

WEEKLY SUBMISSION TO NHSN FOR COVID-19

Mar 11th to 17th

For questions requiring counts-include only new data since last date that counts were collected for reporting in the NHSN module

Facility Capacity <u>82</u>	CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day
ANSWER	QUESTION
<u>0</u>	ADMISSIONS: Number of residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. <i>Excludes recovered residents.</i>
<u>1</u>	<p>POSITIVE TESTS (<i>previously called "Confirmed"</i>): Number of residents with a new positive COVID-19 viral test result</p> <p>TEST TYPE: Of the number of reported residents above with a <i>Positive Test</i>, how many were tested using each of the following:</p> <ul style="list-style-type: none"> <input type="radio"/> Positive SARS-CoV-2 antigen test only [no other testing performed] <input checked="" type="radio"/> Positive SARS-CoV-2 NAAT (PCR) [no other testing performed] <input type="radio"/> *Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR) <input type="radio"/> *Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test <p>*Only include if the two tests were performed within 2 days of each other. Otherwise, count first test only.</p> <p>Important: The total for <i>Test Type</i> should equal the total for <i>Positive Tests</i>.</p>
Enter # in boxes below of completed vaccines for + residents	Total number Positive SARS-CoV-2 vaccination status (residents only)
<input type="radio"/>	NOVACC-Not vaccinated with COVID-19 vaccine
<input type="radio"/>	Moderna 1-Received only 1 dose of Moderna Vaccine
<input type="radio"/>	Moderna Series-Received dose 1 and 2 of the Moderna vaccine
<input type="radio"/>	Pfizer 1-Received only 1 dose of Pfizer Vaccine
<input type="radio"/>	Pfizer Series-Received dose 1 and 2 of the Pfizer vaccine
<input type="radio"/>	Janssen-Received dose of J&J vaccine
<input type="radio"/>	Unspecified-completed COVID-19 vaccination series-manufacturer not specified
	<p>RE-INFECTIONS: Of the number of reported residents above with a <i>Positive Test</i>, how many were considered as re-infected?</p> <ul style="list-style-type: none"> <input type="radio"/> SYMPTOMATIC: Of the number of reported residents with <i>Re-Infections</i>, how many had signs and/or symptoms consistent with COVID-19? <input type="radio"/> ASYMPTOMATIC: Of the number of reported residents with <i>Re-Infections</i>, how many did not have signs and/or symptoms consistent with COVID-19?

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<u>0</u>	TOTAL DEATHS: Number of residents who have died for <i>any</i> reason in the facility or another location:
<u>0</u>	COVID-19 DEATHS: Of the number of reported <i>Total Deaths</i> , report the number of residents with COVID-19 who died in the facility or another location.

Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness

ANSWER	QUESTION
<u>0</u>	INFLUENZA: Number of Residents with new influenza (flu).
<u>0</u>	RESPIRATORY ILLNESS: Number of Residents with acute respiratory illness symptoms, <u>excluding</u> COVID-19 and/or influenza (flu).

Resident Impact for Co-Infections

ANSWER	QUESTION
<u>0</u>	INFLUENZA and COVID-19: Number of residents with a confirmed co-infection with influenza (flu) <u>and</u> SARS-CoV-2 (COVID-19).

SARS-CoV-2 TESTING

ANSWER	QUESTION
	<p>Since the last date of data entry in the Module, has your LTCF performed SARS-CoV-2 (COVID-19) viral testing? <input checked="" type="checkbox"/> <u>yes</u></p> <p>If YES, indicate counts of COVID-19 viral testing that were performed:</p> <p><input type="checkbox"/> POC RESIDENT: Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents?</p> <p><input type="checkbox"/> POC STAFF: Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on staff and/or facility personnel?</p> <p><input type="checkbox"/> NON-POC RESIDENT: Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on residents? (PCR)</p> <p><input type="checkbox"/> NON-POC STAFF: Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on staff and/or facility personnel? (PCR)</p>

ANSWER	QUESTION
	During the past two weeks, on average how long did it take your LTCF to receive SARS-CoV-2 (COVID-19) viral test results from NON point-of-care tests? (PCR)

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	<input checked="" type="checkbox"/> Less than one day <input checked="" type="checkbox"/> 1-2 days <input type="checkbox"/> 3-7 days <input type="checkbox"/> More than 7 days <input type="checkbox"/> No testing performed in the last 2 weeks on residents or staff
Yes or No	TESTING STAFF: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed?
Yes or No	TESTING RESIDENT: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all current residents within the next 7 days, if needed?

