Survival Guide for Mandatory National Healthcare Safety Network (NHSN) Reporting for Long-Term Care Facilities (LTCFs)

Survival Guide for Mandatory NHSN Reporting for LTCFs

This **Survival Guide for Mandatory NHSN Reporting for LTCFs** was designed to help LTCFs better understand their NHSN reporting requirements, review key definitions, share common mistakes, and connect users to more in-depth training resources and guidance.

Health Services Advisory Group (HSAG) has seen common errors lead to Centers for Medicare & Medicaid Services (CMS) fines for facilities because of misunderstanding of COVID-19 reporting requirements, vaccine up-to-date definitions, limited access to NHSN, and inadequate vaccination data collection processes. This **Survival Guide** will aid your facility in accurate reporting to NHSN.

NHSN Overview

The Centers for Disease Control and Prevention (CDC) NHSN is the nation's most widely used healthcare-associated infection (HAI) tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate HAIs.[1]

There are several different ways to gain access to NHSN depending on the facility's current user access. However, each new NHSN user must become verified through The CDC's Secure Access Management Service (SAMS), which is a federal information technology (IT) system that gives authorized personnel secure access to non-public CDC applications. The SAMS partner portal is a website designed to provide centralized access to public health information and computer applications operated by the CDC. For the NHSN Program, SAMS will provide healthcare facilities and other partners, such as state health departments and Quality Improvement Organizations (QIOs), with secure and immediate access to the NHSN application.[2]

If you need assistance gaining access to NHSN, please refer to the link below or contact Simi Williams at swilliams1@hsag.com.

LTCF NHSN Frequently Asked Questions, Scenarios, and Important Links:
www.hsag.com/globalassets/12sow/nhsn/nhsnimportantlinksfaqs2022final.pdf

NHSN Help Desk (via email)
Monday–Friday, 7 a.m.–5 p.m. EST
nhsn@cdc.gov

www.cdc.gov/nhsn/about-nhsn/helpdesk.html

SAMS Help Desk (via phone and email)
Monday–Friday, 8 a.m.–6 p.m. EST
Excluding U.S. Federal Holidays
877.681.2901 (Select Option #5)
samshelp@cdc.gov

NHSN Reporting Requirements and Deadlines

Common challenges that lead to CMS fines and inaccurately reported public data include:

- Misunderstanding COVID-19 reporting requirements and vaccine up-to-date definitions.
- Inadequate vaccination data collection processes.
- Lack of access to NHSN and statewide vaccine registries.

LTCFs are required to report COVID-19 impact, therapeutics, and vaccination data, as well as report an annual healthcare personnel (HCP) influenza vaccination summary. Noncompliance related to COVID-19 reporting will be cited at F-tag 884, as well as failure to submit the required quality data may result in a 2 percent point reduction in the skilled nursing facility's (SNF's) annual rate update (i.e., Annual Payment Update [APU]).[3,4]

This guide will help navigate the reporting requirements, provide definitions to reporting questions, and will include helpful tips to ensure your facility is reporting accurately.

| NHSN Reporting Description	NHSN Deadline
COVID-19 Pathway Data Reporting: Each week, new data should be reported representing the time since the last report date. **Resident Impact and Facility Capacity** **Staff and Personnel Impact** **COVID-19 Vaccination Data Reporting:** Cumulative data should be reported every week for all residents and staff that were in your facility for the week of data collection. **LTCF Residents** **LTCF HCP** **Use the recommended Person-Level Vaccination Reporting Tool to standardize and simplify data monitoring and tracking.**	**Reporting week is Monday through Sunday. Data must be submitted into NHSN once every reporting week. Report consistently each week.** **Report once every week before Sunday at 11:59 p.m. (EST).** <table><tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>
Annual Flu Vaccination Data Reporting for Health Care Personnel: CDC/NHSN encourages that HCP influenza vaccination summary data be updated monthly. However, to meet the minimum data requirements for NHSN participation, CMS only requires one influenza vaccination summary report to be submitted at the conclusion of the measure reporting period (October 1–March 31).	**Reporting period is October 1–March 31. Summary data due by May 15 each year in NHSN Healthcare Personnel Safety (HPS) Component.**

NHSN COVID-19 Pathway Data Reporting

This Pathway Data Reporting module requires users to report COVID-19 staff and resident impact data, including testing data, testing supplies availability, therapeutics, and deaths. Noncompliance related to this pathway data reporting may subject your facility to Civil Monitory Penalties and a violation of F-tag 884 according to QSO-20-26-NH.[5]

Review the following screenshots for the questions listed on the three pathway reporting sections:

