeutic options for the current COVID-19 event.	*Therapeutic* is defined as a treatment, therapy, or drug. Monoclonal antibodies are examples of anti-SARS-CoV-2 antibody-based therapeutics used to help the immune system recognize and respond more effectively to the COVID-19 virus. **Required**. Select "Did not receive" if the resident has not received monoclonal antibody therapy. If the resident received a monoclonal antibody therapeutic, select the appropriate therapeutic that was administered to the resident. Select "YES" if the resident was treated with **in-house stock** that was stored at your facility

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	(specifically, either administered by your LTCF or by an outside entity using stock provided by your LTCF). If the resident was not treated with **in-house stock,** select "NO."
*Hospitalization (Transferred to an acute care facility)	**Required**. Select "YES" if the resident was transferred to an acute care facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only) for **this COVID-19 event**, otherwise select "NO." **Notes:** • It is possible that a resident will be admitted to a hospital after a COVID-19 event is reported to NHSN. If the resident is later transferred to an acute care facility to receive treatment related to **this COVID-19 event**, previously submitted NHSN data must be edited to include the hospitalization and hospitalization date. The hospitalization date must be the date of transfer to the hospital.
*COVID-19 Death Indicate if the resident died from COVID-19 related complications while in the facility or another location.	*COVID-19 Deaths:* Defined by NHSN as residents who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. **Required.** Select "YES" if the resident identified with a newly positive COVID-19 viral test result, had signs and/or symptoms of COVID-19 as defined by the CDC, was on transmission-based precautions for COVID-19, or died from ongoing complications related to a previous COVID-19 infection. Select "NO" If the resident did not die, or if the resident's death was **not** related to COVID-19 or a COVID-19 related complication. **Notes:** • If the resident dies after the COVID-19 event data are entered in NHSN or the facility receives an autopsy result indicating a positive SARS-CoV-2 viral test result for a resident who was not initially documented as a CO*VID-19 Death*, previously submitted NHSN data must be edited to include the date of death. • Residents discharged (specifically, not expected to return to the facility) from the facility are excluded and the date of death is not required.