TECHNICAL REPORT

European surveillance of COVID-19 in long-term care facilities in the EU/EEA: aggregate data reporting

Surveillance protocol version 1.1

ECDC TECHNICAL REPORT

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Contents

Abbreviations

EU/EEA	European Union/European Economic Area
LTCF	Long-term care facility
RADT	Rapid antigen detection test
RT-PCR	Reverse-transcriptase polymerase chain reaction
TESSy	The European Surveillance System

Background

COVID-19 outbreaks in long-term care facilities (LTCFs), which are a relatively closed and high-occupancy setting, can have devastating effects given the increased vulnerability and other underlying health problems of residents, resulting in a high likelihood of unfavourable outcomes to infection.

On 19 May 2020, ECDC published the guidance document 'Surveillance of COVID-19 in long-term care facilities in the EU/EEA', together with metadata (RecordType: NCOVLTCF) and a data collection tool, to enable European Union/European Economic Area (EU/EEA) and the United Kingdom (UK) to upload data to The European Surveillance System (TESSy). Since then, no country implemented new surveillance fully consistent with the ECDC surveillance guidance. However, several EU/EEA countries and the UK have published national surveillance reports on COVID-19 in LTCFs (Annex 3 - National surveillance reports). Most acquired these data through adaption of existing national surveillance systems. Some of the data collected by these systems are consistent with the ECDC NCOVLTCF metadata.

On 19 November 2020, ECDC published[i] a 'Rapid Risk Assessment: Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK'. All published national reports showed an increased number of reported cases, fatal cases and/or outbreaks (eight countries), and all EU/EEA countries had experienced outbreaks in LTCFs since August 2020.

Development of this surveillance protocol

In August, October and November 2020, ECDC hosted webinars for EU/EEA countries in which OCPs and/or National Focal Points for healthcare-associated infections (HAIs) presented aspects of their surveillance of COVID-19 in LTCFs, for group discussion. ECDC also reviewed the published national reports that contained surveillance data on COVID-19 in LTCFs (see Annex 2 for published examples).

On 16 November 2020, ECDC sent the draft protocol to the CCBs in EU/EEA countries, for national review and comments by 13 January 2021. A technical webinar was organised by ECDC on 20 January 2021 with the objective to finalise the protocol.

On 29 January 2021, the metadata set was implemented in TESSy, enabling EU/EEA countries to upload historical and prospective national aggregate data on COVID-19 in LTCFs.

Target audiences for this document

- ECDC Operational Contact Points (OCPs) nominated by the Coordinating Competent Bodies (CCBs) in EU/EEA countries who collate surveillance data on COVID-19 in long-term care facilities (LTCFs) and/or prepare such data for reporting purposes.
- Those in CCBs who decide whether to report some or all of the variables specified in this reporting protocol to The European Surveillance System (TESSy).

Surveillance aims

This surveillance protocol seeks to enable countries to report their existing national surveillance data on COVID-19 in LTCFs easily and regularly. This will enable ECDC to report national trends in the EU/EEA, with the aim of providing all EU/EEA countries with timely information to support their preparedness activities for LTCFs.

To achieve this, this protocol specifies sets of similar variables, because different countries are likely to report different subsets of these. For example, *NumLTCFsConfirmedCovid* records the total number of LTCFs with at least one confirmed case of COVID-19, and *NumLTCFsConfirmedClusterCovid* records the total number of LTCFs that met the national definition of a cluster/outbreak.

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i ECDC. Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK. 19 November 2020. ECDC: Stockholm; 2020. Available from https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-increase-fatal-cases-covid-19-among-long-term-care-facility

Surveillance objectives

The document 'Surveillance of COVID-19 in long-term care facilities in the EU/EEA' specifies objectives at local, regional and national level, as well as EU/EEA level. The objectives for this surveillance of national aggregate data on COVID-19 in LTCFs in EU/EEA countries are aligned with those. Specifically:

Primary objectives:

- To monitor national-level trends in the number/proportion of COVID-19-affected LTCFs;
- To monitor trends in the national incidence of cases and fatal cases of COVID-19 amongst LTCF residents.

Secondary objectives

- To describe trends in indicators of LTCF system functionality[ii];
- To assess the impact of COVID-19 on LTCFs in the EU/EEA;

Overview of the TESSy upload process

The sequential steps to prepare and submit data to TESSy are as follows:

1. Familiarise yourself with the data collection deadlines;
2. Prepare (export and transform) your data;
3. Check that your data comply with the metadata;
4. Check that your data source profile is up-to-date;
5. Submit your file(s) to TESSy;
6. Finalise and approve your submission.