Staff and Personnel Impact

<p align="center"><u>0</u></p>	<p>POSITIVE TESTS (<i>previously called "Confirmed"</i>): Number of staff and facility personnel with a new positive COVID-19 viral test result.</p> <p>TEST TYPE: Of the number of reported staff and facility personnel above with a <i>Positive Test</i>, how many were tested using each of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Positive SARS-CoV-2 antigen test only [no other testing performed] <input type="checkbox"/> Positive SARS-CoV-2 NAAT (PCR) [no other testing performed] <input type="checkbox"/> *Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR) <input type="checkbox"/> *Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test <p>*Only include if the two tests were performed within 2 days of each other. Otherwise, count first test only.</p> <p>Important: The total for <i>Test Type</i> should equal the total for <i>Positive Tests</i>.</p>
<p align="center"><u>0</u></p>	<p>RE-INFECTIONS: Of the number of reported staff and facility personnel above with a <i>Positive Test</i>, how many were considered as re-infected?</p> <ul style="list-style-type: none"> <input type="checkbox"/> SYMPTOMATIC: Of the number of reported residents with <i>Re-Infections</i>, how many had signs and/or symptoms consistent with COVID-19? <input type="checkbox"/> ASYMPTOMATIC: Of the number of reported residents with <i>Re-Infections</i>, how many did not have signs and/or symptoms consistent with COVID-19?
<p align="center"><u>0</u></p>	<p>COVID-19 DEATHS: Number of staff and facility personnel with COVID-19 who died.</p>

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Staff and Personnel Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness

<input checked="" type="radio"/>	INFLUENZA: Number of staff and facility personnel with a new influenza (flu).
<input checked="" type="radio"/>	RESPIRATORY ILLNESS: Number of staff and facility personnel with acute respiratory illness symptoms, <u>excluding</u> COVID-19 and/or influenza (flu).

Staff and Personnel Impact for Co-Infections

<input checked="" type="radio"/>	INFLUENZA and COVID-19: Number of staff and facility personnel with a confirmed co-infection with influenza (flu) <u>and</u> SARS-CoV-2 (COVID-19).
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Does your organization have a shortage of staff and/or personnel? Responses based on the date responses are entered in the module

ANSWER	QUESTION
<input checked="" type="radio"/> Yes or <input type="radio"/> No	Nursing staff: registered nurse, licensed practical nurse, vocational nurse
<input type="radio"/> Yes or <input checked="" type="radio"/> No	Clinical staff: physician, physician assistant, advanced practice nurse
<input checked="" type="radio"/> Yes or <input type="radio"/> No	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="radio"/> Yes or <input checked="" type="radio"/> No	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

For the following questions, please collect data at the same time at least once a week

Supply Item	Do you currently have any supply?	Do you have enough for one week?
N95	<input checked="" type="radio"/> Yes or <input type="radio"/> No	<input checked="" type="radio"/> Yes or <input type="radio"/> No
Surgical masks	<input checked="" type="radio"/> Yes or <input type="radio"/> No	<input checked="" type="radio"/> Yes or <input type="radio"/> No
Eye protection	<input checked="" type="radio"/> Yes or <input type="radio"/> No	<input checked="" type="radio"/> Yes or <input type="radio"/> No
Gowns	<input checked="" type="radio"/> Yes or <input type="radio"/> No	<input checked="" type="radio"/> Yes or <input type="radio"/> No
Gloves	<input checked="" type="radio"/> Yes or <input type="radio"/> No	<input checked="" type="radio"/> Yes or <input type="radio"/> No
Alcohol-based hand sanitizer	<input checked="" type="radio"/> Yes or <input type="radio"/> No	<input checked="" type="radio"/> Yes or <input type="radio"/> No

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Therapeutic	How many residents were treated from stock stored at this facility?	How many residents were treated from stock that was stored at another facility, such as an infuse center
Casirivimab/imdevimab (Regeneron)	<u>0</u>	<u>0</u>
Bamlanivimab (Lilly)	<u>0</u>	<u>0</u>
Sotrovimab (GlaxoSmithKline)	<u>0</u>	<u>0</u>
Evusheld (AstraZeneca)	<u>0</u>	<u>0</u>
Paxlovid (Pfizer)	<u>0</u>	<u>0</u>
Molnupiravir (Merck)	<u>0</u>	<u>0</u>

