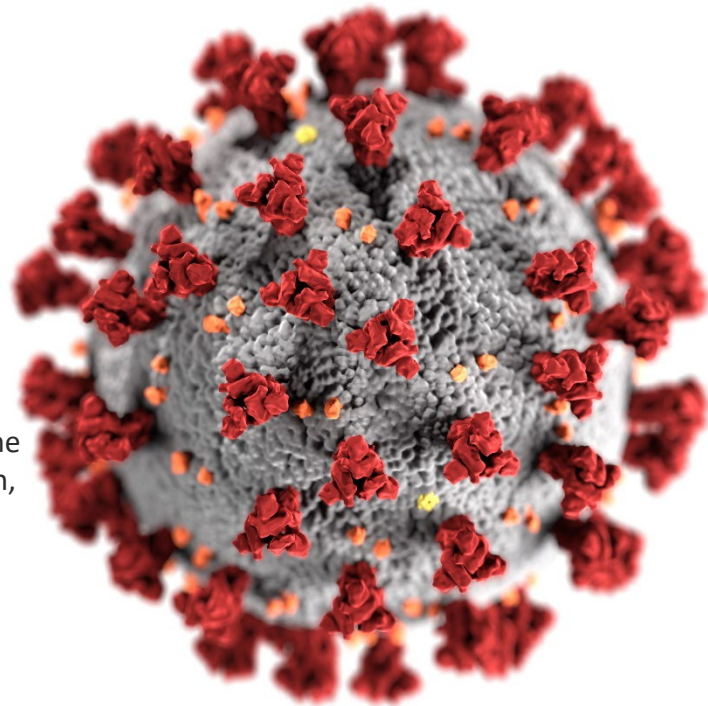


State Veterans Homes COVID-19 Resident and Staff Event Reporting Updates

Presenters:

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Agenda

- Review July 2022 modifications for State Veterans Homes COVID-19 Event Reporting
 - Removal of variables
 - Test Type
 - Re-infections
 - Manufacturer for "Primary Series" and "Additional or Booster Doses"
- Enhancement to the Vaccination Status Section
 - The Additional or Booster Vaccination field will now have 3 placeholders to include dates of dose/s administered
- Review steps to enter COVID-19 Events for residents and staff
- Case Scenarios
- Valuable Resources
- Questions and Answers



Removal of Data Elements



Removal of data elements

Users are no longer required to enter data for:

- **Test Type**: COVID-19 test type (rapid point-of care antigen and PCR tests).
- **Re-infections**: positive test result performed > 90 days after a previous COVID-19 infection.
- **Vaccine Manufacturer**: manufacturer(s) for each dose of vaccine, including additional or booster doses.



Previous Event Reporting Form



Previous variables

Event Details

* Event Type: COVID-19 * Date of Current Admission to Facility: [] [] 19

* Date of Event: [] [] 19

*** TEST TYPE:** The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select one):

- 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

± Only select if the two tests were performed within 2 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.

*** RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

- * Is the resident considered to be re-infected with SARS-CoV-2? Yes No
- * If applicable, was the resident symptomatic at the time of re-infection? Yes No

*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: ** Vaccination Date: [] [] 19 ** Manufacturer: []

Dose 2: ** Vaccination Date: [] [] 19 ** Manufacturer: []

Not received.

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: ** Vaccination Date: [] [] 19 ** Manufacturer: []

Booster Dose: ** Vaccination Date: [] [] 19 ** Manufacturer: []

*** COVID-19 THERAPY:** Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

- Did not receive
- Casirivimab/imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)
- Evusheld (AstraZeneca)
- Bebtelovimab (Lilly)
- Paxlovid (Pfizer)
- Molnupiravir (Merck)

*** HOSPITALIZATION:** Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event?
 Yes No

*** COVID-19 DEATH:** Did the resident die from COVID-19 related complications?
 Yes No



Save Cancel

Test Type

***TEST TYPE:** The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (*select only one*):

- 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

This section will be removed

± Only select if the two tests were performed **within 2 calendar days from initial test** (test date is calendar day one). Otherwise, select the first test performed only.

Re-infections

***RE-INFECTIONS:** Respond to questions based on the ~~current~~ COVID-19 event (SARS-COV-2 infection):

*Is the resident considered to be re-infected with SARS-COV-2? Yes No

**If applicable, was the resident symptomatic at the time of re-infection? Yes No

This section will be removed

Vaccine manufacturer- primary vaccine series and additional or booster doses

***VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection.

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and vaccine manufacturer.

***Dose 1** **Vaccination Date: _____
(MM/DD/YYYY)

**** Manufacturer:** PFIZBION - Pfizer-BioNTech COVID-19 vaccine
 MODERNA - Moderna COVID-19 vaccine
 JANSSEN – Janssen COVID-19 vaccine
 UNSPECIFIED – unspecified vaccine manufacturer

***Dose 2** **Vaccination Date: _____
(MM/DD/YYYY)

**** Manufacturer:** PFIZBION - Pfizer-BioNTech COVID-19 vaccine
 MODERNA - Moderna COVID-19 vaccine
 UNSPECIFIED – unspecified vaccine manufacturer

Not Received

Has the resident received an **additional or booster dose** of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

****Additional Dose** **Vaccination Date: _____
(MM/DD/YYYY)

**** Manufacturer:** PFIZBION - Pfizer-BioNTech COVID-19 vaccine
 MODERNA - Moderna COVID-19 vaccine

**** Booster Dose** **Vaccination Date: _____
(MM/DD/YYYY)

**** Manufacturer:** PFIZBION - Pfizer-BioNTech COVID-19 vaccine
 MODERNA - Moderna COVID-19 vaccine
 JANSSEN – Janssen COVID-19 vaccine



Revised Event Reporting Form



Event Details

* Event Type: COVID-19 * Date of Current Admission to Facility: [] [] 19

* Date of Event: [] [] 19

VACCINATION STATUS:

Indicate the vaccination status of the resident on the event date or date of specimen collection.
Has the resident received any COVID-19 vaccine? Yes No
Which vaccine was received (select all that apply)?