Who, what and when to report to TESSy

Who uploads to TESSY?

Nominated TESSy users. For support, contact TESSy@ecdc.europa.eu

When to upload to TESSy?

Frequency of reporting (i.e. reporting deadline):

Weekly national data should be reported to ECDC weekly, every Tuesday by 23:59. Alternatively, the weekly data can be reported less frequently, e.g. fortnightly, monthly or at longer time intervals.

What to upload to TESSy?

Content of .csv file

Every week, nominated TESSy users upload one .csv file for the entire country, or they can enter the data directly manually.

Each variable in that .csv file has permitted values. The permitted variables specified in the TESSy Metadata (see below). The variable *DataSource* identifies the uploader (i.e. the country).

Each record (i.e. each row) refers to one week (Monday to Sunday) of data. In order to facilitate alignment of national and ECDC outputs that report data from this surveillance activity, the weekly data should refer to Monday—Sunday national data.

Uploading recent vs historical data:

For most countries, it will not be feasible to upload data as recent as the previous week. Additionally, countries may find that some variables can be reported more promptly (i.e. recently) than others. Note that historical data can be included. If a *DataSource* has already uploaded data for a week, the new upload will overwrite the corresponding week. This process can be used to increase data completeness.

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ii e.g. changes in the COVID-19 testing frequency, location of death of fatal COVID-19 cases, and the proportion of fatal cases.

Definition of key terms

COVID-19 cases

COVID-19 cases should preferably be reported according to the current EU case definition and ECDC case classification as possible/probable/confirmed; or otherwise according to national definitions, whilst ensuring that the variables specifying the total number of cases are correct. The periodic survey (see above) will record which definition was used.

Laboratory confirmation of COVID-19

The use of this term is purposefully generic, to permit national use of national criteria for confirmation, and in recognition that as-yet-unforeseen technological advances may permit addition of additional laboratory technologies to the ECDC case definition.

Long-term care facilities

Long-term care facilities (LTCFs) include institutions such as nursing homes, skilled nursing facilities, retirement homes, assisted-living facilities, residential care homes or other facilities. These facilities take care of people requiring support who find it difficult to live independently in the community due to the interaction between barriers in the environment and physical, mental, intellectual or sensory impairments possibly as a result of old age, or chronic medical conditions. Long-term care facilities for all age groups are included.

Long-term care facilities typically have residents who need constant supervision (24 hours a day); need 'high-skilled nursing care' (i.e. more than 'basic' nursing care and assistance for daily living activities); are medically stable and do not need constant 'specialised medical care' (i.e. care administered by specialised physicians); do not need invasive medical procedures (e.g. ventilation).

Inclusion and exclusion criteria for LTCFs

All facilities that meet the national definition of a LTCF are eligible for inclusion.

Every three to six months, ECDC will conduct a survey of participating countries to record which types of LTCFs were included (see section 'Periodic survey of selected denominator data' below).

Countries may wish to consider including the same types of LTCF that are reported in national outputs, to ensure comparable reporting.

If selecting a subset of types of LTCF to report, then include the types with high proportions of residents who are in a risk group for COVID-19, e.g. homes for elderly people and LTCFs for the mentally disabled. Alternatively, countries may consider utilising an inclusive definition of LTCFs for this surveillance, as these may also constitute an environment susceptible to COVID-19 outbreaks in vulnerable people. These facilities may include types of LTCF that were excluded from the ECDC point prevalence surveys of European LTCFs in 2010, 2013 and 2016–2017, i.e. hospital long-term care wards, hostel care (hostel without any type of nursing care), sheltered care houses, day centres, home-based centres and protected living.

