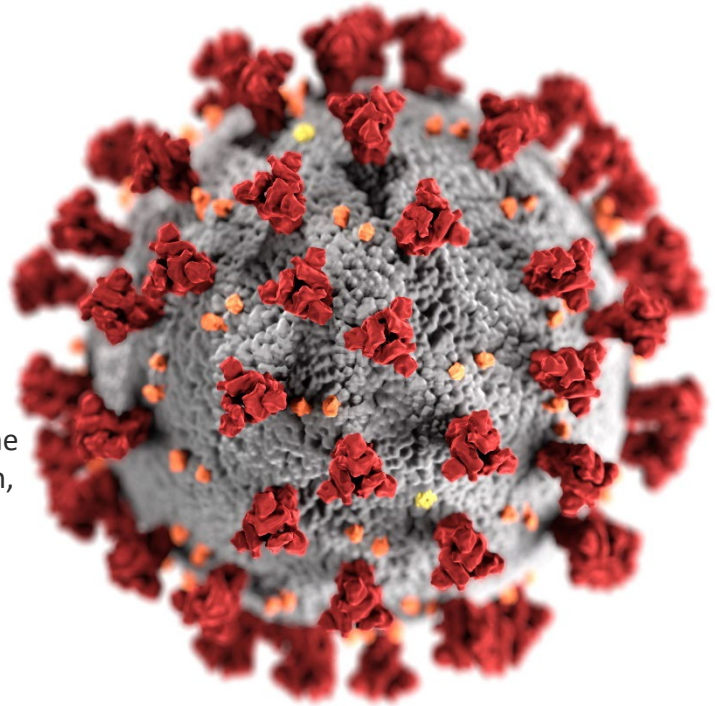
National Healthcare Safety Network (NHSN) LTCF COVID-19 Module Training

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



Presenters:

Kimberly Miller-Williamson, RN, BSN, MSM, Infection Preventionist, Contractor for the Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, Surveillance Branch

Ti McCray, Infection Preventionist, BSHA, MPH, Contractor for the Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, Surveillance Branch

cdc.gov/coronavirus

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

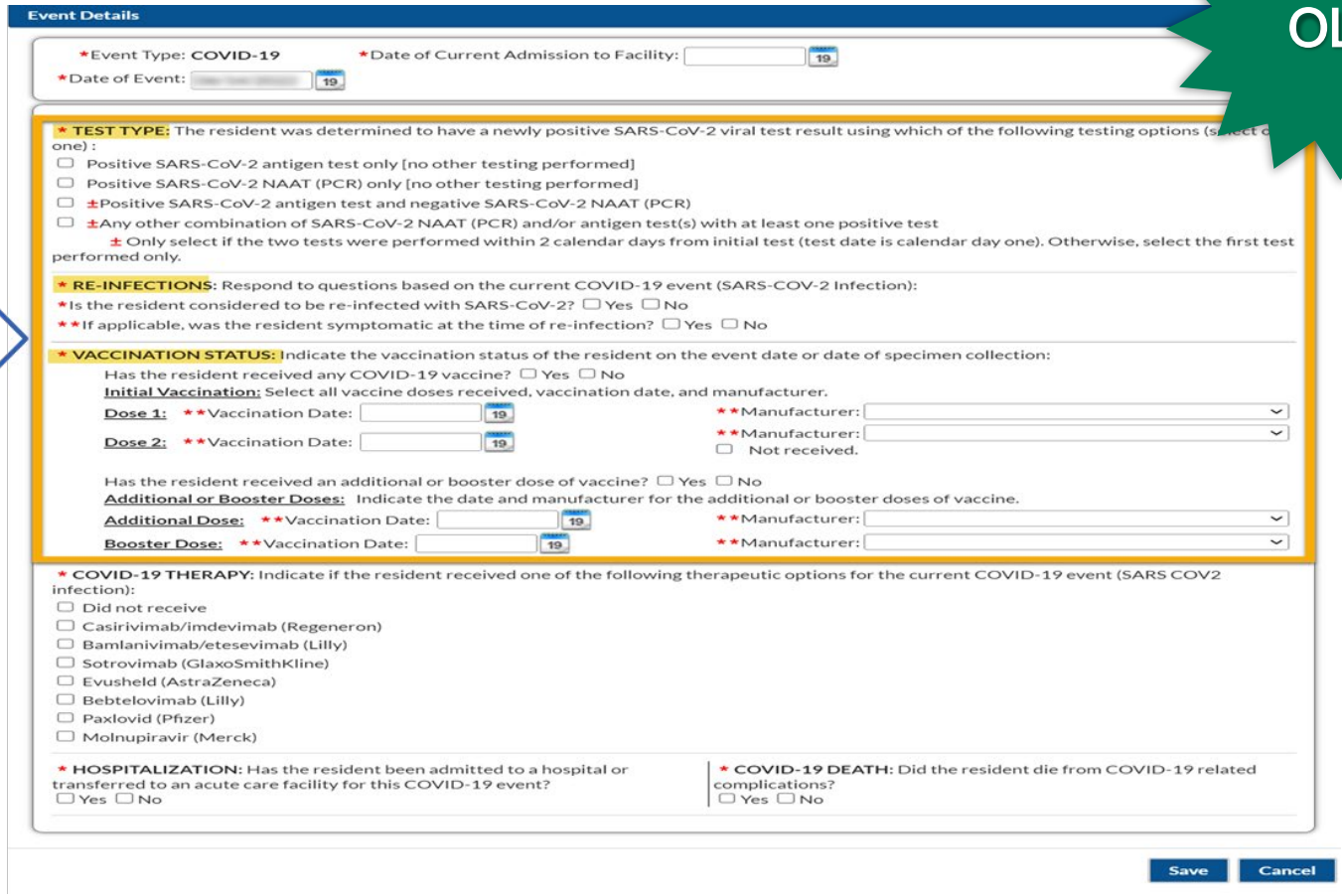
Users are no longer required to enter data for:

- **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

OLD

Previous variables



Event Details

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

*Date of Event:

* 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: **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:

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

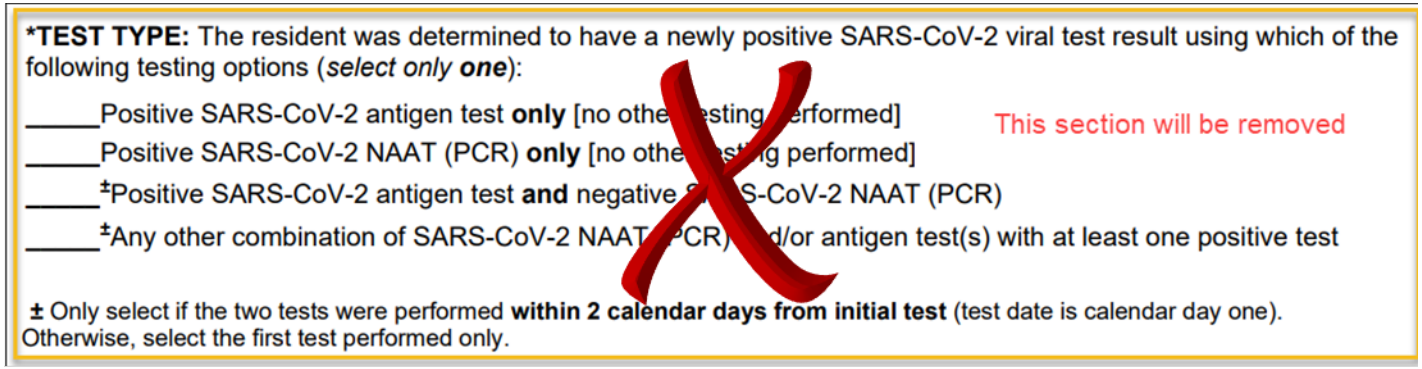
- Did not receive
- Casirivimab/imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)
- Evusheld (AstraZeneca)
- Bebtelovimab (Lilly)
- Paxlovid (Pfizer)
- Molnupiravir (Merck)

* 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

± 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.

This section will be removed

Re-infections

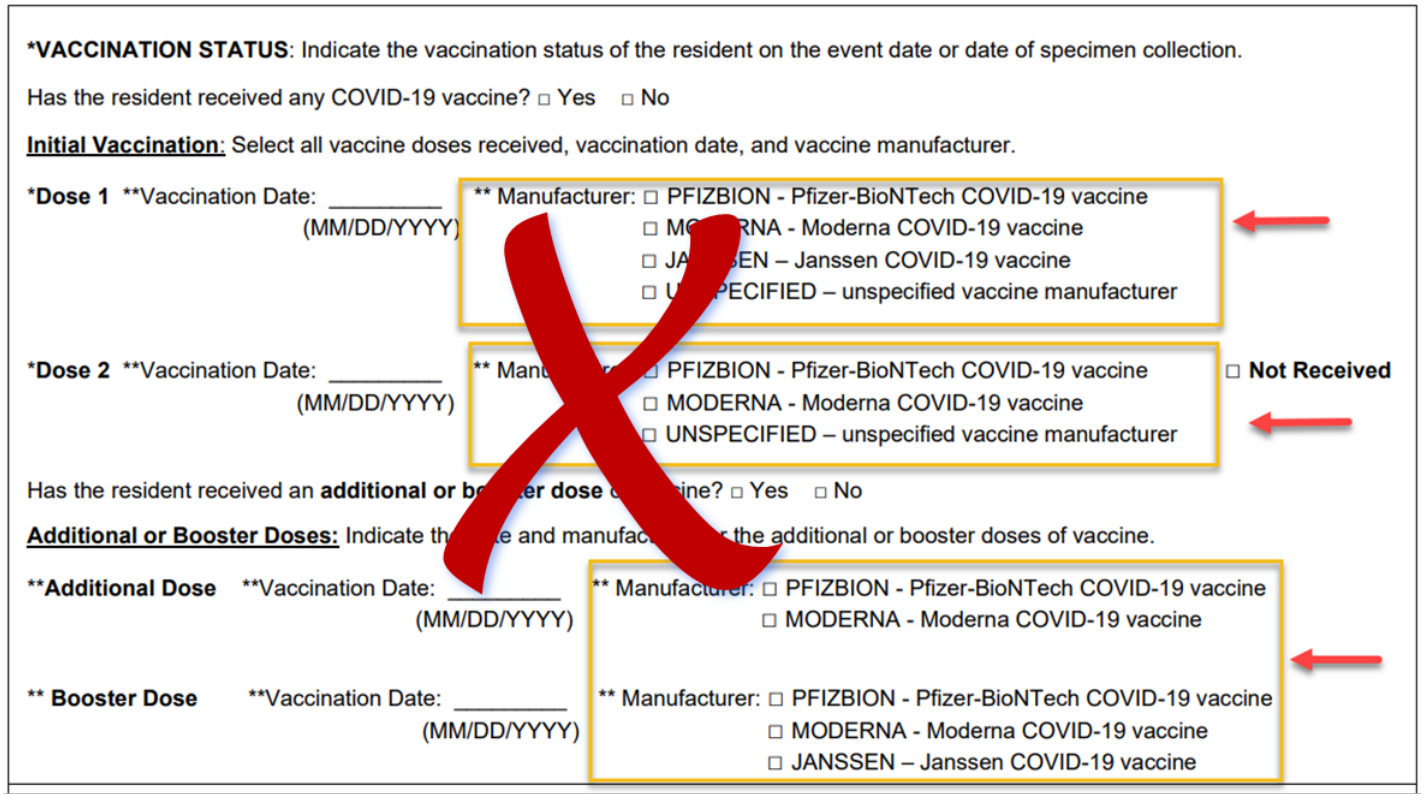
***RE-INFECTIONS:** Respond to questions based on the **current** COVID-19 event (SARS-COV-2 infection):

