

COVID-19 Module

Long Term Care Facility: Resident Impact and Facility Capacity Pathway

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NHSN Facility ID:	CMS Certification Number (CCN):
Facility Name:	Facility Type:
*Date for which counts/responses are reported: _____ / _____ / _____	*Date Created: _____ / _____ / _____

Facility Capacity	
	ALL BEDS
	* CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day

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. <i>Excludes recovered residents.</i>
	* POSITIVE TESTS: Enter the number of residents with a <u>newly</u> positive SARS-CoV-2 viral test result. <i>Include only residents newly positive since the most recent date data were collected for NHSN reporting.</i>

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result					
		TEST TYPE CATEGORIES			
		± Only include if additional tests were performed within 2 calendar days from initial test. Otherwise, count first test only			
		**Positive SARS-CoV-2 antigen test only [no other testing performed]	**Positive SARS-CoV-2 NAAT (PCR) [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
**TEST TYPE: Based on the number reported for <i>Positive Tests</i> , enter the number of residents tested in each test type category. <i>The total of counts reported in each category must be equal to the count(s) reported for "Positive Tests"</i>					
**VACCINATION STATUS (FOR CALCULATED TOTAL CONFIRMED): For positives in each test type category, indicate the vaccination status of each resident					
Initial Series	NOVACC – Not vaccinated with COVID-19 vaccine. Or first dose administered 13 days or less before the specimen collection date				
	MODERNA1 - Only dose 1 of Moderna COVID-19 vaccine				
	MODERNA - Dose 1 and ^v 2 of Moderna COVID-19 vaccine				
	PFIZBION1 - Only dose 1 of Pfizer-BioNTech COVID-19 vaccine				
	PFIZBION - Dose 1 and ^v 2 of Pfizer-BioNTech COVID-19 vaccine				
	JANSSEN – ^v Dose of Janssen COVID-19 vaccine				
	UNSPECIFIED DOSE 1 – Dose of COVID-19				

Primary Series	vaccine with unspecified manufacturer received 13 days or less before the specimen collection date				
	UNSPECIFIED – Dose 1 and ^v 2 of COVID-19 vaccination series with unspecified manufacturer or more than 1 manufacturer				
**Did any residents with a newly positive SARS-CoV-2 viral test result receive an additional or booster dose of COVID-19 vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No ** Among the residents with a newly positive SARS-CoV-2 test result, how many have received an additional or booster dose _____					
Additional or booster doses	PFIZBIONADD – [□] additional dose or booster dose of Pfizer-BioNTech COVID-19 vaccine received.				
	MODERNAADD - [□] Additional dose or booster dose of Moderna COVID-19 vaccine received.				
	UNSPECIFIEDADD – [□] additional dose or booster dose of an unspecified manufacturer received				

^vsecond dose received 14 days or more before the specimen collection date; otherwise, count as only dose 1.

[□]Additional dose or booster dose received 14 days or more before the specimen collection date.

CALCULATED TOTAL CONFIRMED (not editable by user):

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SARS-CoV-2 Resident Hospitalizations

***HOSPITALIZATIONS:** Number of residents who were admitted to the hospital for COVID-19 or related complications _____.
Include only the number of new hospitalizations since the most recent date data were reported to NHSN.

Re-Infections with SARS-CoV-2

****RE-INFECTIIONS:** Based on the number reported for *Positive Tests*, indicate how many met NHSN definition for re-infection:

SYMPTOMATIC: Based on the number reported for *Re-Infections*, indicate how many of the residents had signs and/or symptoms consistent with COVID-19: _____.

ASYMPTOMATIC: Based on the number reported for *Re-Infections*, indicate how many of the residents did **not** have signs and/or symptoms consistent with COVID-19: _____.

***TOTAL DEATHS:** Number of residents who have died *for any reason* in the facility or another location: _____.
Include only the number of new deaths since the most recent date data were reported to NHSN..

****COVID-19 DEATHS:** Based on the number reported for *Total Deaths*, indicate the number of residents who died from COVID-19 or related complications, either in the facility or another location: _____.

Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness

INFLUENZA: Number of Residents with new influenza (flu).

RESPIRATORY ILLNESS: Number of Residents with acute respiratory illness symptoms, excluding COVID-19 and/or influenza (flu).

Resident Impact for Co-Infections

INFLUENZA and COVID-19: Number of residents with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19).

SARS-CoV-2 TESTING

Since the last date of data entry in the Module, has your LTCF performed SARS-CoV-2 (COVID-19) viral testing on residents and/or staff? YES NO

**** If, YES, enter the number of SARS-CoV-2 (COVID-19) viral test(s) that were performed using the following categories:**

_____ ****POCRESIDENT:** Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents?

_____ ****POCSTAFF:** Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on staff and/or facility personnel?

_____ ****NONPOCRESIDENT:** Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on residents?

_____ ****NONPOCSTAFF:** Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on staff and/or facility personnel?

During the past two weeks, on average, how long did it take your LTCF to receive SARS-CoV-2 viral test results from NON-point-of-care tests? (Select ONE)

- Less than one day
- 1-2 days
- 3-7 days
- More than 7 days
- No testing was performed in the past two weeks on residents or staff/facility personnel

TESTINGSTAFF: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed? YES NO

TESTINGRESIDENT: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all current residents within the next 7 days, if needed? 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, 242k, and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 60 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1317). CDC 57.144 (Front) v.10 (07-2021)