Periodic survey of selected denominator data

In addition to the weekly data collection specified in this protocol, ECDC requests supporting data every 3—6 months on indicators that are likely to be comparatively stable. This will most likely be through a short survey sent to the National Focal Points for Healthcare-Associated Infection in Coordinating Competent Bodies in EU/EEA countries. The requested information will include:

• Descriptive data on the included types of LTCF;
• National definition of a current cluster or outbreak;
• National case definition of a COVID-19 case;
• National criteria to report fatal COVID-19 cases (Options include: all-cause mortality amongst confirmed cases, the surveillance definition recommended by ECDC[iii], or only COVID-19-attributable deaths amongst confirmed cases);

[iii] Surveillance definitions for COVID-19/Deaths due to COVID-19. Available at: https://www.ecdc.europa.eu/en/covid-19/surveillance/surveillance-definitions. As of 27 January 2021, the ECDC definition states 'Note that Mortality monitoring should be conducted according to the WHO definition (Available at: https://www.who.int/classifications/icd/covid19/en/)

- Total number of LTCFs, nationally - this will enable calculation of national coverage, through comparison with the variable '*NumLTCFs*' in the weekly data collection. For example, a country with 1 000 LTCFs would report "1 000 LTCFs" in this periodic survey. Then, if most sub-national region participate (800 LTCFs), enrolling only public LTCFs in this surveillance (75% of all LTCFs), the country would report *NumLTCFs*=600 in the weekly survey. In this example, national coverage = 60% (i.e. 600/1 000 LTCFs).
- Total number of LTCF beds, nationally - if data are unavailable, ECDC may utilise the denominators presented on its 'Prevention and control of COVID-19 in long-term care facilities' webpage, i.e. the table[iv] of surveillance descriptors or in Table A2 of the ECDC guidance document Surveillance of COVID-19 in long-term care facilities in the EU/EEA (19 May 2020).
- Total number of LTCF residents, nationally - if data are unavailable, ECDC may utilise an estimate, calculated from the 'N of LTCF beds, nationally' and the average bed occupancy rate. The latter can be extracted from both national HALT-3 PPS data; and the average turnover of residents during this pandemic, estimated from published literature[v].
- Total number of LTCF staff, nationally.

Description of variables to report to TESSy

Mandatory variables to include in submissions to TESSy

Data source (mandatory)

TESSy variable:	*DataSource*
Desciption:	The data source specifies the surveillance system from which the data originate and are generated and revised/updated by the National Focal Point for Surveillance in each Member State. The descriptions of the surveillance systems submitted to TESSy should be kept up to date and will be used to assist with data interpretation.
Permitted values:	As this surveillance (NCOVLTCFAGGR) and facility-level surveillance (i.e. NCOVLTCF) both use the same Subject, it is important that countries reporting both record types do not use the same of *DataSource* name for both NCOVLTCFAGGR and NCOVLTCF, to avoid over-writing any data. For this reason, ECDC has pre-assigned each country's DataSource as 'CountryCode-NCOVLTCFAGGR'. The name of the DataSource can be edited e.g. in case different data sources report data for the same country (e.g. sub-national levels).

Record type (mandatory)

TESSy variable:	*RecordType*
Permitted value:	NCOVLTCFAGGR
Comments:	The record type defines the structure and the format of the reported data. The record types are defined by ECDC and are related to the subject. Only valid combinations of subject, record type and data source are accepted.

Record type version (mandatory)

TESSy variable:	*RecordTypeVersion*
Permitted value(s):	1
Comments:	The version of the record type defines the current structure of the data reported. If the dataset is changed, the version changes to the next higher integer. The current version of the NCOVLTCF record type is 1. This variable is not mandatory as TESSy concludes the record type version from the metadataset indicated. The variable RecordTypeVersion allows to override this default.

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iv Expected publication: February 2021

v For example, Available at: https://bmjopen.bmj.com/content/10/3/e033881

Subject (mandatory)

TESSy variable:	*Subject*
Permitted value:	NCOVLTCF
Definition:	The subject describes the disease that is being reported.
Comments:	Note that this is the same Subject as for the LTCF-level reporting.

Date used for statistics (mandatory)

TESSy variable:	*DateUsedForStatistics*
Permitted values:	yyyy-Www , e.g. 2020-W50
Definition:	The week to which the reported data refer.

Preferably, in order to facilitate alignment of national and ECDC outputs that report data from this surveillance activity, the weekly data should refer to Monday—Sunday national data. Otherwise, this week should match the 7-day period used by the national surveillance institute/organisation in official statistics.

Reporting country (mandatory)

TESSy variable:	*ReportingCountry*
Definition:	The country reporting the record.
Permitted values:	In the TESSy metadata, the coded value list named '[Countries]' contains a two-letter code based on the international organization for standardization (ISO) 3166-1-alpha-2. A country may have different data sources, e.g. for different sub-national levels.

Denominator variables

See the section above 'Periodic survey of selected denominator data' regarding other denominators.