*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
☐ MO RNA - Moderna COVID-19 vaccine
☐ JA EN – Janssen COVID-19 vaccine
☐ U PECIFIED – unspecified vaccine manufacturer

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

** Manu ☐ PFIZBION - Pfizer-BioNTech COVID-19 vaccine
☐ MODERNA - Moderna COVID-19 vaccine
☐ UNSPECIFIED – unspecified vaccine manufacturer

☐ **Not Received**

Has the resident received an **additional or b er dose** ine? ☐ Yes ☐ No

Additional or Booster Doses: Indicate th e and manufac 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

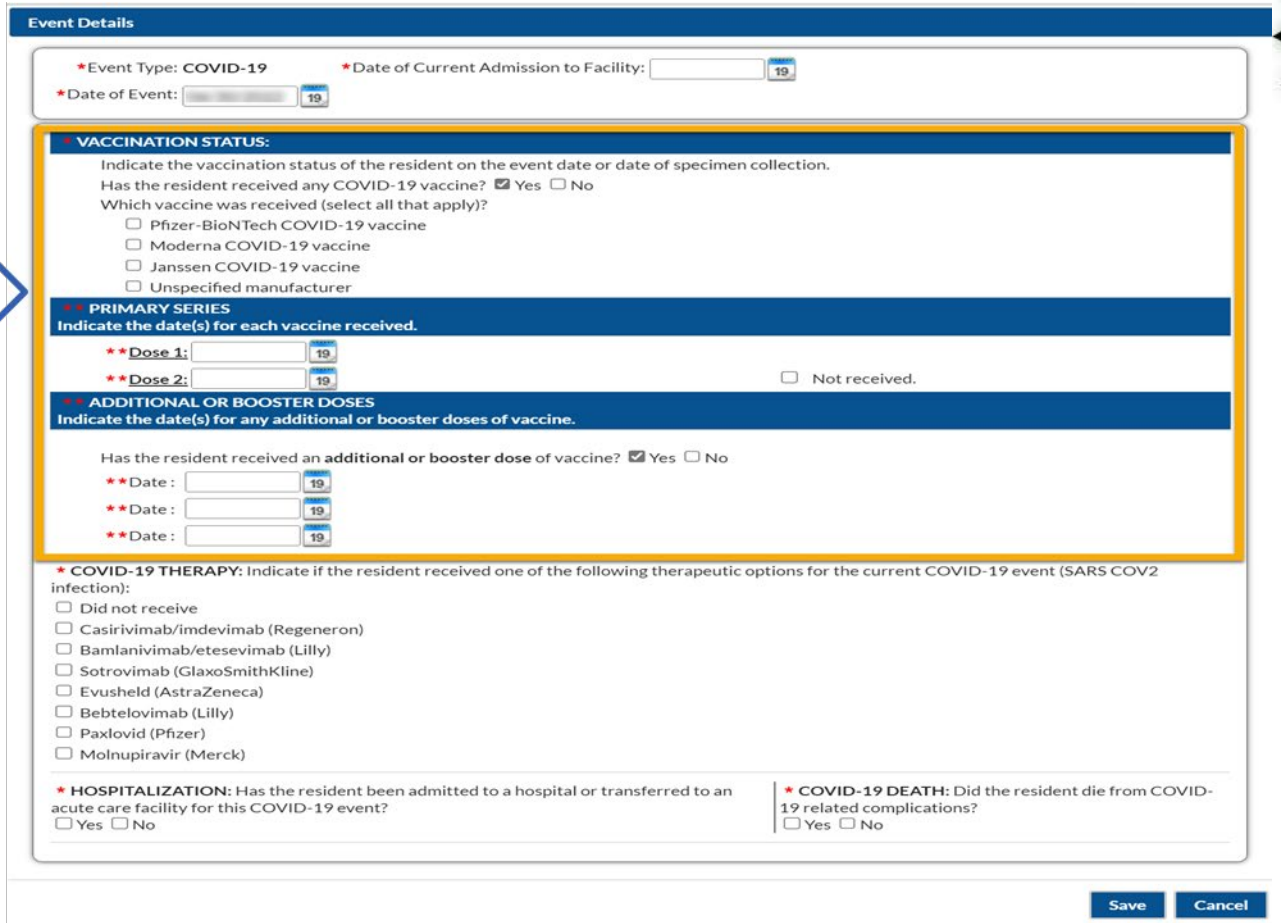
** **Booster Dose** **Vaccination Date: _____ (MM/DD/YYYY)

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

Revised Event Reporting Form

NEW

Revised sections



Enhancements to Vaccination Reporting

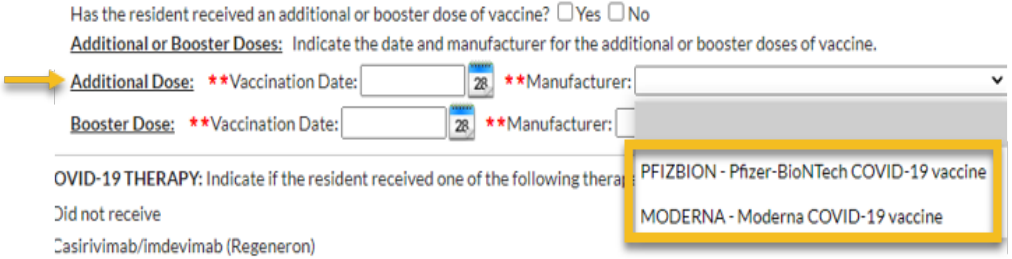
Updated vaccination data collection fields

Enhancements to Vaccination Status

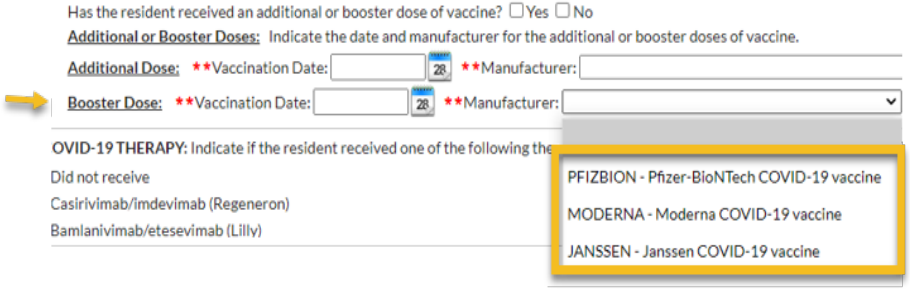
SVH facilities are required to indicate the vaccination status of each resident and staff member that tests positive for COVID-19; including the administration of ***Additional*** or ***Booster*** vaccine doses.

- 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



OLD



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

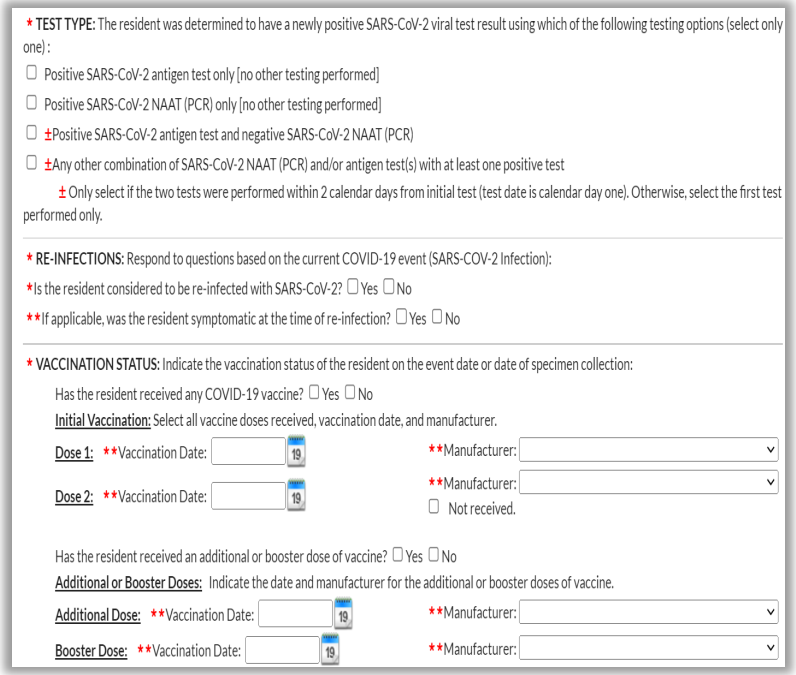
**Date: 14

**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: 19 **Manufacturer:

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

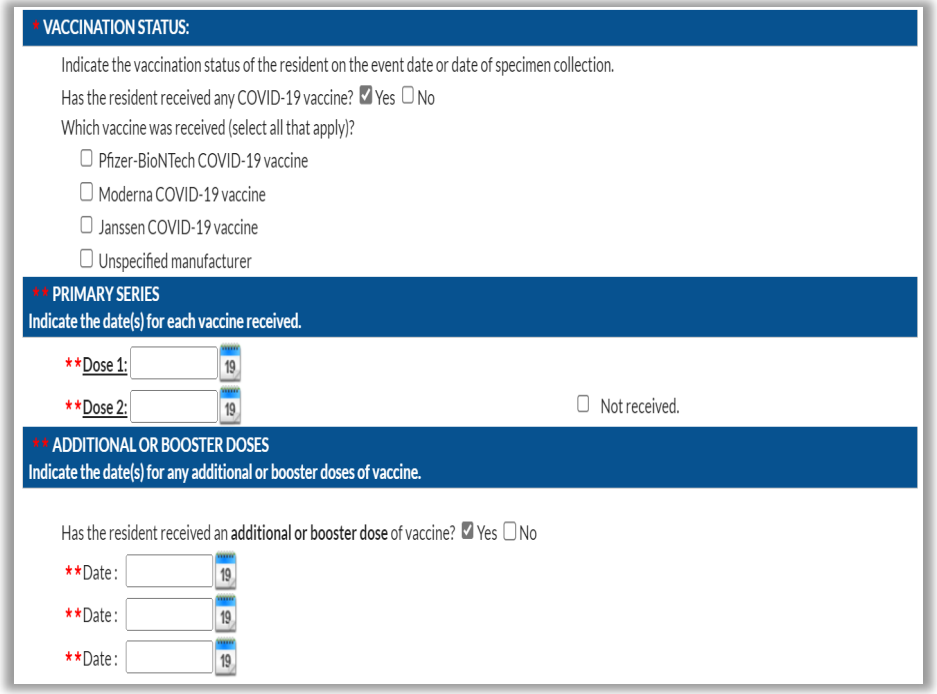
☐ Not received.