- Pfizer-BioNTech COVID-19 vaccine
- Moderna COVID-19 vaccine
- Janssen COVID-19 vaccine
- Unspecified manufacturer

PRIMARY SERIES
Indicate the date(s) for each vaccine received.

** Dose 1: [] [] 19

** Dose 2: [] [] 19 Not received.

ADDITIONAL OR BOOSTER DOSES
Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received an additional or booster dose of vaccine? Yes No

** Date : [] [] 19

** Date : [] [] 19

** Date : [] [] 19

COVID-19 THERAPY: Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

- Did not receive
- Casirivimab/imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)
- Evusheld (AstraZeneca)
- Bebtelovimab (Lilly)
- Paxlovid (Pfizer)
- Molnupiravir (Merck)

HOSPITALIZATION: Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event?
 Yes No

COVID-19 DEATH: Did the resident die from COVID-19 related complications?
 Yes No

Save **Cancel**



Enhancements to Vaccination Reporting

Updated vaccination data collection fields



Enhancements to Vaccination Status

SVH facilities are required to indicate the vaccination status of each resident and staff member that tests positive for COVID-19; including the administration of ***Additional*** or ***Booster*** vaccine doses.

- The “***Additional***” or “***Booster***” Vaccination field will now have 1 subfield, with 3 placeholders to report dates of vaccine dose/s administered for Additional or Booster doses.



Old Additional or Booster Dose Data Collection Options

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: 28 **Manufacturer:

Booster Dose: **Vaccination Date: 28 **Manufacturer:

COVID-19 THERAPY: Indicate if the resident received one of the following therapies:

Did not receive

Casirivimab/imdevimab (Regeneron)

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine



Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: 28 **Manufacturer:

Booster Dose: **Vaccination Date: 28 **Manufacturer:

COVID-19 THERAPY: Indicate if the resident received one of the following therapies:

Did not receive

Casirivimab/imdevimab (Regeneron)

Bamlanivimab/etesevimab (Lilly)

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine
JANSSEN - Janssen COVID-19 vaccine



New Additional or Booster Dose Data Reporting Options



** ADDITIONAL OR BOOSTER DOSES

Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received an additional or booster dose of vaccine? Yes No

**Date :  14

**Date :  14

**Date :  14

OLD vs. NEW

A comparison of the old and new COVID-19 Event Reporting Form



OLD

VS.

NEW

*** TEST TYPE:** The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only one):

- 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

Only select if the two tests were performed within 2 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.

*** RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

* Is the resident considered to be re-infected with SARS-CoV-2? Yes No

** If applicable, was the resident symptomatic at the time of re-infection? Yes No

*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: **Manufacturer:

Dose 2: **Vaccination Date: **Manufacturer:

Not received.

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: **Manufacturer:

Booster Dose: **Vaccination Date: **Manufacturer:

* VACCINATION STATUS:

Indicate the vaccination status of the resident on the event date or date of specimen collection.

Has the resident received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

- Pfizer-BioNTech COVID-19 vaccine
- Moderna COVID-19 vaccine
- Janssen COVID-19 vaccine
- Unspecified manufacturer

** PRIMARY SERIES

Indicate the date(s) for each vaccine received.

**Dose 1:

**Dose 2:

Not received.

** ADDITIONAL OR BOOSTER DOSES

Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received an additional or booster dose of vaccine? Yes No

**Date:

**Date:

**Date:



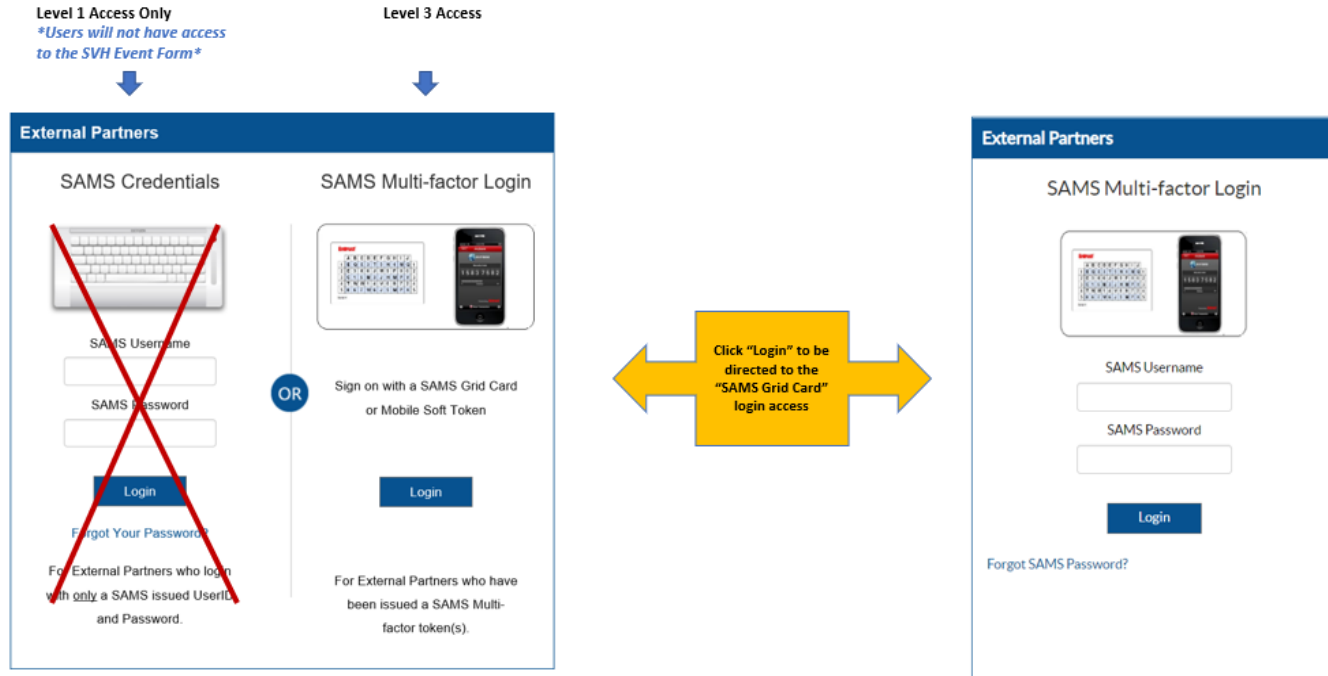
COVID-19 State Veterans Homes Event Reporting

