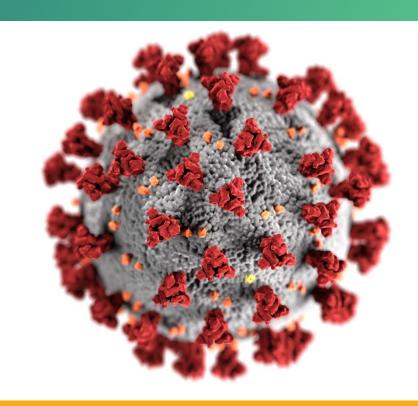
Refresher Training: Up to Date Vaccination Status

Long term Care Facilities

Division of Healthcare Quality Promotion Centers for Disease Control and Prevention (CDC) November 2022





cdc.gov/coronavirus

CMS Reporting Requirements

- Reminder: Facilities can contact CMS with questions about reporting requirements:
 - Weekly reporting requirement questions: <u>DNH TriageTeam@cms.hhs.gov</u>
 - Quality reporting program questions: <u>SNFQualityQuestions@cms.hhs.gov</u>



Objectives

- Review Up to Date vaccination definition change
 - Definition applies beginning with the week of September 26, through
 October 02, 2022, and is based on receiving an updated (bivalent)
 booster dose.
- Review example scenarios
- Discuss frequently asked questions

Note: These slides will be posted to the NHSN COVID-19 Vaccination website in the coming weeks



Changes in Reporting Definitions

- Reporting periods for Up to Date COVID-19 vaccination data
 - Quarter 2 of 2022 (May 30, 2022 June 26, 2022)
 - Quarter 3 of 2022 (June 27, 2022 September 25, 2022)
 - https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf
 - Quarter 4 of 2022 (September 26, 2022- December 25th, 2022)
 - Up to Date vaccination surveillance definition was updated in September 2022
 - Facilities should use the definition modified in September to report data for Quarter 4 of 2022 (September 26, 2022- December 25, 2022)
 - Today's training will focus on this definition and the updated Bivalent Booster dose



Up to Date Vaccination Definition for September 26 – December 25, 2022 - Quarter 4 (current)



Weekly COVID-19 Vaccination Forms

Question 5: Cumulative number of individuals in question #2 who are <u>up to date</u> with COVID-19 vaccines.

Question 5 asks about individuals who are up to date. Please review the current definition of up to date.

5. * Cumulative of residents in question #2 who are up to date with COVID-19 vaccines



Up to Date Vaccination Definition (Quarter 4)

Beginning with the week of September 26, 2022 through October 2, 2022, the definition of up to date is based on receiving an updated (bivalent) booster dose.

- Who is considered up to date with COVID-19 vaccination at this time (Quarter 4 2022: September 26, 2022-December 25, 2022)?
 - An individual who has received an updated (bivalent) booster.



*Note: Individuals are also considered up to date if they completed their primary vaccination series within the past two months and are not yet eligible to receive an updated (bivalent) booster.

Most individuals should only be counted as up to date if they have received their updated (bivalent) booster dose

- Beginning September 26, 2022, most* individuals should only be counted as up to date if they received an updated (bivalent) booster dose.
 - This means that most individuals who have not yet received an updated (bivalent) booster are no longer considered up to date with COVID-19 vaccines and should not be counted in Question #5.



What should I do if I realize I reported the incorrect number of individuals who are up to date for past weeks?

- If you realize that you categorized individuals as up to date incorrectly for question #5 during quarter 4 of 2022, please adjust your recent weekly counts for question #5 so that you are reporting an accurate number of individuals who are up to date.
- NHSN always encourages retrospective submission and updates.



What should I do if I realize I reported the incorrect number of individuals who are up to date for past weeks on the RIFC Form?

- If you have reported residents with a newly positive COVID-19 viral test on the RIFC form and classified these individuals as up to date, but they are not actually up to date, please correct the counts you previously submitted for the up to date category
 - Revise the count entered for up to date and be sure to include that resident in the appropriate vaccination status category
 - NOTE: you do not need to revise the positive test count, only adjust the up to date category and update counts for the correct vaccination status category as applicable



Key Terms

- Primary vaccine series
 - Completing a primary vaccine series means receiving:
 - A 2-dose series of a COVID-19 vaccine (Pfizer-BioNTech, Moderna and Novavax), OR
 - A single dose of Janssen COVID-19 vaccine



Key Terms (cont.)