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:



* **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

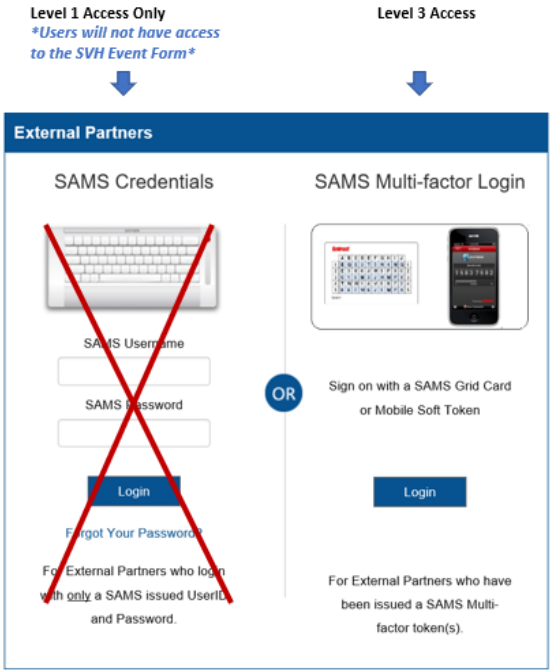
**Date: 19

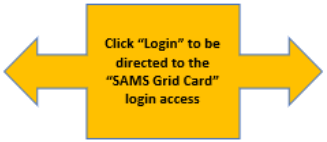
COVID-19 State Veterans Homes Event Reporting

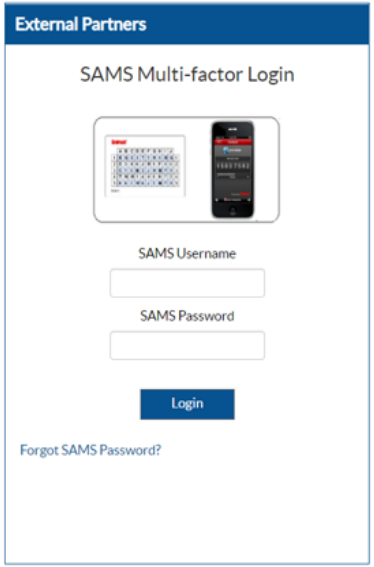
How to Access the Event Reporting Form

NHSN Access through Level 3 Security

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

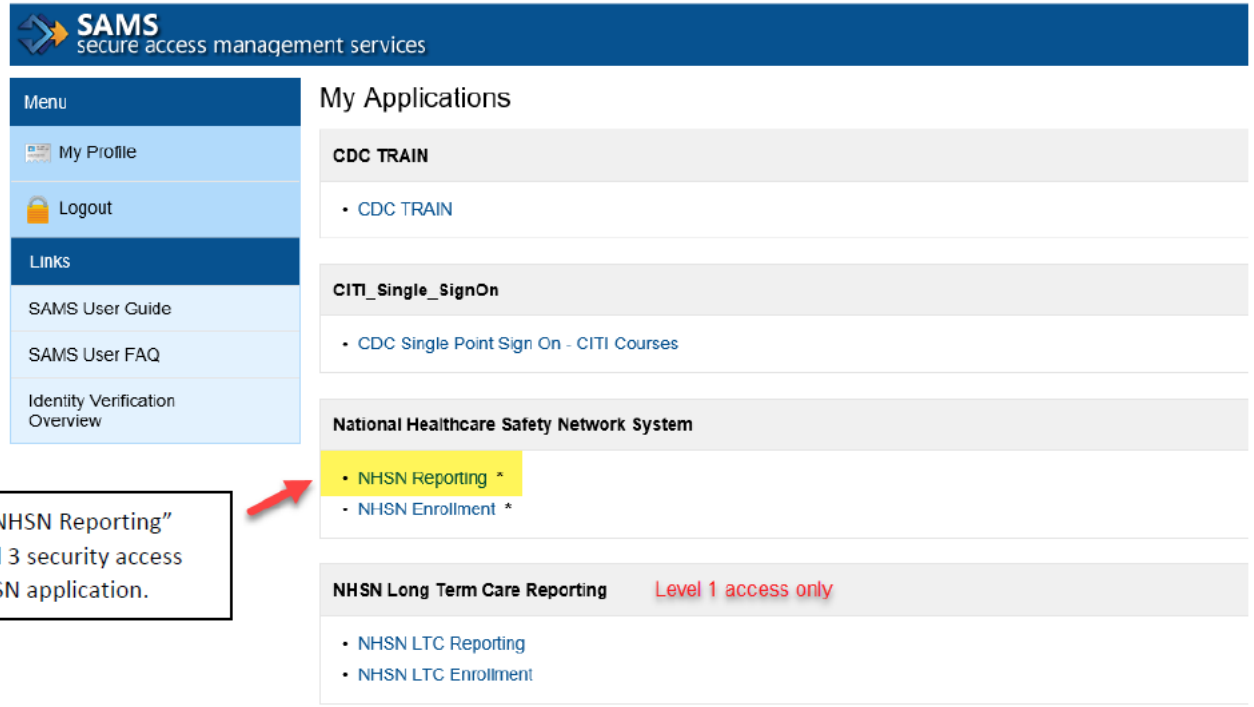






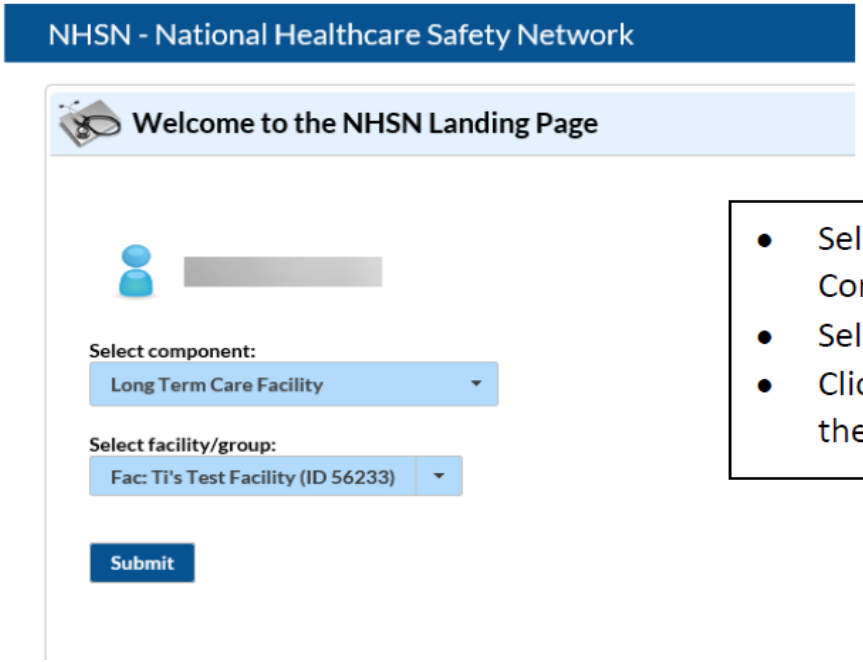
NHSN Access through Level 3 Security

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



Access through Level 3 Security

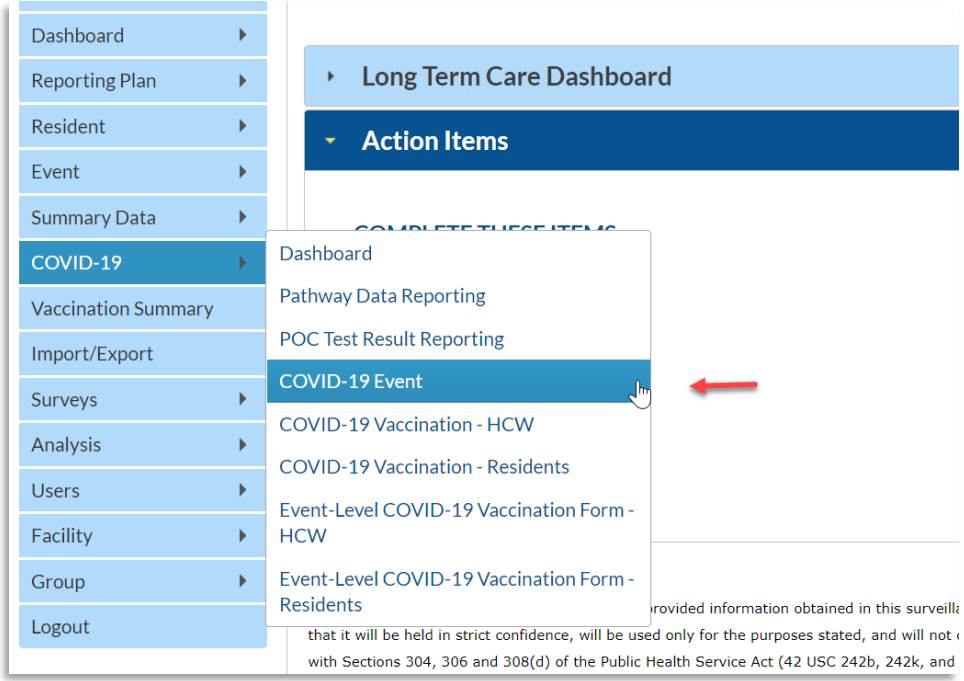
- ❑ Once you select “NHSN Reporting” you will be directed to the NHSN Landing Page



- 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.



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**)

+

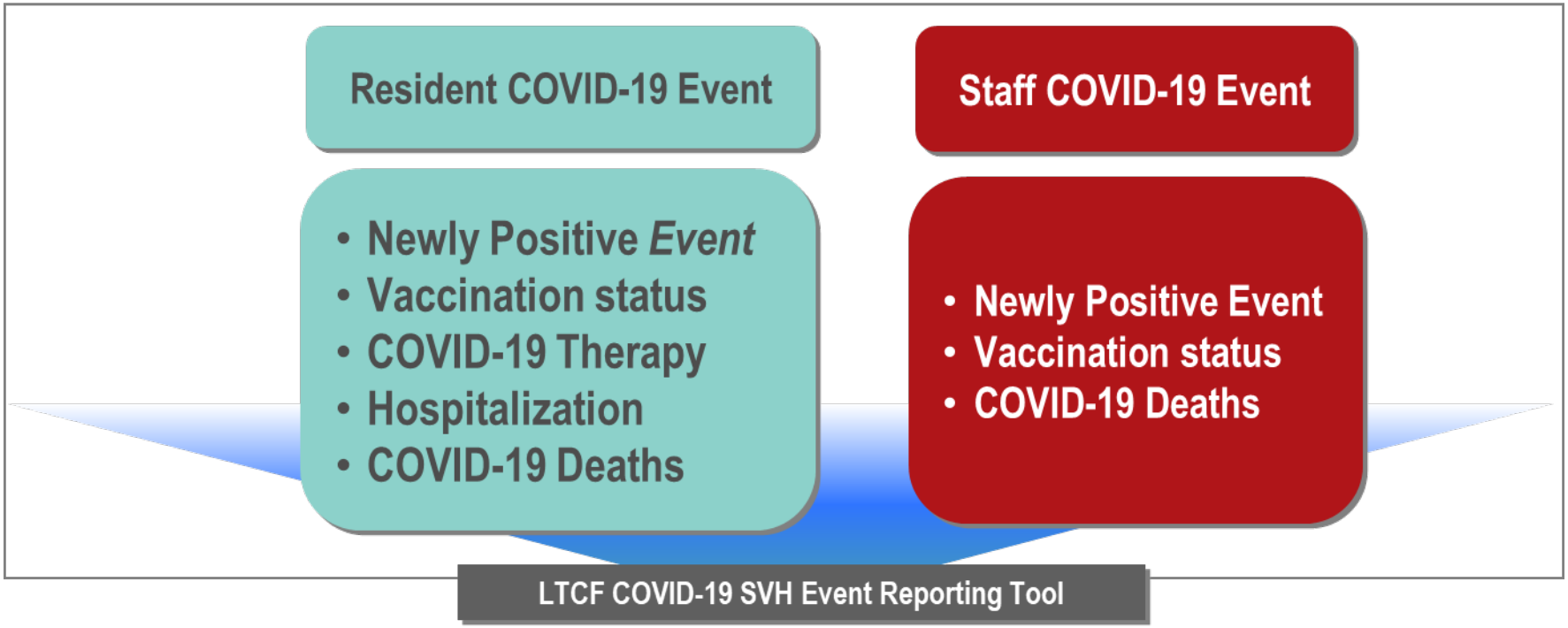
State Veterans Home – Assisted Living Facility/Domiciliary (**LTC-SVHALF**)

