DEPARTMENT OF PUBLIC HEALTH

DPH FLIS - Facility Licensing & Investigations Section(FLIS)

CT Long-Term Care Facility COVID-19 Daily Reporting System

Updated November 16, 2020

Very Important Messages

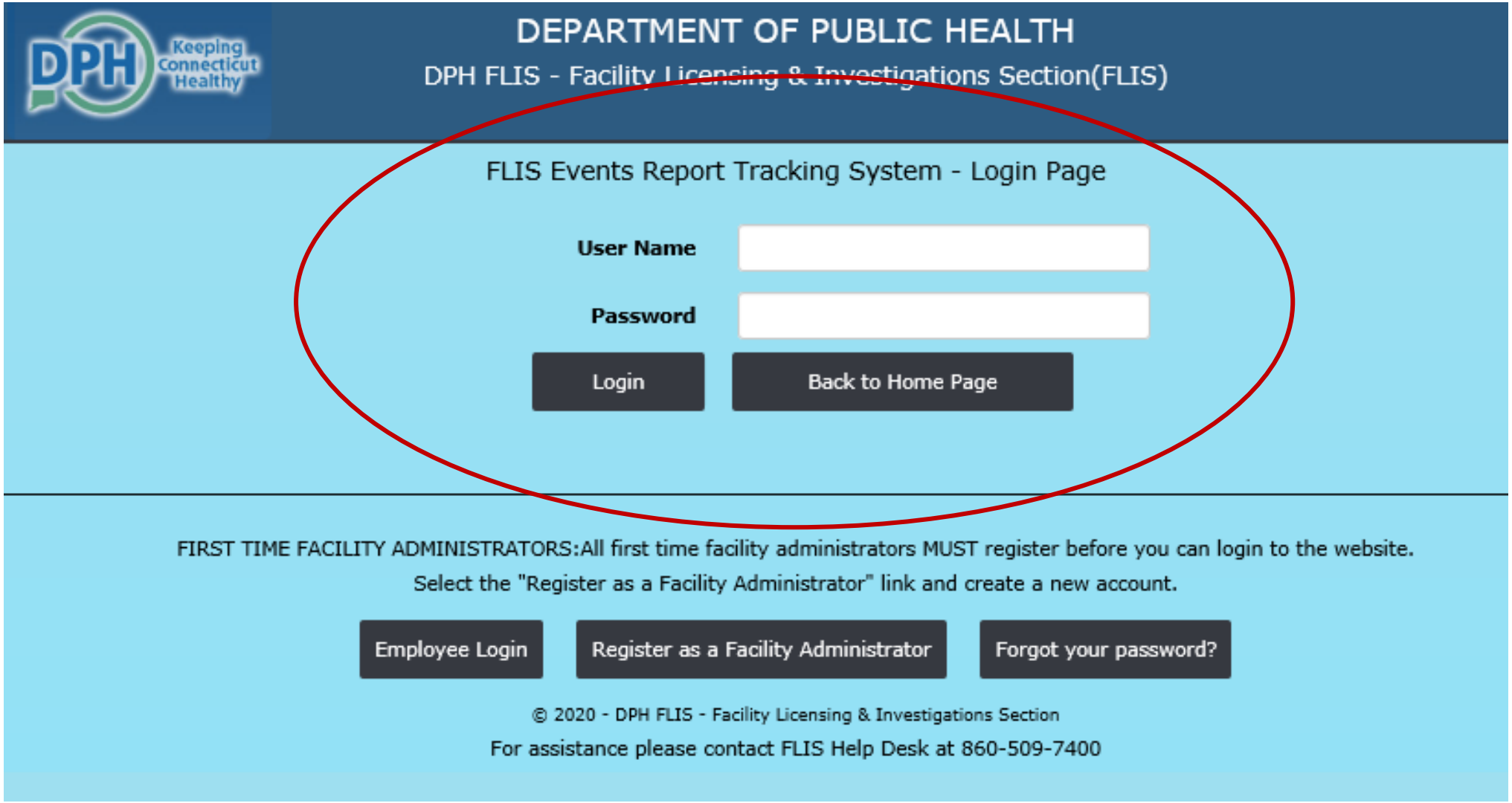
- This system collects line list data on all LTCF residents with laboratory- confirmed (PCR and antigen) COVID-19.
- Reporting new laboratory-confirmed (PCR and antigen) COVID-19 positive residents using the line list fulfills the DPH reporting requirement for the COVID-19 Case Report Form.
- Daily reporting fulfills DPH FLIS and Epidemiology Program outbreak reporting requirements.
- A laboratory-confirmed case is a resident with a positive COVID-19 laboratory viral PCR or point-of-care rapid antigen test indicating current infection (this does not include serology testing for antibody).
- A suspected case is a resident or staff without a COVID-19 laboratory viral PCR or point-of-care rapid antigen test indicating current infection who has signs and symptoms comparable with COVID-19. Suspect cases should include residents and staff being treated as a COVID-19 cases pending test results.

Overview

1. Logging in
2. Submitting a Daily Report
3. Adding to, editing, and saving a copy of the resident line list at any time.

