Instructions for completion of the Staff and Personnel COVID-19

Event Form

# *Description*

As part of CDC’s ongoing COVID-19 response, the Staff and Personnel COVID-19 Event Form is designed to help Long-Term Care Facilities (LTCFs) track and monitor Staff and Personnel who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include State Veterans Homes (SVHs) providing nursing home (LTC-SVHSNF) and domiciliary care (LTC-SVHALF). LTCFs that are not currently enrolled in NHSN will need to complete enrollment before the Staff and Personnel COVID-19 Event Form is accessible.

*Definitions*

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

* **Staff and Personnel COVID-19 Event:** a staff member/volunteer/contractor who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care 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.

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| **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. |
| Staff ID | **Required.** If the individual tested is a staff/volunteer/contractor at the facility, enter an alphanumeric staff ID number. This is a number assigned by the facility and may consist of any combination of numbers and/or letters.  **NOTE:** The NHSN Facility Administrator (FacAd) will be the only registered NHSN user in the facility to whom access to Staff test data is automatically granted by NHSN. If other NHSN Users in the facility need the ability to enter or access Staff events or data, the NHSN FacAd will need to grant such rights through the “Users” option in the blue navigation bar on the left side of the screen while in the NHSN application. Without the granting of such rights, Staff data screens will not be visible to the NHSN User. |
| Name | **Required**. Enter the first and last name of the individual tested. Middle name is optional. |
| Gender | **Required**. Select Female, Male, or Other to indicate the gender of the individual tested. |
| Date of Birth | **Required**. Record the date of the individual’s birth using this format: MM/DD/YYYY. |
| Ethnicity (specify) | *Collecting race and ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups.*  **Required**. Specify if the individual 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 individual tested should always be asked to identify their race and ethnicity.  \* <https://www.census.gov/topics/population/hispanic-origin/about.html> |
| Race (specify) | *Collecting race and ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups.*    **Required**. Specify one or more of the choices below to identify the individual’s race (**select no more than 2 options**):   1. American Indian/Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian/Other Pacific Islander 5. White 6. Declined to respond 7. Unknown   The individual tested should always be asked to identify their race and ethnicity.  **NOTE:** Hispanic or Latino is not a race. A person may be of any race while being Hispanic or Latino. |

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| **Event Information** | |
| **Data Field** | **Instructions for Form Completion** |
| **Event Type** | **Required**. Event type = COVID-19 |
| **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:** Answers to the questions below are based on the current COVID-19 event being reported.

| **Data Field** | **Instructions for Form Completion** |
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| **\*TEST TYPE**  Indicate how the staff member 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 staff member 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 staff member’s 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. * The individual tested should always be asked to identify the “test type” that was performed in the event of the staff member being diagnosed by a private physician or healthcare facility. * If the staff member is tested at an outside facility and notifies the facility of a positive test result but is unaware of the “test type” select, “*Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least* ***one positive test***” as the response.   **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. |
| **\*Re-Infections**  Based on the current COVID-19 event, does the staff member meet the NHSN definition for re-infection?  Based on the current COVID-19 event, indicate if the staff member 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 staff member 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 staff member had signs and/or symptoms consistent with COVID-19, as defined by the [CDC](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).  **Example of Symptomatic Re-infection:**  Staff member 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 staff member 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 staff member 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 staff member’s COVID-19 vaccination status at the time of specimen collection.  **Vaccination status** of newly positive staff member is to be reported based on: (1) vaccine type received; and (2) 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. Counts are reported based on the 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 staff member 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. * **(MODERNA1)** staff member 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)** Staff member 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)** Staff member 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)** Staff member 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)** Staff member 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)** Staff member 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 Staff members who are newly positive. |
| **\*COVID-19 Death**  Indicate if the staff member died from COVID-19 related complications. | *COVID-19 Deaths:* Defined by NHSN as individuals who died from SARS-CoV-2 (COVID-19) related complications.  **Required.** Select “YES” if the staff member identified with a newly positive COVID-19 viral test result had signs and/or symptoms of COVID-19 as defined by the [CDC, or died from ongoing complications related to a previous COVID-19 infection. If applicable, record the date of the individual’s death using this format: MM/DD/YYYY.](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)  Select “NO” If the staff member did not die, or if the staff members death was **not** related to COVID-19 or a COVID-19 related complication.  **Notes:**   * If the staff member dies after the COVID-19 event data are entered in NHSN or the facility receives notification indicating a positive SARS-CoV-2 viral test result for a staff member who was not initially documented as a CO*VID-19 Death*, previously submitted NHSN data must be edited to include the date of death or estimated date of death. |