Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF) Resident Impact and Facility Capacity Pathway Form (CDC 57.144)

Data Field	Instructions for Form Completion
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-generated by the system.
CMS Certification Number (CCN)-may be referred to as participation number	**Auto-generated** by the computer, if applicable, based on the CCN entered during NHSN registration or last updated, if previously edited. Please see NHSN CCN Guidance document for instructions on how to add a new CCN or edit an existing CCN.
Facility Name	**Auto-generated** by the system based on the facility name previously entered during NHSN registration.
Date for which counts are reported	**Required**. Select the date on the calendar for which the counts and/or responses in the Resident Impact and Facility Capacity pathway apply. For example, if reporting the number of residents with positive SARS-CoV-2 (COVID-19) viral test results for specimens collected on Monday of the reporting week, Monday should be selected on the calendar as the day for which counts are being reported in the "Resident Impact and Facility Capacity" pathway.
Facility Type	**Auto-generated** based on the facility type selected during NHSN enrollment. Selections include: • LTC-ASSIST – Assisted Living Residence • LTC-DEVDIS – Long-term Care Facility for the Developmentally Disabled [referred to by CMS as Intermediate Care Facilities for Individuals with Intellectual Disabilities] • LTC-SKILLNURS – Skilled Nursing Facility*+ +Includes both skilled nursing facilities and nursing homes Please see NHSN Guidance document for instructions on *How to Correct Your Facility Type* if this information is incorrect.
Date Created	**Auto-generated** based on the first calendar date and time that a user manually enters and saves data or the date the facility first submits a CSV file for a specific pathway. ***Note:*** The date and time will automatically generate after the "Save" button is selected and **cannot** be modified.

Important:

Report only the **NEW** counts since the last date counts were collected for reporting to NHSN. If the count is zero for any variable, a "0" is to be entered as the response. A blank response is equivalent to missing data. NON-count questions are to be answered one calendar day during the reporting week.

Note: Answers to the questions below are based on **NEW counts only**. Specifically, reported counts must include only new data since the last date the data were collected for reporting to NHSN COVID- 19 Module. See examples in the below instructions.

Data Field	Instructions for Form Completion
Facility Capacity	
ALL BEDS **(numltcfbeds)**	Enter the total number of resident beds in the facility. This number will auto-populate in future sessions and should be updated only if there is a change in the total bed count. For example, if the facility must bring in additional beds to accommodate overflow of residents. **Notes:** • Include the total number of beds for the facility in which the facility is licensed. This number shall include private and/or non-private pay beds. • A blank data field for "*ALL BEDS*" is to be answered, even if the total bed count was previously entered.
*** CURRENT CENSUS** Total number of beds that are occupied on the reporting calendar day. **(numltcfbedsocc)**	**Required**: Enter the total number of occupied beds for each calendar day in which data are being entered. **Notes:** • Count includes a combination of private and non-private pay occupied beds, when applicable. • Count includes the total number of residents occupying a bed in the reporting facility, including non-licensed beds. (For example, residents occupying additional beds that had to be brought into the facility in response to increased capacity of residents or residents are being moved to other parts of the facility that are not normally included in the LTCF bed count). • *Current Census* is required for each new calendar day in which data are reported, including across reporting pathways.
Resident Impact for COVID-19 (SARS-CoV-2)	
***ADMISSIONS** Number of residents newly admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. **Excludes** recovered residents. **(numresadmc19)**	*Admissions:* Defined by NHSN as the number of residents newly admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based isolation precautions due to transmission risk associated with the diagnosis. The count excludes recovered residents. **Notes:** • Admitted or re-admitted residents included in the *Admissions* count are **not** also included in the *Positive Tests* count. • Only include residents who were **newly** admitted or readmitted since the last date these counts were collected for reporting in the NHSN COVID-19 Module. • Include duplicate re-admissions of same resident if criteria are met. • Do not include admissions or readmissions who are preemptively isolated unless signs/symptoms suggestive of COVID-19 were present. • Include admissions and readmissions with signs and/or symptoms suggestive of COVID-19 according to the CDC guidance and require transmission-based isolation precautions at admission to minimize transmission risks.

Data Field	Instructions for Form Completion
	Example: The following admissions were documented for DHQP Skilled Nursing Facility this week: 1. *Monday:* **4** facility admissions/readmissions. Of the total, 2 were readmissions with COVID-19 diagnosis; 1 was a new admission with COVID-19 diagnosis; 1 was an admission with no history of COVID-19. 2. *Tuesday:* **2** facility admissions/readmissions. Of the 2, both were readmissions with no history of COVID-19 3. *Wednesday:* no facility admissions/readmissions 4. *Thursday:* **3** facility admissions/readmissions. Of the total, 2 were new admissions without a diagnosis of COVID-19. One was a readmission with a diagnosis of COVID-19 who died one day following admission to the DHQP SNF. 5. *Friday:* **3** facility admissions/readmissions. Of the 3, all were new admissions from the hospital who were placed on preemptive transmission-based precautions, but no COVID-19 diagnosis or symptoms 6. *Saturday:* **1** facility admissions/readmissions. This was a new admission of a nursing home resident with signs and symptoms suggestive of COVID-19, pending test results. 7. *Sunday:* **1** facility admissions/readmissions. This was a readmission of resident who fully recovered from COVID-19, not requiring transmission-based precautions. Based on the above information, the following *Admissions* counts were submitted to NHSN: **If Daily Reporting**: Monday: 3; Tuesday:0; Wednesday:0; Thursday: 1; Friday: 0; Saturday: 1; Sunday: 0 **If Weekly Reporting Only:** Total Admissions for the reporting week- 5 **Important:** If reporting daily *Admissions* counts, do not also report a total weekly count since duplicate reporting will result in falsely inflated counts.
***POSITIVE TESTS** Number of residents with a newly positive SARS-CoV-2 viral test result. **(numrespostest)**	*Positive Tests*: Defined by NHSN as number of residents newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR **or** an antigen test. The definition includes residents with an NHSN defined re-infection. **Important:** • The purpose capturing counts for *Positive Tests* is not to discriminate between false positive and false negative test results. Results from follow-up viral testing, such as confirmatory testing, are not taken into consideration when reporting counts for *Positive Tests*. As such, reported counts for *Positive Tests* are not to be changed based on results from sequel or confirmatory tests. While tests may be subject to false positive or negative results, particularly in certain settings, additional *Lab Test* questions have been added to the form to capture inconsistent results. • *Positive Tests* is a surveillance method for capturing positive diagnostic results only, clinical decisions should not be made based on this definition. Instead, diagnostic test results should be used in the context

