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The National Healthcare Safety Network (NHSN) Manual

COVID-19 VACCINATION PROTOCOL

Weekly COVID-19 Vaccination Module for Healthcare Personnel

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1. Introduction to the Weekly COVID-19 Vaccination Modules

Background: NHSN launched the Weekly COVID-19 Vaccination Modules in December 2020. Long-term care facilities report COVID-19 vaccination data on healthcare personnel through the Long-term Care Facility (LTCF) Component. Non-long-term care facilities (such as acute care facilities) report COVID-19 vaccination data on healthcare personnel through the Healthcare Personnel Safety Component.

Objectives: NHSN designed the Weekly COVID-19 Vaccination Modules to ensure that reporting of COVID-19 vaccination data is both consistent over time within a single healthcare facility and comparable across facilities. Facilities can use these modules to collect, track and report COVID-19 vaccination data on a weekly basis. Facilities can submit data manually or via .CSV upload. LTCFs have the additional option to use the Person-Level (Event-Level) COVID-19 Vaccination Forms to report data to the main weekly healthcare personnel and resident vaccination modules. Various healthcare facilities benefit by receiving technical support and standardized methodologies including a Web-based application for conducting vaccination surveillance activities. Improvements in tracking and reporting vaccination status from using NHSN to monitor COVID-19 vaccination allows facilities to better identify and target unvaccinated persons which may also result in increased COVID-19 vaccination.

Authorities at the local and national levels can use NHSN vaccination coverage data to identify coverage gaps. Users can also combine NHSN data with data on infection rates to inform infection control policies and recommendations.

2. Monthly Reporting Plans for the COVID-19 Vaccination Modules

Healthcare Personnel Safety Component

For reporting weeks during October 2021 through May 2022, NHSN facilities use the *Healthcare Personnel Safety Monthly Reporting Plan (CDC 57.203)* to inform CDC which Healthcare Personnel Safety Component modules are used during a given month. This allows CDC to select data that should be included in the aggregate data pool for analysis. Each facility must enter a monthly reporting plan to indicate the modules to be used, if any, and the exposures and/or vaccinations that will be monitored.

Facilities complete a reporting plan for COVID-19 vaccination summary data for healthcare personnel in the Weekly COVID-19 Vaccination Module within the Healthcare Personnel Safety (HPS) Component for each month COVID-19 vaccination summary data are entered into NHSN for weeks during October 2021 through May 2022. The [Instructions for Completion of the Healthcare Personnel Safety Monthly Reporting Plan Form \(CDC 57.203\)](#) includes brief instructions for how to complete the MRP.



However, as of June 2022, a monthly reporting plan is no longer required. Instead, upon saving or uploading data, users agree to the following:

- a. The data reported are consistent with definitions outlined in NHSN surveillance protocols (including tables of instructions and frequently asked questions).
- b. The data will be sent to the Centers for Medicare and Medicaid Services (CMS) to fulfill CMS quality reporting requirements (when applicable).

Long-term Care Facility Component

Facilities complete a reporting plan for COVID-19 vaccination summary data for healthcare personnel in the Weekly COVID-19 Vaccination Module within the Long-term Care Facility Component for each month COVID-19 vaccination summary data are entered into NHSN for weeks during October 2021 through May 2022. The [Instructions for Completion of Monthly Plan LTCF Form \(cdc.gov\)](#) (CDC 57.141) includes brief instructions for how to complete the MRP.

However, as of June 2022, a monthly reporting plan is no longer required. Instead, upon saving or uploading data, users agree to the following:

- a. The data reported are consistent with definitions outlined in NHSN surveillance protocols (including tables of instructions and frequently asked questions).
- b. The data will be sent to the Centers for Medicare and Medicaid Services (CMS) to fulfill CMS quality reporting requirements (when applicable).



3. COVID-19 Vaccination Coverage among Healthcare Personnel

Background

In 2020, the spread of the COVID-19 (Severe Acute Respiratory Syndrome Coronavirus-2) virus constituted a global pandemic. In response, COVID-19 vaccines were initially introduced in December 2020 for certain populations, including healthcare personnel (HCP). The NHSN HCP COVID-19 Vaccination Cumulative Summary Module collects data on COVID-19 vaccination coverage among HCP working at facilities across the United States.