Booster dose

 A booster dose is another dose of vaccine administered after receiving a primary vaccine series to enhance or restore protection which might have subsided over time.

Additional dose

 An additional dose is another dose of vaccine administered to people who were less likely to mount a protective immune response after initial vaccination.
 People who are moderately or severely immunocompromised should receive an additional dose.



Differentiating between boosters and additional doses

- For doses received *after* primary series completion:
 - Count as boosters: If no further details are provided, assume these doses are boosters (rather than additional doses) for NHSN surveillance
 - Count as additional doses: Only if there is specific documentation indicating additional doses were administered due to the individual having a moderately to severely immunocompromising condition



Key Terms (continued)

Updated (bivalent) booster

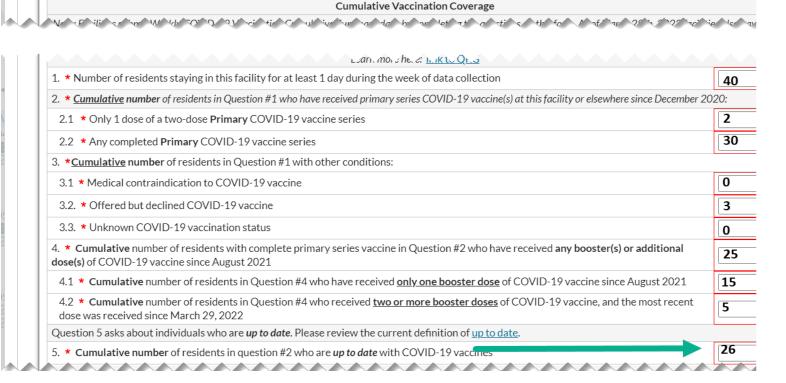
- The bivalent boosters are updated Moderna and Pfizer-BioNTech boosters that target the most recent Omicron subvariants. CDC first recommended these updated (bivalent) boosters in early September 2022.
- As a reminder, beginning the week of September 26, 2022 through October 2, 2022, the new definition of up to date is based on receiving an updated (bivalent) booster dose.



Examples of applying the Up to Date vaccination definition (September 26, 2022-December 25, 2022)

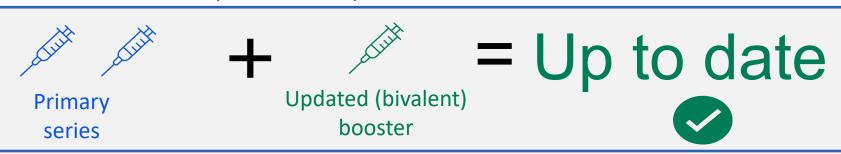


Example of How to Report: Up to Date



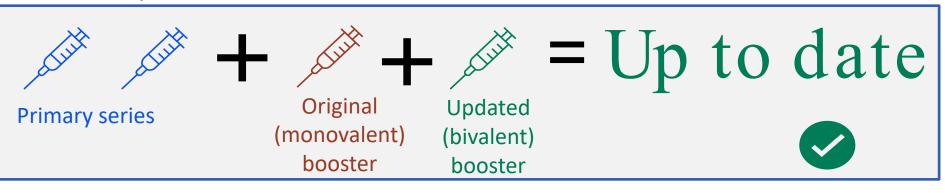


- An individual who has received a bivalent booster.
 - Example: Mary received a bivalent booster in October 2022.
 Therefore, she is considered up to date. If reporting data for any week after September 26, 2022, your facility would count Mary as part of the weekly total of individuals who are up to date with COVID-19 vaccination (Question #5).



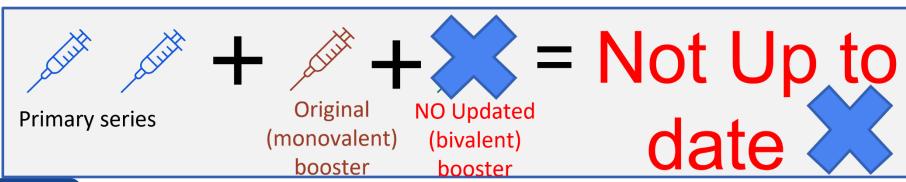


- Tom received 2 doses of the Pfizer COVID-19 vaccine and one original (monovalent) booster dose of the Moderna COVID-19 vaccine 4.5 months ago. Tom also received an updated (bivalent) booster dose of COVID-19 vaccine 2 months ago
 - Yes, Tom is up to date with COVID-19 vaccines because he received an updated bivalent booster dose.