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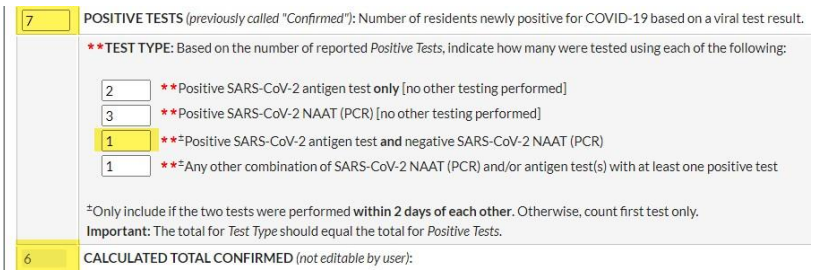
	of available clinical, resident/patient, epidemiological, and diagnostic information. • Report incidence counts only (specifically, residents newly identified in *Positive Tests* count) to avoid falsely inflated data. For example, if a facility reports counts to NHSN more than once per week, the facility must not also report a total count for the reporting week. • *Positive Tests* are based on the date of specimen collection. • The *Positive Tests* definition, as defined by NHSN, may not represent the definition individual states use to define *Confirmed* SARS-CoV-2 (COVID-19) cases. **Diagnostic Terms and Definitions:** • NAAT: Nucleic acid amplification testing, a form of molecular testing. Includes but are not limited to Polymerase Chain Reaction (PCR) and Real Time Polymerase Chain Reaction (RT-PCR). • A viral test is used to detect infection with SARS-CoV-2, the virus that causes COVID-19. Molecular (specifically, NAAT) and antigen tests are types of viral tests. CDC-NHSN recognizes positive results from both molecular and antigen diagnostic tests for diagnosing active COVID-19 infection. • **Exclude** antibody test results. They are used to detect previous infection with SARS-CoV-2, the virus that causes COVID-19. This type of test is also called a serological test. Antibody test results are <u>not</u> considered appropriate for diagnosis of active COVID-19 infection. **Example:** The following SARS-CoV-2 tests and results were documented this week for residents in DHQP Skilled Nursing Facility (counts represent newly positive or re-infected residents only): 1. *Monday:* **3** residents had positive SARS-CoV-2 (COVID-19) viral test results ➢ Of the **3-positive**, all 3 residents had positive point-of-care (POC) antigen results. **2** of the residents had a follow-up negative NAAT (PCR) test result. **1** of the residents had a follow-up positive NAAT result performed on the same day. 2. *Tuesday:* **3** residents had positive SARS-CoV-2 viral test results. ➢ Of the **3 positive**, all 3 were antigen positive. No other testing performed on two residents. Only one of the three residents had a follow-up negative PCR, performed 4 days later. 3. *Wednesday:* **1** resident had a positive SARS-CoV-2 NAAT (PCR) viral test result. No other COVID-19 testing performed. 4. *Thursday:* **1** resident had a positive SARS-CoV-2 viral test result. ➢ Of the 1 positive POC antigen test result, the resident had no other tests performed. He did have a laboratory positive COVID-19 test result over 3 months ago and fully recovered. He developed fever and loss of smell today, prompting antigen POC testing.

Data Field	Instructions for Form Completion
	5. *Friday:* **3** residents had positive SARS-CoV-2 NAAT/PCR viral test results. ➢ Of the 3 residents, all had positive COVID-19 antigen test results two weeks ago and were already submitted to NHSN as *Positive Tests*. 6. *Saturday:* **0** newly positive test results. 7. *Sunday:* **1** positive SARS-CoV-2 NAAT/PCR viral test results with no other testing performed. Based on the above information, the following *Positive Tests* counts were submitted to NHSN: **If Daily Reporting**: Monday: 3; Tuesday:3; Wednesday:1; Thursday: 1; Friday: 0; Saturday: 0; Sunday: 1. **If Weekly Reporting Only**: Total *Positive Tests* for the reporting week: 9 **Important:** If reporting daily *Positive Tests* counts to NHSN (specifically residents with newly positive viral tests results), do not also report a total weekly count since duplicate reporting will result in falsely inflated counts.
Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result	
****TEST TYPE** Based on the number of reported *Positive Tests*, indicate how many were tested using the provided testing methods.	*Test Type:* Defined by NHSN as a single or series of viral testing methods used to detect SARS-CoV-2 (COVID-19). This information may be useful in capturing inconsistent test results when additional tests are performed after initial reported *Positive Tests* (for example, confirmatory testing). **Conditional.** If the reported number of *Positive Tests* is greater than 0, identify the SARS-CoV-2 test type category for each resident included in the count using the following categories: ____**Positive SARS-CoV-2 antigen test **only** [no other testing performed] **(numrespostestposag)** ____**Positive SARS-CoV-2 NAAT (PCR) **only** [no other testing performed] **(numResPosTestPosNAAT)** ____**±Positive SARS-CoV-2 antigen test **and** negative SARS-CoV-2 NAAT (PCR). **(numResPosTestPosAgNegNAAT)** ____**±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test. **(numResPosTestOther)** **Important:** • ± Include residents with serial viral test results only when the additional tests were collected within two calendar days of initial SARS-CoV-2 viral test. Day of specimen collection is equal to day 1. Otherwise, only select the initial test method for *Test Type*. ➢ Tests in which specimens are collected more than 2 calendar days apart should be considered separate tests. • The total count reported in the *Test Type* categories must be equal to the total count reported for *Positive Tests*.

Data Field	Instructions for Form Completion
	Diagnostic Terms and Definitions: • SARS-CoV-2 is the virus that causes COVID-19. • SARS-CoV-2 NAAT methods include but are not limited to Polymerase Chain Reaction (PCR) and Real Time Polymerase Chain Reaction (RT-PCR). **Example:** The following example is based on the DHQP example for reporting *Positive Tests* in the previous section: 1. 3 *Positive Tests* submitted to NHSN on *Monday*. Of the 3-positive tests, all 3 residents had a positive point-of-care (POC) antigen result. 2 of the 3 residents had a follow-up negative NAAT (PCR) test result. 1 of the 3 residents had a follow-up positive NAAT performed on the same day. 2. On *Tuesday*, 3 *Positive Tests* submitted to NHSN. All 3 were antigen positive. Only 1 of the 3 residents had a follow-up negative NAAT (PCR) **4 days** later. No other testing performed on the other two residents. 3. On *Wednesday*, 1 *Positive Tests* submitted to NHSN. The resident had a positive NAAT/PCR only. *4.* *Thursday* 1 *Positive Tests* was submitted to NHSN for a resident with a newly positive POC antigen test result. No additional COVID-19 tests performed on the resident. He did have a laboratory positive COVID-19 viral test result over 3 months ago and fully recovered. He developed fever and loss of smell today, prompting antigen POC testing. *Hint:* re-infections are included *in Positive Tests.* 5. *Friday* 0 *Positive Tests* submitted to NHSN. While 3 residents had positive SARS-CoV-2 (COVID-19) PCR test results today, all three residents previously tested positive for COVID-19 by antigen POC two weeks ago and were included in the *Positive Tests* count at that time. *Hint:* duplicate results are not reported to NHSN. 6. *Saturday:* 0 *Positive Tests* submitted to NHSN. 7. *Sunday:* 1 *Positive Tests* submitted to NHSN for a resident who had a positive SARS-CoV-2 NAAT/PCR results with no other testing performed. The following *Test Types* were submitted: **4** Positive SARS-CoV-2 antigen test **only** [no other testing performed] *Hint: see results from Tuesday & Thursday* **2** Positive SARS-CoV-2 NAAT (PCR) [no other testing performed] *Hint: see results from Wednesday & Sunday* **2** ± Positive SARS-CoV-2 antigen test **and** negative SARS-CoV-2 NAAT (PCR) *Hint: see results from Monday* **1** ± Any other combination of SARS-CoV-2 NAAT(s)/PCR and/or antigen test(s) with at least one positive test *Hint: see results from Monday* **Important:** The total count for *Test Type* (9) must equal the total *Positive Tests* count (9) for the reporting period.