How to Access the Event Reporting Form



NHSN Access through Level 3 Security

☐ Log-in to SAMS at <http://sams.cdc.gov>



NHSN Access through Level 3 Security

- ❑ Select “NHSN Reporting” under National Healthcare Safety Network System

SAMS
secure access management services

Menu

- My Profile
- Logout

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

- CDC TRAIN**
 - CDC TRAIN
- CITI_Single_SignOn**
 - CDC Single Point Sign On - CITI Courses
- National Healthcare Safety Network System**
 - NHSN Reporting ***
 - NHSN Enrollment *
- NHSN Long Term Care Reporting** Level 1 access only
 - NHSN LTC Reporting
 - NHSN LTC Enrollment


Select “NHSN Reporting”
for Level 3 security access
into NHSN application.



Access through Level 3 Security

- ☐ Once you select “NHSN Reporting” you will be directed to the NHSN Landing Page

NHSN - National Healthcare Safety Network

 Welcome to the NHSN Landing Page



Select component:

Long Term Care Facility

Select facility/group:

Fac: TI's Test Facility (ID 56233)

Submit

- Select Long-Term Care Facility Component in the drop down
- Select your Facility/Group
- Click “submit” to be directed to the facility homepage



How do I access the State Veterans Homes COVID-19 Event Reporting Form?

- On LTC Home Page Select >COVID-19>>COVID-19 Event on the left side navigation panel.
- After clicking “COVID-19 Event” the “COVID-19 Event Reporting” screen displays.

The screenshot shows a web application interface. On the left is a vertical navigation menu with the following items: Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19 (highlighted in dark blue), Vaccination Summary, Import/Export, Surveys, Analysis, Users, Facility, Group, and Logout. A sub-menu is open for the 'COVID-19' item, listing: Dashboard, Pathway Data Reporting, POC Test Result Reporting, COVID-19 Event (highlighted in dark blue with a mouse cursor and a red arrow pointing to it from the right), COVID-19 Vaccination - HCW, COVID-19 Vaccination - Residents, Event-Level COVID-19 Vaccination Form - HCW, and Event-Level COVID-19 Vaccination Form - Residents. To the right of the navigation menu is a main content area with a header 'Long Term Care Dashboard' and a section 'Action Items'. Below this, there is a section titled 'COMPLETE THESE ITEMS' with a list of items. At the bottom of the page, there is a disclaimer: 'provided information obtained in this surveillance that it will be held in strict confidence, will be used only for the purposes stated, and will not be shared with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242l) without the individual's written consent.'



NHSN LTC State Veterans Homes Facility Types for COVID-19 Event Reporting



- ❑ To access the COVID-19 Event Form, the facility type should be identified as:

State Veterans Home – Skilled
Nursing Facility (**LTC-SVHSNF**)



State Veterans Home – Assisted
Living Facility/Domiciliary (**LTC-
SVHALF**)

State Veterans Homes COVID-19 Event Reporting

How to enter SARS-CoV-2 (COVID-19) Resident Event



SVH COVID-19 Event Reporting for Residents and Staff

Created to track and monitor residents and staff with laboratory-positive COVID-19 (SARS-CoV-2) Events

Resident COVID-19 Event

- Newly Positive *Event*
- Vaccination status
- COVID-19 Therapy
- Hospitalization
- COVID-19 Deaths

Staff COVID-19 Event

- Newly Positive Event
- Vaccination status
- COVID-19 Deaths

LTCF COVID-19 SVH Event Reporting Tool



How do I access the State Veterans Homes COVID-19 Event Reporting Form?

Once the COVID-19 Event Reporting page screen appears:

- ❑ Select the "Type of Individual tested" from the drop-down menu
- ❑ Enter the demographic data
- ❑ Click "Add Event Details" to enter event data.

*Demographic data must be entered before proceeding with adding event details**

The screenshot displays the 'COVID-19 Event Reporting' web form. The top section is titled 'Resident/Staff' and includes a 'Find Resident/Staff' button. Below this, there are several input fields and checkboxes for demographic information. A yellow circle highlights the 'Type of Individual Tested' dropdown menu, which is currently set to 'Resident'. A red arrow points from this dropdown to the 'Add Event Details' button in the 'Event Details' section below. The form also includes fields for Resident ID, Medicare number, First Name, Middle Name, Last Name, Gender, Date of Birth, Ethnicity, and Race. At the bottom, there are buttons for 'I'm done. Start New Event ->' and 'Upload CSV...'.