Total number of LTCFs

Requirement:	Optional
TESSy variable:	*NumLTCFs*
Permitted values:	Integer, UNK
Definition:	Total number of LTCFs (separate sites or geographical entities) in your country/region, according to national/regional definition of LTCFs, which were eligible to participate in this surveillance this week.
Comments:	It is possible for this denominator to be identical in each sequential weekly report. The reasons why this denominator may change from one week to the next include, but are not limited to: - a change in the geographical coverage of the surveillance; - a change in the types of LTCFs are included in surveillance (e.g. private); - an update to the national registry of LTCFs; - an update in the national definition of a LTCF. The periodic survey (see above) will collect data on the 'total number of LTCFs, nationally', to enable calculation of national coverage. For example, in a country with 1 000 LTCFs, in which most regions participated (800 LTCFs), recruiting only public LTCFs (75% of all LTCFs, i.e. *NumLTCFs*=600), then the national coverage was 60% (i.e. 600/1 000 LTCFs).

Variables to describe national trends in the number/proportion of COVID-19-affected LTCFs.

Number of LTCFs with at least one newly confirmed COVID-19 case

Requirement:	Optional
TESSy variable:	*NumLTCFsConfirmedCovid*
Permitted values:	Integer, UNK
Definition:	Total number of LTCFs that received at least one new laboratory confirmation of COVID-19 amongst residents, on any of the 7 days included in this weekly report.
Comments:	Report the total number of LTCFs that had at least 1 resident with a new positive laboratory confirmation (e.g. a positive RT-PCR or RADT) of COVID-19, on any of the 7 days included in this weekly report.

Number of LTCFs newly notifying a cluster/outbreak of COVID-19

Requirement:	Optional
TESSy variable:	*NumLTCFsConfirmedClusterCovid*
Permitted values:	Integer, UNK
Definition:	Total number of LTCFs that made a new notification, or received a new notificationthat they met the national definition of a current cluster or outbreak of COVID-19, on any of the 7 days included in this weekly report.
Comments:	Report the total number of LTCFs that newly notified, or were newly notified, that they had a cluster or outbreak of COVID-19 (according to national definitions), on any of the 7 days included in this weekly report.
	For example, countries that have national surveillance system that specifically record clusters/outbreaks (e.g. the surveillance systems of BE, IE, FR, NL, SI) might derive this from the date that COVID-19 clusters/outbreaks in LTCFs were recorded in that system.
	Note that the periodic survey (see above) records the national definition of a cluster/outbreak.

Variables to describe national trends in COVID-19 testing

Number of LTCF residents tested for SARS-CoV-2

Requirement:	Optional
TESSy variable:	*NumTestedCovidResidents*
Permitted values:	Integer, UNK
Definition:	Total number of LTCF residents tested for SARS-CoV-2 (e.g. by RT-PCR or RADT) during this reporting week.
Comments:	If testing data are available, but not available at a weekly level, estimate tests/week assuming a constant testing rate. For example, if only monthly data are available, and 1 000 tests were performed in August 2020, then report '226' tests for every week in wk32-wk35 2020, i.e. (1 000 tests / 31 days $\times$ 7days).

Variables to describe national trends in the incidence of COVID-19 cases

Number of new COVID-19 cases amongst LTCF residents

Requirement:	Recommended, i.e. 'True (Warning)'
TESSy variable:	*NumTotCovidResidents*, UNK
Permitted values:	Integer
Definition:	Total number of new COVID-19 cases, <u>including every category of case</u>, amongst LTCF residents, during this reporting week.
Comments:	Include all cases for all case categories. According to the current ECDC case classification, this implies including all possible, probable and confirmed cases. See note ② below.

Number of new confirmed COVID-19 cases amongst LTCF residents

Requirement:	Optional
TESSy variable:	*NumConfCovidResidents*
Permitted values:	Integer, UNK
Definition:	Total number of new <u>confirmed</u> COVID-19 cases, amongst LTCF residents, during this reporting week.
Comments:	See note ① below.

Variables to describe national trends in the incidence of fatal COVID-19 cases

Number of new deaths amongst COVID-19 cases amongst LTCF residents

Requirement:	Recommended, i.e. 'True (Warning)'
TESSy variable:	*NumDeathTotCovidResidents*
Permitted values:	Integer, UNK
Definition:	Total number of new deaths, from any cause, that occurred in any location (e.g. in-LTCF, in-hospital, or any other location), during this reporting week, amongst all LTCF residents who were COVID-19 cases, <u>including every category of case</u>.
Comments:	See notes ② and ③ below.