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

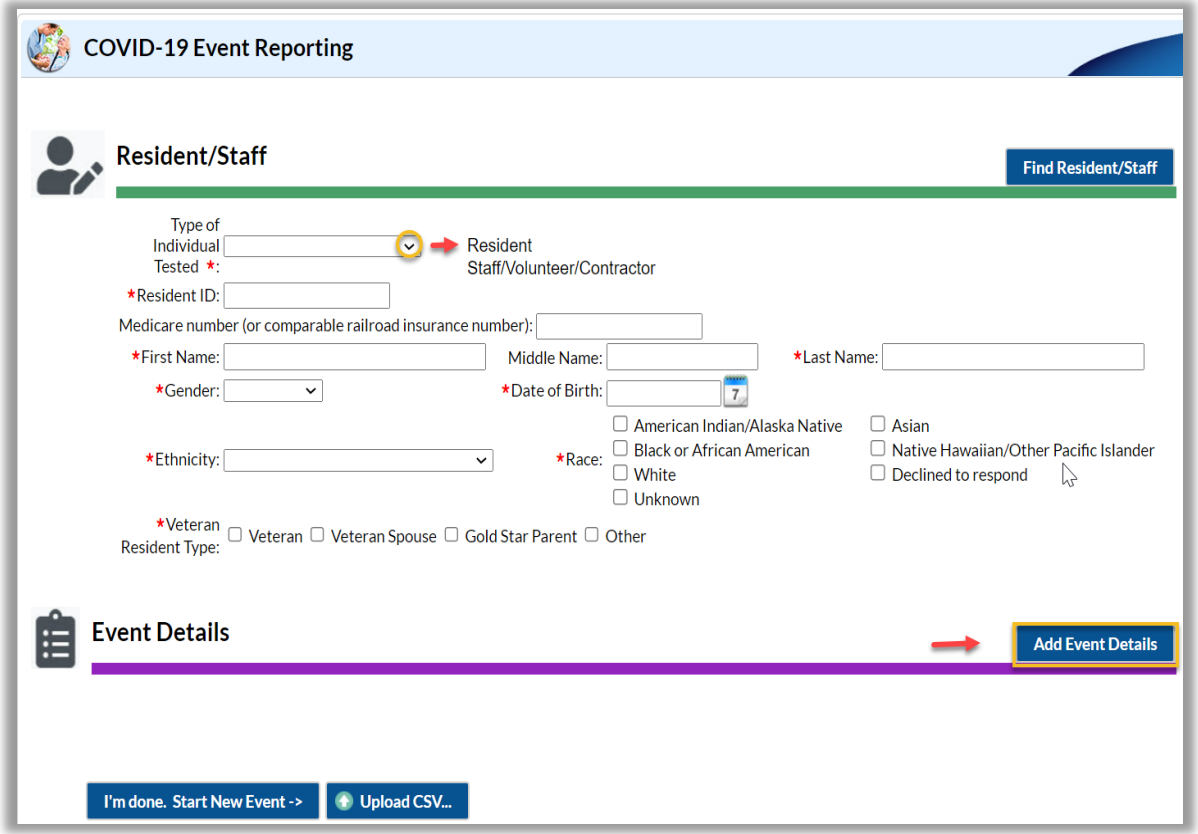


How do I access the State Veterans Homes COVID-19 Event Reporting Form?

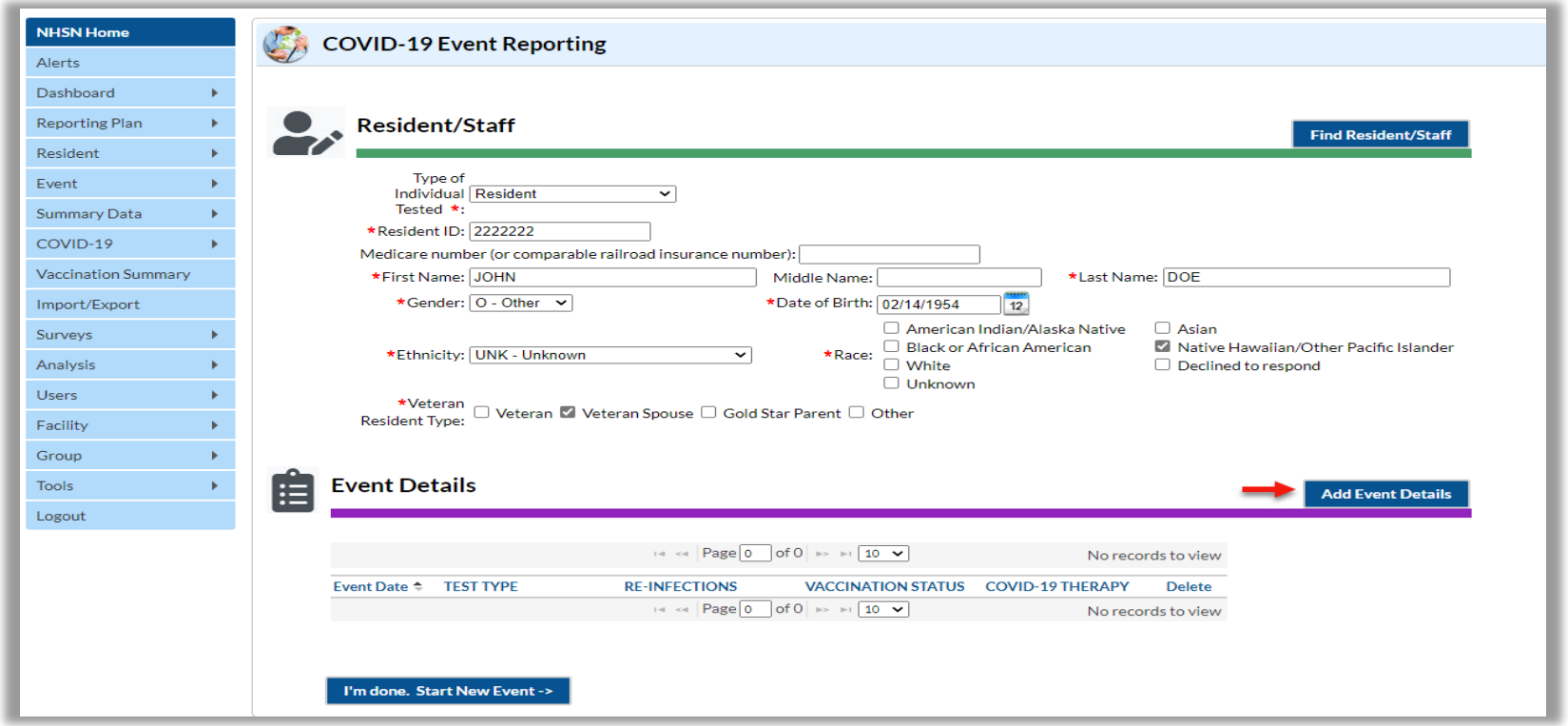
Once the COVID-19 Event Reporting page screen appears:

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

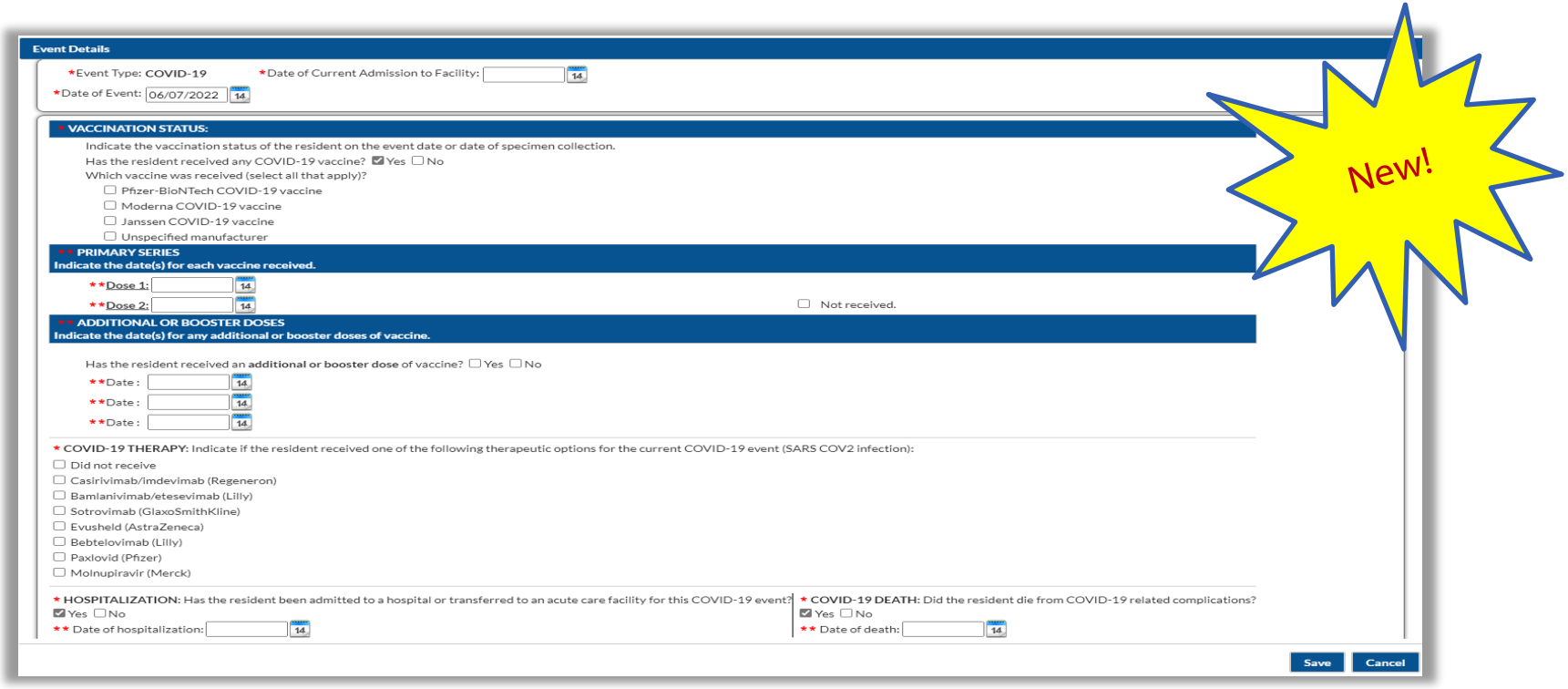
*Demographic data must be entered before proceeding with adding event details**



State Veterans Homes COVID-19 Resident Event Form



State Veterans Homes COVID-19 Resident Event Form



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.**

New!