COVID-19 Event Reporting

Resident/Staff [Find Resident/Staff](#)

Type of Individual Tested **Resident**
Staff/Volunteer/Contractor

*Resident ID:

Medicare number (or comparable railroad insurance number):

*First Name: Middle Name: *Last Name:

*Gender: *Date of Birth:

*Ethnicity: *Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White Declined to respond
 Unknown

*Veteran Resident Type: Veteran Veteran Spouse Gold Star Parent Other

Event Details [Add Event Details](#)

[I'm done. Start New Event ->](#) [Upload CSV...](#)



State Veterans Homes COVID-19 Resident Event Form

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Tools
- Logout

COVID-19 Event Reporting

Resident/Staff

[Find Resident/Staff](#)

Type of Individual Tested: **Resident**

*Resident ID: 2222222

Medicare number (or comparable railroad insurance number):

*First Name: JOHN Middle Name: Last Name: DOE

*Gender: O - Other *Date of Birth: 02/14/1954 12

*Ethnicity: UNK - Unknown *Race:

- American Indian/Alaska Native
- Black or African American
- White
- Unknown
- Asian
- Native Hawaiian/Other Pacific Islander
- Declined to respond

*Veteran Resident Type: Veteran Veteran Spouse Gold Star Parent Other

Event Details

[Add Event Details](#)

Page 0 of 0 No records to view

Event Date	TEST TYPE	RE-INFECTIONS	VACCINATION STATUS	COVID-19 THERAPY	Delete
------------	-----------	---------------	--------------------	------------------	--------

Page 0 of 0 No records to view

[I'm done. Start New Event ->](#)



State Veterans Homes COVID-19 Resident Event Form



Event Details

*Event Type: COVID-19 *Date of Current Admission to Facility: [] [14]

*Date of Event: [06/07/2022] [14]

VACCINATION STATUS:

Indicate the vaccination status of the resident on the event date or date of specimen collection.
Has the resident received any COVID-19 vaccine? Yes No
Which vaccine was received (select all that apply)?

- Pfizer-BioNTech COVID-19 vaccine
- Moderna COVID-19 vaccine
- Janssen COVID-19 vaccine
- Unspecified manufacturer

PRIMARY SERIES

Indicate the date(s) for each vaccine received.

**Dose 1: [] [14]

**Dose 2: [] [14] Not received.

ADDITIONAL OR BOOSTER DOSES

Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received an additional or booster dose of vaccine? Yes No

**Date: [] [14]

**Date: [] [14]

**Date: [] [14]

COVID-19 THERAPY: Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

- Did not receive
- Casirivimab/Imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)
- Evusheld (AstraZeneca)
- Bebtelovimab (Lilly)
- Paxlovid (Pfizer)
- Molnupiravir (Merck)

HOSPITALIZATION: Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event? Yes No

**Date of hospitalization: [] [14]

COVID-19 DEATH: Did the resident die from COVID-19 related complications? Yes No

**Date of death: [] [14]

Save **Cancel**



State Veterans Homes Event Form Reporting Definitions

***An event form must be entered each time a resident newly tests positive for COVID-19, including re-admissions ***

Resident/Staff COVID-19 Event: a resident or staff member who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care antigen or a NAAT/PCR viral test result.

Date of Event: must occur *ON* or *AFTER* the current admission date

Date of Current Admission: must occur *ON* or *BEFORE* the date of event.



***Re-admission:** a resident who was discharged from the LTCF for **more than 3 days** with SARS-CoV-2 (COVID-19) and has been readmitted for a subsequent stay. *

State Veterans Homes COVID-19 Event Reporting

Event Details: Required for each positive SARS-CoV2 (COVID-19) event.



Event Details

*Event Type: COVID-19

*Date of Current Admission to Facility:

*Date of Event:



State Veterans Homes Event Form Vaccination Definitions

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Primary Series: Dose 1 and dose 2 of a 2-dose series of vaccine or a single dose of Janssen vaccine.

Additional Dose: after a primary series; another dose of vaccine administered to people who were less likely to mount a protective immune response after initial vaccination.

Booster Dose: a subsequent dose of vaccine administered to enhance or restore protection which might have waned over time after a primary vaccination.



State Veterans Homes COVID-19 Event Reporting



If YES, select the vaccine manufacturer/s below.

• VACCINATION STATUS:

Indicate the vaccination status of the resident on the event date or date of specimen collection.

Has the resident received any COVID-19 vaccine? Yes No



Which vaccine was received (select all that apply)?

- Pfizer-BioNTech COVID-19 vaccine
- Moderna COVID-19 vaccine
- Janssen COVID-19 vaccine
- Unspecified manufacturer



State Veterans Homes COVID-19 Resident Event Form



Date and/or Dates should be entered for each primary series vaccine dose that was administered

**** PRIMARY SERIES**
Indicate the date(s) for each vaccine received.

**Dose 1: 19

**Dose 2: 19 Not received.



Check the **“Not received”** box, if Dose 2 was not administered for any 2-dose series at the time of specimen collection.



State Veterans Homes COVID-19 Resident Event Form



If YES, enter the date/s (up to 3) for each "additional or booster vaccine dose administered"

** ADDITIONAL OR BOOSTER DOSES

Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received an additional or booster dose of vaccine? Yes No

**Date: 19

**Date: 19

**Date: 19



State Veterans Homes COVID-19 Resident Event Form

COVID-19 Therapy: Select only one option

* COVID-19 THERAPY: Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

- Did not receive
- Casirivimab/imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)
- Evusheld (AstraZeneca)
- Bebtelovimab (Lilly)
- Paxlovid (Pfizer)
- Molnupiravir (Merck)



State Veterans Homes COVID-19 Resident Event Form


* HOSPITALIZATION: Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event?

Yes No

** Date of hospitalization:  12

* COVID-19 DEATH: Did the resident die from COVID-19 related complications?