- Sandy received 2 doses of Pfizer COVID-19 vaccine and one original (monovalent) booster dose of the Moderna COVID-19 vaccine 2.5 months ago
 - No, Sandy is not up to date with COVID-19 vaccine because she has not yet received an updated bivalent booster, and her most recent original booster was more than 2 months ago.





- Please note that if an individual is eligible to receive a bivalent booster, but has not received it, he/she is not considered up to date with COVID-19 vaccination.
 - Example: Tom received the second dose of his two-dose primary vaccination series in <u>June 2022</u>. He is eligible to receive an updated (bivalent) booster but has not received it therefore, he is not considered up to date.
 - If reporting data for any week after September 26, 2022, your facility would only count Tom as having completed his primary COVID-19 vaccination series (question #2.2). He would **not** be counted as up to date (question #5).



- Please note that if an individual is eligible to receive a bivalent booster, but has not received it, he/she is not considered up to date with COVID-19 vaccination.
 - Example: Molly completed her primary vaccination series and received her original, monovalent booster dose in <u>July 2022</u>. Since it has been more than two months since this booster dose, she is eligible to receive an updated (bivalent) booster buy has yet to receive it therefore, she is not considered up to date.
 - If reporting data for any week after September 26, 2022, your facility would only count Molly as having completed her primary COVID-19 vaccination series (question #2.2). She would **not** be counted as up to date (question #5).



Frequently Asked Questions

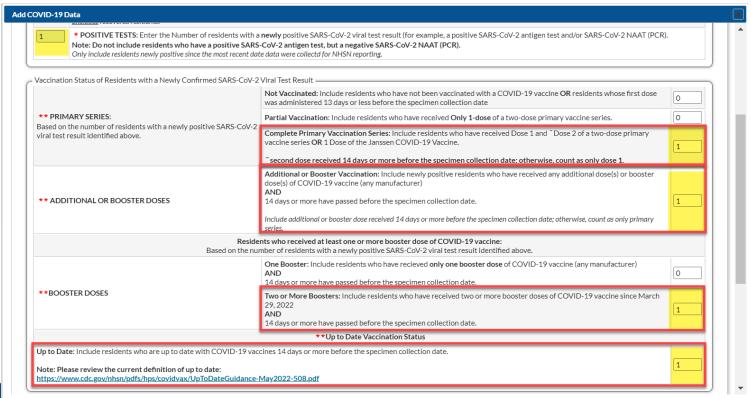


Question #1: RIFC Pathway Reporting of Up to Date

- How do I categorize a resident with a newly positive SARS-CoV-2 viral test result who received a completed primary COVID-19 vaccine series, one original booster dose, and an updated (bivalent) booster dose?
 - This person would be included in:
 - Complete Primary Vaccination Series
 - Additional or Booster Vaccination
 - Two or More Boosters (one original booster dose, and an updated (bivalent) booster dose)
 - Up to Date



Question #2: RIFC Pathway Reporting of Up to Date (continued)





• How do I categorize an individual who received a complete primary COVID-19 vaccine series of Pfizer 5 months ago, and no booster doses?

- This person would be included in:
 - Question 2.2, "Any completed primary COVID-19 vaccine series"

This person is not up to date because they completed their primary series 5 months ago, so they are eligible to receive an updated (bivalent) booster dose.



- How do I categorize a resident who received a completed primary COVID-19 vaccine series, and one original booster dose, and an updated (bivalent) booster dose?
 - This person would be included in:
 - Question 2.2, "Any completed primary COVID-19 vaccine series"
 - Question 4, "Residents with complete primary series vaccine in Question 2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine"
 - Question 4.2, "Residents who received two or more booster doses"
 - Question 5, "Cumulative number of residents in question 2 who are up to date with COVID-19 vaccines."



- How do I categorize a resident who received a completed primary COVID-19 vaccine series of Pfizer, and two original (monovalent) booster doses, with the most recent booster dose 2.5 months ago?
 - This person would be included in:
 - Question 2.2, "Any completed primary COVID-19 vaccine series"
 - Question 4, "Individuals with complete primary series vaccine in Question 2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine"
 - Question 4.2, "Residents who received two or more booster doses"

This person is not up to date because they received their last original (monovalent) booster dose 2.5 months ago, so they are eligible for an updated (bivalent) booster dose.