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.

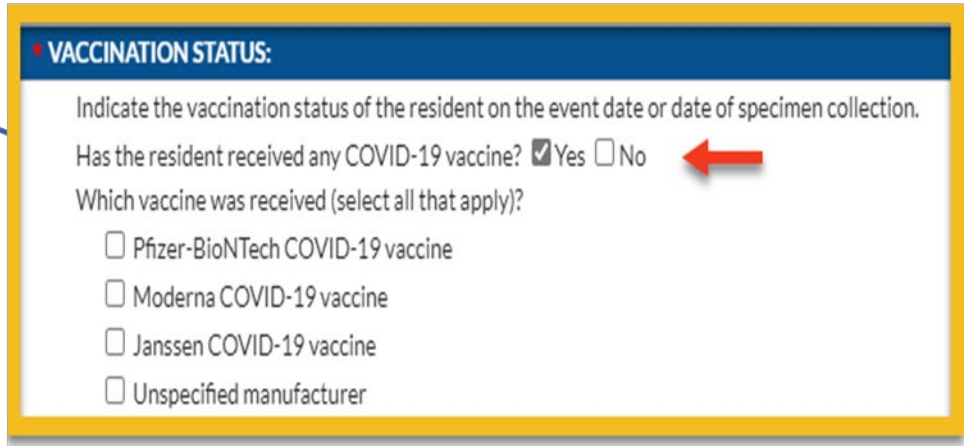
Additional Dose: after a primary series; another dose of vaccine administered to people who were less likely to mount a protective immune response after initial vaccination.

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

New!

If YES, select the vaccine manufacturer/s below.



State Veterans Homes COVID-19 Resident Event Form

New!

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

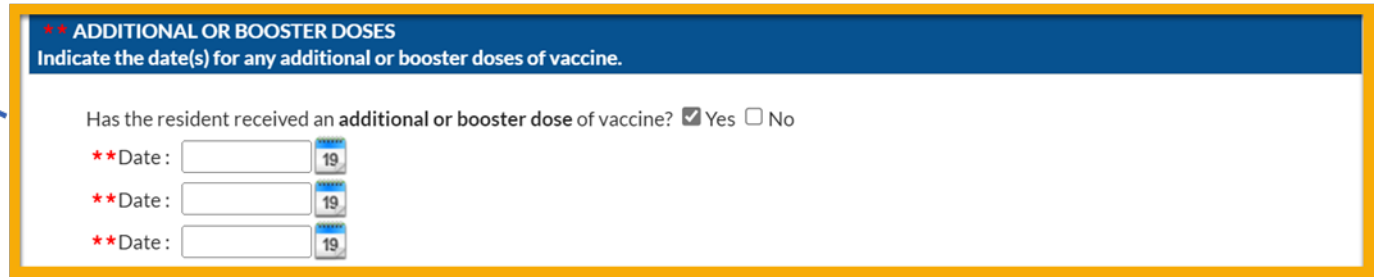
Important

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

New!

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



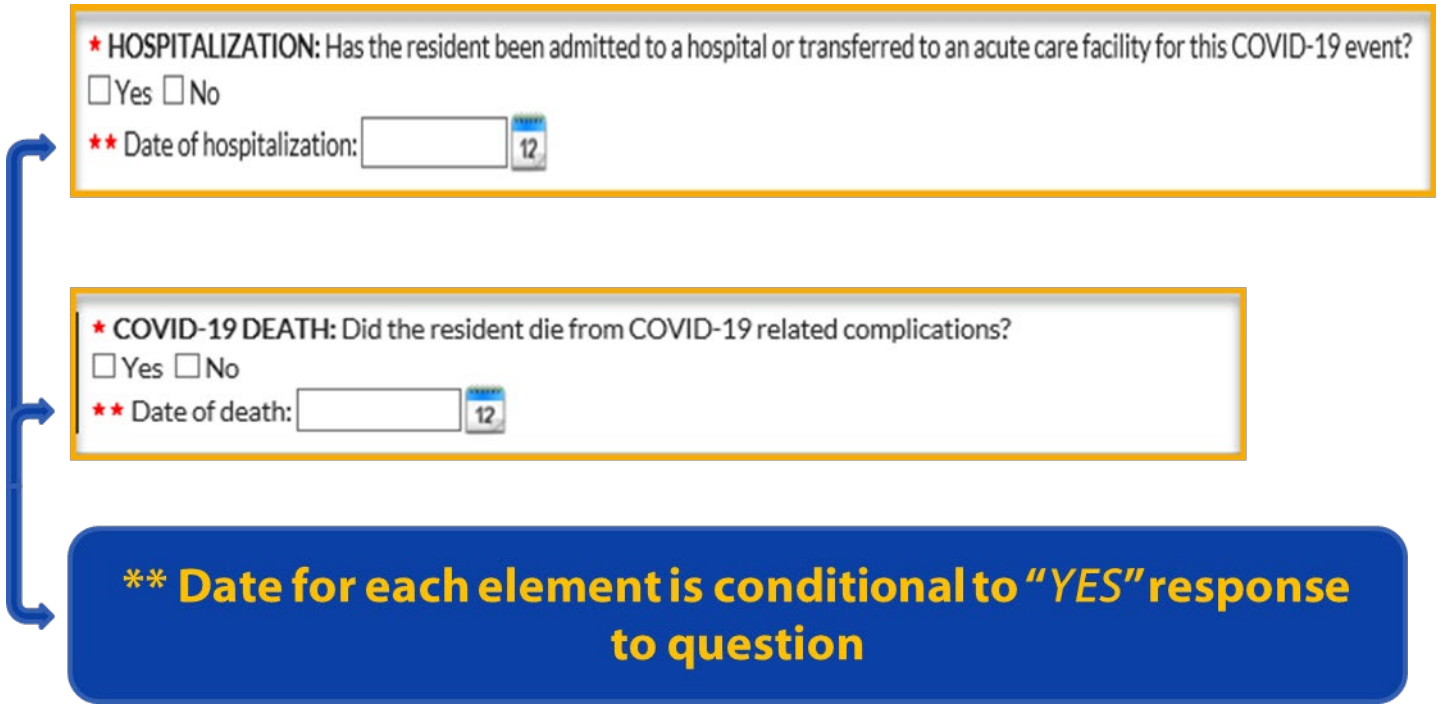
State Veterans Homes COVID-19 Resident Event Form

COVID-19 Therapy: Select only one option

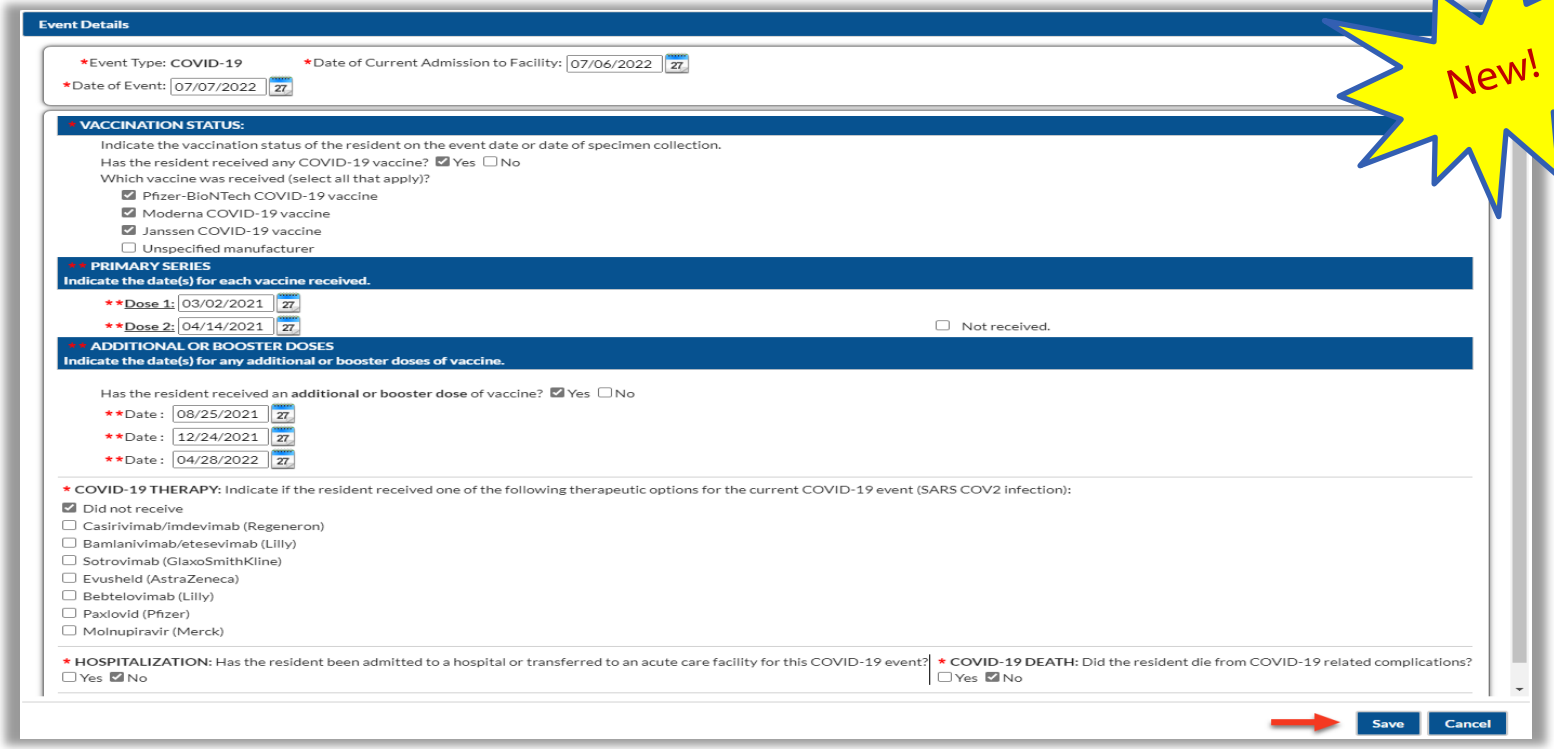
* **COVID-19 THERAPY:** Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