Number of new deaths, amongst confirmed COVID-19 cases amongst LTCF residents

Requirement:	Optional
TESSy variable:	*NumDeathConfCovidResidents*
Permitted values:	Integer, UNK
Definition:	Total number of new deaths, from any cause, that occurred in any location (e.g. in-LTCF, in-hospital, or any other location), during this reporting week, amongst LTCF residents who were <u>confirmed</u> COVID-19 cases.
Comments:	See notes ① and ③ below.

Number of new deaths in LTCFs, amongst COVID-19 cases amongst LTCF residents

Requirement:	Optional
TESSy variable:	*NumDeathTotCovidResLTCF*
Permitted values:	Integer, UNK
Definition:	Total number of new deaths, from any cause, that occurred in the LTCF (and not in any other location, e.g. in hospital), during this reporting week, amongst all LTCF residents who were COVID-19 cases, including every category of case.
Comments:	See notes ② and ③ below.

Number of new deaths in LTCFs, amongst confirmed COVID-19 cases amongst LTCF residents

Requirement:	Optional
TESSy variable:	*NumDeathConfCovidResLTCF*
Permitted values:	Integer, UNK
Definition:	Total number of deaths that occurred in the LTCF, (and not in any other location, e.g. hospital), during this reporting week, amongst all LTCF residents who were confirmed COVID-19 cases.
Comments:	See notes ① and ③ below.

General notes:

- When reporting laboratory-confirmed cases, include all cases that had a positive laboratory test for SARS-CoV-2 (e.g. RT-PCR, RADT). According to the current ECDC case definition, this corresponds to a confirmed case.
  See: *NumConfCovidResidents, NumDeathConfCovidResidents* and *NumDeathConfCovidResLTCF*
- When reporting the total number of new COVID-19 cases, or new deaths amongst COVID-19 cases, include all cases for all case categories, including any cases with an unknown case category. According to the current ECDC definition (which does not include the category 'unknown') this implies including all 'possible', 'probable' and 'confirmed' cases.
  See: *NumTotCovidResidents, NumDeathTotCovidResidents* and *NumDeathTotCovidResLTCF*
- During analysis, ECDC will assume that all deaths of COVID-19 cases that did not occur in LTCFs did occur in a hospital. This can be calculated for weeks of national data that contain data on the total number of deaths (i.e. *NumDeathTotCovidResidents* or *NumDeathConfCovidResidents*) and also the number of deaths that occurred in LTCFs (i.e. *NumDeathTotCovidResLTCF* or *NumDeathConfCovidResLTCF*)

Variables to describe national trends in COVID-19 vaccination

Number of fully-COVID—19-vaccinated LTCF residents

Requirement:	Optional
TESSy variable:	*DoseSecondResidents*
Permitted values:	Integer, UNK
Definition:	Total number of LTCF residents, during this reporting week, that have received the final dose of the required number of doses of a COVID-19 vaccine regimen, to be considered 'fully vaccinated'. For example, if two doses are required, report the number of LTCF residents who received the second dose during this reporting week.

Comments:	If a vaccine is used that requires more than two doses, then record the number of LTCF residents who received the final dose of the required number of doses during this week.
	If vaccination data are available, but not available weekly, estimate the number per week assuming a constant vaccination rate. For example, if only monthly data are available, and 1 000 LTCF residents received their second dose of a 2-dose vaccine regimen in January 2021, then report '226' LTCF residents (1 000 vaccinated residents / 31 days × 7 days) for every week in wk1-wk4 2021.

Number of fully-COVID-19-vaccinated LTCF staff

Requirement:	Optional
TESSy variable:	*DoseSecondStaff*
Permitted values:	Integer, UNK
Definition:	Total number of LTCF staff, during this reporting week, that have received the final dose of the required number of doses of a COVID-19 vaccine regimen, to be considered 'fully vaccinated'. For example, if two doses are required, report the number of LTCF staff members who received the second dose during this reporting week.
Comments:	If a vaccine is used that requires more than two doses, then record the number of LTCF staff members who received the final dose of the required number of doses during this week.
	If vaccination data are available, but not available weekly, estimate the number per week assuming a constant vaccination rate. For example, if only monthly data are available, and 1 000 LTCF staff received their second dose of a 2-dose vaccine regiment in January 2021, then report '226' LTCF staff (1 000 vaccinated staff / 31 days × 7 days) for every week in wk1-wk4 2021.