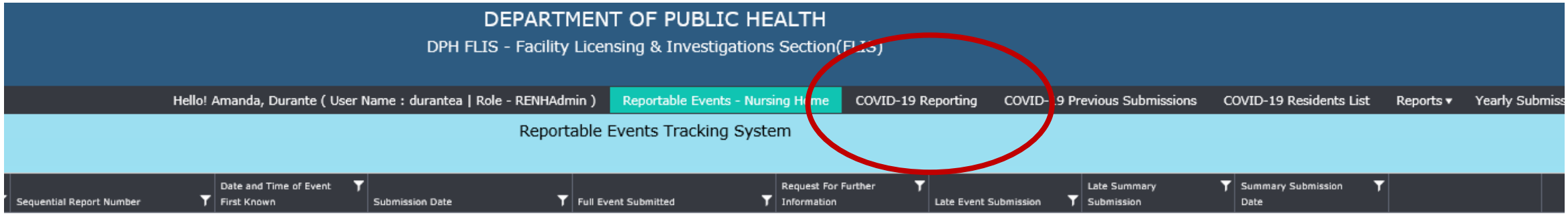
1. Logging in

Log in at https://dphflisevents.ct.gov/



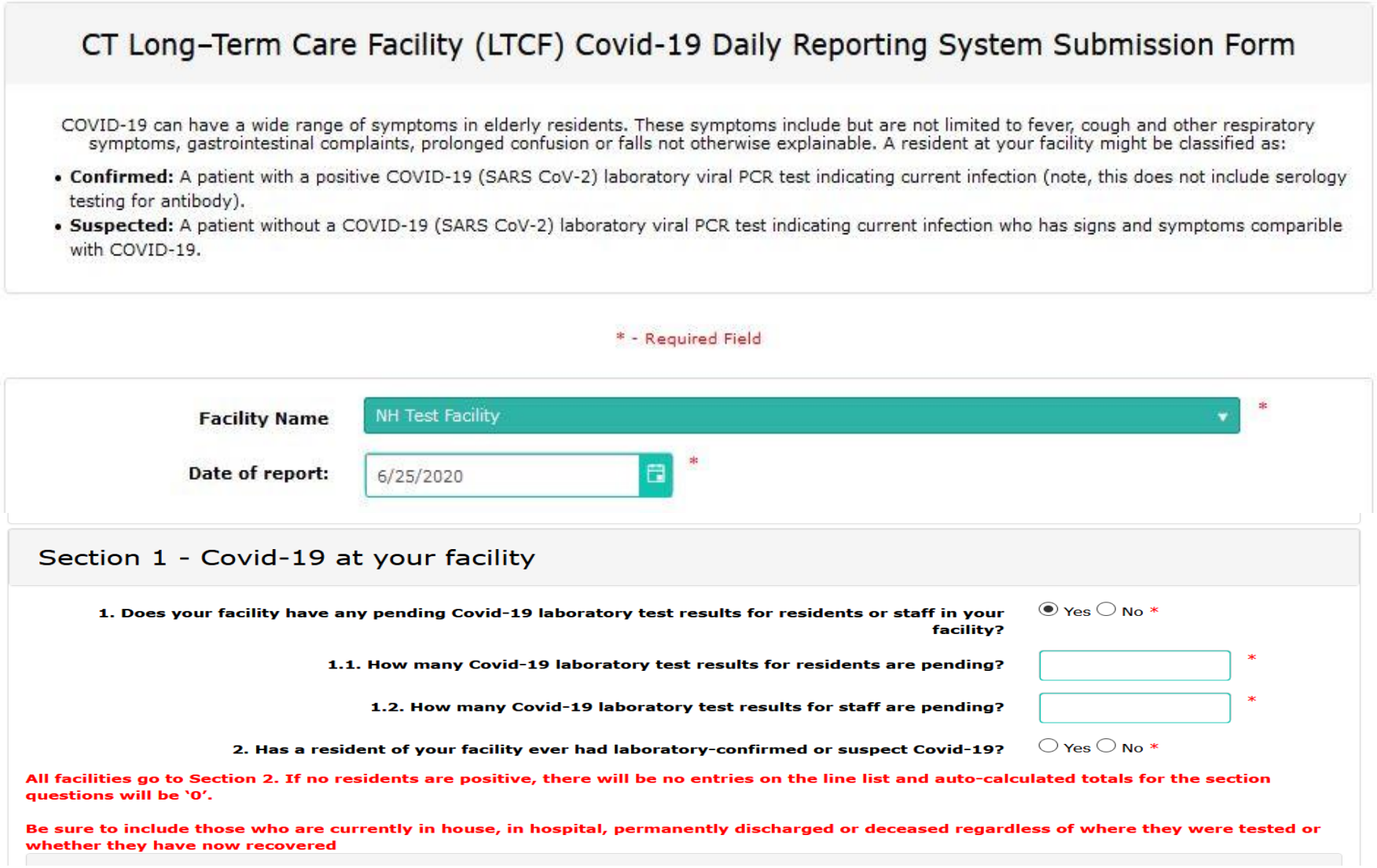
2. Submitting a Daily Report

Initiating A Daily Submission



Once you enter you will see this screen. To initiate a daily report click on the tab marked “COVID-19 Reporting”

Section 1 – Start the Submission



CT Long–Term Care Facility (LTCF) Covid-19 Daily Reporting System Submission Form

COVID-19 can have a wide range of symptoms in elderly residents. These symptoms include but are not limited to fever, cough and other respiratory symptoms, gastrointestinal complaints, prolonged confusion or falls not otherwise explainable. A resident at your facility might be classified as:

- **Confirmed:** A patient with a positive COVID-19 (SARS CoV-2) laboratory viral PCR test indicating current infection (note, this does not include serology testing for antibody).
- **Suspected:** A patient without a COVID-19 (SARS CoV-2) laboratory viral PCR test indicating current infection who has signs and symptoms comparible with COVID-19.

* - Required Field

Facility Name NH Test Facility *

Date of report: 6/25/2020 *

Section 1 - Covid-19 at your facility

1. Does your facility have any pending Covid-19 laboratory test results for residents or staff in your facility? Yes No *

1.1. How many Covid-19 laboratory test results for residents are pending? *

1.2. How many Covid-19 laboratory test results for staff are pending? *

2. Has a resident of your facility ever had laboratory-confirmed or suspect Covid-19? Yes No *

All facilities go to Section 2. If no residents are positive, there will be no entries on the line list and auto-calculated totals for the section questions will be '0'.

Be sure to include those who are currently in house, in hospital, permanently discharged or deceased regardless of where they were tested or whether they have now recovered

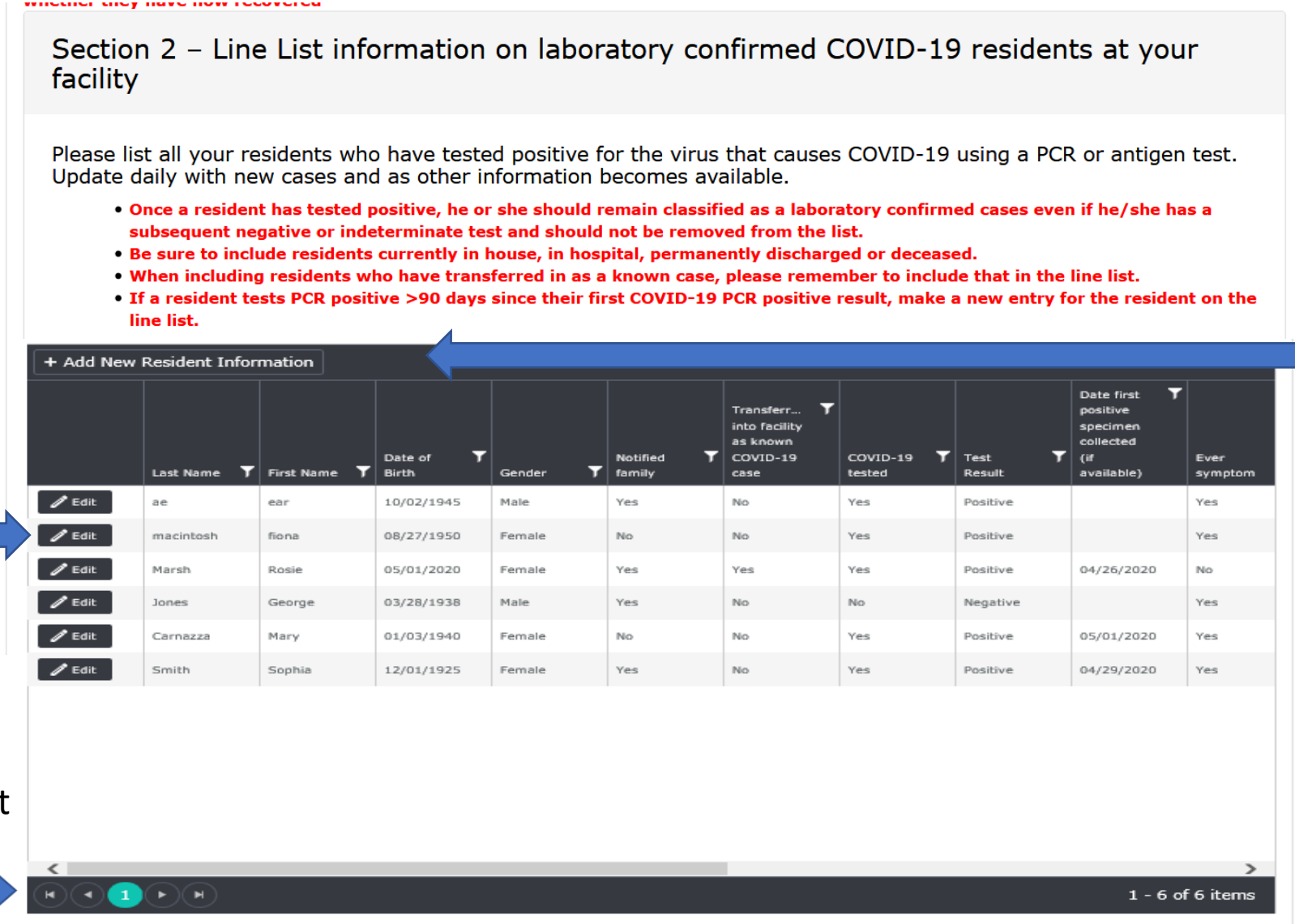
Start by selecting your facility name and date.

Question 1 – Indicate if you have any resident or staff pending COVID-19 test results today and if so, how many.