Settings

All types of healthcare facilities including acute care hospitals, long-term acute care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, LTCFs, outpatient dialysis centers, and ambulatory surgery centers may enroll in NHSN and report COVID-19 vaccination data.

Requirements

Participating facilities are required to report data according to this protocol, using the NHSN definitions described herein, to ensure data are uniformly reported across facilities. Monthly reporting plans must be created or updated to include COVID-19 vaccination data summary reporting for weeks during October 2021 through May 2022 within the HPS and LTCF Components. After May 2022, a monthly reporting plan is no longer required to enter COVID-19 vaccination summary data.

CDC/NHSN encourages facilities to update HCP COVID-19 vaccination summary data on a weekly basis so they have the greatest impact on COVID-19 vaccination activities. Please refer to the following resources for information on Centers for Medicare and Medicaid Services (CMS) reporting requirements:

Acute care hospitals and long-term care hospitals: [Federal Register :: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Changes to Medicaid Provider Enrollment; and Changes to the Medicare Shared Savings Program](#)

Ambulatory surgery centers: [Federal Register :: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model](#)

Inpatient psychiatric facilities: [Federal Register :: Medicare Program; FY 2022 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2021 \(FY 2022\)](#)



Inpatient rehabilitation facilities: [Federal Register :: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2022 and Updates to the IRF Quality Reporting Program; Payment for Complex Rehabilitative Wheelchairs and Related Accessories \(Including Seating Systems\) and Seat and Back Cushions Furnished in Connection With Such Wheelchairs](#)

LTCFs: [Federal Register :: Medicare and Medicaid Programs; COVID-19 Vaccine Requirements for Long-Term Care \(LTC\) Facilities and Intermediate Care Facilities for Individuals With Intellectual Disabilities \(ICFs-IID\) Residents, Clients, and Staff](#)

Reporting Instructions

Forms, Description, and Purpose

All facilities reporting HCP COVID-19 vaccination data must complete the following data collection forms.

Monthly Reporting Plans (for weeks during October 2021 through May 2022 only)

- *HCP Safety Monthly Reporting Plan Form (CDC 57.203)*
- *Monthly Reporting Plan for LTCFs (CDC 57.141)*
 - These two forms collect data on which modules and months (if any) the facility intends to participate. Facilities complete a plan for reporting COVID-19 vaccination summary data for HCP in the Weekly COVID-19 Vaccination Modules for each month COVID-19 vaccination summary data are entered into NHSN.

Data Collection Form

- *Weekly COVID-19 Summary Data Form for Healthcare Personnel (CDC 57.219)*
 - This is used to collect data on summary COVID-19 vaccination counts among HCP working in a facility. Facilities can enter data each week, defined as Monday through Sunday. Facilities can also edit and update data after the initial data entry. Complete all required fields indicated with an asterisk when entering data; otherwise, the data cannot be saved. Facilities are required to enter data for all four categories of HCP. Users should enter “0” in a field if no HCP at the facility fall into that category.
 - Please note that a week is designated as belonging to the month of the week-end date. For example, reporting data for the week of September 27 through October 3 is considered as submitting data for a week in October.

Denominator Categories

The denominator consists of the number of HCP eligible to work in the healthcare facility for at least one day during the week of data collection. Facilities must collect and report denominator data for the four required categories of HCP.

- a. Employees: This includes all persons receiving a direct paycheck from the reporting



facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact.

- b. Licensed independent practitioners (LIPs): This includes physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility’s payroll.
- c. Adult students/trainees and volunteers: This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
- d. Other contract personnel: Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the other denominator categories. Please note that this also includes vendors providing care, treatment, or services at the facility who may or may not be paid through a contract. (See Appendix A for a list of contract personnel and vendor examples.)

Denominator Notes

1. HCP eligible to have worked include individuals who are scheduled to work in the facility at least one day every week. Working any part of a day is considered as working one day. Include HCP even if they are on temporary leave during the week of data collection. Temporary leave is defined as less than or equal to two weeks in duration; examples include sick leave or vacation. A healthcare worker is not included in the denominator for the current week of data collection in instances where temporary leave extends past two weeks.