Yes No

** Date of death:  12

**** Date for each element is conditional to "YES" response to question**

State Veterans Homes COVID-19 Resident Event Form



Event Details

*Event Type: COVID-19 *Date of Current Admission to Facility: 07/06/2022 27

*Date of Event: 07/07/2022 27

VACCINATION STATUS:

Indicate the vaccination status of the resident on the event date or date of specimen collection.

Has the resident received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

- Pfizer-BioNTech COVID-19 vaccine
- Moderna COVID-19 vaccine
- Janssen COVID-19 vaccine
- Unspecified manufacturer

PRIMARY SERIES

Indicate the date(s) for each vaccine received.

**Dose 1: 03/02/2021 27

**Dose 2: 04/14/2021 27 Not received.

ADDITIONAL OR BOOSTER DOSES

Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received an additional or booster dose of vaccine? Yes No

**Date: 08/25/2021 27

**Date: 12/24/2021 27


**Date: 04/28/2022 27

* COVID-19 THERAPY: Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

- Did not receive
- Casirivimab/imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)
- Evusheld (AstraZeneca)
- Bebtelovimab (Lilly)
- Paxlovid (Pfizer)
- Molnupiravir (Merck)

* HOSPITALIZATION: Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event? Yes No

* COVID-19 DEATH: Did the resident die from COVID-19 related complications? Yes No

 **Save** **Cancel**



State Veterans Homes COVID-19 Resident Event Form

COVID-19 Event Reporting

Resident/Staff

[Find Resident/Staff](#) [Edit Resident/Staff](#)

Type of Individual Resident Tested *

*Resident ID: ABCDEF

Medicare number (or comparable railroad insurance number):

*First Name: LAFFY Middle Name: **Message**

*Gender: O - Other *Date of Birth: 07/18/1935

*Ethnicity: UNK - Unknown *Race: American Indian or Alaska Native Black or African American White Unknown

*Veteran Resident Type: Veteran Veteran Spouse Gold Star Parent Other

Successfully added LTCovid19Event record. [OK](#)

Event Details

[Add Event Details](#)

Event Date	TEST TYPE	RE-INFECTIONS	VACCINATION STATUS	COVID-19 THERAPY	Delete
07/13/2022			Y	NONE	

[I'm done. Start New Event ->](#) [Upload CSV...](#)



COVID-19 State Veterans Homes Event Reporting

How to enter a SARS-CoV-2 (COVID-19) Staff Event



State Veterans Homes COVID-19 Staff Event Form



NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19 ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Tools ▶
- Logout

COVID-19 Event Reporting


Resident/Staff Find Resident/Staff

Type of Individual **Staff/Volunteer/Contractor**

Tested *:

*Staff ID:

*First Name: Middle Name: *Last Name:

*Gender: *Date of Birth: 

*Ethnicity: *Race:

- American Indian/Alaska Native
- Black or African American
- White
- Unknown
- Asian
- Native Hawaiian/Other Pacific Islander
- Declined to respond

Event Details Add Event Details

I'm done. Start New Event ->



State Veterans Homes COVID-19 Staff Event Form

Event Details

*Event Type: COVID-19

*Date of Event: 14

VACCINATION STATUS:

Indicate the vaccination status of the staff member on the event date or date of specimen collection.

Has the staff member received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

Pfizer-BioNTech COVID-19 vaccine

Moderna COVID-19 vaccine

Janssen COVID-19 vaccine

Unspecified manufacturer

PRIMARY SERIES

Indicate the date(s) for each vaccine received.

**Dose 1: 14

**Dose 2: 14 Not received.

ADDITIONAL OR BOOSTER DOSES

Indicate the date(s) for any additional or booster doses of vaccine.

Has the staff member received an additional or booster dose of vaccine? Yes No

**Date: 14

**Date: 14

**Date: 14

* COVID-19 DEATH: Did the staff member die from COVID-19 related complications?

Yes No



COVID-19 State Veterans Homes Event Reporting

Avoiding discrepancies in reporting





Each positive SARS-CoV-2 (COVID-19) test must be submitted to the SVH Event Reporting Tool and Facility Level COVID-19 Pathways

State Veterans Homes Reporting Timelines



- ❑ Report all COVID-19 cases in the RIFC and Staff and Personnel Impact pathways for the reporting week.
 - *Facilities must submit their data through the NHSN reporting system at least once every seven days.
- ❑ Create a COVID-19 event in the State Veterans Homes COVID-19 Tool for every COVID-19 case reported to the RIFC and Staff and Personnel Impact pathways.

Facility Reporting Discrepancies - Example

Example 1: Facility A reported **8** resident cases in the LTC COVID-19 module – Resident Impact and Facility Capacity (RIFC) pathway for week-ending 07/22/22, but only reported **4** COVID-19 events in the SVH COVID-19 Tool.



Correct reporting practice: If Facility A reported **8** resident cases in the LTC COVID-19 module – RIFC pathway for week-ending 07/22/22, they should also report **8** COVID-19 events in the SVH COVID-19 Event Tool.



Facility Reporting Discrepancies - Example

Example 2: Facility B reported **2** resident COVID-19 events and **2** Staff COVID-19 events in the SVH COVID-19 Reporting Tool for week-ending 07/22/22 but reported **6** COVID-19 cases in the COVID-19 Pathways. The facility failed to report the additional COVID-19 events for **2** residents in the SVH COVID-19 Reporting tool.

 There should be a total of **6** events reported in both the COVID-19 Pathways and the SVH COVID-19 Tool.

4 case counts reported in COVID-19 Module-RIFC Pathway

2 case counts reported in COVID-19 Module-Staff and Personnel Impact Pathway

6 events in SVH COVID-19 Event Reporting Tool



COVID-19 State Veterans Homes Event Reporting

Case Definitions



Case Definition: Primary Vaccination Series

- A resident with a newly positive COVID-19 test result who received a 2-dose series of vaccine or a single dose of Janssen vaccine.

