

May 2021 (V.7)

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 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 Indicate how the resident was reported Positive Tests (for example, confirmatory testing performed). The test determined to be SARS-CoV-2 result may be from a NAAT/PCR or an antigen test. (COVID-19 positive). 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 within two calendar days of initial SARS-CoV-2 viral test. 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 not considered appropriate for diagnosis of active COVID-19 infection.

Data Field	Instructions for Form Completion
*Re-Infections	Re-infections : Defined by NHSN as a new positive SARS-CoV-2 (COVID-19) viral
Based on the current COVID-	test result performed more than 90 days after an initial COVID-19 infection.
19 event, does the resident	Required. Indicate if the resident met the NHSN definition for Re-infection for
meet the NHSN definition for	the current COVID-19 event as outlined above.
re-infection?	
D	*Symptomatic Re-infections:
Based on the current COVID-19 event, indicate if the resident	
was symptomatic at the time of	Conditional Required. Based on the current COVID-19 event being reported, indicate if the resident had signs and/or symptoms consistent with COVID-19,
re-infection.	as defined by the CDC.
	as defined by the ebe.
	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	Sile taless of producti
Indicate if the resident received	Vaccination Status: Defined by NHSN as residents who received the most
a COVID-19 vaccine at least 14	recent dose of COVID-19 vaccine 14 days or more prior to the specimen
days prior to the specimen	collection date for the newly positive viral test used to detect SARS-CoV-2
collection date for the positive	(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
COVID-19 viral test.	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
[to be considered as	have an effect.
vaccinated, there must be at least 14 days between the most	Required. Indicate the resident's COVID-19 vaccination status at the time of
recent COVID-19 vaccine dose	specimen collection.
administered and the specimen	Vaccination status of newly positive resident is to be reported based on: (1)
collection date]	event reported for selected <i>Test Type</i> 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 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.
therapeutic options for the current COVID-19 event.	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	COVID-19 Deaths: Defined by NHSN as residents who died from SARS-CoV-2
Indicate if the resident died from COVID-19 related complications while in the facility or another location.	(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 COVID-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.