Variables that are usually mandatory in other metadata, but not included in this metadata

Record identifier (not required). TESSy variable: *RecordId*

For other diseases/surveillance, the record identifier is provided by the Member State, and is both unique within the national disease surveillance system and anonymous.

However, for NCOVLTCFAGGR, the record is uniquely identified by the DataSource (which almost invariably relates to a country) and the DateUsedForStatistics (i.e. the week).

Status (not required). TESSy variable: *Status*

For other diseases/surveillance, the status is used for updating data; the default is New/Update. By choosing 'Delete', the selected record (or batch of data) will be marked as inactive, but will remain in TESSy to reconstruct the data for a given date in the past.

However, for NCOVLTCFAGGR, the data is defined by the reporting period, with one entry (row) per reporting period (i.e. week). If the 'DataSource' **has not** previously reported data for that week, TESSy will accept the data as new. If the 'DataSource' **has** previously reported data for that week, TESSy will over-write the previously-uploaded data.

Annex 1. Submitting data to TESSy

The most recent metadata set is available from the TESSy website under technical guidelines and tools tab (as shown below).
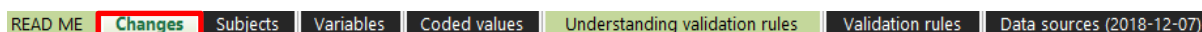
| Home | Upload | Review | Query | Reports | Data sources | Network workspace | My profile | **Documents** |

| General Documents | Communication | Guides And Training | Disease Specific | **Technical Guidelines & Tools** | Contact Help Desk |

Documented changes to this disease metadata

RecordType: NCOVLTCFAGGR: There are no revisions to this metadata. The current RecordType is Version 1.

Locating metadata change history

When you open a metadata set, the Excel file has a tab 'Changes', recording historical changes.

| READ ME | **Changes** | Subjects | Variables | Coded values | Understanding validation rules | Validation rules | Data sources (2018-12-07) |

Preparing data for upload to TESSy

For all RecordTypes, data may be entered directly in TESSy for individual LTCF surveillance periods ('Manually create a record'). For any batch reporting by file upload (CSV or XML format), after you have exported the data from your national database, you need to ensure that the data are in a format that TESSy can accept.

Using TESSy metadata to prepare the upload

The TESSy metadata define the fields and data formats that are valid as input to TESSy for a given subject.

As requirements to the data to be shared among TESSy users change, the data changes needed to support the new requirements are identified and agreed upon between the National Focal Points and ECDC's Disease Experts, and then implemented as changes to the TESSy metadata.

To ensure that your data can be saved correctly in TESSy, you therefore need to check that your data are correctly formatted according to the most recent metadata aset.

Changes to the metadata for the subject of this Reporting Protocol are described in:

- Changes to current metadata – changes since the last Reporting Protocol.
- Annex 1 Metadata change history – all preceding changes.
- It is especially important to focus on:
- **Field formats.** Many fields require that data are formatted in a specific way. For example, if the data type is NUM and the permitted format is Integer, whole numbers must be used and decimals are not permitted, e.g. 2 will be permitted whilst 2.1 will not.
- **Coded values.** Some fields only permit the use of specific values (coded values). For example, the TESSy variable *ReportingCountry* that permits the coded value list [Countries] (e.g. **AT**, **BE**, **CY**, or **CZ**). Values entered into this TESSy variable that are not in this coded value list will be rejected.

The metadata file contains all the definitions and rules you need to comply with to format your data correctly for every subject (usually a disease). The file can be downloaded as an Excel file from the TESSy documents website.

By filtering the fields in the file by subject, you can see the fields required for your subject and the rules applying to these fields. ⓘ The Tessy User Guide[vi] provides an overview of how you work with the metadata file, and the TESSy user documentation provides in-depth details on metadata.

[vi] TESSy User Guide, available at: https://tessy.ecdc.europa.eu/TessyHelp/HelpAndManuals/TESSy%20_User_Guide_v3.28.pdf

Submitting your data to TESSy

Data are submitted through the TESSy web interface (go to **Upload**). Previously reported data can be consulted through TESSy (go to **Review**).

| Home | Upload | Review | Query | Reports | Data sources | Network workspace | My profile | Documents |

The Tessy User Guide^{vii} provides an overview of how you submit files to TESSy, and the TESSy user documentation provides in-depth descriptions of all the upload methods.