Questions 2 - Indicate if you have **ever** had a resident with lab confirmed or presumptive COVID-19

All facilities will go to Section 2. If no residents are positive, there will be no entries on the line list and auto-calculated totals for the section questions will be '0'.

Section 2 – Add residents to the line list of COVID-19 Cases



Click here to add a resident

Click here to edit a record

Enter laboratory-confirmed (PCR and antigen) COVID-19 positive residents.

Make any updates to the resident line list (e.g. symptoms, hospitalization, death, recovery etc.) using the ‘Edit’ button.

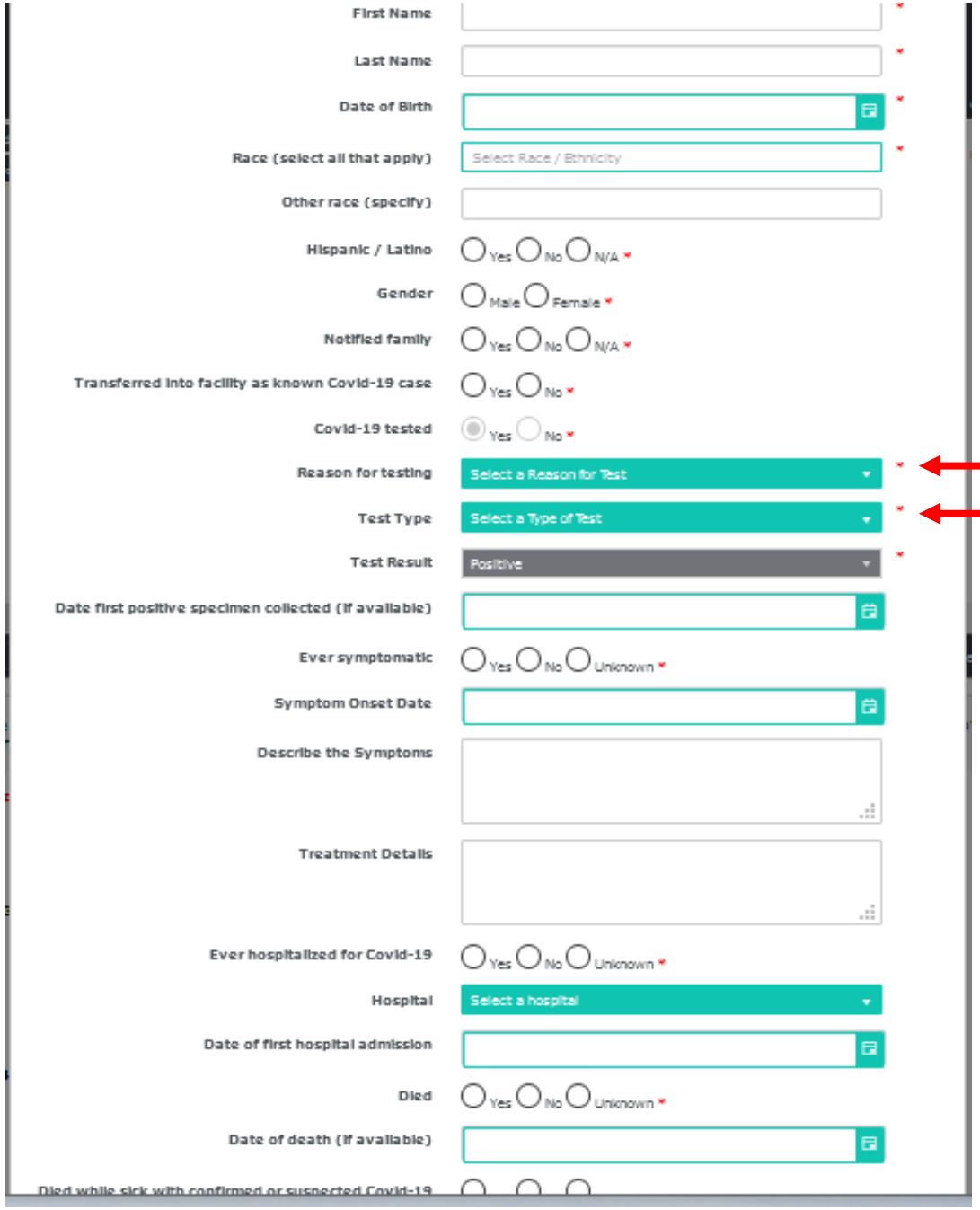
Scroll to see the rest of the line list

Tips for who to enter on the COVID-19 line list

- Include ALL residents testing positive for COVID-19 using a viral PCR or rapid antigen laboratory test. For in-house rapid antigen tests, include the type of machine used, if subsequent PCR testing was done, date of PCR specimen collection, and PCR test result.
- Include residents testing positive more than 90 days since his/her first test result by re-entering the resident on the line list and selecting 'previously positive >90 days'.
- Include residents who test positive while asymptomatic. If they do develop symptoms later, be sure to edit the resident's line list with date of onset and a list of symptoms.

Daily updates/edits include:

- Addition of **new** residents testing PCR or rapid antigen positive for COVID-19
- Addition of residents who have **transferred into** your facility as a known positive
- Updates on resident status such as hospitalizations, recovery, and deaths.

