

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

Program Contact

Lauren Wattenmaker
Surveillance Branch
Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention
Atlanta, Georgia 30333
Phone: 404-718-5842
Email: nlh3@cdc.gov

Submission Date: July 6, 2022

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