Finalising your TESSy submission

The compliance of your data with the validation rules in the metadata is checked automatically during the data upload process.

The result of your upload – i.e. rejected or validated – is displayed immediately after the conclusion of the check in the **Validation details** webpage. Please review the result carefully:

- If your file has been rejected, there will be a message explaining each instance of non-compliance with the metadata that you need to correct.
- If your file has been validated, there might be warnings and remarks relating to possible data quality issues or to potential overwriting of existing records that you should consider.

When you file has been validated and you are satisfied that all corrections have been made, please ensure prompt approval – unapproved uploads can block for the approval of other uploads.

The TESSy user documentation provides information on reviewing validation results and adjusting reporting periods to avoid overwriting existing records.

Finding further information

Paragraphs denoted by the information icon tell where you can find further information.

Updated links to all the schedules, documentation and training materials mentioned in this Reporting Protocol are included in the TESSy Technical Guidelines & Tools (see the menu 'Technical Guidelines and Tools' when logged in TESSy), including:

- Metadata sets and history.
- Tutorials for data transformation using respectively Excel and Access.
- TESSy user documentation.
- CSV and XML transport protocols.

Additional help: TESSy HelpDesk

Email: TESSy@ecdc.europa.eu

Telephone number: **+46-(0)8-5860 1601**

Availability: 9:00 – 16:00 Stockholm time, Monday to Friday (except ECDC Holidays)

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^{vii}TESSy User Guide, available at: https://tessy.ecdc.europa.eu/TessyHelp/HelpAndManuals/TESSy%20_User_Guide_v3.28.pdf

Annex 2. National surveillance reports containing data on COVID-19 in LTCFs

As of 31 January 2021

Belgium

Weekly report on COVID-19 in Belgian nursing homes (in Dutch):
https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_Surveillance_WZC.pdf

Weekly report on COVID-19 in Belgian nursing homes (in French):
https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_Surveillance_MR_MRS.pdf

Denmark

Statens Serum Institute (SSI) Ugentlige opgørelser med overvågningsdata (in Danish):
https://covid19.ssi.dk/overvagningsdata/ugentlige-opgorelser-med-overvaagningsdata

France

https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/bulletin-national/covid-19-point-epidemiologique-du-31-decembre-2020

Germany

Daily reports since January 2021: Data on LTCFs: Presentation of the number of all COVID-19-cases, cases >= 60 years, cases with hospitalisation, deaths, differentiated for residents and staff

Weekly reports: Graphical presentation of confirmed COVID-19-cases which have been reported within the frame of outbreaks (>=2 cases) allocated to different settings including LTCFs. Data are presented per reporting week.

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Gesamt.html;jsessionid=AA61538BAD89948A0C030F3645D38816.internet051?nn=2386228

Ireland

Weekly COVID-19 outbreak reports:
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19outbreaksclustersinireland/

Spain

Instituto de Mayores y Servicios Sociales (IMSERSO):
https://www.imserso.es/imserso_01/documentacion/estadisticas/info_d/covid19_dep/index.htm

Ministry of Health, Consumer Affairs and Social Welfare (MSCBS):
https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos.htm

Sweden

Folkhälsomyndigheten (FoHM) (in Swedish):
https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/statistik-och-analyser/veckorapporten-om-covid-19/

Socialstyrelsen (in Swedish):
https://www.socialstyrelsen.se/statistik-och-data/statistik/statistik-om-covid-19/statistik-om-covid-19-bland-aldre-efter-boendeform/

Annex 3. National protocols specifying collection of surveillance data on COVID-19 in LTCFs

As of 31 January 2021

Belgium

https://www.sciensano.be/sites/default/files/20210111_protocol_covid-19_surveillance_in_residential_institutions_v4.2_final.pdf

France

Outils pour la surveillance épidémiologique de la COVID-19 en EHPAD et EMS
https://www.santepubliquefrance.fr/dossiers/coronavirus-covid-19/covid-19-outils-pour-les-professionnels-de-sante

Ireland

COVID-19 outbreak definition
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/covid-19outbreakcasedefinitionforireland/

Spain

Ministry of Health, Consumer Affairs and Social Welfare (MSCBS):
https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos.htm

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