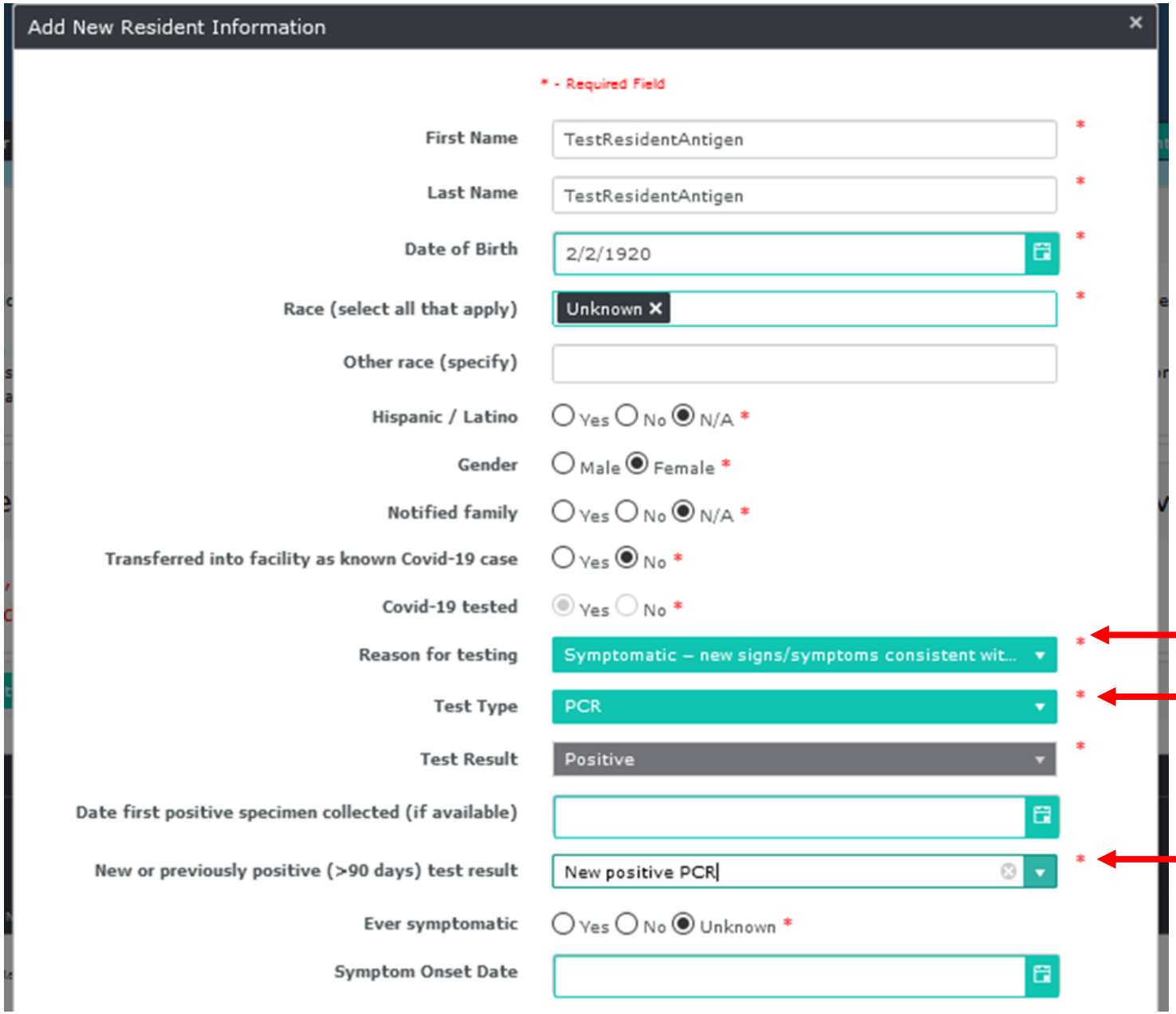


When you click to add a new resident this popup will appear.

Complete the popup to create the resident record.

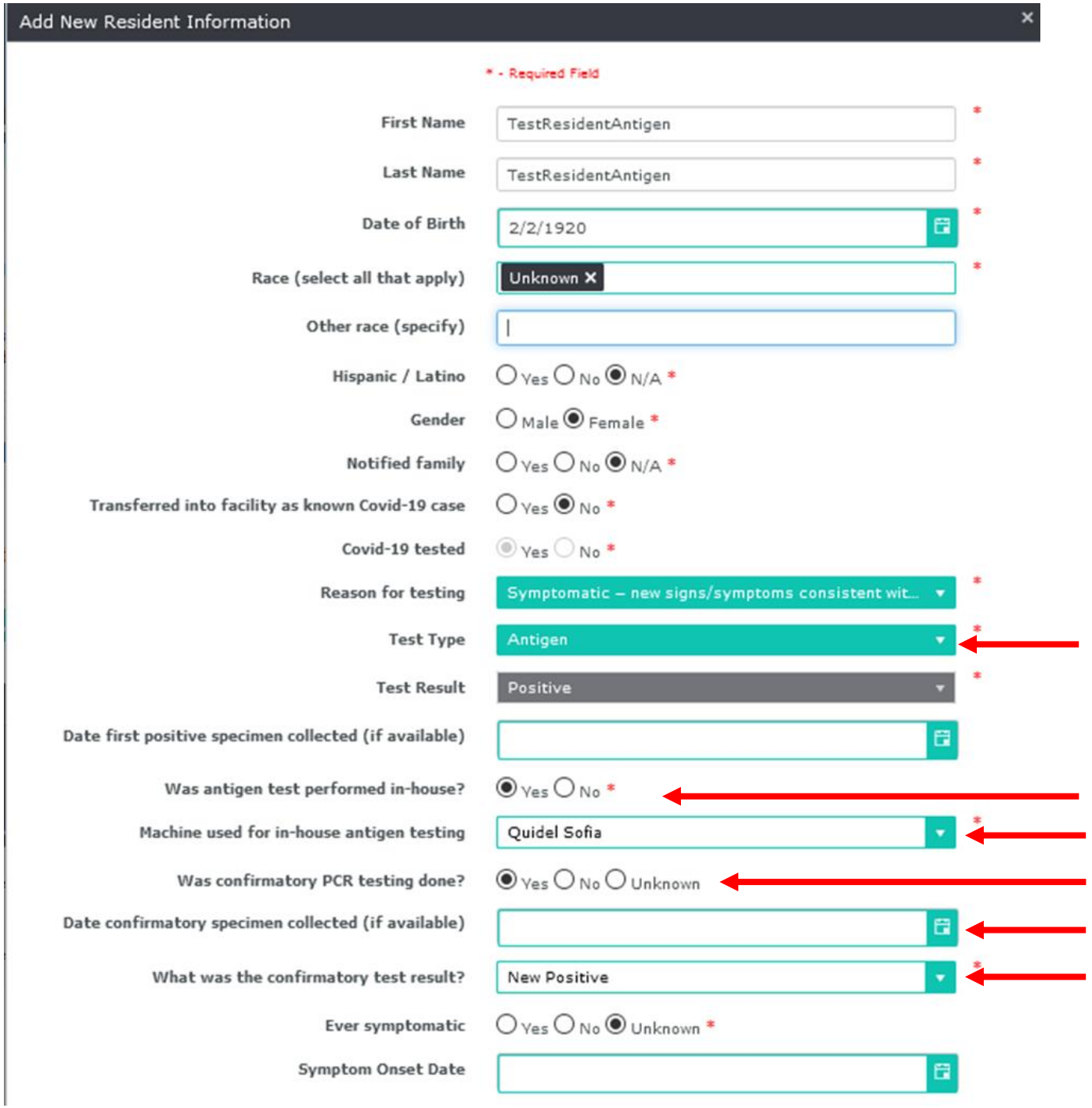
Complete all fields including reason for testing, test type, date of first positive specimen collection, symptom onset date (if symptomatic), hospitalized, hospital name, date of admission, and date of death or date of recovery.

Important note:
Click “NA” for the “Recovered (no longer symptomatic)” question if the resident died or was never symptomatic.



New testing questions include:

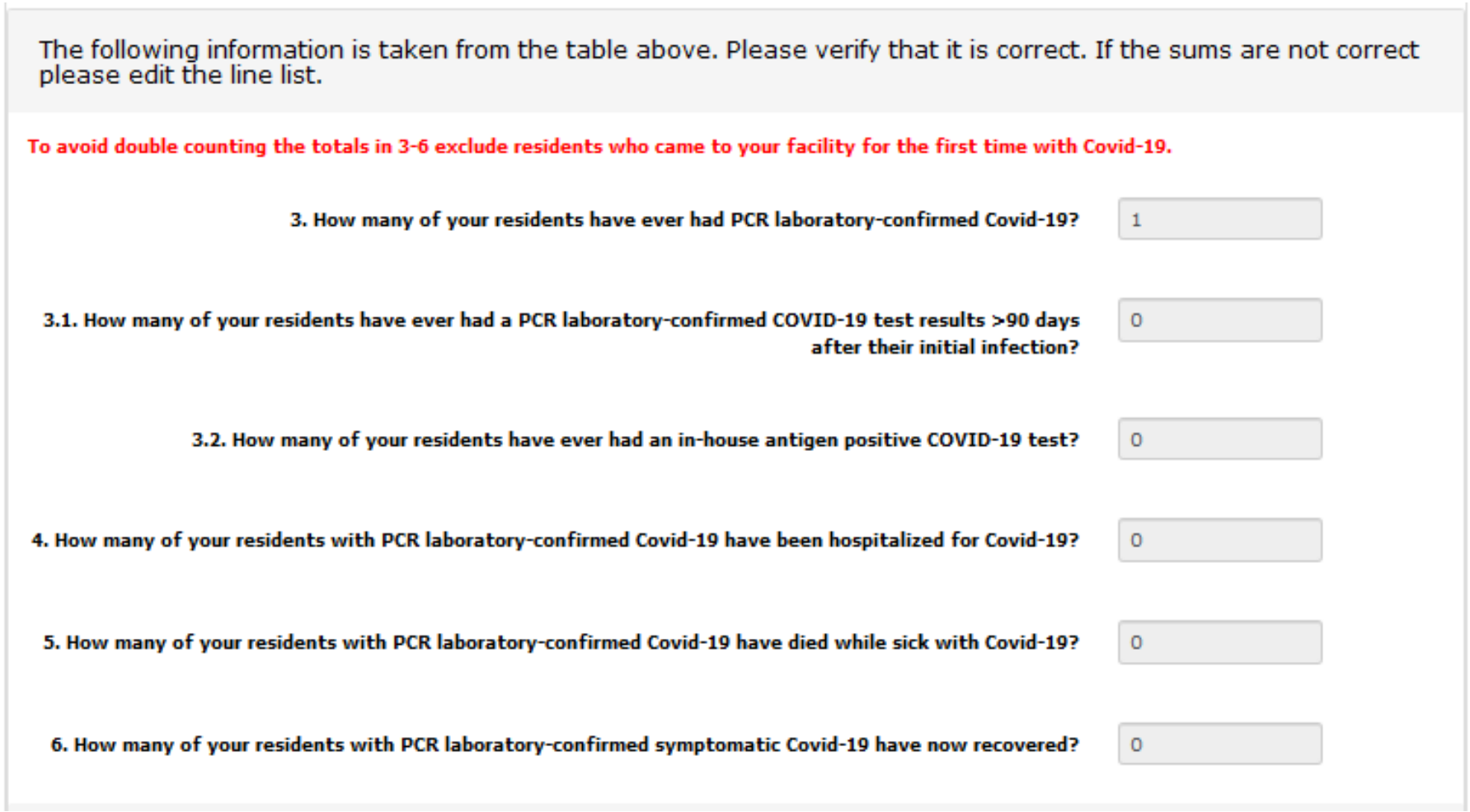
1. Reason for testing
   - Symptomatic – new signs/symptoms consistent with COVID-19
   - Asymptomatic -testing as part of routine surveillance
   - Asymptomatic – testing in response to a new case/outbreak response
   - Pre-procedure/outpatient appointment
   - Hospital admission/transfer into a facility
   - Hospital discharge/transfer out of facility
   - None of the above
2. Test type
   - PCR or Antigen
3. New or previously positive (>90 days) test result
   - New positive PCR – resident never tested positive
   - Previous positive more than 90 days since first positive test result