- Resident Impact and Facility Impact
- Staff and Personnel Impact

To make corrections to inaccurate submissions, go to Pathway Data Reporting > navigate to the week and date you want to correct > enter correct data > click "SAVE".
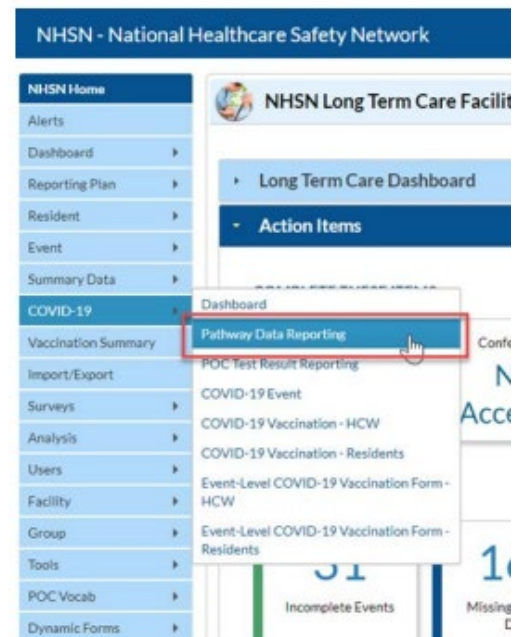
Resident Impact and Facility Capacity

Resident Impact and Facility Capacity	Staff and Personnel Impact

Date Created:

If the count is zero, a "0" must 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.

Facility Capacity

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

Resident Impact for COVID-19 (SARS-CoV-2)

	* POSITIVE TESTS: Enter the Number of residents with a **newly** positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR). **Note: Do not include residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).** *Only include residents newly positive since the most recent date data were collectd for NHSN reporting.*

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result

**Up to Date Vaccination Status

Up to Date: Include residents with a newly positive SARS-CoV-2 viral test result who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date.

Note: Please review the current NHSN surveillance definition of up to date.

Not Up to Date: Based on the counts entered for POSITIVE TESTS and UP TO DATE, the count for residents who are NOT considered up to date based on the NHSN Surveillance definition has been calculated here.

This count is not editable, to edit please update the count(s) entered for UP TO DATE and/or POSITIVE TESTS.

Hospitalizations
This is not a subset of the "Positive Tests" count reported above. Include only the number of new hospitalizations with a positive COVID-19 test since the most recent date data were reported to NHSN.

	*Hospitalizations with a positive COVID-19 Test: Number of residents who have been hospitalized **with** a positive COVID-19 test. **Note:** Only include residents who have been hospitalized during this reporting period and had a positive COVID-19 test in the **10 days prior to the hospitalization,** date of specimen collection is calendar day 1.
	Hospitalizations with a positive COVID-19 Test and Up to Date: Based on the number reported for *"Hospitalizations with a positive COVID-19 Test"* indicate the number of residents who were hospitalized **with positive COVID-19 test and also up to date with COVID-19 vaccinations at the time of the positive COVID-19 test.

Deaths

	*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 collected for NHSN reporting.*
	**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.

Save   **Cancel**

Staff and Personnel Impact

Resident Impact and Facility Capacity	Staff and Personnel Impact

Date Created:

Counts should be reported on the correct calendar day and include only 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.*

Staff and Personnel Impact

* **POSITIVE TESTS:** Enter the number of staff and facility personnel with a **newly** positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR)).
Note: Exclude staff and facility personnel who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).
Include only staff and facility personnel newly positive since the most recent date data were collected for NHSN reporting
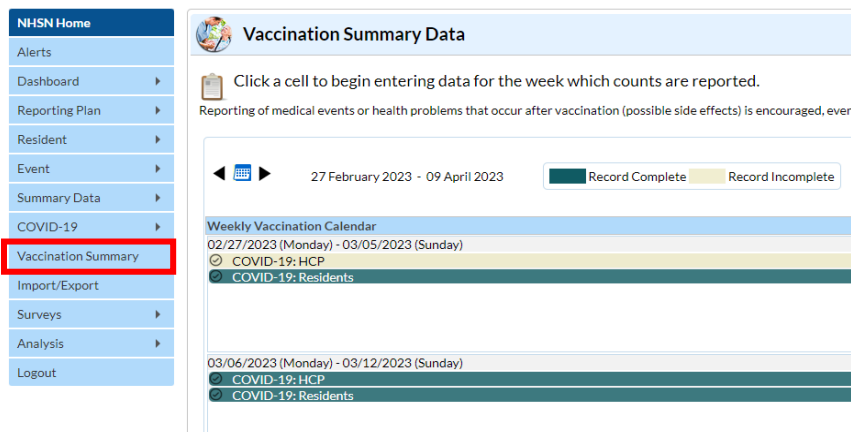
NHSN COVID-19 Vaccination Data Reporting

The vaccination data reporting module collects data on the primary vaccine series, boosters, and up-to-date status for residents and HCP in the facility during the week of data collection (Monday–Sunday). This guide will focus on the resident questions.

There are three ways to report COVID-19 vaccinations in NHSN: (1) directly into the COVID-19 vaccination module, (2) through a CSV file upload into the COVID-19 vaccination module, or (3) through the person-level reporting module, which is the recommended route for vaccination entry.

To make corrections to inaccurate submissions, go to Vaccination Summary > return to the week and date you want to correct > delete incorrect response > enter correct number > click "SAVE".

