

## Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities (CDC 57.219)

2 Pages

\*required for saving

| *Facility ID#:   |                                       |   |                                 |   |                                     |  |                           |
|--|---------------------------------------|---|---------------------------------|---|-------------------------------------|--|---------------------------|
| *Vaccination type: COVID-19  |                                       |   |                                 |   |                                     |  |                           |
| *Week of data collection (Monday – Sunday): __/__/__ - __/__/__  |                                       |   |                                 | *Date Last Modified: __/__/__                                   |                                     |  |                           |
| Cumulative Vaccination Coverage  |                                       |   |                                 |   |                                     |  |                           |
|  | Healthcare Personnel (HCP) Categories |   |                                 |   |                                     |  |                           |
|  | *All HCP<br>(Total)                   | Ancillary<br>services<br>employees <sup>a</sup> | Nurse<br>employees <sup>b</sup> | Aide,<br>assistant, and<br>technician<br>employees <sup>c</sup> | Therapist<br>employees <sup>d</sup> | Physician<br>and licensed<br>independent<br>practitioner<br>employees <sup>e</sup> | Other<br>HCP <sup>f</sup> |
| 1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection     |                                       |   |                                 |   |                                     |  |                           |
| 2. <b>Cumulative number</b> of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020: |                                       |   |                                 |   |                                     |  |                           |
| 2.1. * <b>Only dose 1</b> of Pfizer-BioNTech COVID-19 vaccine  |                                       |   |                                 |   |                                     |  |                           |
| 2.2. * <b>Dose 1 and dose 2</b> of Pfizer-BioNTech COVID-19 vaccine  |                                       |   |                                 |   |                                     |  |                           |
| 2.3. * <b>Only dose 1</b> of Moderna COVID-19 vaccine  |                                       |   |                                 |   |                                     |  |                           |
| 2.4. * <b>Dose 1 and dose 2</b> of Moderna COVID-19 vaccine  |                                       |   |                                 |   |                                     |  |                           |
| 2.5. * <b>Dose</b> of Janssen COVID-19 vaccine   |                                       |   |                                 |   |                                     |  |                           |
| 2.99. Complete COVID-19 vaccination series: unspecified manufacturer   |                                       |   |                                 |   |                                     |  |                           |
| * <b>Any</b> completed COVID-19 vaccine series   |                                       |   |                                 |   |                                     |  |                           |
| 3. <b>Cumulative number</b> of HCP in Question #1 with other conditions:   |                                       |   |                                 |   |                                     |  |                           |
| 3.1. *Medical contraindication or exclusion to COVID-19 vaccine  |                                       |   |                                 |   |                                     |  |                           |
| 3.2. Offered but declined COVID-19 vaccine   |                                       |   |                                 |   |                                     |  |                           |
| 3.3. Unknown COVID-19 vaccination status   |                                       |   |                                 |   |                                     |  |                           |
|  |                                       |   |                                 |   |                                     |  |                           |

- <sup>a</sup> Environmental, laundry, maintenance, and dietary services
- <sup>b</sup> Registered nurses and licensed practical/vocational nurses
- <sup>c</sup> Certified nursing assistants, nurse aides, medication aides, and medication assistants
- <sup>d</sup> Therapists (such as respiratory, occupational, physical, speech, and music therapists) and therapy assistants
- <sup>e</sup> Physicians, residents, fellows, advanced practice nurses, physician assistants
- <sup>f</sup> Persons not reported in the HCP categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees

**COVID-19 Vaccine(s) Supply**

Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.

\*4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's HCP:

- 4.1 Is your facility enrolled as a COVID-19 vaccination provider? [Select Yes or No]
- 4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]
- 4.3. Did your facility have other arrangements sufficient to offer all HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)? [Select Yes or No]
- 4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility. [Optional]

**Adverse Events following COVID-19 Vaccine(s)**

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html>. To help identify reports from NHSN sites, please enter your **NHSN orgID** in **Box 26** of the **VAERS form**.

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).  
CDC 57.219