New **Antigen** Testing Questions:

1. Test type: **ANTIGEN**
2. Was antigen test performed in-house?
   - If **YES**
3. Antigen tested in-house using:
   - **BD VERITOR** or
   - **QUIDEL SOFIA**
4. Was confirmatory PCR testing done?
   - If **YES**
5. Date of specimen collection for confirmatory PCR
6. What was the result of confirm PCR test?
   - new positive
   - previous positive
   - negative
   - indeterminate
   - unknown

Verifying Cumulative Counts from the Line List


The following information is taken from the table above. Please verify that it is correct. If the sums are not correct please edit the line list.

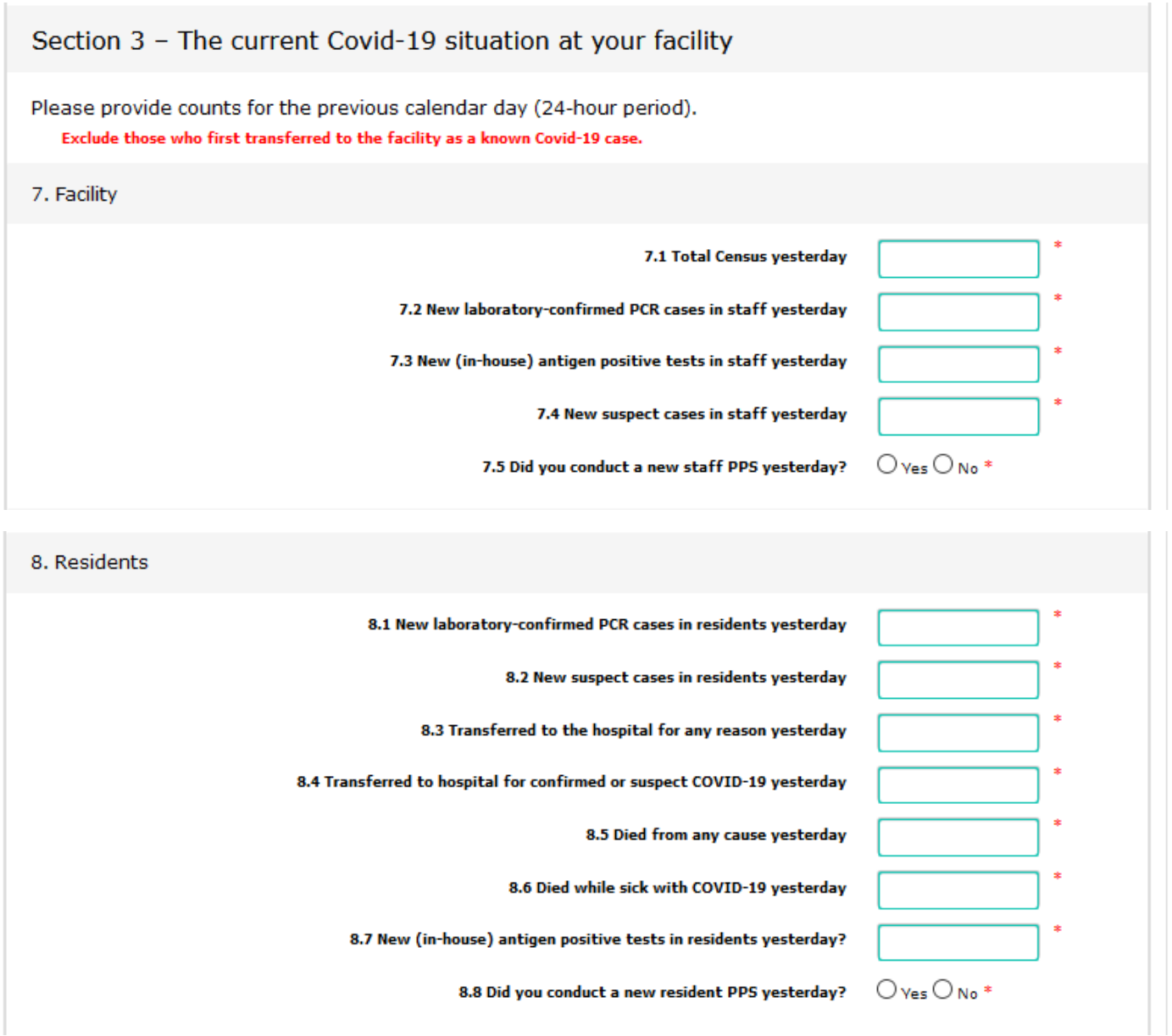
To avoid double counting the totals in 3-6 exclude residents who came to your facility for the first time with Covid-19.

3. How many of your residents have ever had PCR laboratory-confirmed Covid-19?	1
3.1. How many of your residents have ever had a PCR laboratory-confirmed COVID-19 test results >90 days after their initial infection?	0
3.2. How many of your residents have ever had an in-house antigen positive COVID-19 test?	0
4. How many of your residents with PCR laboratory-confirmed Covid-19 have been hospitalized for Covid-19?	0
5. How many of your residents with PCR laboratory-confirmed Covid-19 have died while sick with Covid-19?	0
6. How many of your residents with PCR laboratory-confirmed symptomatic Covid-19 have now recovered?	0

Questions 3 to 6 will be automatically calculated based on the information entered in the line listing.

Check to make sure the calculated numbers are correct.

Section 3 – Enter Daily Count Data



Section 3 – The current Covid-19 situation at your facility

Please provide counts for the previous calendar day (24-hour period).

Exclude those who first transferred to the facility as a known Covid-19 case.