2. Include HCP who worked full-time and part-time. HCP are counted as individuals rather than full-time equivalents.

3. If HCP were eligible to have worked in two or more facilities, each facility must include such personnel in their denominator. Each person is counted only once in the denominator. The denominator categories are mutually exclusive. The numerator data are reported separately for each of the denominator categories.

4. HCP not yet eligible to receive COVID-19 vaccination due to age are excluded from the denominator.

5. The NHSN application automatically calculates the total values for two fields in the NHSN application: “all core HCP” and “all HCP.” The all core HCP field is the sum of employees, licensed independent practitioners, and adult students/trainees and volunteers. The all HCP field



is the sum of employees, licensed independent practitioners, adult students/trainees and volunteers, and other contract personnel.

Numerator Categories

HCP should be counted as vaccinated if they received COVID-19 vaccination any time from when it first became available in December 2020. A completed primary series vaccination course may require one or more doses depending on the specific vaccine used. Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines. Please visit <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html> for more information on who is considered fully vaccinated.

Facilities are required to complete the following numerator fields in the NHSN application:

- a. received a completed COVID-19 vaccination course administered at the healthcare facility; or reported in writing (paper or electronic) or provided documentation that a completed COVID-19 vaccination course was received elsewhere; or
- b. were determined to have a medical contraindication, defined as: severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
- c. were offered but declined COVID-19 vaccination; or
- d. had an unknown vaccination status or did not otherwise meet any of the definitions of the other numerator categories.

Numerator Notes

1. Persons who received vaccination outside of the facility but did not provide written documentation should be categorized as having unknown vaccination status.
2. Persons who declined vaccination because of conditions other than those specified in category (b) above should be categorized as declined vaccination.*
3. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccination.
4. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as declined vaccination.
5. The numerator data are mutually exclusive. The sum of the numerator categories (listed in a. through d. above) should be equal to the denominator for each HCP group.



6. The NHSN application automatically calculates the total value for “Any completed COVID-19 vaccine series.” This is the cumulative number of HCP who completed any COVID-19 vaccine series (dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion) at the facility or elsewhere (for example, a pharmacy).
7. For surveillance purposes, facilities are required to enter data in the NHSN application on the number of HCP who have received partial primary series vaccination, additional doses and booster doses of the COVID-19 vaccine, along with the number of HCP who are considered up to date with COVID-19 vaccines.
8. Facilities must report cumulative data. This cumulative count includes all individuals eligible to work at the facility and who were ever vaccinated (since December 2020) and not just those individuals vaccinated during the current reporting week.

*Note: For the purposes of this module, a medical contraindication to vaccination is defined as having a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine. A healthcare facility may grant medical exemptions to HCP with other conditions besides those defined for this module and may include these conditions in its list of acceptable medical contraindications to COVID-19 vaccination. However, only those HCP with one of the two conditions stated above are reportable to NHSN as having a medical contraindication to COVID-19 vaccination to ensure that data are comparable across different facilities reporting data using this module.

Data Sources

Data sources for the required data elements include management/personnel data (e.g., payroll or attendance records), medical or occupational health records (e.g., electronic health data) vaccination records, claims, instrument-based data, and immunization tracking. HCP can self-report in writing (paper or electronic) that the vaccination was received elsewhere or provide documentation of receipt of the COVID-19 vaccine elsewhere. Documentation must include the date and location of vaccine receipt and vaccine type. Verbal statements are not acceptable proof of vaccination outside the facility for this reporting module. However, HCP can provide verbal statements for medical contraindications to and declination of the COVID-19 vaccine, as written documentation is not required for NHSN reporting.

Methodology

The COVID-19 vaccination summary data reporting enables a healthcare facility to record weekly COVID-19 vaccination data for HCP eligible to work in the healthcare facility for at least one day during the reporting period. Data must be entered for the four denominator categories of HCP groups and the four numerator fields describing vaccination status. This module requires that data be collected as per CDC reporting requirements. Any new data that are



entered into NHSN will overwrite previously entered data.

Data Analyses

Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines. Please visit:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html> for more information on who is considered fully vaccinated.