Data Field	Instructions for Form Completion
**** 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.	*Vaccination Status:* The occurrence or lack thereof receiving a dose or complete series of the COVID-19 vaccine. The vaccination status pertains to residents with a newly positive SARS-CoV-2 viral test for the reporting week. The vaccination status is contingent upon if the resident has received the most recent dose of the COVID-19 vaccine **14 days or more** before the specimen collection date of the newly positive SARS-CoV-2 Viral test. The date vaccine was received is considered as Day 1. Include residents who received the vaccine while in the LTCF or outside of the LTCF. **Conditional.** If the number of reported *Positive Tests* is greater than "0" for the reporting period, for positives in each test type category, with the exception of those in the "*SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)"* count, indicate the vaccination status of residents included in the count. **To report *Vaccination Status: Initial Series* counts:** 1. Click the drop-down menu and select one or more options that represent the COVID-19 *Vaccination Status* of the initial series of each resident. 2. The selected *Vaccination Status* options will populate. 3. For each populated *Vaccination Status* option for the initial series, indicate the resident count for the following *Test Type* categories: (1). *positive SARS-CoV-2 antigen test only*; (2). *positive SARS-CoV-2 NAAT (PCR)*; and (3). *any other combination of SARS-CoV-2 NAAT(s)/PCR and/or antigen test(s) with at least one positive test.* **Note:** Vaccination status is not reported for residents in the *SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)* test type count. **Initial Series Vaccination Status Definitions:** • **(NOVACC) Not vaccinated with COVID-19 vaccine:** Based on the residents included in the reported *Positive Tests* count for the reporting period, indicate the number of residents who have not received any COVID-19 vaccination **or** received the first dose of COVID-19 vaccine **13 days or less before the specimen collection date** for the newly positive viral test result. Date vaccine received is equal to day 1. • **(MODERNA1)** Resident received **only one** dose of the Moderna COVID-19 vaccine **14 days or more before** the specimen collection date for the newly positive viral test result **or** the second dose was received **13 days or less before** the specimen collection date for the newly positive viral test result. • **(MODERNA)** Resident received **both doses** (dose 1 and 2) of the Moderna COVID-19 vaccine with the second dose being **14 days or more before** the specimen collection date for the newly positive viral test result. • **(PFIZBION1)** Resident received **only one** dose of the Pfizer-BioNTech COVID-19 vaccine **14 days or more before** the specimen collection date for the newly positive viral test result **or** the second dose was received **13**

	days or less before the specimen collection date for the newly positive viral test result. • **(PFIZBION)** Resident received **both doses** (dose 1 and 2) of the Pfizer-BioNTech COVID-19 vaccine with the second dose being **14 days or more before** the specimen collection date for the newly positive viral test result. • **(JANSSEN)** Resident received the dose of the **JANSSEN** COVID-19 vaccine **14 days or more before** the specimen collection date for the newly positive viral test result. • **(UNSPECPARTIAL1)** Resident received one dose of COVID-19 vaccine from an unspecified manufacturer **14 days or more before** the specimen collection date. This includes residents who have received 2 doses of COVID-19 vaccine with an unspecified manufacturer in which the second dose was received **13 days or less before** the specimen collection date. This category also includes residents who have an unknown number of doses as well as an unspecified manufacturer. • **(UNSPECCOMPLETE)** Resident received a complete vaccination series from an unknown manufacturer with the last dose being **14 days or more before** the specimen collection date for the newly positive viral test result. This category also includes residents who have received a dose from more than 1 manufacturer. The category also includes Individuals who received all recommended doses of a COVID-19 vaccine that is neither approved nor authorized by FDA but listed for emergency use by the World Health Organization (WHO) if they provide documentation of vaccination. For more information, please refer to CDC guidance.
****ADDITIONAL OR BOOSTER DOSE** For positives in each test type category, indicate how many residents received an additional or booster dose of COVID-19 vaccine **14 days or more** before the specimen collection date.	*Additional or Booster Dose*: The occurrence or lack thereof receiving an additional or booster dose of COVID-19 vaccine. The vaccination status of the additional or booster dose pertains to residents with a newly positive SARS-CoV-2 viral test result for the reporting week. The vaccination status of the additional or booster dose is contingent upon if the resident has received the additional or booster dose of the COVID-19 vaccine **14 days or more** before the specimen collection date of the newly positive SARS-CoV-2 Viral test. The date vaccine was received is considered as Day 1. Include residents who received the additional or booster dose of vaccine while in the LTCF or outside of the LTCF. **To report Additional or Booster Doses counts** • **Only** indicate if an additional or booster dose was received **After** data for the initial series has been entered. ○ For example, if a resident is reported as receiving an additional or booster dose, they should also be counted in the initial series section. • If the number of reported *Positive Tests* is greater than "0" for the reporting period, for positives in each test type category, with the exception of those in the "*SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)"* count, indicate the number of residents who received and additional or booster dose of COVID-19 vaccine.

	Important Notes: • These counts are only for those residents with a newly positive SARS-CoV-2 viral test since the last time data was reported to NHSN. • Please Reference CDC recommendations regarding administration of additional or booster doses **Additional or Booster Dose Definitions** • **(ADDORBOOST3)** - Resident received the complete initial series of COVID-19 vaccine and then also received an additional or booster dose of COVID-19 vaccine (any manufacturer) **14 days or more before** the specimen collection date for the newly positive viral test result.
CALCULATED TOTAL CONFIRMED	*Calculated Total Confirmed* is an NHSN calculated metric for identifying total confirmed cases of COVID-19 by removing probable false positive antigen results. **Auto generated** by NHSN based on reported counts for "*Positive Tests"* and "*Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)".* The count reported for "*Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)"* will be subtracted from the count reported for "*Positive Tests"* (during the same time period) (Calculated Total Confirmed = Positive Tests – [Ag+NAAT-])  7 **POSITIVE TESTS** *(previously called "Confirmed")*: Number of residents newly positive for COVID-19 based on a viral test result. **TEST TYPE: Based on the number of reported *Positive Tests*, indicate how many were tested using each of the following: 2 **Positive SARS-CoV-2 antigen test **only** [no other testing performed] 3 **Positive SARS-CoV-2 NAAT (PCR) [no other testing performed] 1 **‡Positive SARS-CoV-2 antigen test **and** negative SARS-CoV-2 NAAT (PCR) 1 **‡Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test ‡Only include if the two tests were performed **within 2 days of each other**. Otherwise, count first test only. **Important:** The total for *Test Type* should equal the total for *Positive Tests*. 6 **CALCULATED TOTAL CONFIRMED** *(not editable by user)*: **Important:** The NHSN calculated metric is based on counts reported to NHSN and cannot be edited by users. If the metric appears to be incorrect, please review counts reported for *Positive Tests* and *Test Type* in the NHSN application to verify the entered counts.
****RE-INFECTIONS** Based on the number of reported *Positive Tests*, indicate how many of the residents met the NHSN definition for re-infection. **(numResPosTestReinf)**	*Re-infections:* Defined by NHSN as a new positive SARS-CoV-2 viral test result performed **more than 90 days** after an initial COVID-19 infection. Residents meeting this definition must be included in the *Positive Tests* count for the reporting time period. **Conditional.** If the *Positive Tests* count is greater than 0, indicate the total number of residents who met the NHSN definition for *Re-infections* during the same reporting period.