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

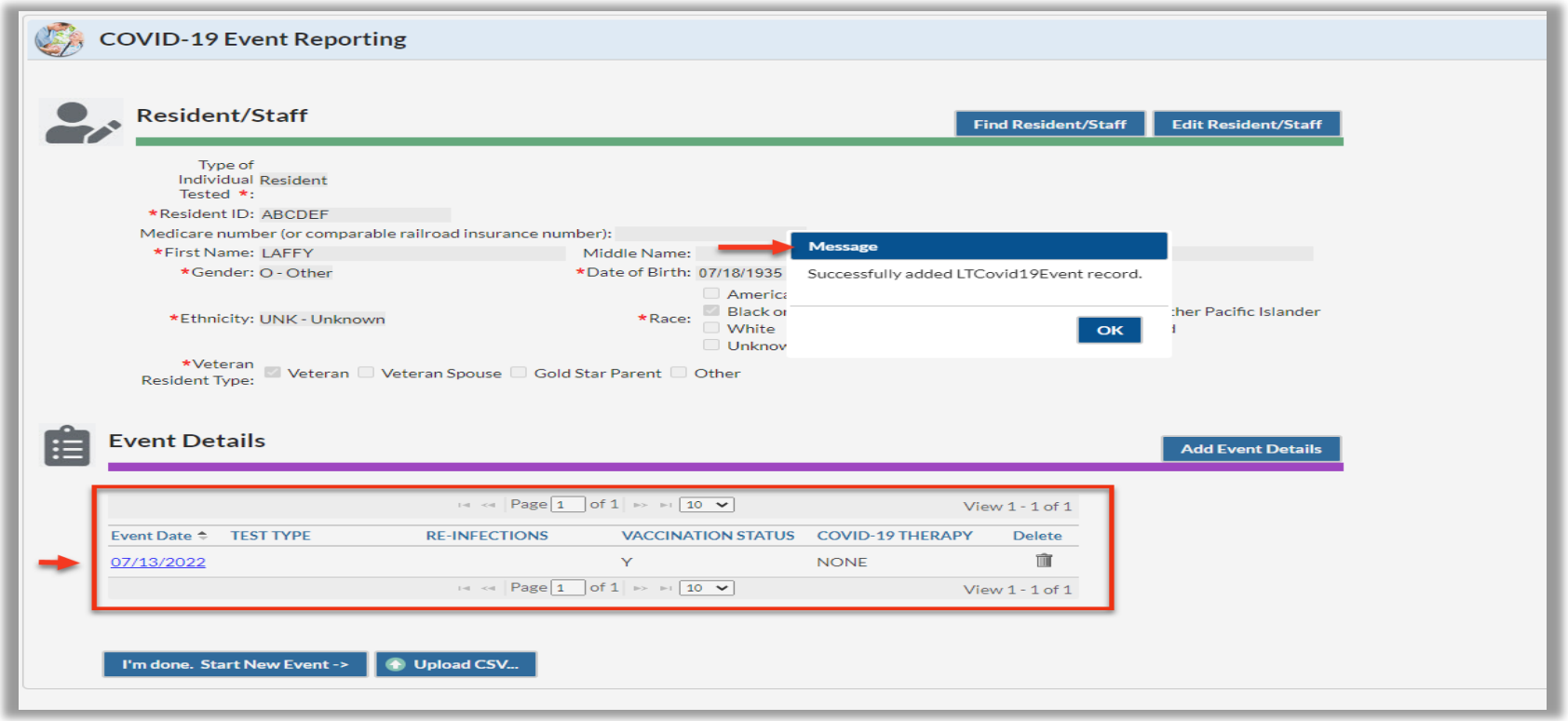
State Veterans Homes COVID-19 Resident Event Form



State Veterans Homes COVID-19 Resident Event Form



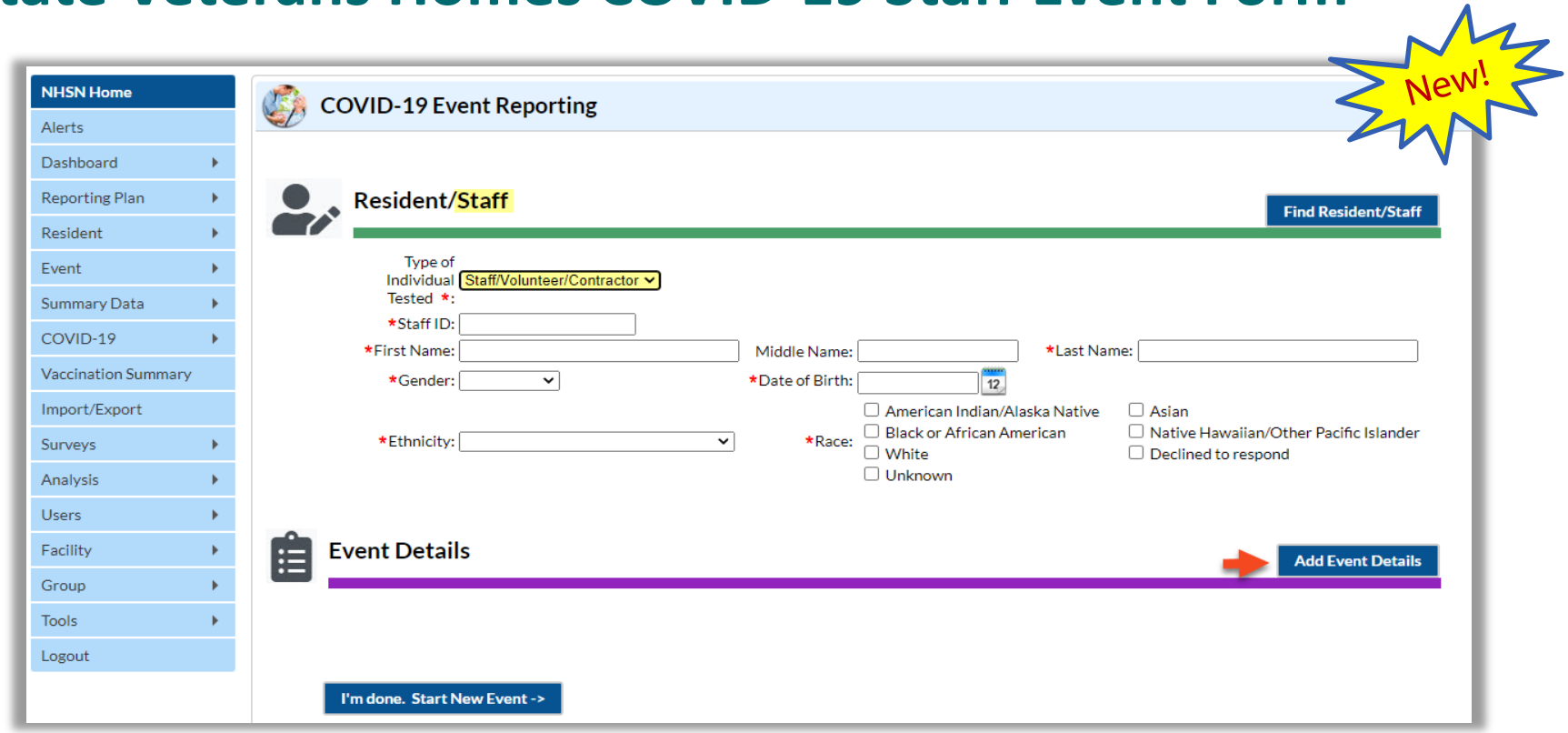
State Veterans Homes COVID-19 Resident Event Form



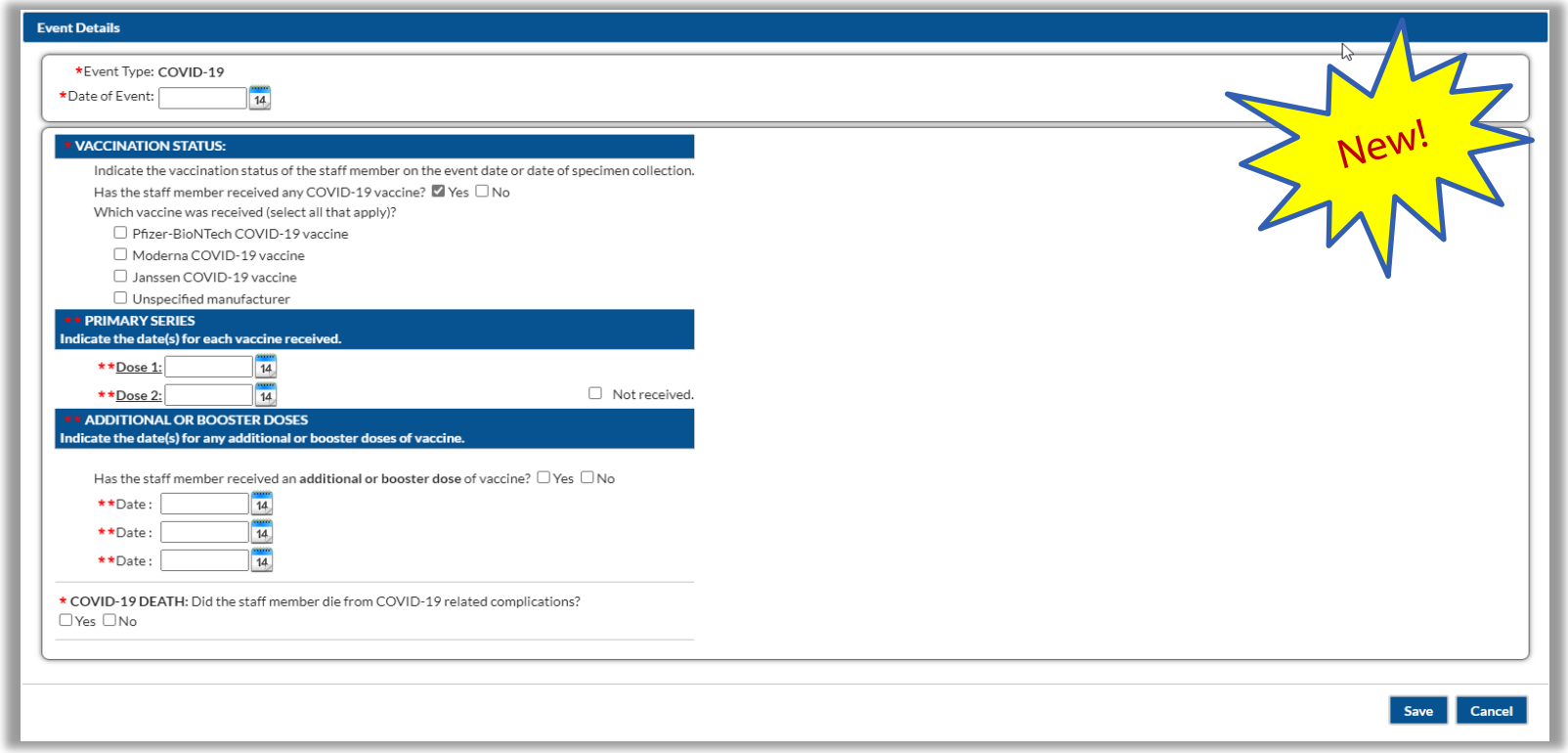
COVID-19 State Veterans Homes Event Reporting

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

State Veterans Homes COVID-19 Staff Event Form



State Veterans Homes COVID-19 Staff Event Form



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

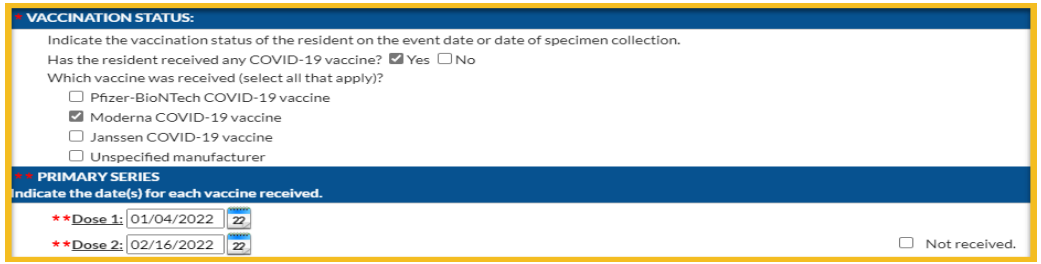
6 events in SVH COVID-19 Event Reporting Tool

COVID-19 State Veterans Homes Event Reporting

Case Definitions

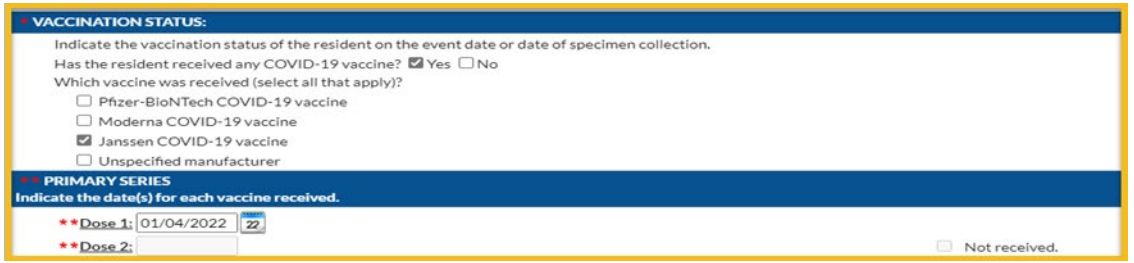
Case Definition: Primary Vaccination Series

- 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.