Facilities participating in a CMS quality reporting program with the National Quality Forum- (NQF) endorsed quality measure for Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel (NQF# 3636) are required to report data for at least one week per month for this measure. Facilities can report data for more than one week per month; however, this is not mandatory. The week-end date determines which month a week is included in. For example, reporting data for the week of January 31 through February 6 is considered as submitting data for a week in February, not January. This is because the week-end date (February 6) is in February.

Each quarter, CDC will calculate a single quarterly HCP COVID-19 vaccination coverage rate for each facility, by taking the average of the data from the three weekly rates submitted by the facility for that quarter. If more than one week of data are submitted for the month, the most recent week of the month will be used.

The COVID-19 vaccination coverage rate for each quarter is calculated using the following formula:

$$\frac{\text{\# Cumulative total of HCP vaccinated}}{\text{\# HCP eligible to have worked (excluding contraindications)}} \times 100 = \text{Pct. of HCP vaccinated}$$

This primary calculation includes only the core HCP categories of employees, licensed independent practitioners, and adult students/trainees and volunteers who completed a COVID-19 vaccination course. HCP with contraindications to COVID-19 vaccination are excluded from the denominator. Vaccination percentages for individual HCP categories of employees, licensed independent practitioners, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner. For example, the calculation of the COVID-19 vaccination coverage rate for employees is listed below.

$$\frac{\text{\# Cumulative total of employees vaccinated}}{\text{\# employees eligible to have worked (excluding contraindications)}} \times 100 = \text{Pct. of employees vaccinated}$$

Note that the analysis reports available in NHSN include several rate calculations in addition to this primary measure of vaccination coverage.



4. Key Terms

Key term	Definition for purposes of the HCP COVID-19 Vaccination Summary Module
Adult students/trainees and volunteers	Medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
Contract personnel	Persons providing care, treatment, or services at the facility through a contract, regardless of clinical responsibility or patient contact, who do not meet the definition of employees, licensed independent practitioners, or adult students/trainees and volunteers. Please note this also includes vendors providing care, treatment, or services at the facility who may or may not be paid through a contract.
Cumulative data	Cumulative data accounts for all individuals eligible to work at the facility and who were ever vaccinated (not just those individuals vaccinated during the current reporting week).
Employees	Persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
Healthcare personnel (HCP)	The entire population of healthcare workers working in healthcare settings. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students/ trainees, and volunteers, contractual staff not employed by the healthcare facility (for example, clerical, dietary, housekeeping, maintenance, and volunteers), regardless of clinical responsibility or patient contact.
Healthcare worker (HCW)	A person who works in a healthcare facility, whether paid or unpaid, regardless of clinical responsibility or patient contact. Healthcare worker is the singular form of HCP.
Licensed independent practitioners (LIPs)	Physicians (MD, DO), advance practice nurses, and physician assistants who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on a facility's payroll.



Appendix A

COVID-19 Vaccination Summary: List of Contracted and Vendor Healthcare Personnel

Examples

The list below includes examples of contracted and vendor healthcare personnel (HCP) who provide direct patient care and who perform non-direct or non-patient care duties. HCP listed below can acquire COVID-19 from or transmit COVID-19 to patients, families, and other staff members. This list is not exhaustive.

Contracted and vendor HCP can include the following non-employee care providers who may or may not be involved in patient care:

- Admitting staff/clerical support/registrars
- Agency nurses
- Ambulance drivers (who enter the facility to assist with transportation)
- Biomedical engineers
- Central supply staff
- Chaplains
- Construction workers (working inside the facility)
- Dietary/food service staff
- Dieticians
- Dialysis technicians
- EKG technicians
- EMG technicians
- Home health aides
- Housekeeping staff
- Information Technology staff
- Laboratory: Phlebotomists
- Laboratory: Technicians
- Landscapers (working inside the facility)
- Laundry staff
- Maintenance staff/engineers
- Nursing aides
- Occupational therapists
- Patient care technicians
- Patient transporters
- Pharmacists
- Pharmacy/medication technicians
- Physical therapists
- Psychologists
- Psychology technicians/Mental health workers

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- Radiology: X-ray technicians
- Recreational therapists/Music therapists
- Respiratory therapists
- Security staff
- Social workers/Case managers
- Speech therapists
- Surgical technicians
- Traveling nurses
- Ultrasound technicians
- Utilization review nurses