Data Field	Instructions for Form Completion
Symptomatic or Asymptomatic? Based on the number of reported *Re-infections*, indicate how many of the residents were symptomatic and/or asymptomatic.	**Symptomatic or Asymptomatic Re-infections:** **Conditional.** If the *Re-infection* count is greater than 0, indicate how many residents with an NHSN defined *Re-infection* were symptomatic and how many were asymptomatic based on the following definitions: **___SYMPTOMATIC**: Based on the number reported for *Re-Infections,* indicate how many of the residents had signs and/or symptoms consistent with COVID-19, as defined by the CDC. **(numResPosTestReinfSymp)** **___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, as defined by the CDC. **(numResPosTestReinfASymp)** **Important:** • Residents reported in the *Positive Tests* count are to be included in the *Re-infections* count only if they meet the definition for *Re-infections* and did not have a negative confirmatory NAAT (PCR) test result. **EXAMPLE**: DHQP SNF reported *7* residents in the *Positive Tests* count (specifically, *7* residents with a newly positive SARS-CoV-2 viral test result). Out of the *7* residents, 2 were identified as having a previous infection with COVID-19. Resident A first had COVID-19 122 days ago and recently tested PCR positive after new onset of fever, fatigue, productive cough, loss of taste and smell, and shortness of breath. Resident B first had COVID-19 160 days ago and recently tested antigen positive, but the confirmatory PCR was negative. Since Resident B had a negative confirmatory PCR test result, he was excluded from the *Re- infection* Count, although he remained in the *Positive Tests* count since he met the NHSN definition for *Positive Tests*. **1** Re-infection submitted for the reporting period. **1 Symptomatic; 0 Asymptomatic**
***TOTAL DEATHS:** Number of residents who have died for *any* reason in the facility or another location since the last date *Total Death* counts were reported to NHSN. **(numresdied)**	*Total Deaths* is defined by NHSN as residents who have died *from any cause* in the facility or another location, including COVID-19 related and non-COVID-19 related deaths. This count must include only **new** deaths since the last date counts for *Total Deaths* were reported to NSHN. **Notes:** • Include each resident death only once in *Total Deaths* count, on the date of death. • *Total Deaths* should NEVER be lower than the *COVID-19 Deaths* in a reporting week. • Residents discharged from the facility are excluded from the count. **EXAMPLE:** DHQP SNF documented the following *Total Deaths* this week: 1. *Monday:* **2** *Total Deaths* submitted. Of the two deaths, 1 resident was on transmission-based precautions for COVID-19 and the second resident recovered from COVID-19 last month.

Data Field	Instructions for Form Completion
	2. *Tuesday*: **0** *Total Deaths* submitted. 3. *Wednesday:* **0** *Total Deaths* submitted. 4. *Thursday:* **1** *Total Deaths* submitted. The resident did not have a history or positive COVID-19 test result. 5. *Friday:* **0** *Total Deaths* submitted. A nurse did recognize a previously discharged resident in the obituary of a local newspaper. 6. *Saturday:* **2** *Total Deaths* submitted. Of these two deaths, one resident had active COVID-19 infection and the other resident did not have COVID-19. However, 2 weeks later an autopsy report indicated a positive SARS-CoV-2 (COVID-19) viral test result on the second resident not known to have COVID-19. 7. *Sunday:* **1** *Total Deaths* submitted for a resident who died 1 week after being transferred to an acute care facility for treatment of COVID-19 infection. The following counts for *Total Deaths* were reported to NHSN: **If Daily Reporting**: Monday: **2**; Tuesday: **0**; Wednesday: **0**; Thursday: **1**; Friday**: 0;** Saturday: **2;** Sunday: **1** **If Weekly Reporting Only**: *Total Deaths* count for the reporting week- **6** **Important:** If reporting daily *Total Deaths* counts to NHSN, do not also report a weekly *Total Deaths* count since duplicate reporting will result in falsely inflated death counts.
****COVID-19 DEATHS** Based on the number of reported *Total Deaths*, indicate the number of residents with COVID-19 who died in the facility or another location. **(numresc19died)**	*COVID-19 Deaths:* Defined by NHSN as residents who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. This count must include only new deaths since the last date counts for *COVID-19 Deaths* were reported to NSHN. **Conditional.** Based on the number of reported new *Total Deaths* for the reporting period, indicate how many of the deaths were residents with either a positive COVID-19 viral test result, had signs and/or symptoms of COVID-19 as defined by the CDC, were on transmission-based precautions for COVID-19, or who died from ongoing complications related to a previous COVID-19 infection. **Notes:** • If the facility receives an autopsy result indicating a positive SARS-CoV-2 viral test result for a resident who was not initially included in the *COVID-19 Deaths* count, previously submitted NHSN data must be edited to include the death in the *COVID-19 Deaths* count. The edited date must reflect the date of death. • The count for new *COVID-19 Deaths* cannot be higher than the count for new *Total Deaths* in a reporting period. • Residents discharged (specifically, not expected to return to the facility) from the facility are excluded from the count.

Data Field	Instructions for Form Completion
	Example: The following example is based on the *Total Deaths* counts reported in the previous example. **If Daily Reporting**: Monday: **1**; Tuesday: **0**; Wednesday: **0**; Thursday: **0**; Friday: **0**; Saturday: **2** (previously submitted count was updated after receiving autopsy report indicating COVID-19 was cause of death); Sunday: **1** **If Weekly Reporting Only**: Total *COVID-19 Deaths* count for the reporting week- **4** **Important:** If reporting daily new *COVID-19 Deaths* counts to NHSN, do not also report a weekly Total for new *COVID-19 Deaths* since duplicate reporting will result in falsely inflated death counts.
Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness	
INFLUENZA Number of residents with new influenza (flu). **(Numresconfflu)**	*Influenza:* Defined by NHSN as a new positive influenza test result, also referred to as a positive flu test result. Since the last time influenza counts were collected for reporting to NHSN, report the number of residents who had a new influenza test result. **Important:** • Only a resident with a newly positive influenza/flu test result is to be included in the *Influenza* count for the reporting period.
RESPIRATORY ILLNESS Number of residents with new respiratory illness symptoms, excluding COVID-19 and/or influenza (flu). **(Numresothresp)**	*Respiratory Illness:* Defined by NHSN as new onset of acute respiratory illness symptoms in the **absence of** a positive viral test result for influenza (flu) and/or SARS-CoV-2 (COVID-19). Examples may include newly documented cough, congestion, decrease in oxygen saturation, positive chest x-ray, etc. Since the last time *Respiratory Illness* counts were collected for reporting to NHSN, report the number of residents with new onset of respiratory illness in the **absence of** a positive viral test result for influenza (flu) and/or SARS-CoV-2 (COVID-19). A resident who fully recovered and symptoms resolved is to be included in future *Respiratory Illness* count(s) if above definition met. **Important:** • Count a resident only once during the course of an illness. • For residents with chronic lung or heart disease, include only if acute change/worsening in signs/symptoms, such as a new, increased cough and/or congestion, increased difficulty breathing, 3% or more decrease in oxygen saturation from baseline. • To be included in this count, the resident must either have negative viral test results for influenza and COVID-19 or not tested.
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). **(numresconffluc19)**	*Influenza and COVID-19* co-infection: Defined by NHSN as a positive viral test result for both influenza (flu) **AND** SARS-CoV-2 (COVID-19). Report the number of residents newly identified as having a positive viral test result for both influenza (flu) **AND** SARS-CoV-2 (COVID-19) since the last time Influenza and COVID-19 (co-infection) counts were collected for reporting to NHSN.