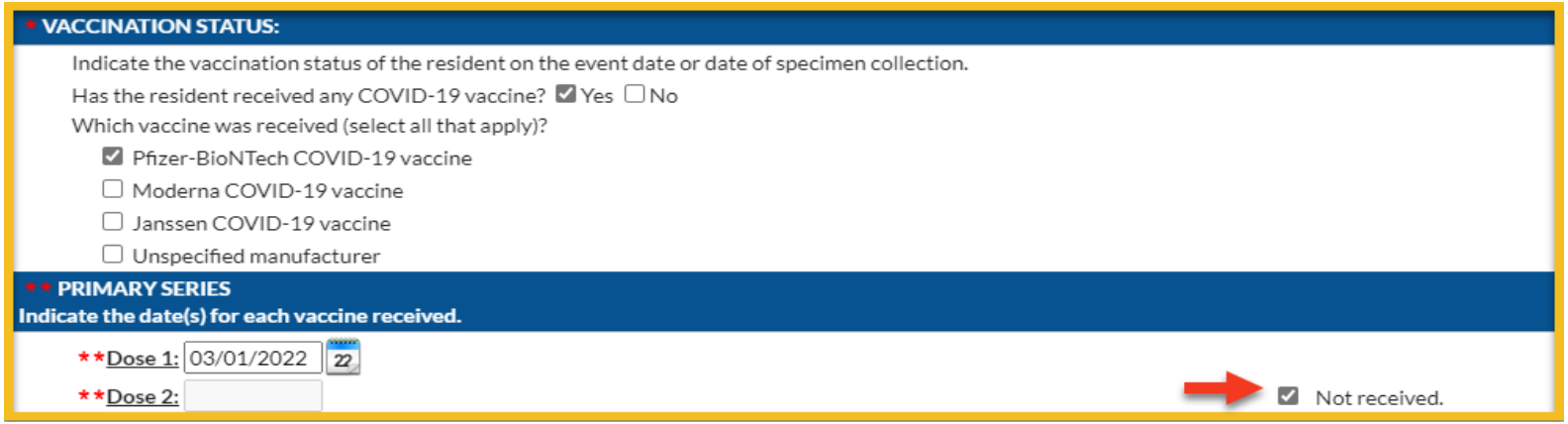
OR

Single Dose of Janssen Vaccine



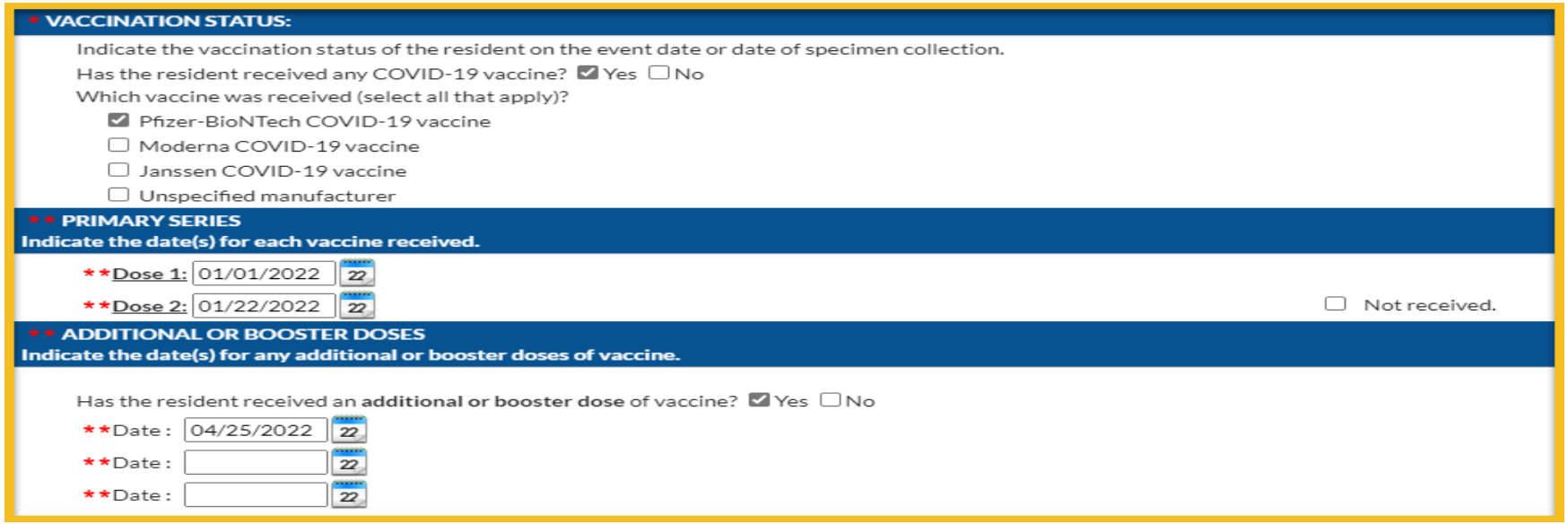
Case Definition: Primary Vaccination Series, 2nd Dose Not Received

- 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.



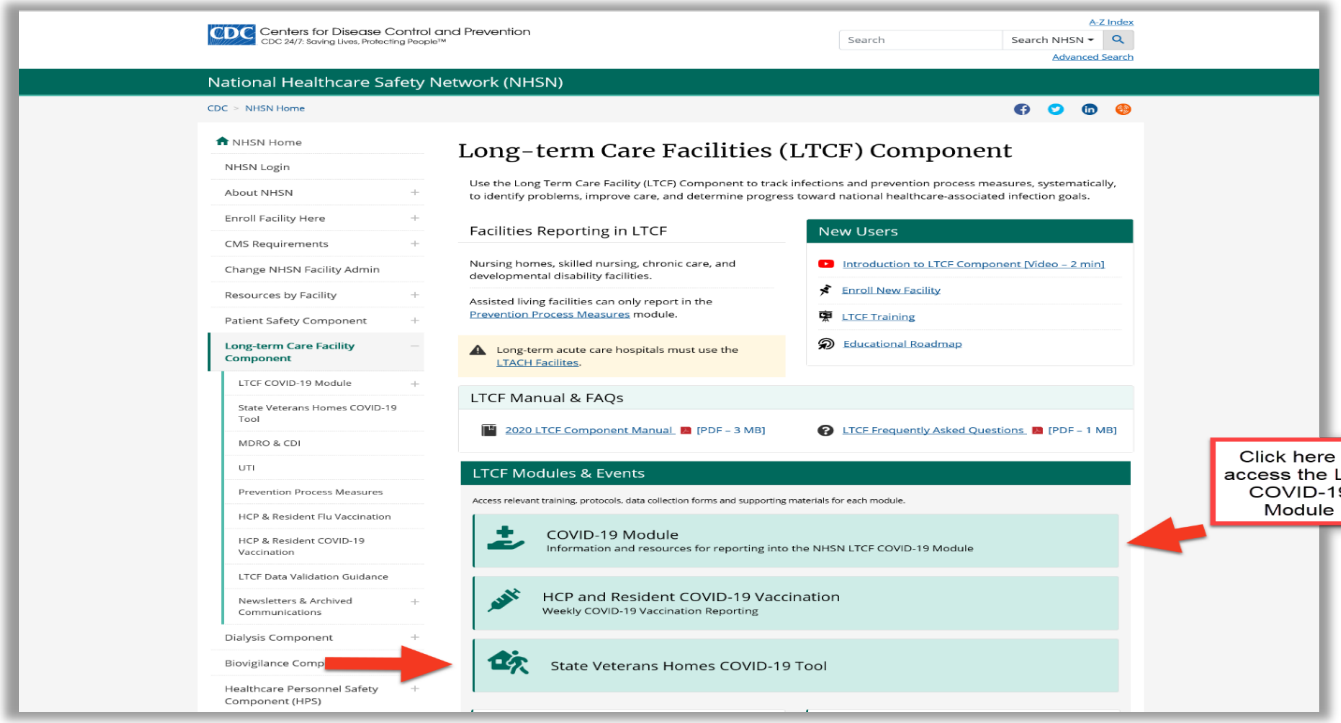
Case Definition: Additional or Booster Dose

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



Often Overlooked NHSN Resources

Resources



- 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-SVHSNF) 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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Training

Forms & Instructions

Resources

Enroll New Facility

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

Training

Recent Trainings

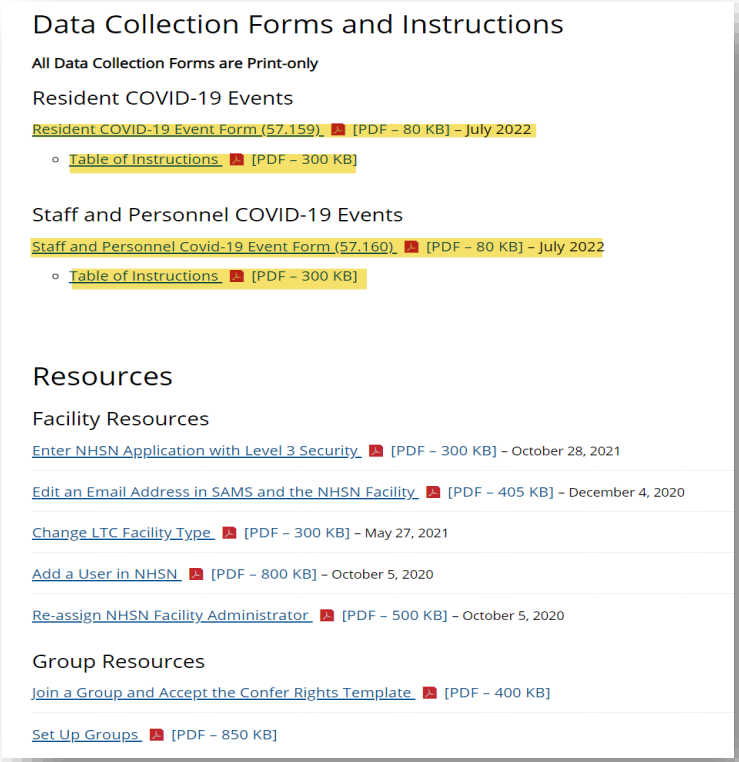
New! State Veterans Homes COVID-19 Resident and Staff Event Reporting Updates – November 2021

