

Weekly SNF Survey Vaccination and Therapeutics Changes

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CHCQ

COVID-19 testing for Health Care Personnel (HCPs)

HCP) How many HCPs worked at the facility sometime during the past last reporting week?*

Please count each individual just once. Do not count HCPs on extended leave. However, please include per diem staff working at the facility sometime during the past last reporting week, and HCPs absent less than or equal to last week

RES) How many beds were occupied at the facility during this reporting week? Only count each individual once.*

Please report the average number of residents present at the facility or the number of beds occupied during the week that the data is being reported.

Vaccination Volumes

RES must equal A1 + A2 + A3 + A4+ A5+ A6+ A7+ A8+ A9

A1) Enter the number of residents (cumulative to date) who received only dose 1 of the Pfizer-BioNTech COVID-19 vaccine*

A2) Enter the number of residents (cumulative to date) who received dose 1 and dose 2 of the Pfizer-BioNTech COVID-19 vaccine*

A3) Enter the number of residents (cumulative to date) who received only dose 1 of Moderna COVID-19 vaccine*

A4) Enter the number of residents (cumulative to date) who received dose 1 and dose 2 of Moderna COVID-19 vaccine*

A5) Enter the number of residents (cumulative to date) who received only dose 1 of Janssen COVID-19 vaccine*

A6) Enter the number of residents (cumulative to date) who received the complete COVID-19 vaccination series of an unspecified manufacturer*

A7)Enter the total number of residents not receiving vaccination due to either a medical contraindication or exclusion to one or more COVID-19 vaccine(s)*

A8) Enter the total number of residents in question #1 that were offered COVID-19 vaccination but declined*

A9) Enter the number of residents whose COVID-19 vaccination status could not be determined*

The sum of all vaccine questions should not be greater than the total number of residents in the facility during the reporting period

HCP must equal A1 + A2 + A3 + A4+ A5+ A6+ A7+ A8+ A9

A1) Enter the number of HCP (cumulative to date) who received only dose 1 of the Pfizer-BioNTech COVID-19 vaccine*

A2) Enter the number of HCP (cumulative to date) who received dose 1 and dose 2 of the Pfizer-BioNTech COVID-19 vaccine*

A3) Enter the number of HCP (cumulative to date) who received only dose 1 of Moderna COVID-19 vaccine*

A4) Enter the number of HCP (cumulative to date) who received dose 1 and dose 2 of Moderna COVID-19 vaccine*

A5) Enter the number of HCP (cumulative to date) who received only dose 1 of Janssen COVID-19 vaccine*

A6) Enter the number of HCP (cumulative to date) who received the complete COVID-19 vaccination series of an unspecified manufacturer*

A7)Enter the total number of HCP not receiving vaccination due to either a medical contraindication or exclusion to one or more COVID-19 vaccine(s)*

A8) Enter the total number of HCP in question #1 that were offered COVID-19 vaccination but declined*

A9) Enter the number of HCP whose COVID-19 vaccination status could not be determined*

The sum of all vaccine questions should not be greater than the total number of HCP who worked in the facility during the reporting period

RES must equal **A1 + A2 + A3 + A4 + A5 + A6 + A7 + A8 + A9**

A1) Enter the number of residents (cumulative to date) who received only dose 1 of the Pfizer-BioNTech COVID-19 vaccine*

A2) Enter the number of residents (cumulative to date) who received dose 1 and dose 2 of the Pfizer-BioNTech COVID-19 vaccine*

A3) Enter the number of residents (cumulative to date) who received only dose 1 of Moderna COVID-19 vaccine*

A4) Enter the number of residents (cumulative to date) who received dose 1 and dose 2 of Moderna COVID-19 vaccine*

A5) Enter the number of residents (cumulative to date) who received only dose 1 of Janssen COVID-19 vaccine*

A6) Enter the number of residents (cumulative to date) who received the complete COVID-19 vaccination series of an unspecified manufacturer*

A7) Enter the total number of residents not receiving vaccination due to either a medical contraindication or exclusion to one or more COVID-19 vaccine(s)*

A8) Enter the total number of residents in question #1 that were offered COVID-19 vaccination but declined*

A9) Enter the number of residents whose COVID-19 vaccination status could not be determined*

The sum of all vaccine questions should not be greater than the total number of residents in the facility during the reporting period

Is your facility enrolled as a COVID-19 vaccination provider?*

—————
Yes No

Yes

NO

Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents/hcp the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week?*

—————
Yes No


Did your facility have other arrangements sufficient to offer all residents/hcp the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)?*

—————
Yes No

Therapeutics Information

Since the last reporting period, were any residents newly administered any of the following therapeutics: Casirivimab plus Imdevimab (Regeneron), Bamlanivimab plus etesevimab (Lilly), or Bamlanivimab alone (Lilly), from either stock stored at the facility or from stock from another facility such as an infusion center? If yes, please enter the number of residents that have been treated for each therapeutic. (Only enter the number of residents who were newly administered a therapeutic since the previously reported counts. DO NOT ENTER CUMULATIVE COUNTS)*

Yes No

Yes 

RES greater than or equal $A1 + A2 + A3 + A4 + A5 + A6$

A1) Casirivimab plus Imdevimab (Regeneron): at this facility*

12³ 0

A2) Casirivimab plus Imdevimab (Regeneron): at another facility/infusion center*

12³ 0

A3) Bamlanivimab plus etesevimab (Lilly): at this facility*

12³ 0

A4) Bamlanivimab plus etesevimab (Lilly): at another facility/infusion center*

12³ 0

A5) Bamlanivimab alone (Lilly): at this facility*

12³ 0

A6) Bamlanivimab alone (Lilly): at another facility/infusion center*

12³ 0

**ONLY RESIDENTS THAT HAVE
BEGUN NEW ADMINISTRATION
OF THERAPEUTICS SINCE THE
LAST REPORTING WEEK**