Data Field	Instructions for Form Completion
	Important: • Count to include only a resident newly positive for both influenza (flu) **AND** SARS-CoV-2 (COVID-19) through viral test results. • A resident included in the *Co-Infection* count is also to be included in the individual counts for both *Influenza* and *Positive Tests.* • A resident is to be included in the *Influenza and COVID-19* (co-infection) count if the positive viral specimens (flu and COVID-19) are collected within 7 calendar days of one another.
SARS-CoV-2 TESTING	
Since the last date of data entry into the module, has your LTCF performed SARS- CoV-2 (COVID-19) viral testing? YES or NO **(perfc19test)**	Answer "YES" if your LTCF has performed SARS-CoV-2 (COVID-19) viral testing since the last date these counts were reported to NHSN. **Note**: Viral testing includes point-of-care (POC) and NON-Point-of-Care (NONPOC) for residents and staff and facility personnel. If viral testing was not performed since the last date of data entry into NHSN, select "NO" and skip the remaining questions in this section.
** If YES, indicate counts of COVID-19 viral testing that were performed since the last date these counts were reported to NHSN.	**Conditional.** If "YES" is selected, for each selection, indicate the number COVID-19 viral tests that were performed since the last date these counts were reported to NHSN: ____****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? **(resc19poctestperf)** ____****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? **(staffc19poctestperf)** ____****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? **(resc19nonpoctestperf)** ____****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? **(staffc19nonpoctestperf)** **Important:** Counts **must** be reported in this section even a facility reports POC test results elsewhere.
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? *(Check one response)* **(c19nonpoctestresults)**	To answer this question, check ONE of the selections to indicate the average timeframe it took for your facility to receive **NON**-Point-of-Care SARS-CoV-2 (COVID-19) viral test results for residents and/or staff and facility personnel during the past two weeks. ☐ Less than one day ☐ 1-2 days ☐ 3-7 days ☐ More than 7 days ☐ No testing performed in the past two weeks on residents or staff and/or facility personnel. **Note:** this question is referring to **NON-POC testing** only.

Data Field	Instructions for Form Completion
	Note: • Response is to be based on viral test results performed by the LTCF, as well as those ordered by the LTCF but performed elsewhere. For example, staff instructed to have a NON-POC SARS-CoV-2 (COVID-19) viral test done at another facility.
TESTING STAFF Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 (COVID-19) viral test (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed? **(staffc19testability)**	Answer "YES" if on the date responses are being reported, the LTCF has 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 there is a need to do so. **Example:** If a COVID-19 outbreak occurred in your facility during the same week as answering this question, does your LTCF have the staff and/or facility personnel, supplies, internal and/or external resources (for example, available laboratories, outbreak response team, health department, or other needed resources) to perform SARS-CoV-2 viral testing on all staff and facility personnel? If the answer to the above question is no, select, "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? **(resc19testability)**	Answer "YES" if on the date responses are being reported, the LTCF has the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on **all residents** within the next 7 days, if there is a need to do so. **Example:** If a COVID-19 outbreak occurred in your facility during the same week as answering this question, does your LTCF have the staff and/or facility personnel, supplies, internal and/or external resources (for example, available laboratories, outbreak response team, health department, or other needed resources) to perform SARS-CoV-2 viral testing on all residents? If the answer to the above question is no, select, "NO"

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF) Staff and Personnel Impact Form (CDC 57.145)

Data Field	Instructions for Form Completion
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-generated by the system.
CMS Certification Number (CCN)-may be referred to as participation number	**Auto-generated** by the computer, if applicable, based on the CCN entered during NHSN registration or last updated, if previously edited. Please see NHSN CCN Guidance document for instructions on how to add a new CCN or edit an existing CCN.
Facility Name	**Auto-generated** by the system based on the facility name previously entered during NHSN registration.
Date for which counts/responses are reported	**Required**. Select the date on the calendar for which the counts and/or responses in the Staff and Personnel Impact pathway apply. For example, if reporting the number of staff with positive SARS-CoV-2 (COVID-19) viral test results for specimens collected on Monday of the reporting week, Monday should be selected on the calendar as the day for which counts are being reported in the "Staff and Personnel Impact" pathway.
Facility Type	**Auto-generated** based on the facility type selected during NHSN enrollment. Selections include: a. LTC-ASSIST – Assisted Living Residence b. LTC-DEVDIS – Long-term Care Facility for the Developmentally Disabled c. LTC-SKILLNURS – Skilled Nursing Facility *+ *CMS Certified required for reporting +Includes both skilled nursing facilities and nursing homes Please see NHSN Guidance document for instructions on *How to Correct Your Facility Type* if this information is incorrect.
Date Created	**Auto-generated** based on the first calendar date and time that a user manually enters and saves data or the date the facility first submits a CSV file for a specific pathway. ***Note:*** The date and time will automatically generate after the "Save" button is selected and **cannot** be modified.

Important:

Counts should be reported on the correct calendar day and include only the new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data. NON-count questions should be answered one calendar day during the reporting week.

Note: Answers to the questions below are based on NEW counts only. Specifically, reported counts must include only new data since the last date the data were collected for submitting to NHSN COVID-19 Module. See examples in the below instructions.

Data Field	Instructions for Form Completion
Staff and Personnel Impact	
POSITIVE TESTS (*previously called "Confirmed")* Number of staff and facility personnel with a new positive COVID-19 viral test result.	*Positive Tests (previously called "Confirmed")*: Defined by NHSN as a positive SARS-CoV-2 (COVID-19) viral test result. The test result may be from a NAAT/PCR **or** an antigen test. The definition also includes staff and facility personnel with an NHSN defined reinfection. **Important:** • The first newly *Positive Test* must be included in the *Positive Tests* count for date of specimen collection regardless of additional tests and results performed. While tests may be subject to false positive or negative results, particularly in certain settings, additional *Lab Test* questions have been added to the form to capture inconsistent results. • Since *Positive Tests* is considered a surveillance method for capturing positive diagnostic results only, clinical decisions should not be made based on this definition. Instead, diagnostic test results should be used in the context of all available clinical, patient, epidemiological, and diagnostic information. • Report incidence counts only (specifically, staff and facility personnel newly identified in *Positive Tests* count) to avoid falsely inflated data. • *Positive Tests* must be reported on the date of specimen collection. Counting duplicate *Positive Tests* for *staff and facility personnel* will result in falsely inflated data. • The *Positive Tests* definition, as defined by NHSN, may not represent the definition individual states use to define *Confirmed* SARS-CoV-2 (COVID-19) cases. • Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc. **Diagnostic Terms and Definitions:** • NAAT: Nucleic acid amplification testing, a form of molecular testing. Includes but are not limited to Polymerase Chain Reaction (PCR) and Real Time Polymerase Chain Reaction (RT-PCR). • A viral test is used to detect infection with SARS-CoV-2, the virus that causes COVID-19. Molecular (specifically, NAAT) and antigen tests are types of viral tests. CDC-NHSN recognizes positive results from both molecular and antigen diagnostic tests for diagnosing active COVID-19 infection. • Exclude antibody test results. They are used to detect previous infection with SARS-CoV-2, the virus that causes COVID-19. This type of test is