VACCINATION STATUS:
Indicate the vaccination status of the resident on the event date or date of specimen collection.
Has the resident received any COVID-19 vaccine? Yes No
Which vaccine was received (select all that apply)?
 Pfizer-BioNTech COVID-19 vaccine
 Moderna COVID-19 vaccine
 Janssen COVID-19 vaccine
 Unspecified manufacturer

PRIMARY SERIES
Indicate the date(s) for each vaccine received.

**Dose 1: 01/04/2022 22
**Dose 2: 02/16/2022 22

Not received.

OR

VACCINATION STATUS:
Indicate the vaccination status of the resident on the event date or date of specimen collection.
Has the resident received any COVID-19 vaccine? Yes No
Which vaccine was received (select all that apply)?
 Pfizer-BioNTech COVID-19 vaccine
 Moderna COVID-19 vaccine
 Janssen COVID-19 vaccine
 Unspecified manufacturer

PRIMARY SERIES
Indicate the date(s) for each vaccine received.

**Dose 1: 01/04/2022 22
**Dose 2:

Not received.

Single Dose of Janssen Vaccine →

Case Definition: Primary Vaccination Series, 2nd Dose Not Received

- A resident with a newly positive COVID-19 test result who only received Dose 1 of Pfizer on 3/1/22.
- Since Dose 2 of Pfizer was not received at the time of event, user must select “Not received” for dose 2.

• VACCINATION STATUS:

Indicate the vaccination status of the resident on the event date or date of specimen collection.

Has the resident received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

Pfizer-BioNTech COVID-19 vaccine

Moderna COVID-19 vaccine

Janssen COVID-19 vaccine


Unspecified manufacturer

• PRIMARY SERIES

Indicate the date(s) for each vaccine received.

**Dose 1: 03/01/2022

**Dose 2:

 Not received.

Case Definition: Additional or Booster Dose

- A resident with a newly positive COVID-19 test result who received a 2-dose series of vaccine and a subsequent dose of vaccine.

*** VACCINATION STATUS:**
Indicate the vaccination status of the resident on the event date or date of specimen collection.
Has the resident received any COVID-19 vaccine? Yes No
Which vaccine was received (select all that apply)?

- Pfizer-BioNTech COVID-19 vaccine
- Moderna COVID-19 vaccine
- Janssen COVID-19 vaccine
- Unspecified manufacturer

*** * PRIMARY SERIES**
Indicate the date(s) for each vaccine received.

**Dose 1: 01/01/2022 22

**Dose 2: 01/22/2022 22 Not received.

*** * ADDITIONAL OR BOOSTER DOSES**
Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received an additional or booster dose of vaccine? Yes No

**Date: 04/25/2022 22

**Date: 22

**Date: 22

Often Overlooked NHSN Resources



Resources

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search Search NHSN
[Advanced Search](#)

National Healthcare Safety Network (NHSN)

CDC > NHSN Home

NHSN Home

- NHSN Login
- About NHSN
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- CMS Requirements
- Change NHSN Facility Admin
- Resources by Facility
- Patient Safety Component
- Long-term Care Facility Component**
- LTCF COVID-19 Module
- State Veterans Homes COVID-19 Tool
- MDRO & CDI
- UTI
- Prevention Process Measures
- HCP & Resident Flu Vaccination
- HCP & Resident COVID-19 Vaccination
- LTCF Data Validation Guidance
- Newsletters & Archived Communications
- Dialysis Component
- Biovigilance Comp
- Healthcare Personnel Safety Component (HPS)

Long-term Care Facilities (LTCF) Component

Use the Long Term Care Facility (LTCF) Component to track infections and prevention process measures, systematically, to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

Facilities Reporting in LTCF

Nursing homes, skilled nursing, chronic care, and developmental disability facilities.

Assisted living facilities can only report in the [Prevention Process Measures](#) module.

⚠ Long-term acute care hospitals must use the [LTACH Facilities](#).

New Users

- [Introduction to LTCF Component \[Video – 2 min\]](#)
- [Enroll New Facility](#)
- [LTCF Training](#)
- [Educational Roadmap](#)

LTCF Manual & FAQs

- [2020 LTCF Component Manual](#) [PDF – 3 MB]
- [LTCF Frequently Asked Questions](#) [PDF – 1 MB]

LTCF Modules & Events

Access relevant training, protocols, data collection forms and supporting materials for each module.

- COVID-19 Module**
Information and resources for reporting into the NHSN LTCF COVID-19 Module
- HCP and Resident COVID-19 Vaccination**
Weekly COVID-19 Vaccination Reporting
- State Veterans Homes COVID-19 Tool**

- <https://www.cdc.gov/nhsn/ltc/index.html>



Resources for State Veterans Homes COVID-19 Event Reporting

[Visit NHSN LTCF State Veterans Homes COVID-19 web-page for reporting resources](#)

State Veterans Homes COVID-19 Tool

The [NHSN Long-term Care Facility Component](#) supports the nation's COVID-19 response through the LTCF COVID-19 Module. Facilities eligible to report data to NHSN's COVID-19 Module include nursing homes/skilled nursing, Intermediate Care Facilities for individuals with Intellectual disability (ICF/ID), and assisted living. In response to H.R. 7105 – Veterans Healthcare and Benefits Improvement Act of 2020, NHSN created a surveillance tool to enable mandated reporting of resident and staff-level data to NHSN and the Veterans Health Administration (VHA).