• Is the current (Quarter 4 2022) up to date definition the same for those who are under 50 years of age and those 50 years of age and older?

 Yes! Beginning Quarter 4 (September 26 - October 2, 2022) the definition is the same for those who are under 50 years of age and those 50 years of age and older.



Person-Level (Event-Level) Vaccination Forms: Up to Date Definition

- Users who submit weekly vaccination data with the Person-Level Vaccination Forms have the correct up to date definition automatically applied when submitting data for each reporting week.
- If you are interested in getting started with using the Person-Level Vaccination Forms, please see our resources on the NHSN Long-Term Care Vaccination website.
 - Be on the look out for an email about an upcoming webinar in December about using the Person-Level Vaccination Forms.



Review of Key Points



Review Key Points

- Beginning September 26, 2022, most individuals should only be counted as up to date if they received an updated (bivalent) booster dose.
- This means that most individuals who have not yet received an updated (bivalent) booster are no longer considered up to date with COVID-19 vaccines and should <u>not</u> be counted in Question #5.
- Please adjust recent weekly counts (on Vaccination Forms and RIFC Forms) if you reported an incorrect number of individuals who are up to date



Resources



Helpful Resources

- More about reporting up to date COVID-19 vaccination
 - COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination (cdc.gov)
 - <u>COVID-19 Vaccination Modules: Understanding Key Terms and Up</u> to Date Vaccination (cdc.gov)
 - A quick reference guide on up to date vaccination will be posted to the NHSN website in early December 2022
- For additional information on clinical considerations please visit:
 - https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html The guidance is intended to inform reporting of COVID-19 vaccination data for NHSN surveillance purposes.



Resource: The NHSN Website

- Weekly HCP & Resident
 COVID-19 Vaccination |
 LTCF | NHSN | CDC
 - Training Slides
 - Quick Reference Guides
 - FAQs
 - Data Collection Forms
 - .CSV
 - Person-Level (Event-Level) Forms

Weekly HCP & Resident COVID-19 Vaccination

Print

Updated November 16, 2022

Long-term care facilities can track weekly COVID-19 vaccination data for residents and healthcare personnel (HCP) through NHSN.

On This Page	
Protocol	Person-Level (Event-level) COVID-
Training	Instructions and Guidance Documents
Data Collection Forms and Instructions	Person-Level (Event-level) COVID- 19 Vaccination Data - CSV Data Import
Weekly COVID-19 Vaccination Summary Data - CSV Data Import	Resources
	Retired Quick Reference Guides

Nursing Home COVID-19 Vaccination Data Dashboard

FAQs on Reporting COVID-19 Vaccination Data



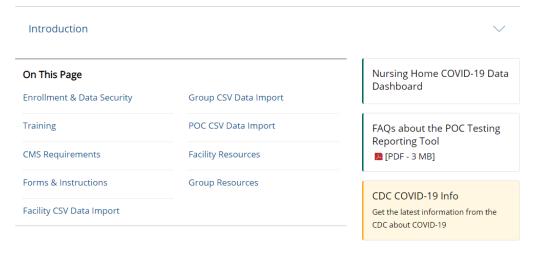
Resource: LTCF COVID-19 Module Webpage COVID-19 Surveillance Pathways

Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics

- COVID-19 Module | LTCF | NHSN | CDC
 - Data Collection Forms
 - Table of Instructions
 - .CSV templates
 - .CSV file layout documents
 - Training slides

LTCF COVID-19 Module

Facilities eligible to report data to NHSN's LTCF COVID-19 Module include nursing homes/skilled nursing, Intermediate Care Facilities for individuals with Intellectual disability (ICF/ID), and assisted living facilities.

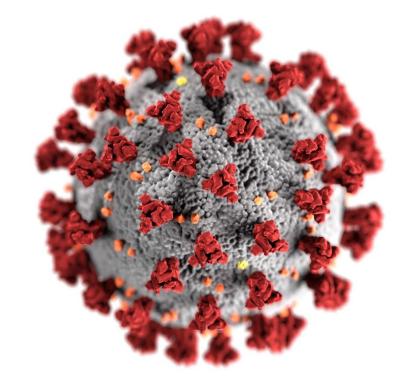


Questions or Need Help?

E-mail user support at: nhsn@cdc.gov

Please write 'Weekly COVID-19 Vaccination' in the subject line of the e-mail along with your facility type

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