Data Field	Instructions for Form Completion
	also called a serological test. Antibody test results are not considered appropriate for diagnosis of active COVID-19 infection. **Example:** The following SARS-CoV-2 tests and results were documented for staff and facility personnel in DHQP Skilled Nursing Facility (SNF) this week (counts represent newly positive or re-infected staff and facility personnel only): 1. *Monday:* A total of **3** staff and facility personnel had positive SARS-CoV-2 (COVID-19) viral test results: ➢ Of the **3-positive**, all 3 staff and facility personnel had positive point-of-care (POC) antigen results. **2** of the staff and facility personnel had a follow-up negative NAAT (PCR) test result. **1** of the staff and facility personnel had a follow-up positive NAAT result performed on the same day. 2. *Tuesday:* A total of **3** staff and facility personnel had positive SARS-CoV-2 (COVID-19) viral test results. ➢ Of the **3 positive**, all 3 were antigen positive. No other testing performed on two of the staff and facility personnel. Only one of the three staff and facility personnel had a follow-up negative PCR, performed 4 days later. 3. *Wednesday:* A total of **1** staff had a positive SARS-CoV-2 (COVID-19) viral test result. ➢ The contract nurse tested positive via NAAT/PCR. No other COVID-19 testing performed. 4. *Thursday:* A total of **1** staff had a positive SARS-CoV-2 (COVID-19) viral test result. ➢ Of the 1 positive POC antigen test result, the staff had no other tests performed. He did have a laboratory positive COVID-19 test result over 3 months ago and fully recovered. He developed fever and loss of smell today, prompting antigen POC testing. 5. *Friday:* A total of **3** staff and facility personnel had positive SARS-CoV-2 (COVID-19) NAAT/PCR viral test results. ➢ Of the 3 staff and facility personnel, all had positive COVID-19 antigen test results two weeks ago and were already submitted to NHSN as *Positive Tests*. 6. *Saturday:* **0** newly positive test results among staff and facility personnel 7. *Sunday:* **1** positive SARS-CoV-2 NAAT/PCR viral test result for a staff nurse with no other testing performed Based on the above information, the following *Positive Tests* counts were submitted to NHSN: Monday: 3; Tuesday:3; Wednesday:1; Thursday: 1; Friday: 0; Saturday: 0; Sunday: 1. **TOTAL *POSITIVE TESTS* FOR THE WEEK: 9**

Data Field	Instructions for Form Completion
****TEST TYPE** Of the number of reported staff and facility personnel above with *a Positive Test*, how many were tested using each of the following?	*Test Type:* Defined by NHSN as a single or series of viral testing methods used to detect SARS-CoV-2 (COVID-19). This information may be useful in capturing inconsistent test results when additional tests are performed after initial reported *Positive Tests* (for example, confirmatory testing performed). **Important:** The total count reported for *Test Type* must equal the reported *Positive Tests.* This conditional rule improves accuracy in capturing potential inconsistencies in consecutive test results. **Conditional.** Based on the number of submitted *Positive Tests* for COVID-19, identify how many were tested using one of the following test types. _____**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). **Important:** Select this method only if confirmatory test was performed within 2 days of the initial test. _____**±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test. **Important:** Select this method only if confirmatory test was performed within 2 days of the initial test. **Important:** • ± Only select confirmatory tests when performed within two days of initial SARS-CoV-2 viral test. Otherwise, only select the initial test method for *Test Type*. ○ Tests performed more than 2 days apart should be considered separate tests, and discordant results may be due to changes in viral dynamics. • To accurately reflect COVID-19 testing methodology and possible false positive or false negative results counted in *Positive Tests,* the total number reported for *Test Type* must be equal to the total number reported for *Positive Tests.* **Diagnostic Terms and Definitions:** • SARS-CoV-2 is the virus that causes COVID-19. • SARS-CoV-2 NAAT methods include but are not limited to Polymerase Chain Reaction (PCR) and Real Time Polymerase Chain Reaction (RT-PCR). **Example:** The following example is based on the DHQP example for reporting *Positive Tests* in the previous section: 1. 3 *Positive Tests* submitted to NHSN on *Monday*. Of the 3-positive tests, all 3 staff and facility personnel had a positive point-of-care (POC)

Data Field	Instructions for Form Completion
	antigen result. 2 of the 3 staff and facility personnel had a follow-up negative NAAT (PCR) test result. 1 of the 3 staff and facility personnel had a follow-up positive NAAT result performed on the same day. 2. On *Tuesday*, 3 *Positive Tests* submitted to NHSN. Of the 3, all 3 were antigen positive. Only 1 of the 3 staff and facility personnel had a follow-up negative NAAT (PCR) **4 days** later. No other testing performed on the other two staff and facility personnel. 3. On *Wednesday*, 1 *Positive Tests* submitted to NHSN. A contract nurse had a SARS-CoV-2 NAAT/PCR test collected and a positive result was received 2 days later. 4. *Thursday* 1 *Positive Tests* was submitted to NHSN for a symptomatic certified nursing assistant (CNA) with a newly positive POC antigen test result. No additional COVID-19 tests performed on the CNA. He did have a laboratory positive COVID-19 viral test result over 3 months ago and fully recovered. He developed fever and loss of smell today, prompting antigen POC testing. *Hint:* re-infections are included *in Positive Tests* 5. *Friday* 0 *Positive Tests* submitted to NHSN. While 3 staff and facility personnel had positive SARS-CoV-2 (COVID-19) PCR test results today, all three staff and facility personnel previously tested positive for COVID-19 by antigen POC two weeks ago and were included in the *Positive Tests* count at that time. *Hint:* duplicate results are not reported to NHSN 6. *Saturday:* 0 *Positive Tests* submitted to NHSN for staff and facility personnel. 7. *Sunday:* 1 *Positive Tests* submitted to NHSN for a staff nurse who had a positive SARS-CoV-2 NAAT/PCR results with no other testing performed. The following *Test Types* were submitted: **4** Positive SARS-CoV-2 antigen test **only** [no other testing performed] *Hint: see results from Tuesday & Thursday* **2** Positive SARS-CoV-2 NAAT (PCR) **only** [no other testing performed] *Hint: see results from Wednesday & Sunday* **2** ‡Positive SARS-CoV-2 antigen test **and** negative SARS-CoV-2 NAAT (PCR). *Hint: see results from Monday* **1** ‡Any other combination of SARS-CoV-2 NAAT(s)/PCR and/or antigen test(s) with at least one positive test. *Hint: see results from Monday* **TOTAL TEST TYPES FOR WEEK: 9**
****RE-INFECTIONS** Of the number of reported staff and facility personnel above with a *Positive Test*, how many were considered as re-	*Re-infections*: Defined by NHSN as a new positive SARS-CoV-2 (COVID-19) viral test result performed **more than 90 days** after an initial COVID-19 infection. Staff and facility personnel meeting this definition must be included in the *Positive Tests* count for the date of specimen collection. **Conditional.** Based on the number of submitted *Positive Tests* for staff