Refer to *APPENDIX A: COVID-19 Vaccination Overview* for definitions on monovalent and bivalent booster vaccination, up to date vaccination status, and other resources.

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COVID-19 Vaccination Questions for Residents

COVID-19 Vaccine: HCP	**COVID-19 Vaccine: Residents**

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

Date Created:
*Facility ID: 45188   ***Vaccination type:** COVID19   Facility CCN #: 999991
*Week of Data Collection: 07/10/2023 - 07/16/2023   ***Date Last Modified:**

Cumulative Vaccination Coverage

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022 facilities also have the option to use the Person-Level COVID-19 Vaccination Form and select the "view reporting summary and submit" to submit these data. Using the person-level forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates.

1. ***** Number of residents staying in this facility for at least 1 day during the week of data collection

2. ***** *Cumulative* **number** of residents in Question #1 who are up to date with COVID-19 vaccines.

Please review the current definition of **up to date:** Key Terms and Up to Date Vaccination.

3. ***** *Cumulative* **number** of residents in Question #1 with other conditions:

3.1 ***** Medical contraindication to COVID-19 vaccine

3.2 ***** Offered but declined COVID-19 vaccine

3.3 ***** Unknown/Other COVID-19 vaccination status

ⓘ **Refer to the Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary for Residents of LTCFs for more detail on each question:**
www.cdc.gov/nhsn/forms/instr/COVIDVax.LTC_.Residents.TOI_.MAY2022-508.pdf

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Reminder: When submitting data, enter cumulative (total) vaccine numbers for all residents in the facility during the reporting week, **not** just the new data from the current reporting week.

NHSN Up-to-Date Surveillance Definition

For NHSN surveillance purposes, individuals are considered "up-to-date" with their COVID-19 vaccines if they meet one of the following criteria:
Received an updated (bivalent)* vaccine(s)[6]

Have they received an updated (bivalent) vaccine?

Yes   No

Up To Date   Not Up To Date
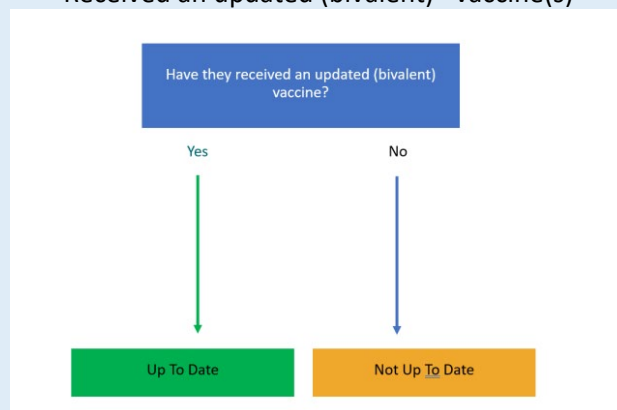
COVID-19 Vaccination Modules: Key Terms[6]

ⓘ **Review the NHSN website quarterly to check for NHSN up-to-date definition updates. Use of the person-level reporting is recommended to ensure individuals who are up-to-date with COVID-19 vaccination are categorized and reported appropriately according to their vaccination dates. Refer to the Person-Level Vaccination Reporting *[hyperlink to page 10]* section for more information.**

Case Example

This small facility is licensed for 24 beds. During this current reporting week, the facility is full (census was 24). Half of the residents are long-term residents (n = 12) and half are short-stay residents (n = 12).

Of the long-term residents:
- 12 have received their primary series and received two or more booster doses.
- 4 of the 12 have also received their bivalent updated booster COVID-19 vaccines.

Of the short-stay residents:
- 3 have declined COVID-19 vaccine.
- 9 have received their primary series and 3 have received only one monovalent booster dose six months ago.
- 2 have received only the bivalent booster.

NHSN Resident Vaccination Questions	Calculation Notes	Total
1. Number of residents staying in this facility for at least 1 day during the week of data collection	24	**24**
2. Cumulative number of residents in question 1 who are up to date with COVID-19 vaccines.	4 long term + 2 short stay = 7	**6**
3. **Cumulative** number of residents in question 1 with other conditions:		
3.1 Medical contraindication to COVID-19 vaccine	0	**0**
3.2 Offered but declined COVID-19 vaccine	8 long term residents declined the bivalent + 10 short term residents declined the bivalent	**18**
3.3 Unknown COVID-19 vaccination status	0	**0**

NHSN Case Vaccination Reporting Sample

Add Vaccine Data

COVID-19 Vaccine: HCP | COVID-19 Vaccine: Residents

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

Date Created:
*Facility ID: 45188   *Vaccination type: COVID19   Facility CCN #: 999991
*Week of Data Collection: 07/10/2023 - 07/16/2023   *Date Last Modified:

Cumulative Vaccination Coverage

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022 facilities also have the option to use the Person-Level COVID-19 Vaccination Form and select the "view reporting summary and submit" to submit these data. Using the person-level forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates.

1. *Number of residents staying in this facility for at least 1 day during the week of data collection: **24**
2. *Cumulative number of residents in Question #1 who are up to date with COVID-19 vaccines. **6**

Please review the current definition of up to date: Key Terms and Up to Date Vaccination.