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities

Cumulative Vaccination Coverage	
1. Employee information	
Number of Employees on facility payroll	85
Number of Non-employee HCP (licensed independent practitioners)	7
Number of Adult students/trainees/volunteers	0
Number of Other contract personnel	0
2. Cumulative number of Employees on facility payroll in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:	
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	0
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	5
Dose of Janssen COVID-19 vaccine	0
2. Cumulative number of Non-Employee (licensed independent practitioners) in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:	
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	0
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	7
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	0
Dose of Janssen COVID-19 vaccine	0
2. Cumulative number of Adult students/trainees/volunteers in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:	
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	0
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	0
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	0
Dose of Janssen COVID-19 vaccine	0
2. Number of Other contract personnel in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:	
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	0
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	0
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	0
Dose of Janssen COVID-19 vaccine	0
	0
3. Cumulative number of HCP in Question #1 with other conditions:	
Cumulative number of Employees on facility payroll in Question #1 who have:	
Medical contraindication to COVID-19 vaccine	0
Offered but declined COVID-19 vaccine	0
Unknown COVID-19 vaccination status	0

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities

Number of Non-employee HCP (licensed independent practitioners in Question #1 who have:	
Medical contraindication to COVID-19 vaccine	00
Offered but declined COVID-19 vaccine	00
Unknown COVID-19 vaccination status	00
Number of Adult students/trainees/volunteers in Question #1 who have:	
Medical contraindication to COVID-19 vaccine	00
Offered but declined COVID-19 vaccine	00
Unknown COVID-19 vaccination status	00
Number of Other contract personnel in Question #1 who have:	
Medical contraindication to COVID-19 vaccine	00
Offered but declined COVID-19 vaccine	00
Unknown COVID-19 vaccination status	00
4. Cumulative number of HCP in Question #2 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since Aug 2021	
Pfizer-additional dose or booster	31
Moderna- additional dose or booster	1
Janssen- additional dose or booster	0
Unspecified-additional dose or booster of unspecified manufacturer	0
Number of Non-employee HCP (licensed independent practitioners who received an additional booster	
Pfizer-additional dose or booster	7
Moderna- additional dose or booster	00
Janssen- additional dose or booster	00
Unspecified-additional dose or booster of unspecified manufacturer	0
Number of Adult students/trainees/volunteers who received an additional booster	
Pfizer-additional dose or booster	00
Moderna- additional dose or booster	00
Janssen- additional dose or booster	00
Unspecified-additional dose or booster of unspecified manufacturer	0
Number of Other contract personnel who received an additional booster	
Pfizer-additional dose or booster	00
Moderna- additional dose or booster	00
Janssen- additional dose or booster	00
Unspecified-additional dose or booster of unspecified manufacturer	0
For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's residents:	
Is your facility enrolled as a COVID-19 vaccination provider? (only answer yes if your facility has administered a vaccine by the facility staff)	Yes or No
Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week?	Yes or No
Did your facility have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples	Yes or No

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities

of other arrangements include referring to the health department or pharmacies for vaccination)?	

Resident COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities

Cumulative Vaccination Coverage	
1. Number of residents that resided at this healthcare facility for at least 1 day during the week of data collection	82
2. Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:	
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	0
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	68
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	10
Dose of Janssen COVID-19 vaccine	2
3. Cumulative number of residents in Question #1 with other conditions:	
Medical contraindication to COVID-19 vaccine	0
Offered but declined COVID-19 vaccine	2
Unknown COVID-19 vaccination status	0
4. Cumulative number of residents in Question #2 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since 08/23/2021	
Pfizer-additional dose or booster	69
Moderna- additional dose or booster	10
Janssen- additional dose or booster	1
Unspecified-additional dose or booster of unspecified manufacturer	
5. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's residents:	
Is your facility enrolled as a COVID-19 vaccination provider? (only answer yes if your facility has administered a vaccine by the facility staff)	Yes or No
Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week?	Yes or No
Did your facility have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)?	Yes or No