As part of CDC's ongoing COVID-19 response, the State Veterans Homes COVID-19 Tool is designed to help long-term care facilities (LTCFs) track and monitor residents and staff who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include State Veterans Homes (SVHs) providing nursing home (LTC-SVHNSF) and domiciliary care (LTC-SVHALF). State Veterans Homes reporting through the SVH COVID-19 Tool should also report data to the [LTCF COVID-19 Module](#) to provide facility level aggregate data, including resident census, as required by H.R. 7105.

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[Enroll New Facility](#)

[FAQs on Event Form - Oct 2021](#)
[PDF - 1 MB]

Training

Recent Trainings

New! [State Veterans Homes COVID-19 Resident and Staff Event Reporting Updates – November 2021](#)

- [YouTube Link \(Video – 54 min\)](#)
- [Slideset](#) [PDF – 6 MB]

Archived Trainings

[State Veterans Homes COVID-19 Resident and Staff Event Reporting](#) [PDF – 3 MB] – May 2021

Data Collection Forms and Instructions

All Data Collection Forms are Print-only

Resident COVID-19 Events

[Resident COVID-19 Event Form \(57,159\)](#) [PDF – 80 KB] – July 2022

- [Table of Instructions](#) [PDF – 300 KB]

Staff and Personnel COVID-19 Events

[Staff and Personnel Covid-19 Event Form \(57,160\)](#) [PDF – 80 KB] – July 2022

- [Table of Instructions](#) [PDF – 300 KB]

Resources

Facility Resources

[Enter NHSN Application with Level 3 Security](#) [PDF – 300 KB] – October 28, 2021

[Edit an Email Address in SAMS and the NHSN Facility](#) [PDF – 405 KB] – December 4, 2020

[Change LTC Facility Type](#) [PDF – 300 KB] – May 27, 2021

[Add a User in NHSN](#) [PDF – 800 KB] – October 5, 2020

[Re-assign NHSN Facility Administrator](#) [PDF – 500 KB] – October 5, 2020

Group Resources


[Join a Group and Accept the Confer Rights Template](#) [PDF – 400 KB]

[Set Up Groups](#) [PDF – 850 KB]

<https://www.cdc.gov/nhsn/ltc/vha/index.html>


Data Collection Forms and Form Instructions

Visit [NHSN LTCF State Veterans Homes COVID-19 web-page](#)



ONS Approved
OMB No. 0920-0117
Exp. Date 01/01/2024
www.oas.samhsa.gov

Staff COVID-19 Event Form



ONS Approved
OMB No. 0920-0117
Exp. Date 01/01/2024
www.oas.samhsa.gov

Resident COVID-19 Event Form

***Facility ID:** _____

***Staff ID:** _____

***Name First:** _____ **Middle:** _____

***Gender:** F M Other _____

***Ethnicity (specify):** Hispanic or Latino
 Not Hispanic or Latino
 Declined to respond Unknown

Event

***Event Type COVID-19**

***VACCINATION STATUS**
Indicate the vaccination status of the staff member on the _____

Has the staff member received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

Pfizer-BioNTech
 Moderna
 Johnson & Johnson's Janssen
 Unspecified

***PRIMARY SERIES**
Indicate the date(s) for each vaccine received.

***Dose_1** Date: _____ (MM/DD/YYYY)

***Dose_2** Date: _____ (MM/DD/YYYY) is not rec.

***ADDITIONAL OR BOOSTER DOSES**
Indicate the date(s) for any additional or booster doses of _____

Has the staff member received any additional or booster _____

Date: _____ (MM/DD/YYYY) Date: _____

***COVID-19 DEATH**

Did the staff member die from COVID-19 related complication? Yes No

***Date of death:** ____/____/____

Assurance of Confidentiality: The contents provided represent information obtained from the submission of confidential data that has been de-identified, and the identification for reporting purposes. CDC requests the average public reporting burden for the collection of information is 30 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and checking the data for accuracy, and reviewing and approving the information. Send comments to the Department of Health and Human Services, Paperwork Project Director, 1215 Jefferson Avenue, Washington, DC 20520-4545. (2025) PHS Form 0085 (CDC) (P) 08/2022 (V.7)

***Facility ID:** _____ **Event #:** _____

***Resident ID:** _____

***Medicare number (or comparable railroad insurance number):** _____

***Resident Name First:** _____ **Middle:** _____ **Last:** _____

***Gender:** F M Other _____ ***Date of Birth:** ____/____/____

***Ethnicity (specify):** Hispanic or Latino
 Not Hispanic or Latino
 Asian Black or African American Native Hawaiian/Other Pacific Islander White
 Declined to respond Unknown

***Is the resident in a State Veterans Home? Yes No**

***Veteran Resident Type:** Veteran Veteran Spouse Gold Star Parent Other (Specify) _____

Event Details

***Event Type COVID-19** ***Date of Current Admission to Facility:** ____/____/____

***Date of Event:** ____/____/____

***VACCINATION STATUS**
Indicate the vaccination status of the resident on the event date or date of specimen collection.

Has the resident received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

Pfizer-BioNTech
 Moderna
 Johnson & Johnson's Janssen
 Unspecified

***PRIMARY SERIES**
Indicate the date(s) for each vaccine received.


***Dose_1** Date: _____ (MM/DD/YYYY)

***Dose_2** Date: _____ (MM/DD/YYYY) not received

***ADDITIONAL OR BOOSTER DOSES**
Indicate the date(s) for any additional or booster doses of vaccine.


Has the resident received any additional or booster doses of vaccine? Yes No

Date: _____ (MM/DD/YYYY) Date: _____ (MM/DD/YYYY) Date: _____ (MM/DD/YYYY)



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OMB No. 0920-0117
Exp. Date 01/01/2024
www.oas.samhsa.gov

