NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

OMB Approved
OMB No. 0920-1317
Exp. Date 01/31/2024
www.cdc.gov/nhsn

COVID-19 Module
Long Term Care Facility: Resident Impact and Facility Capacity Pathway

 *Required to save;**Conditional

NHSN Facility ID:	CMS Certification Number (CCN):
Facility Name:	Facility Type:
*Date for which counts/responses are reported: ____/____/____	*Date Created: ____/____/____

Facility Capacity	
	ALL BEDS
	***CURRENT CENSUS:** Total number of beds that are occupied on the reporting calendar day

Resident Impact for COVID-19 (SARS-CoV-2)	
	***ADMISSIONS:** Number of residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. *Excludes recovered residents*.
	***POSITIVE TESTS:** Enter the number of residents with a newly positive SARS-CoV-2 viral test result. *Include only residents newly positive since the most recent date data were collected for NHSN reporting.*

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result					
		TEST TYPE CATEGORIES ± Only include if additional tests were performed **within 2 calendar days** from initial test. Otherwise, count first test only.			
		Positive SARS- CoV-2 **antigen test only [no other testing performed]	**Positive SARS-CoV-2 **NAAT (PCR)** [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.
	TEST TYPE: Based on the number reported for *Positive Tests*, enter the number of residents tested in each test type category. *The total of counts reported in each category must be equal to the count(s) reported for "Positive Tests".*				
	VACCINATION STATUS (FOR CALCULATED TOTAL CONFIRMED): For positives in each test type category, indicate how many residents received COVID-19 vaccination 14 days or more before the specimen collection date.				
Initial Series	NOVACC – Not vaccinated with COVID-19 vaccine or first dose administered 13 days or less before the specimen collection date.				
	MODERNA1 - Only dose 1 of Moderna COVID-19 vaccine.				
	MODERNA - Dose 1 and ᵛ2 of Moderna COVID-19 vaccine.				
	PFIZBION1 - Only dose 1 of Pfizer-BioNTech COVID-19 vaccine.				
	PFIZBION - Dose 1 and ᵛ2 of Pfizer-BioNTech COVID-19 vaccine.				
	JANSSEN – Dose of Janssen COVID-19 vaccine.				

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	UNSPECPARTIAL1 – ⋆One dose of COVID-19 vaccine with an unspecified manufacturer.				
	UNSPECCOMPLETE – Dose 1 and ᵛ2 of COVID-19 vaccination series with unspecified manufacturer or more than 1 manufacturer.				
**Additional or Booster doses	ADDORBOOST3 – ▲ Additional dose or booster dose of COVID-19 vaccine (any manufacturer) received 14 days or more before the specimen collection date.				

ᵛSecond dose received 14 days or more before the specimen collection date; otherwise, count as only dose 1.
⋆ One dose received 14 days or more before the specimen collection date, or dose 1 and 2 received in which dose 2 was received 13 days or less before specimen collection date.
▲Additional dose or booster dose received 14 days or more before the specimen collection date.

CALCULATED TOTAL CONFIRMED (not editable by user):

 *Required to save; **Conditional

Re-Infections with SARS-CoV-2

****RE-INFECTIONS:** Based on the number reported for *Positive Tests*, indicate how many met NHSN definition for re-infection:

SYMPTOMATIC: Based on the number reported for *Re-Infections*, indicate how many of the residents had signs and/or symptoms consistent with COVID-19: _____.

ASYMPTOMATIC: Based on the number reported for *Re-Infections*, indicate how many of the residents did **not** have signs and/or symptoms consistent with COVID-19: _____.

***TOTAL DEATHS:** Number of residents who have died *for any* reason in the facility or another location: ____.
Include only the number of new deaths since the most recent date data were reported to NHSN..

****COVID-19 DEATHS:** Based on the number reported for *Total Deaths*, indicate the number of residents who died from COVID-19 or related complications, either in the facility or another location: _____.

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

INFLUENZA: Number of Residents with new influenza (flu).

RESPIRATORY ILLNESS: Number of Residents with acute respiratory illness symptoms, excluding COVID-19 and/or influenza (flu).

Resident Impact for Co-Infections

INFLUENZA and COVID-19: Number of residents with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19).

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SARS-CoV-2 TESTING

Since the last date of data entry in the Module, has your LTCF performed SARS-CoV-2 (COVID-19) viral testing on residents and/or staff? □ YES □ NO

**** If, *YES*, enter the number of SARS-CoV-2 (COVID-19) viral test(s) that were performed using the following categories**:

_____****POCRESIDENT:** Since the last date of data entry in the Module, how many COVID-19 point- of-care tests has the LTCF performed on residents?

_____****POCSTAFF:** 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?

_____****NONPOCRESIDENT:** 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?

_____****NONPOCSTAFF:** 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?

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

☐ Less than one day
☐ 1-2 days
☐ 3-7 days
☐ More than 7 days
☐ No testing was performed in the past two weeks on residents or staff/facility personnel.

TESTINGSTAFF: 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 □ NO

TESTINGRESIDENT: 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? □ YES □ NO