3. *Cumulative number of residents in Question #1 with other conditions:

3.1 *Medical contraindication to COVID-19 vaccine **0**
3.2 *Offered but declined COVID-19 vaccine **18**
3.3 *Unknown/Other COVID-19 vaccination status **0**

Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html. To help identify reports from NHSN sites, please enter your **NHSN orgID** in **Box 26** of the **VAERS form.**

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

By saving these data in NHSN, facilities are agreeing to the following:
1) The data reported are consistent with definitions outlined in NHSN surveillance protocols (including tables of instructions and frequently asked questions).
2) The data will be sent to the Centers for Medicare and Medicaid Services (CMS) to fulfill CMS quality reporting requirements (when applicable).

Save   Cancel

Case Summary

While many of the residents have received their primary series, only 6 have received the bivalent vaccine. The bivalent vaccine is the most recent COVID-19 vaccine recommended by CDC and is the only vaccine that is considered when determining if an individual is up to date. Thus, this facilities resident up to date rate is only 25 percent and there is much room for improvement.

Resident Up-to-Date Vaccination Rate	
Numerator (Q 2):	6
Denominator (Q 1–Q 3.1:	24
	6/24 = **25%**

Double check any "0" data submissions, especially on Question 2. Errors reported on those questions will impact resident booster vaccination rate calculations.

Note: There is a variance between how HSAG and CMS Care Compare calculates the resident bivalent up-to-date vaccination rate. When HSAG calculates the resident bivalent up-to-date vaccination rate, the number of residents with medical contradictions is removed from the denominator.
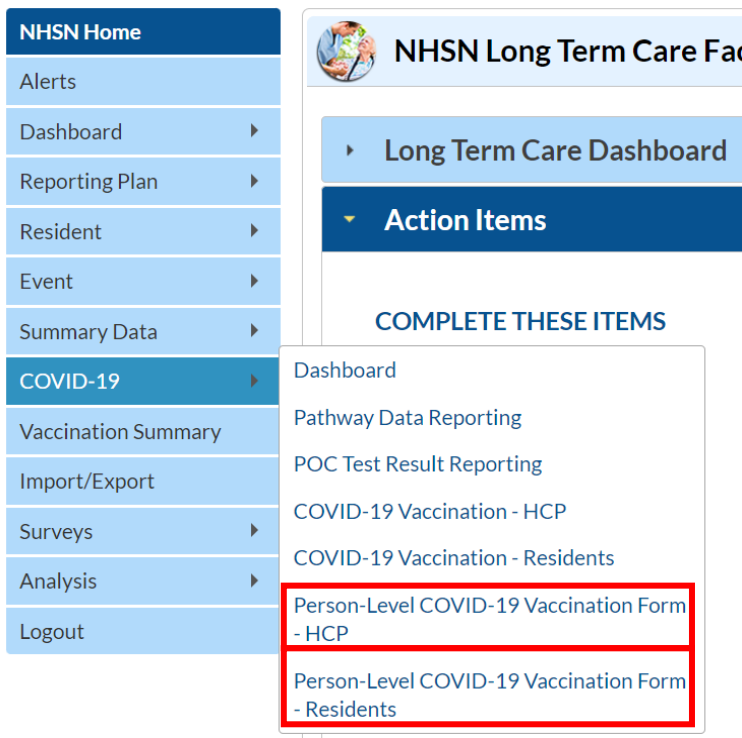
Recommended NHSN Vaccination Reporting Tool

Person-Level Vaccination Reporting
The person-level COVID-19 vaccination form is an optional tool that can be used to report data to the long-term care weekly HCP and resident vaccination modules.[7] This tool is only available for NHSN users with Level 3 access.

This reporting module in NHSN is meant to assist facilities with the tracking and interpreting resident and staff vaccination data. In this tab, facilities can upload patient and staff vaccination status, which may reduce the amount of interpretation required for NHSN COVID-19 vaccination reporting.

Person-level reporting is the recommended mode of data reporting and tracking in NHSN. This tool tracks resident and staff name, date of birth, gender, ethnicity, race, hiring, admittance, discharge and readmittance dates, as well as type and date of vaccinations received. Using these data, NHSN will automatically calculate and autofill the data required to submit weekly COVID-19 vaccination data, including determining who is up-to-date. Using this tool will organize facility vaccination data, reduce confusion during staff turnover, improve data reporting accuracy, and reduce time in reporting. However, to submit the weekly report through the person-level reporting module, facilities will need to login once a week, review the data, and click "SAVE".