7. Facility

7.1 Total Census yesterday *

7.2 New laboratory-confirmed PCR cases in staff yesterday *

7.3 New (in-house) antigen positive tests in staff yesterday *

7.4 New suspect cases in staff yesterday *

7.5 Did you conduct a new staff PPS yesterday? ○ Yes ○ No *

8. Residents

8.1 New laboratory-confirmed PCR cases in residents yesterday *

8.2 New suspect cases in residents yesterday *

8.3 Transferred to the hospital for any reason yesterday *

8.4 Transferred to hospital for confirmed or suspect COVID-19 yesterday *

8.5 Died from any cause yesterday *

8.6 Died while sick with COVID-19 yesterday *

8.7 New (in-house) antigen positive tests in residents yesterday? *

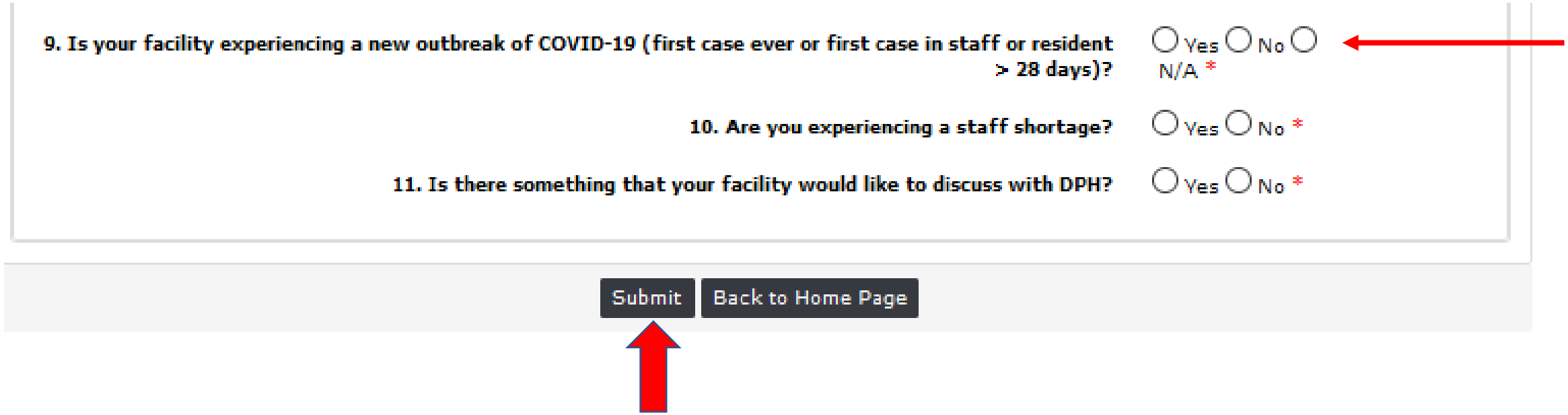
8.8 Did you conduct a new resident PPS yesterday? ○ Yes ○ No *

In section 3, questions 7 and 8, enter counts for the previous calendar day (yesterday).

If today is Thursday 6/8/2020, answer the questions for Wednesday 6/7/2020.

Indicate total number of staff and resident testing positive by PCR and by rapid antigen tests.

Finish Up



- Answer the 'Outbreak' question ONLY ONCE on the day the outbreak was recognized and include the DATE of onset of symptoms for the first case (resident or staff) associated with the new outbreak. If date of symptoms is unknown, then enter the date of collection of the first positive specimen identified in either a staff or resident.
- If you have any questions, please indicate them in the comments section on your daily report.

Don't forget to push submit to save your submission.

3. Adding to, Editing, and Saving a copy of the resident line list at any time.

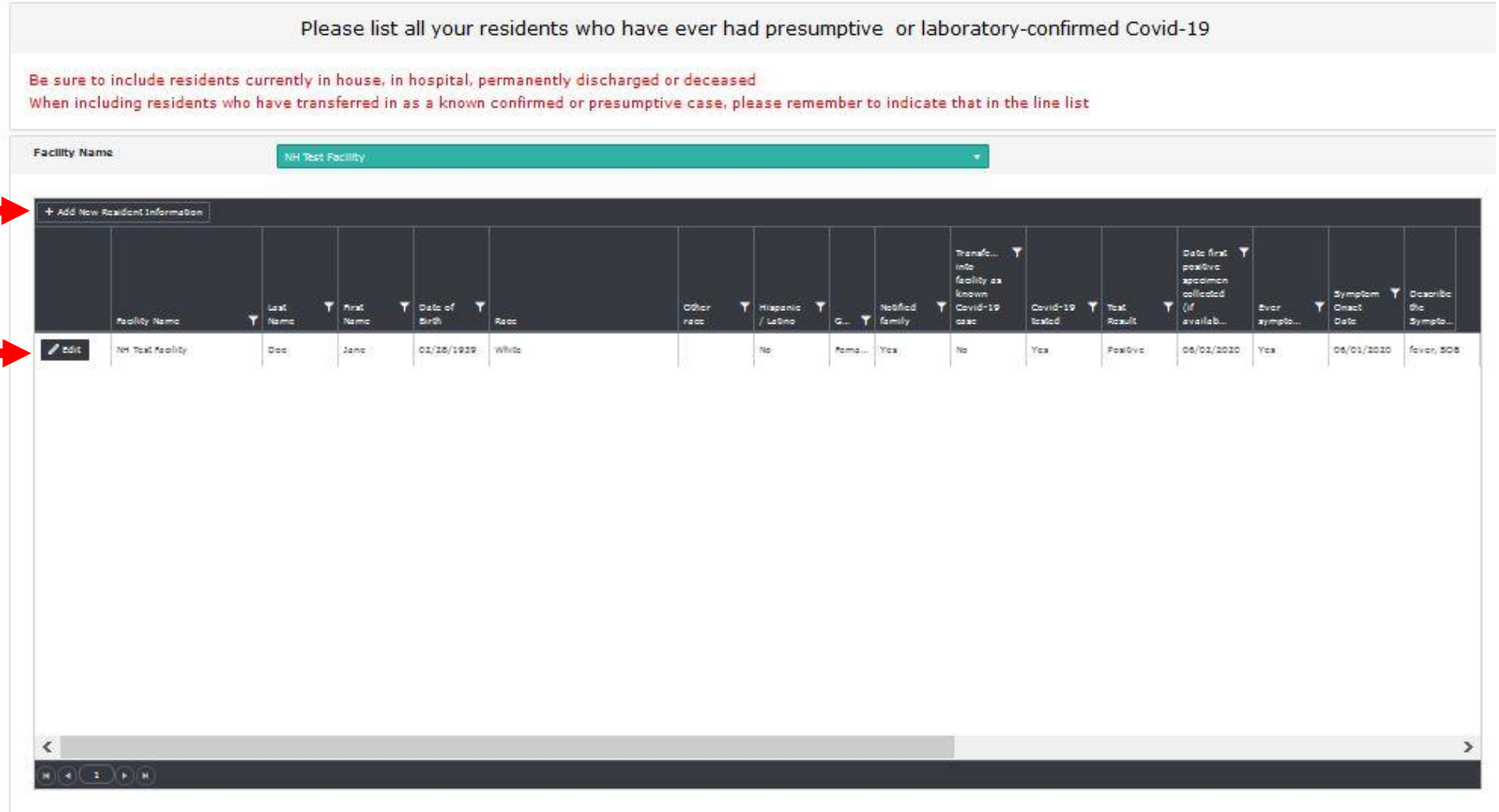
Adding and Editing the Resident Line List

- Open the Resident Line List by clicking on the Dashboard tab marked “COVID-19 Resident List”

