**Change Memo for**

National Healthcare Safety Network (NHSN)

Coronavirus (COVID-19)

Surveillance in Healthcare Facilities

(OMB Control No. 0920-1317)

Expiration Date: 01/31/2024

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The Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion (DHQP) requests a non-substantive change of an approved Information Collection:

National Healthcare Safety Network (NHSN) Coronavirus (COVID-19) Surveillance in Healthcare Facilities (OMB Control No. 0920-1317)

Within this Information Collection Request, we are making updates to the following forms:

1. LTCF Veterans Affairs Resident COVID-19 Event form (57.159)
2. LTCF Veterans Affairs Staff and Personnel COVID-19 Event form (57.160)

Each form changes and associated burden are described below.

Long-Term Care Component, COVID-19 Module (57.159, 57.160)

1. The Resident COVID-19 Event Form is used for state veteran homes (SVH) COVID-19 event-level reporting. The event form collects information about each resident with a positive COVID-19 test. This includes name, age, sex, race, ethnicity, and veteran status (if applicable).

The data elements that will be removed from the resident event form are test type, re-infections,

and the manufacturer name for the primary series and additional or booster doses.

**Time Burden:** estimate 35 minutes to complete the form

**Change in Time Burden:** decreased by 10 minutes

1. The Staff COVID-19 Event Form is used for SVH COVID-19 event-level reporting. The staff event form collects information about each staff member with a positive COVID-19 test. This includes name, age, sex, race, and ethnicity.

The data elements that will be removed from the resident event form are test type, re-infections, and the manufacturer name for the primary series and additional or booster doses.

**Time Burden:** estimate 20 minutes to complete the form

**Change in Time Burden:** decreased by 10 minutes

Justification for changes:

*In the SVH Event form, SVH facilities are required to indicate the vaccination status of each resident that tests positive for COVID-19. The vaccination status section will be revised to remove data elements that are no longer required for reporting federal pandemic response activities and an additional variable will be added to reflect updates in CDC vaccination guidance pertaining to second boosters for residents and staff. These changes will also align with the recent changes to the Resident Impact Facility Capacity (RIFC) and Staff Pathways forms.*

Burden Estimates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Form Name | No. of Respondents | No. Responses per Respondent | Avg. Burden per response (in hrs.) | Total Burden (in hrs.) |
| LTCF VA Resident COVID-19 Event Form | 188 | 36 | 35/60 | 3,948 |
| LTCF VA Staff and Personnel COVID-19 Event Form | 188 | 36 | 20/60 | 2,256 |