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| Add Row... | **View Reporting Summary & Submit...** | Upload CSV... | Export CSV... | Export SQL... |

Required fields marked with * Conditionally required fields marked with **

Duplicate Row	Resident Identifier *	Resident First Name *	Resident Last Name *	Gender **	Date of Birth **	Ethnicity **	Race **	Resident Admit Date *	Resid
+	10000000	SIMON	WILLIAMS	Male	01/01/1950	Not Hispanic or Not Lat	Black or African American	03/28/2022	

If these match perfectly to an underlying main resident list record

then these will be filled in

COVID-19 Vaccination Cumulative Summary for Long-Term Care Facility Residents	
Person-Level Form	
Facility ID#:	
Vaccination type:	COVID19
Week of data collection first day (Monday):	**Re-submit all changed weeks**
Week of data collection last day (Sunday):	

Cumulative Vaccination Coverage	* All Patients (Total)
1. *Number of residents staying in this facility for at least 1 day during the week of data collection	1
2. *Cumulative number of residents in Question #1 who are up to date with COVID-19 vaccines. Please review the current definition of up to date.	1
Please review the current definition of up to date: Key Terms and Up to Date Vaccination.	
3. Cumulative number of residents in Question #1 with other conditions:	
3.1 *Medical contraindication to COVID-19 vaccine	0
3.2 *Offered but declined COVID-19 vaccine	0
3.3 *Unknown/Other COVID-19 vaccination status	0

ℹ️ **Refer to the Person-Level Reporting How-To Guide for detailed instructions to use this tool.**
www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf

Annual Vaccination Flu Data Reporting

Reporting flu vaccines is not mandated, but it is a new CMS Quality Reporting Payment (QRP) measure and must be completed in NHSN. If a SNF fails to submit the required annual quality data, the SNF will be subject to a 2 percent point reduction in the Annual Payment Update for the applicable performance year.

To properly complete this QRP measure, the influenza vaccination status of all HCP who have worked at the facility for at least one day between the period of October 1 and March 31 must be documented in NHSN on or before May 15. This includes all influenzas vaccinations received by staff members on- and off-site of the facility.

These data are to be reported in the HPS component, which must be added by your NHSN facility administrator. The NHSN facility administrator must have Level 3 access in NHSN to add this HPS component. Once added, you can access this component on your NHSN home landing page.

To access the annual influenza report, on your landing page, switch the component to Healthcare Personnel Safety > Vaccination Summary > Annual Vaccination Flu Summary.

Date Last Modified: [   ]

| HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

Refer to the CDC Reporting Weekly Influenza Vaccination Data for additional reporting guidance. www.cdc.gov/nhsn/pdfs/training/hcp/weekly-fluvax-training-508.pdf

Refer to APPENDIX C Annual Influenza Reporting for guidance on adding the NHSN HPS component.