Data Field	Instructions for Form Completion
infected? Of the number of reported staff and facility personnel with *Re-infections*, how many were in each category: • **SYMPTOMATIC REINFECTIONS** • **ASYMPTOMATIC REINFECTIONS**	and facility personnel, report the total number of staff and facility personnel meeting the CDC-NHSN definition for *Re-infection:* _____ _____**SYMPTOMATIC**: Of the number of reported staff and facility personnel with *Re-Infections*, how many had signs and/or symptoms consistent with COVID-19, as defined by the CDC? _____**ASYMPTOMATIC**: Of the number of reported staff and facility personnel with *Re-infections*, how many did **not** have signs and/or symptoms consistent with COVID-19, as defined by the CDC? **Example:** The following example is based on the DHQP example for reporting *Positive Tests:* On *Thursday,* only 1 *Positive Tests* was submitted to NHSN. The positive test was from a symptomatic CNA with a history of laboratory positive COVID-19 infection over 3 months ago. **1** Re-infection submitted for Thursday. **1** **SYMPTOMATIC** **0** **ASYMPTOMATIC**
COVID-19 DEATHS Number of staff and facility personnel with COVID-19 who died.	*COVID-19 Deaths*: Defined by NHSN as staff and/or facility personnel who died from SARS-CoV-2 (COVID-19) related complications. Enter the number of staff and/or facility personnel with COVID-19 who died. **Notes:** • Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc. • Report only the new COVID-19 deaths among staff and/or facility personnel since the last time these counts were collected for NHSN submission.
Staff and Personnel Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness	
INFLUENZA Number of staff and facility personnel with a new influenza (flu).	*Influenza*: Defined by NHSN as a new positive influenza test result, also referred to as a positive flu test result. **Notes:** • A new positive influenza/flu test result is required to be included in the influenza count. Duplicate counting of staff and facility personnel with *Influenza* will result in falsely inflated counts.
RESPIRATORY ILLNESS Number of staff and facility personnel with acute respiratory illness symptoms, excluding COVID-19 and/or	*Respiratory Illness*: Defined by NHSN as new onset of acute respiratory illness symptoms in the **absence of** a positive viral test result for influenza (flu) and/or SARS-CoV-2 (COVID-19). **Notes:** • Incidence counts only. Duplicate counting of staff and facility

Data Field	Instructions for Form Completion
influenza (flu).	personnel will result in falsely inflated counts. • The count must include only staff and facility personnel with a new *Respiratory Illnesses but* have a negative SARS-CoV-2 (COVID-19) viral test result and/or negative Influenza (flu) test result.
Staff and Personnel Impact for Co-Infections	
INFLUENZA and COVID-19 Number of staff and facility personnel with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19).	*Influenza and COVID-19* co-infection: Defined by NHSN as a positive viral test result for both influenza (flu) **AND** SARS-CoV-2 (COVID-19). **Notes:** • Submit incidence only counts. Duplicate counting will result in falsely inflated counts. • The count must include only staff and facility personnel with a new co-infection with both influenza (flu) **AND** SARS-CoV-2 (COVID-19) through positive viral test results. Staff and facility personnel meeting these criteria must be reported one time to avoid duplicate counts.
Staff and/or Personnel Shortages	
STAFFING SHORTAGE Does your organization have a shortage of staff and/or personnel? Select "YES" **or** "NO" for each group.	Select "YES" for each group in which there is currently a staff shortage **OR** Select "NO" for each group in which there is not currently a staff shortage *(Select one answer for each group)* • **Nursing Staff**: registered nurse, licensed practical nurse, or vocational nurse. • **Clinical Staff**: physician, physician assistant, or advanced practice nurse. • **Aide**: certified nursing assistant, nurse aide, medication aide, or medication technician. • **Other staff or facility personnel**: that are not included in the above categories, regardless of clinical responsibility or resident contact. These personnel may include, but are not limited to, environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

	Pfizer-BioNTech		Moderna	Janssen
Preferential recommendation	mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna) are recommended over Janssen COVID-19 Vaccine for the primary series and booster doses.			
Age groups	5 through 11 years of age	12 years of age and older	18 years of age and older	18 years of age and older
Vaccine type	mRNA		mRNA	Replication-incompetent adenovirus type 26 vector
Dose	10 µg (orange cap)	• 30 µg (purple cap) • 30 µg (gray cap)	100 µg (primary series and additional primary dose) 50 µg (booster dose)	5×10^{10} viral particles
Dosage (volume)	0.2 mL	0.3 mL	0.5 mL (primary series and additional primary dose) 0.25 mL (booster dose)	0.5 mL
Number of doses in primary series	2		2	1
Interval between primary series doses	3 weeks (21 days)		1 month (28 days)	N/A
Additional (3rd) primary dose for moderately or severely immunocompromised persons	Currently not authorized for this age group	Recommended at least 28 days after the 2nd dose of the primary series for moderately and severely immunocompromised people 12 years of age and older (https://www.cdc.gov/vaccines/covid-19/clinical considerations/covid-19-vaccines-us.html#considerations-covid-19-vax-immunocompromised) Use the same vaccine product as the primary series See information below about a booster dose.		Not authorized as an additional primary dose. See information below about a booster dose.
Booster dose	Currently not authorized for this age group	A booster dose, at least 6 months after the last dose of a COVID-19 mRNA vaccine primary series (i.e., after the 2nd dose or the additional [3rd] dose for moderately and severely immunocompromised persons): • Should be given to persons 18 years of age and older (Use of heterologous – mix and match – booster doses is allowed. mRNA COVID-19 vaccines are preferred.) • May be given to persons 16 and 17 years of age based on individual benefits and risks	A booster dose, at least 6 months after the last dose of a COVID-19 mRNA vaccine primary series (i.e., after the 2nd dose or the additional [3rd] dose for moderately and severely immunocompromised persons): • Should be given to persons 18 years of age and older (Use of heterologous – mix and match – booster doses is allowed. mRNA COVID-19 vaccines are preferred.)	A booster dose, at least 2 months (8 weeks) after the primary Janssen single dose: • Should be given to all persons who 18 years of age an older (Use of heterologous – mix and match – booster doses is allowed. mRNA COVID-19 vaccines are preferred.) • A moderately or severely immunocompromised person who received a primary Janssen COVID-19 Vaccine should not receive more than 1 booster dose (total of 2 doses).
		For additional information, see Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in theUnited States https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-immunocopromised		
Interval between primary and booster doses	n/a	At least 6 calendar months after completing the primary series or additional primary dose (for moderately or severely immunocompromised)	At least 6 calendar months after receiving the primary series or additional primary dose (for moderately or severely immunocompromised)	At least 2 months (8 weeks) after receiving the primary dose

Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

All currently authorized or approved COVID-19 vaccines	
Interchangeability of vaccines	■ Primary series doses and additional primary dose (for moderately and severely immunocompromised people) should be with the same mRNA vaccine product. In exceptional situations for people 18 years of age or older, such as a contraindication to a second dose of mRNA vaccine or when the previous product cannot be determined or is not available, another mRNA FDA- approved or -authorized COVID-19 vaccine may be used (administer at a minimum interval of 28 days). ■ The Pfizer-BioNTech formulation for children aged 5-11 years (orange cap) is not interchangeable with the Pfizer-BioNTech formulation for people aged 12 years and older (purple cap). ■ Any FDA-approved or –authorized COVID-19 vaccine can be used for the booster dose: mRNA vaccines are preferred. When a different product is used, the eligible population and dosing intervals are those of the vaccine used for the primary series. (https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Interchangeability).*
Coadministration with other vaccines	■ COVID-19 vaccines may be administered without regard to timing of other vaccines, including simultaneous administration.
Persons with prior or current COVID-19	■ COVID-19 vaccines can be given safely to people with prior SARS-CoV-2 infection. ■ Defer vaccination until person has recovered from the acute illness and criteria have been met for them to discontinue isolation (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)
Multisystem inflammatory syndrome (MIS-C and MIS-A)	■ COVID-19 vaccines can be given; however, a conversation between the patient, guardian, and clinical team to discuss benefits and risks of receiving a COVID-19 vaccine is encouraged.
Persons who received monoclonal antibodies or convalescent plasma for COVID-19 treatment or post-exposure prophylaxis	■ For post-exposure prophylaxis: defer COVID-19 vaccination for 30 days ■ For COVID-19 treatment: defer COVID-19 vaccination for 90 days
Persons with a known SARS-CoV-2 exposure	■ COVID-19 vaccine not recommended for community outbreaks or post-exposure prophylaxis. ■ People in community or outpatient setting should defer vaccination until quarantine period has ended (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html) ■ Residents or patients in congregate settings may be vaccinated if they do not have symptoms consistent with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
Risk of thrombosis with thrombocytopenia syndrome (TTS)	■ All persons who elect to receive a Janssen (Johnson & Johnson) COVID-19 Vaccine should be informed about the risk and symptoms of TTS in the 2 weeks after vaccination as well as the need to seek immediate medical care should symptoms develop.
History of TTS after 1 dose of Janssen COVID-19 Vaccine	■ It is contraindicated to administer Janssen COVID-19 Vaccine to persons with a history of TTS following receipt of the Janssen COVID-19 Vaccine or any other adenovirus vector-based COVID-19 vaccines (e.g., AstraZeneca's COVID-19 Vaccine, which is not authorized or approved in the United States). ■ These people should receive a dose of an mRNA COVID-19 vaccine as a booster at least 2 months (8 weeks) following their dose of the Janssen COVID-19 Vaccine and after their clinical condition has stabilized. ■ Prior to booster vaccination, a conversation between the patient and their clinical team, including hematologists or other specialists, may assist with vaccination decisions.
History of heparin-induced thrombocytopenia (HIT)	■ If within 90 days of illness, offer an mRNA vaccine, vaccinate with any FDA-authorized or approved COVID-19 vaccine, including Janssen COVID-19 Vaccine
Persons with underlying conditions	■ May receive COVID-19 vaccine
Persons receiving HCT and CAR-T-cell therapy	■ If received doses of COVID-19 vaccine prior to receiving an HCT or CAR-T cell therapy, should be revaccinated with a primary series at least 3 months (12 weeks) after transplant or CAR-T-cell therapy
Persons with a history of myocarditis or pericarditis	■ If myocarditis or pericarditis occurred after a dose of an mRNA COVID-19 vaccine: • Until additional safety data are available, experts advise that people who develop mycarditis or pericarditis after a dose of an mRNA COVID-19 vaccine not receive a subsequent dose of any COVID-19 vaccine. • This decision should include a conversation between the patient and their clinical team. • A subsequent dose can be considered in certain circumstances including personal risk of severe COVID-19 and level of community transmission. Considerations can be found at https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-pfizer-biontech-moderna • If a history of myocarditis or pericarditis unrelated to an mRNA COVID vaccination, may receive COVID-19 vaccine after the episode has completely resolved.

Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

All currently authorized or approved COVID-19 vaccines	
Persons with a history of Guillain-Barré Syndrome (GBS)	■ Can receive any FDA-authorized or approved COVID-19 vaccine; however, discuss the availability of mRNA vaccines because of possible association between GBS and Janssen COVID-19 vaccination.
Pregnant or breastfeeding people or people trying to get pregnant	■ Are recommended to receive a COVID-19 vaccine primary series, additional primary dose (if indicated) and booster dose, inform of risk of TTS after receipt of Janssen COVID-19 Vaccine and the availability of other options
Children and adolescents	■ Children and adolescents aged 5-17 are ONLY eligible for Pfizer-BioNTech COVID-19 Vaccine ■ Children aged 5-11 years - 10 ug (0.2mL dosage) Pfizer-BioNTech (orange cap) ■ Adolescents 12 years of age or older - 30ug (0.3 mL dosage) Pfizer-BioNTech (purple cap) ■ Adolescents and adults 18 years and older are eligible for Janssen, Moderna, Pfizer-BioNTech (purple cap) COVID-19 vaccine products. ■ Additional primary doses are not recommended at this time for children younger than12 years of age who are moderately or severely immunocompromised. ■ Booster doses are not recommended for people younger than16 years of age https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-booster ■ Because of the risk of syncope, especially in adolescents, recipients should be observed for 15 minutes after vaccination
Persons vaccinated outside the United States	■ People who received all recommended doses of an FDA-authorized or FDA-approved COVID-19 vaccine are considered fully vaccinated. If only 1 dose of a 2-dose vaccine has been received, provide the second dose as close to the recommended time as possible. • People who are moderately and severely compromised should receive an additional dose at least 28 days after completion of their primary series. • People who completed a primary series (and additional primary dose for moderately or severely immunocompromised people), follow booster guidance on page 1. ■ People who received all of the recommended doses of a World Health Organization Emergency Use Listing (WHO-EUL) COVID-19 vaccine not FDA-approved or FDA-authorized, or people who completed a heterologous (mix and match) series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines are considered fully vaccinated. • Should receive an additional primary dose of Pfizer-BioNTech COVID-19 Vaccine (30 µg formulation [purple cap]) at least 28 days after completion of the second vaccine dose of the primary series, if moderately or severely immunocompromised and at least 12 years of age. • Should receive a single booster dose of Pfizer-BioNTech COVID-19 Vaccine at least 6 months after completing their primary series, if at least 16 years of age (including moderately or severely immunocompromised people who received an additional primary dose) ■ People who received only the first dose of a multidose WHO-EUL COVID-19 primary series that is not FDA-approved or FDA-authorized, or who received all or some of the recommended doses of a COVID-19 vaccine primary series that is not listed for emergency use by WHO: • Should be offered a complete FDA-authorized or FDA-approved COVID-19 vaccine primary series, with a minimum interval of at least 28 days since recipient of the last dose of vaccine. • Are considered fully vaccinated after completion of primary vaccination and are not recommended to receive an additional primary dose or booster dose at this time.
Contraindications	■ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine ■ Contradiction to one type of COVID-19 vaccines (mRNA) is a precaution to other types of COVID-19 vaccines (Janssen) ■ For the Janssen COVID 19 Vaccine, TTS following receipt of a previous Janssen COVID-19 Vaccine (or other COVID-19 vaccines not currently authorized in the United States that are based on adenovirus vectors)
Precaution	■ Immediate (within 4 hours exposure) non-severe allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine ■ Immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"])
Post-vaccination observation periods	■ **30 minutes:** people with a history of: • A contraindication to another type of COVID-19 vaccine product (i.e., mRNA or viral vector COVID-19 vaccines) • Immediate (within 4 hours of exposure) non-severe allergic reaction to a COVID-19 vaccine • Immediate allergic reaction of any severity to a non-COVID-19 vaccine or injectable therapies • Anaphylaxis due to any cause ■ **15 minutes:** all other persons
SARS-CoV-2 antibody testing	■ Antibody testing not recommended for vaccine decision-making or to assess immunity following vaccination

* Although CDC provides considerations for a mixed series in exceptional circumstances for a primary or additional primary dose (https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Interchangeability), this is still considered an administration error that requires VAERS reporting. Heterologous booster doses are allowed and are not considered a vaccine error.