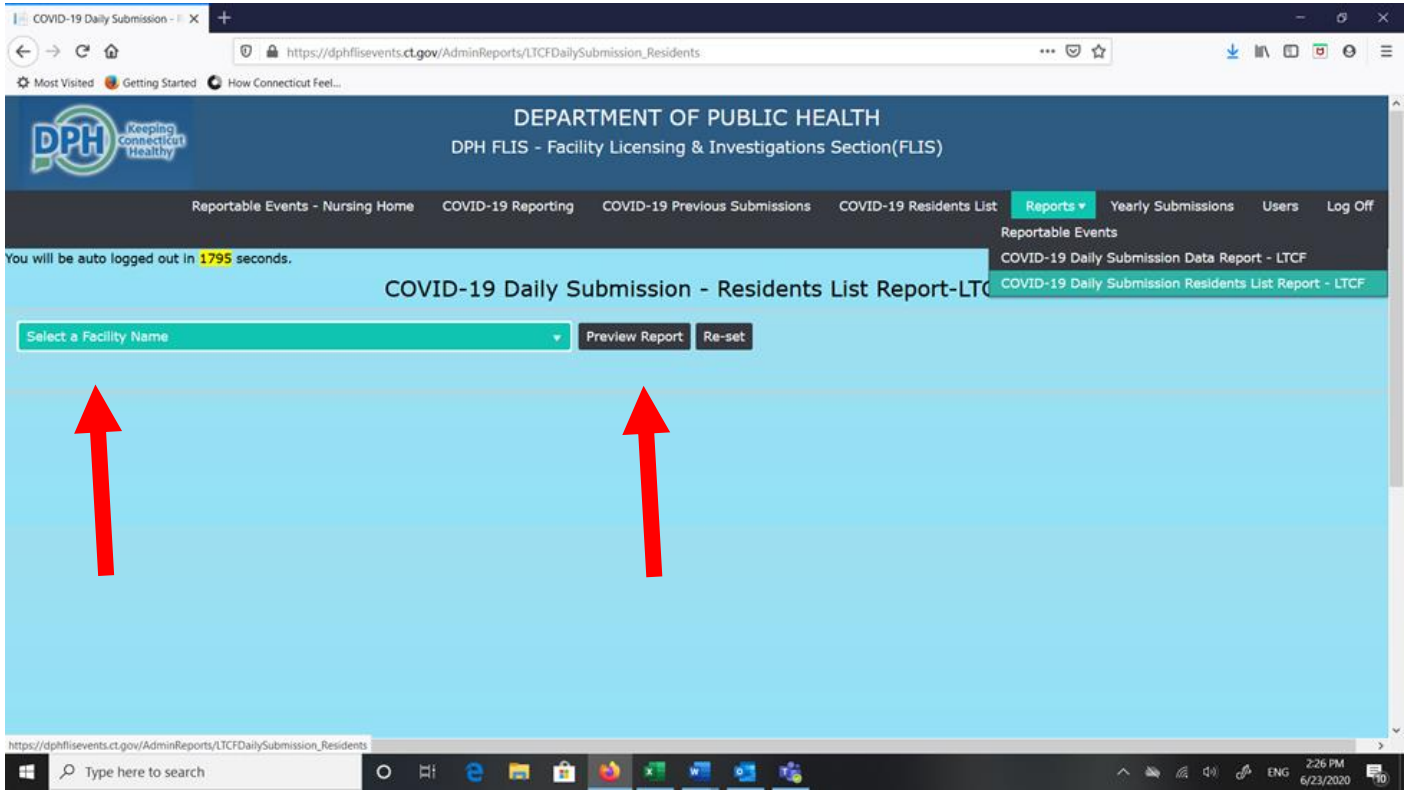
Create or edit a record

Click to create a new record

Click the edit button to update a record

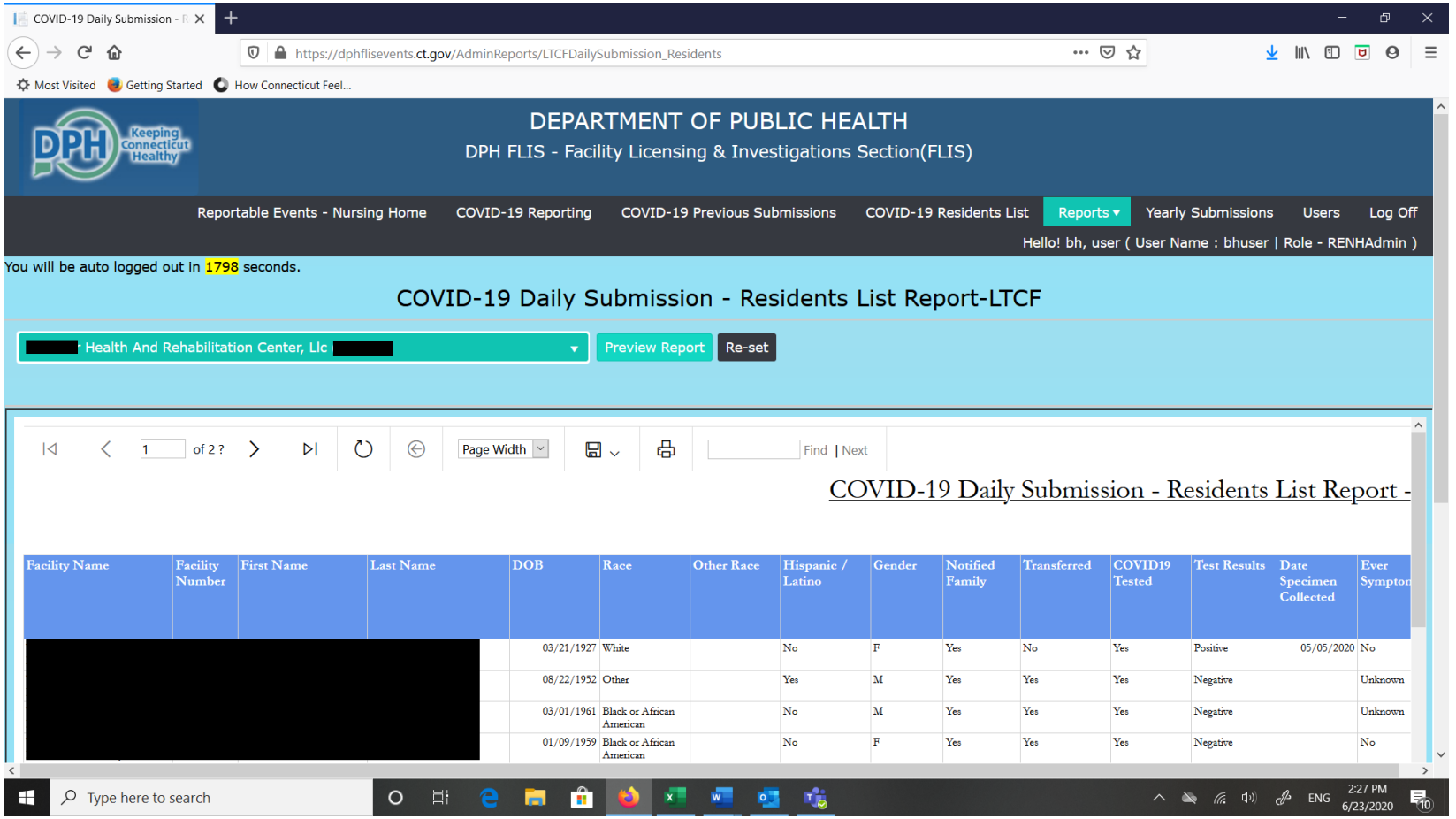


Saving Your COVID-19 Resident Line List

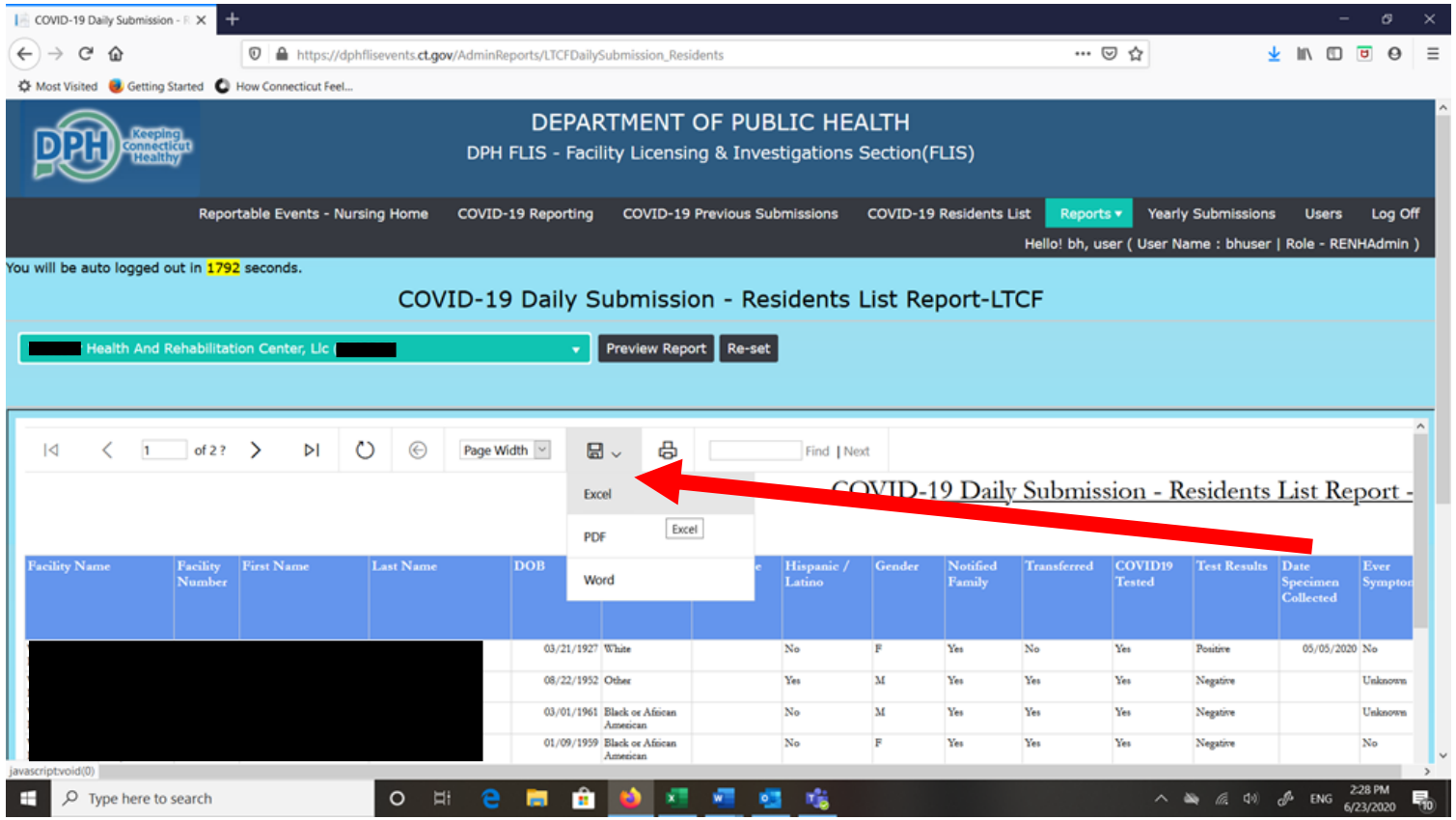


- Select the name of your facility to view the ‘COVID-19 Daily Submissions Resident Line Report’ in the FLIS portal.
- Click on the ‘Preview Report’ button.

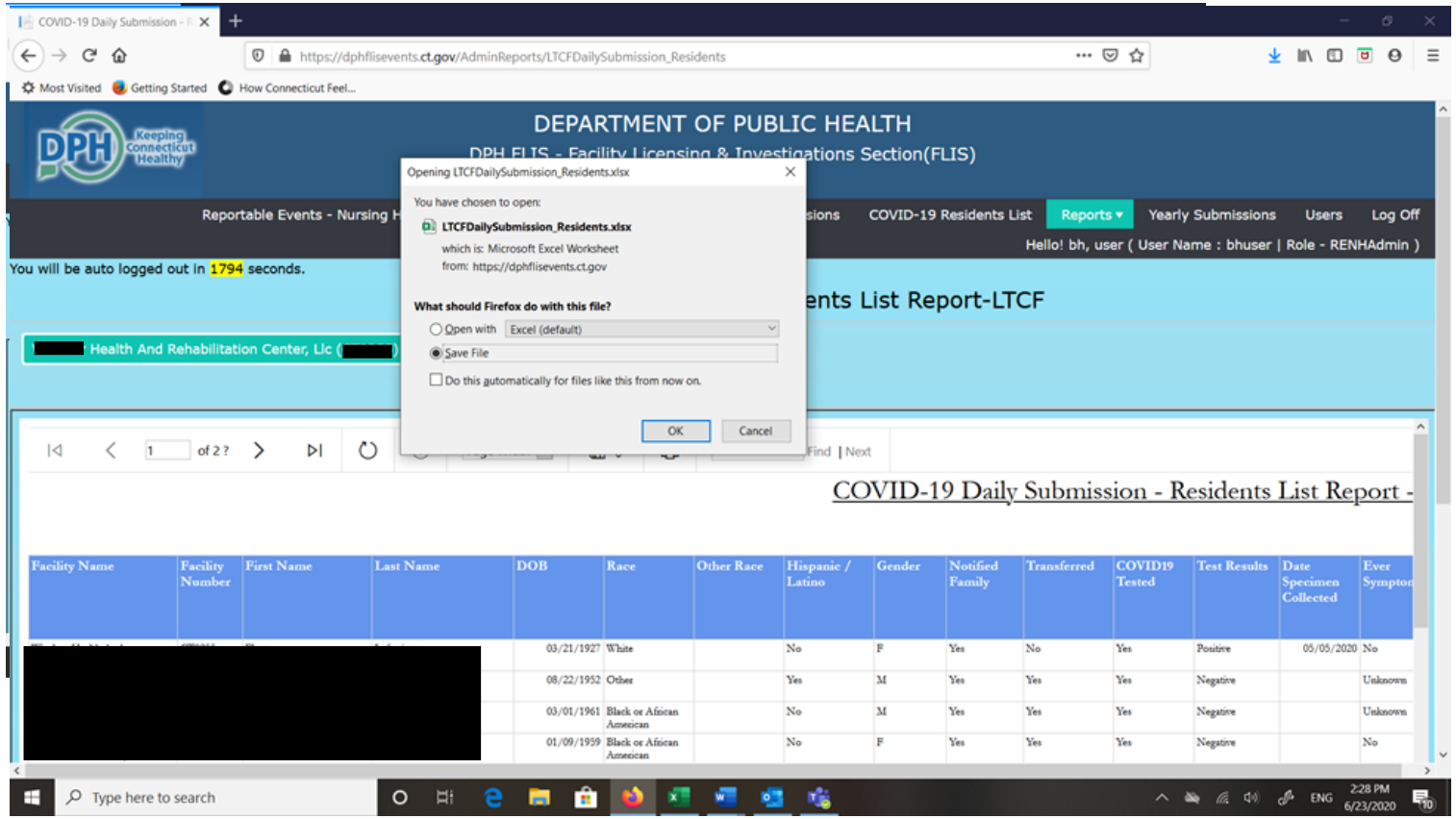
A ‘COVID-19 Daily Submission Report’ will be generated and look like the example below.



To save a copy of this report for your records



- click on the download file button
- click on the file type you would like to save (Excel, PDF, or Word file)



- A pop-up box will appear and ask how you would like to save your file.
- Select ‘save file’ if you are downloading a copy of the file to your local computer.

❖ Note that the appearance of the message in the pop-up box may be different depending on the browser you are using.