Running Reports

As an NHSN user, you can mass-analyze all the data you have been reporting to NHSN. Running reports allows you to analyze and sort your data. Running reports can also help facilities identify if they have any missed weeks of data reporting. This is a helpful tool to use if you are reviewing your data to meet QRP deadlines. When you run these reports, you have the option of downloading them as a CSV file so you can access them as a spreadsheet to analyze and sort the data**.**
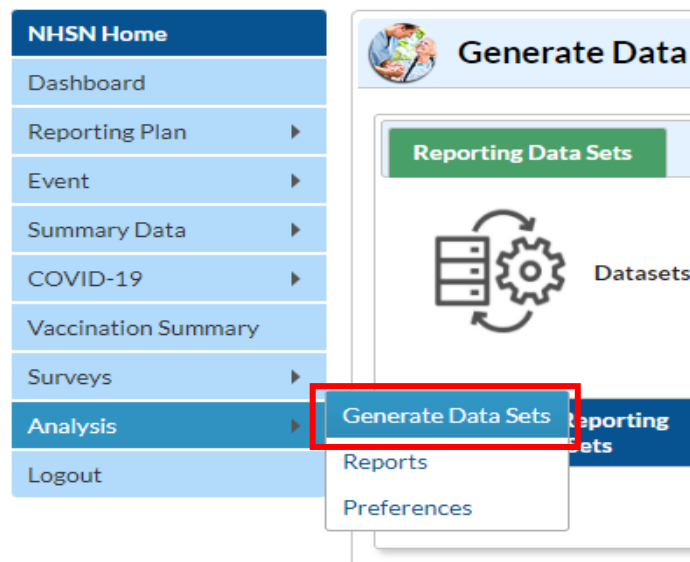
To run and analyze reports, go to Analysis > Reports > access the report you are interested in running.
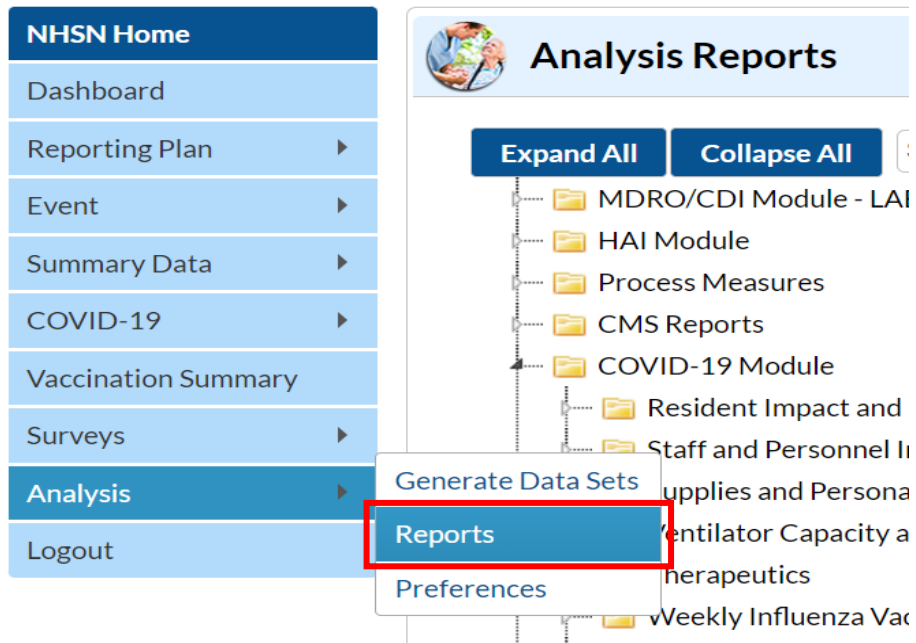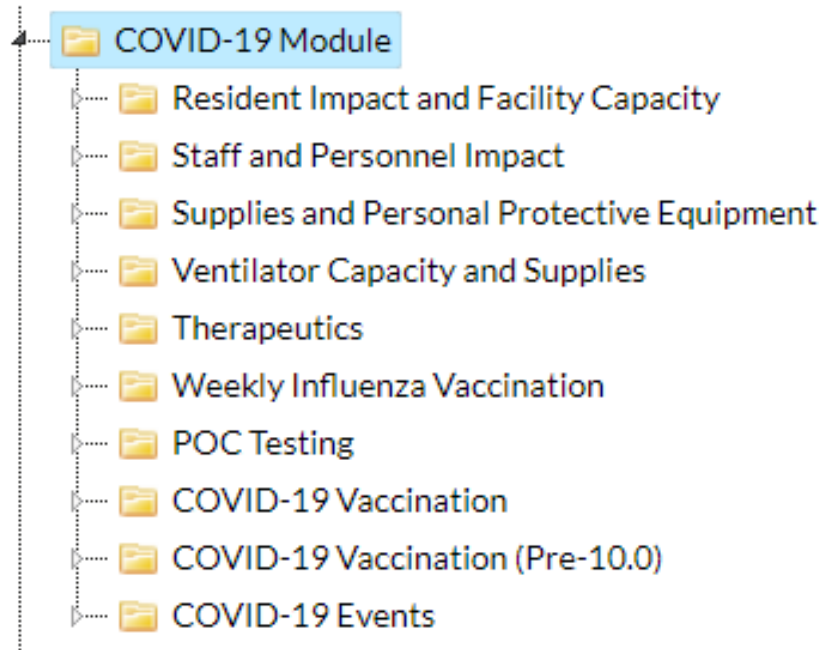
It is important to generate new data sets every new week you are running your data report. Generating new data sets will update your reports with the newest data available in NHSN.

To generate new data sets, go to Analysis > Generate Data Sets > click Generate Data Sets > select 'OK' on the pop-up screen > wait until data sets have been generated.

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NHSN Home	
Dashboard	
Reporting Plan	▶
Event	▶
Summary Data	▶
COVID-19	▶
Vaccination Summary	
Surveys	▶
Analysis	▶
Logout	

Generate Data Sets (Long Term Care Facility)

Reporting Data Sets

Datasets will be generated to include all data from enrollment forward

Generate Reporting Data Sets

Last Generated:
March 2, 2023 11:47 AM
to include all data

Warning

The current data sets will be updated. Are you sure you want to continue?

OK   **Cancel**

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APPENDIX A: COVID-19 Vaccination Overview

COVID-19 vaccinations have proven to be effective, safe, and help to prevent severe illness, hospitalizations, and death from COVID-19.[8] Vaccines authorized by the U.S. Food and Drug Administration currently include: Pfizer-BioNTech and Moderna COVID-19 vaccines which are MRNA vaccines and Novavax COVID-19 vaccine which is a protein subunit vaccine.* As of May 6, 2023, J&J/Janssen COVID-19 vaccine has been expired and is no longer available for use in the United States.

Since COVID-19 vaccinations are not 100 percent effective at preventing infection and experts have seen reduced protection over time, booster or additional doses are recommended to increase protection against COVID-19.[8]

COVID-19 Boosters
Previously, the "monovalent" boosters were recommended because they were a subsequent dose of a vaccine to enhance protection against the original COVID-19 virus. The updated or "bivalent" boosters are now recommended by the CDC because they protect against both the original virus and the Omicron variants and subvariants. Updated (bivalent) boosters have been recommended starting September 2022 from Pfizer and Moderna. Monovalent boosters are no longer authorized.[9]

Staying Up-to-Date
The CDC recommends that for individuals to maintain their protection from COVID-19 infection, they should stay current with eligible booster vaccinations. Individuals are considered up-to-date with COVID-19 vaccines include everyone 6 years and older should get 1 updated Pfizer-BioNTech or Moderna COVID-19 vaccine, regardless of whether they've received any original COVID-19 vaccines.[99]

People aged 65 years and older may get a 2nd dose of updated Pfizer-BioNTech or Moderna COVID-19 vaccine.