- 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

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



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

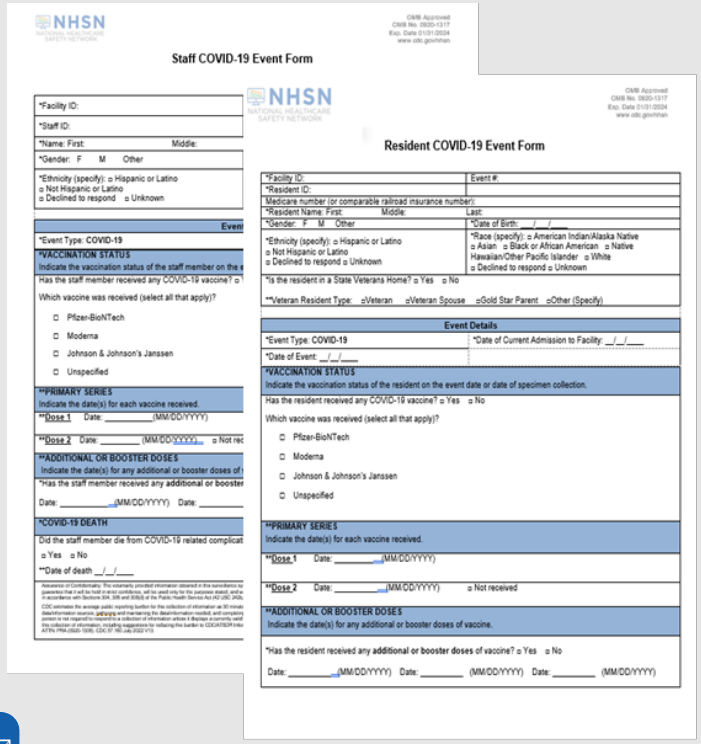
Group Resources

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

Set Up Groups [PDF – 850 KB]

Data Collection Forms and Form Instructions

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


Staff 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 Type: COVID-19

*VACCINATION STATUS

Indicate the vaccination status of the staff member on the

Has the staff member received any COVID-19 vaccine? ¤

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 rec

**ADDITIONAL OR BOOSTER DOSES

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

*Has the staff member received any additional or booste

Date: (MM/DD/YYYY) Date:

*COVID-19 DEATH

Did the staff member die from COVID-19 related complicat

¤ Yes ¤ No

**Date of death __/__/____

Resident COVID-19 Event Form

*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 ¤ Declined to respond ¤ Unknown | *Race (specify): ¤ American Indian/Alaska Native ¤ 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)

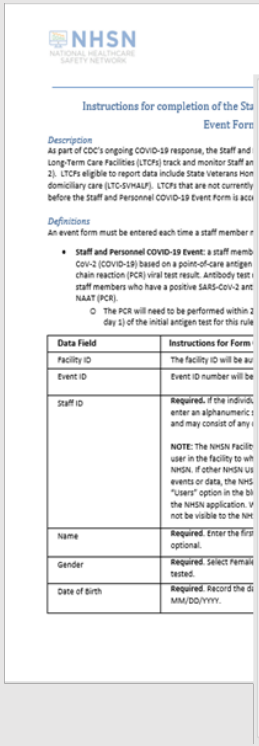
**Dose 2 Date: (MM/DD/YYYY) ¤ Not received

**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)


July 2022 (V.7)

Instructions for completion of the Sta Event Form

Description

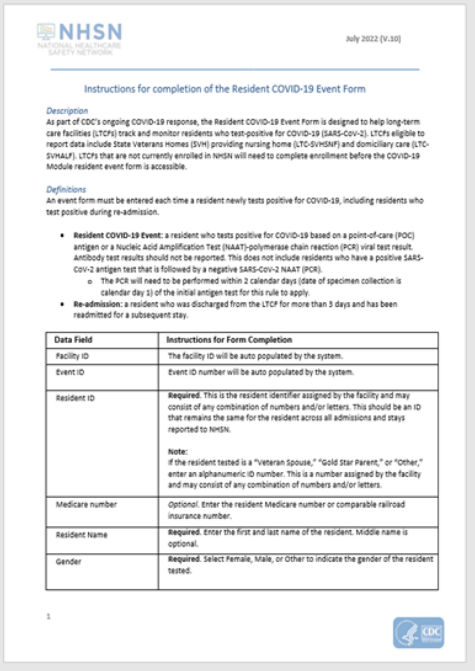
As part of CDC's ongoing COVID-19 response, the Staff and Long-Term Care Facilities (LTCFs) track and monitor Staff an 2). LTCFs eligible to report data include State Veterans Hon domiciliary care (LTC-SVHALF). LTCFs that are not currently before the Staff and Personnel COVID-19 Event Form is acc

Definitions

An event form must be entered each time a staff member r

- **Staff and Personnel COVID-19 Event:** a staff memb CoV-2 (COVID-19) based on a point-of-care antigen chain reaction (PCR) viral test result. Antibody test staff members who have a positive SARS-CoV-2 ant NAAT (PCR).
  - The PCR will need to be performed within 2 day 1) of the initial antigen test for this rule

Data Field	Instructions for Form
Facility ID	The facility ID will be au
Event ID	Event ID number will be
Staff ID	**Required.** If the individu enter an alphanumeric and may consist of any **NOTE:** The NHSN Facili user in the facility to wh NHSN. If other NHSN Us events or data, the NHS "Users" option in the bl the NHSN application. V not be visible to the NH
Name	**Required.** Enter the first optional.
Gender	**Required.** Select Female tested.
Date of Birth	**Required.** Record the da MM/DD/YYYY.


July 2022 (V.10)

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 include State Veterans Homes (SVH) 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 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 residents who test positive during re-admission.

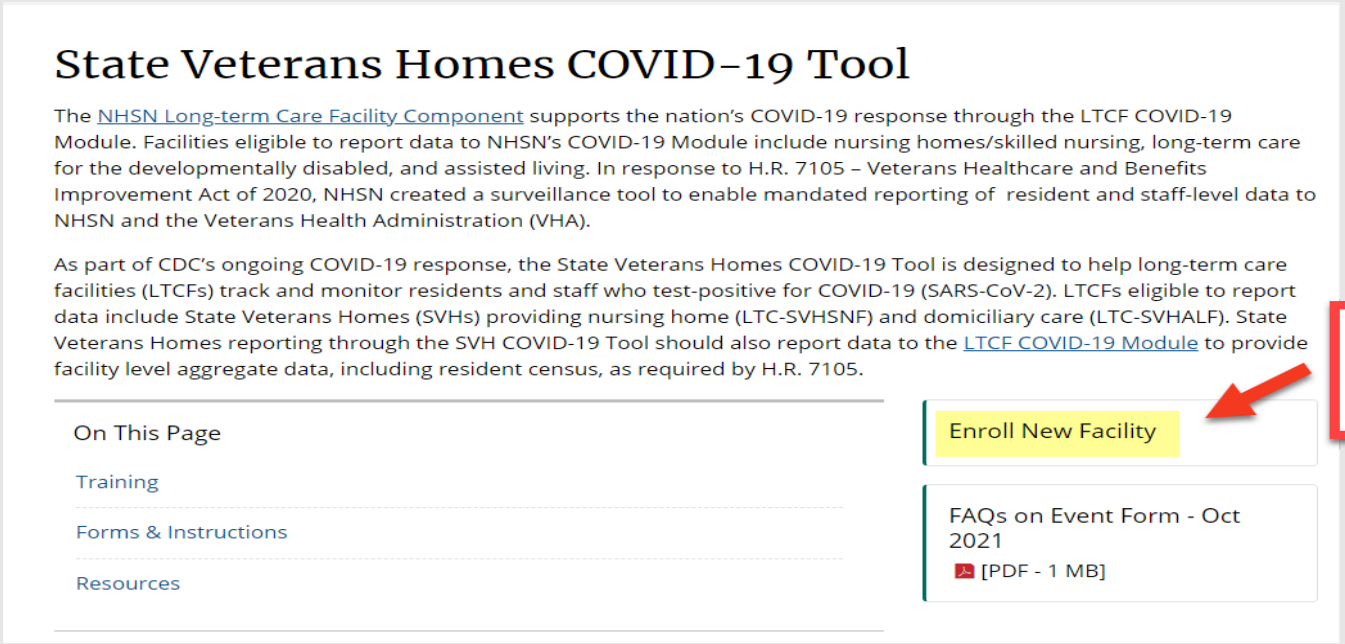
- **Resident COVID-19 Event:** a resident who tests positive for COVID-19 based on a point-of-care (POC) antigen or a Nucleic Acid Amplification Test (NAAT)-polymerase chain reaction (PCR) viral test result. Antibody test results should not be reported. This does not include residents who have a positive SARS-CoV-2 antigen test that is followed by a negative SARS-CoV-2 NAAT (PCR).
  - The PCR will need to be performed within 2 calendar days (date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.
- **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 a "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.

1

Enrollment

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



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, long-term care for the developmentally disabled, 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-SVHSNF) 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]

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

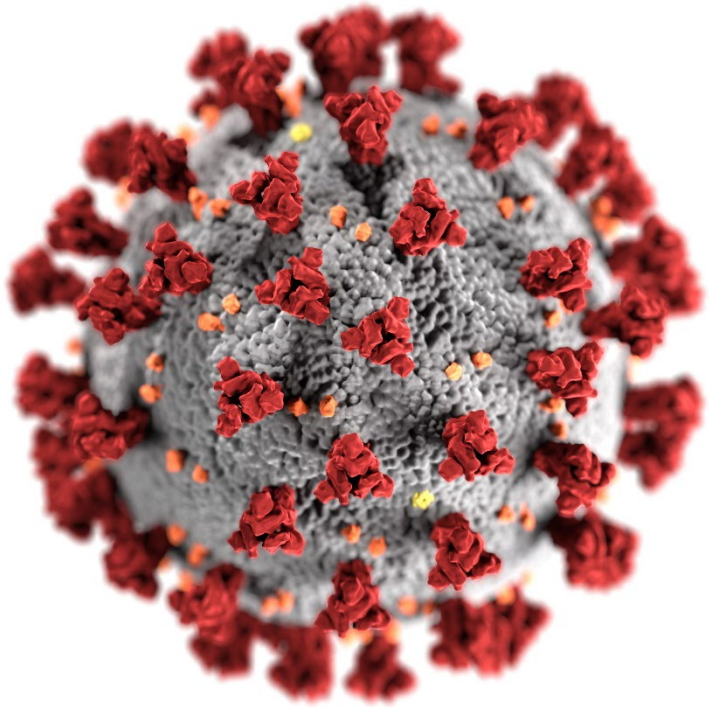
Thank You!

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.