

Facility Name: _____

Date: _____

VDH Supplemental Form for Reporting a COVID-19 Outbreak in a Long-Term Care Facility Post-Vaccination

Residents and staff in Virginia long-term care facilities have been offered COVID-19 vaccines; the majority of residents and many staff have completed vaccination. If a COVID-19 outbreak is reported in a long-term care facility at this point in the pandemic response, information is needed on vaccine status of staff and residents. Please utilize this form to collect and communicate important information to your local health department (LHD) when reporting a new outbreak. Please do not delay reporting to the LHD if all information is not available at the time. The LHD will follow up on individual cases in fully vaccinated residents or staff.

Definitions:

- **Long-term care facilities** include but are not limited to nursing homes, assisted living facilities, residential behavioral health facilities, and group homes.
- **Fully vaccinated** = Individuals are considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).
- **Partially vaccinated** = Individuals are considered partially vaccinated if they have only received one dose of a 2-dose series or if < 2 weeks after they have received the second dose in a 2-dose series or if < 2 weeks after they have received a single-dose vaccine.
- **Staff** include anyone working or volunteering in the facility, which includes, but not limited to employees, contractors, temporary staff, resident caregivers, shared staff, etc.
- **Positives** include residents or staff who are newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR or an antigen test.

Required Questions:

1. Date outbreak reported to LHD: _____
2. Census at the time the outbreak was reported: _____
3. Number of staff at the time the outbreak was reported (include employees and non-employee staff): _____
4. Percent (%) of vaccinated (partially and fully vaccinated) residents at time of report: _____
5. Percent (%) of vaccinated (partially and fully vaccinated) staff at time of report: _____
6. Facility testing protocols:
 - a. Testing schedule (e.g., twice a week, once a week, once a month): _____
 - b. What type of testing is being utilized to identify positive cases (e.g., antigen/PCR)? _____

Table 1: Vaccination and Symptom Status of SARS-CoV-2 Positive Residents

	# of Positive <u>Unvaccinated</u> Residents	# of Positive <u>Partially Vaccinated</u> Residents	# of Positive <u>Fully Vaccinated</u> Residents
# Symptomatic			
# Asymptomatic			
# Hospitalized			
# Deaths			

Table 2: Vaccination and Symptom Status of SARS-CoV-2 Positive Staff

	# of Positive <u>Unvaccinated</u> Staff	# of Positive <u>Partially Vaccinated</u> Staff	# of Positive <u>Fully Vaccinated</u> Staff
# Symptomatic			
# Asymptomatic			
# Hospitalized			
# Deaths			

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Optional Questions:

1. Are specimens being sent to DCLS for sequencing? Yes No
2. Have any variants of concern been identified? Yes No
 - a. # among staff? _____
 - b. # among residents? _____
3. Any concerns (e.g., infection prevention and control practices, testing, vaccination)? Have any processes changed lately?