People who are moderately or severely immunocompromised may get additional doses of updated Pfizer-BioNTech or Moderna COVID-19 vaccine.

Children aged 6 months–5 years may need multiple doses of COVID-19 vaccine to be up to date, including at least 1 dose of updated Pfizer-BioNTech or Moderna COVID-19 vaccine, depending on the number of doses they've previously received and their age.[9].[9]

In May 2023, CDC released vaccination guidance that most people who are **not** moderately or severely immunocompromised and have received one dose of the updated bivalent vaccination do not need to get additional bivalent vaccination doses. **However, people aged 65 years and older who received one dose of a bivalent vaccine have the option to receive one additional dose at least 4 months after the first bivalent dose. The option to receive one additional bivalent mRNA dose may be informed by the clinical judgement of a healthcare provider, a person's risk for severe COVID-19 due to the presence of underlying medial conditions and age, and personal preference and circumstances.**[10]

NHSN Surveillance

| NHSN Up-to-Date Surveillance Definition	For NHSN surveillance purposes, individuals are considered up-to-date with their COVID-19 vaccines if they meet one of the following criteria:[6] • Received an updated (bivalent)* vaccine(s)

Misunderstanding COVID-19 reporting requirements and vaccine up-to-date definitions can lead to CMS fines and inaccurately reported public data. See below example with decision tree diagram regarding up-to-date vaccination status.

Case Example

- Mary received 2 doses of Moderna COVID-19 booster vaccine.
- Mary received a first booster dose of the monovalent Moderna COVID-19 vaccine in 2021.
- Mary received a second booster dose of the monovalent Moderna COVID-19 vaccine 4 months later.

Mary has completed her primary series and two booster doses, is she "up to date" with her COVID-19 vaccinations?

No, Mary is not up-to-date since it has been more than 2 months since her last booster dose. She is eligible to receive the updated bivalent COVID-19 vaccination that was recommended for people 12 years and older in September 2022.
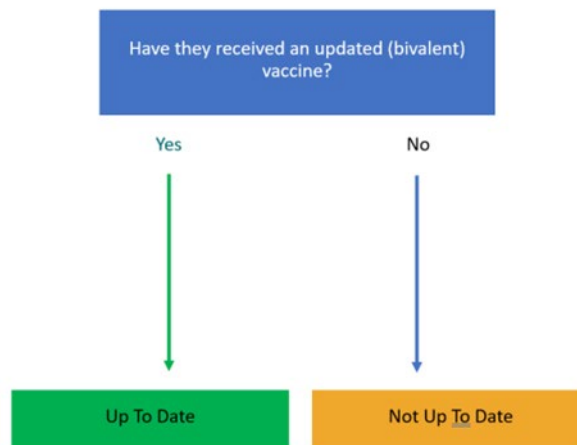
HSAG NHSN COVID-19 Data Reporting Assistance for Nursing Homes[6]

Follow the CDC Interim Clinical Considerations for People Ages 12 years and Older, Tables 1 and 2 (May 2023). www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#not-immunocompromised

APPENDIX B: Influenza Reporting

Follow these instructions to activate the HPS component in NHSN (this only needs to be completed once). The NHSN facility administrator is the only eligible person to activate the HPS component for QRP reporting. The NHSN facility administrator must have level 3 access in order to add this HPS component.

To activate the HPS component:

1. On the left-hand panel, select Facility, then select Add/Edit Component.
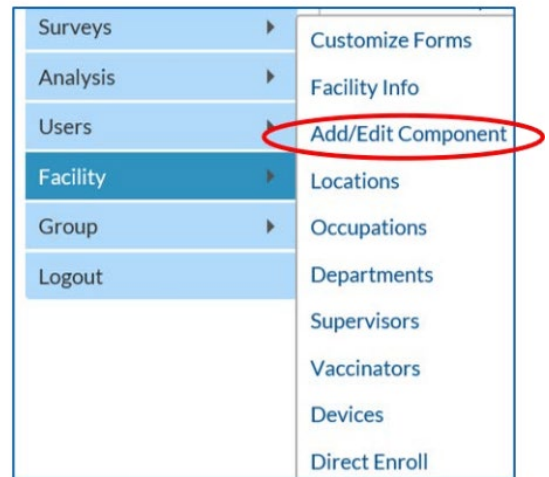
2. Check the box next to HPS.