Instructions for completion of the Staff COVID-19 Event Form



ONS Approved
OMB No. 0920-0117
Exp. Date 01/01/2024
www.oas.samhsa.gov

Instructions for completion of the Resident COVID-19 Event Form

***Facility ID:** _____

***Staff ID:** _____

***Name First:** _____ **Middle:** _____

***Gender:** F M Other _____

***Ethnicity (specify):** Hispanic or Latino
 Not Hispanic or Latino
 Declined to respond Unknown

Event

***Event Type COVID-19**

***VACCINATION STATUS**
Indicate the vaccination status of the staff member on the _____

Has the staff member received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

Pfizer-BioNTech
 Moderna
 Johnson & Johnson's Janssen
 Unspecified

***PRIMARY SERIES**
Indicate the date(s) for each vaccine received.

***Dose_1** Date: _____ (MM/DD/YYYY)

***Dose_2** Date: _____ (MM/DD/YYYY) is not rec.

***ADDITIONAL OR BOOSTER DOSES**
Indicate the date(s) for any additional or booster doses of _____

Has the staff member received any additional or booster _____

Date: _____ (MM/DD/YYYY) Date: _____

***COVID-19 DEATH**

Did the staff member die from COVID-19 related complication? Yes No

***Date of death:** ____/____/____

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***Facility ID:** _____ **Event #:** _____

***Resident ID:** _____

***Medicare number (or comparable railroad insurance number):** _____

***Resident Name First:** _____ **Middle:** _____ **Last:** _____

***Gender:** F M Other _____ ***Date of Birth:** ____/____/____

***Ethnicity (specify):** Hispanic or Latino
 Not Hispanic or Latino
 Asian Black or African American Native Hawaiian/Other Pacific Islander White
 Declined to respond Unknown

***Is the resident in a State Veterans Home? Yes No**

***Veteran Resident Type:** Veteran Veteran Spouse Gold Star Parent Other (Specify) _____

Event Details

***Event Type COVID-19** ***Date of Current Admission to Facility:** ____/____/____

***Date of Event:** ____/____/____

***VACCINATION STATUS**
Indicate the vaccination status of the resident on the event date or date of specimen collection.

Has the resident received any COVID-19 vaccine? Yes No

Which vaccine was received (select all that apply)?

Pfizer-BioNTech
 Moderna
 Johnson & Johnson's Janssen
 Unspecified

***PRIMARY SERIES**
Indicate the date(s) for each vaccine received.

***Dose_1** Date: _____ (MM/DD/YYYY)

***Dose_2** Date: _____ (MM/DD/YYYY) not received

***ADDITIONAL OR BOOSTER DOSES**
Indicate the date(s) for any additional or booster doses of vaccine.

Has the resident received any additional or booster doses of vaccine? Yes No

Date: _____ (MM/DD/YYYY) Date: _____ (MM/DD/YYYY) Date: _____ (MM/DD/YYYY)



Enrollment

<https://www.cdc.gov/nhsn/ltc/enroll.html>

State Veterans Homes COVID-19 Tool

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Click here to
enroll a new
facility



Contact NHSN at nhsn@cdc.gov for: SVH facility enrollment questions



Resources



State Veterans Homes COVID-19 Webpage:
<https://www.cdc.gov/nhsn/ltc/vha/index.html>



Interim Clinical Considerations for Use of COVID-19 Vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>



COVID-19 Vaccines for People who are Moderately or Severely Immunocompromised:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>



COVID-19 Vaccine Boosters:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>



Reminder:



An event form will need to be completed and entered for all new positive SARS-CoV-2 tests, and re-admissions.



Each event that is entered into the State Veterans Home reporting tool, should also be reported in the RIFC and Staff and Personnel Impact pathway



Before you can access the Event Reporting Form you must update the “Facility Type” for your facility.



For questions, email NHSN@CDC.gov
Subject Line: SVH



Thank You!

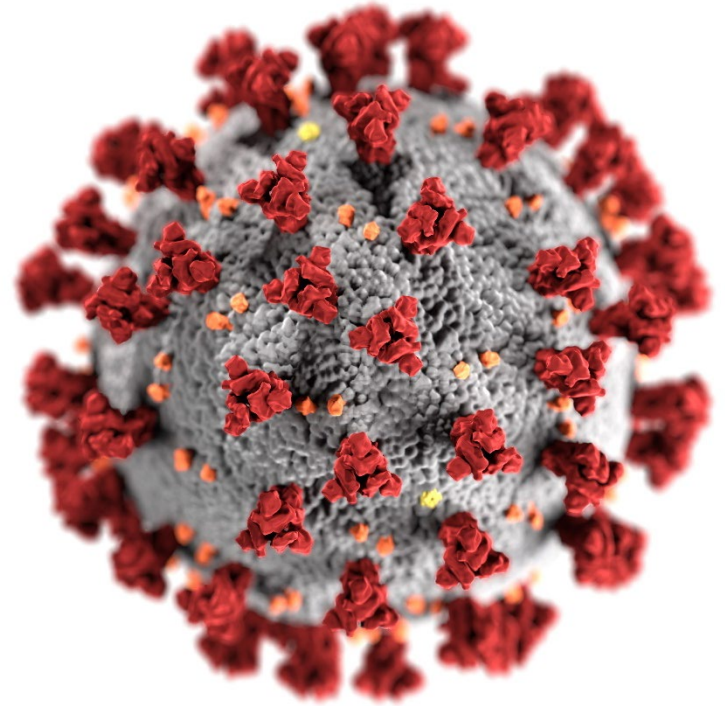
CDC is committed to working with State Veterans Homes to fulfill their reporting requirements. We appreciate your participation to the NHSN LTCF Component, as well as your commitment and dedication in keeping residents safe.



Please email your questions to:

NHSN@cdc.gov

Include in your subject line “SVH”



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