Components Followed

Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement
☐	Biovigilance				
☐	Dialysis				
☑	Healthcare Personnel Safety	09/30/2022		Y	View Agreement
☑	Long Term Care Facility	05/08/2020		Y	View Agreement
☐	Neonatal				
☐	Outpatient Procedure				
☐	Patient Safety				

3. An alert will appear stating that you need to assign a primary contact. HSAG recommends assigning yourself as the HPS Primary Contact. There should be an option for existing users at the top of the contact information. Once you save the contact information, click on Update at the bottom of the screen.
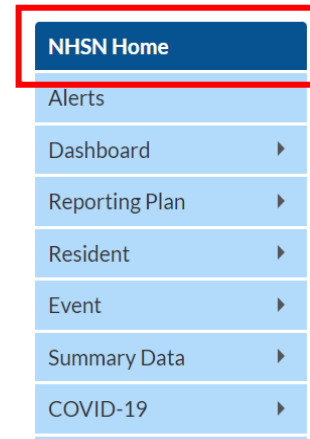
Contact Information

	Contact Type
Edit	Facility Administrator
Edit	Long Term Care Facility Primary Contact
Edit	Healthcare Personnel Primary Contact

The box next to "Healthcare Personnel Safety" must be checked after updating the contact. If not, check it again and then click on update.
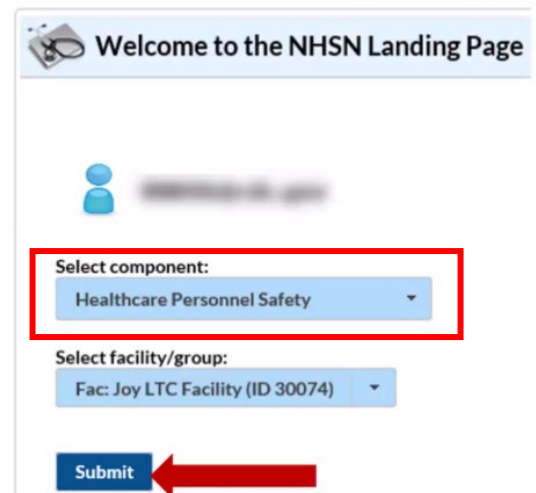
To access the HPS component:
1. Click on NHSN Home.

2. On the landing page, use the dropdown under Select Component and choose Healthcare Personnel Safety. Make sure your facility is selected, then click on Submit.

3. Accept the Terms of Use Agreement. *Tip: Scroll down and to the right to check the box to accept.*

APPENDIX C: Quality Tips and Resources

Review, print, and use the Summary of NHSN COVID-19 Reporting Requirements to improve reporting adherence.

NHSN Reporting Description	NHSN Deadline

• **COVID-19 Pathway Data Reporting:** Only new data should be reported representing the time since the last report date.
  1. **Resident Impact and Facility Capacity**
  2. **Staff and Personnel Impact**
 	
• **COVID-19 Vaccination Data Reporting:** Cumulative data should be reported every week for all residents and staff that were in your facility for the week of data collection.
  3. **LTCF Residents**
  4. **LTCF HCP**
 	
Use the recommended Person-Level Vaccination Reporting Tool to standardize and simplify data monitoring and tracking.
	Reporting week is Monday through Sunday. Data must be submitted into NHSN once every reporting week. Report consistently each week.
	
	Report once every week before Sunday at 11:59 p.m. (EST).
	
	<table><tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>

• **Annual Flu Vaccination Data Reporting for HCP:** CDC/NHSN encourages that HCP influenza vaccination summary data be updated monthly. However, to meet the minimum data requirements for NHSN participation, CMS only requires one influenza vaccination summary report to be submitted at the conclusion of the measure reporting period (October 1–March 31).	**Reporting period is October 1–March 31. Summary data due by May 15 each year in NHSN HPS Component.**

Check the NHSN website on a quarterly basis to monitor definition changes of up-to-date vaccination status. COVID-19 Vaccination Modules: Understanding Key Terms and Up-to-Date Vaccination: www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf

Use Person-Level Vaccination Reporting to organize facility vaccination data, reduce confusion during staff turnover, improve data reporting accuracy, and reduce time on reporting. How-To Guide: www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf

For COVID-19 Vaccination Reporting (residents), double check any "0" data submissions, especially on Questions 2, 4, and 5. Errors reported on those questions will impact resident booster vaccination rate calculations.

When submitting data, enter cumulative (total) vaccine numbers for all residents in the facility during the reporting week, not just the new data from the current reporting week.

Refer to the CDC COVID-19 Vaccination Schedules for current vaccination recommendations. Guidance is available for people ages 12 years and older (people who are and are not moderately or severely immunocompromised).

Key NHSN Resources

LTCF NHSN Frequently Asked Questions, Scenarios, and Important Links
www.hsag.com/globalassets/12sow/nhsn/nhsnimportantlinksfaqs2022final.pdf

Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary for Residents of LTCFs
www.cdc.gov/nhsn/forms/instr/COVIDVax.LTC_.Residents.TOI_.MAY2022-508.pdf

Person-Level Reporting How-to Guide
www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf

CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States
www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#not-immunocompromised

CDC Reporting Weekly Influenza Vaccination Data
www.cdc.gov/nhsn/pdfs/training/hcp/weekly-fluvax-training-508.pdf

**Survival Guide for Mandatory
NHSN Reporting for LTCFs**

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HSAG HEALTH SERVICES ADVISORY GROUP

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