

Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Residents of Long-Term Care Facilities (57.218, Rev 6)

This form is used to collect information on weekly COVID-19 vaccination counts among residents of long-term care facilities.

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-populated.
Vaccination Type	<i>Required.</i> COVID-19 is the default and only current choice.
Week of Data Collection	<i>Required.</i> Select the week that data are being collected. Weeks begin on a Monday and end on a Sunday.
Date Last Modified	The Date Last Modified will be auto-populated and indicate the date that these data were last changed by a user.
Question #1 (Denominator)	
1. Number of residents staying in this facility for at least 1 day during the week of data collection	<p><i>Required.</i> Defined as the total number of residents occupying a bed at this facility for at least 1 day (at least 24 hours) during the week of data collection.</p> <ul style="list-style-type: none"> • Each person should be counted only once in the denominator. • The total number of residents staying in this facility for at least 1 day during the week of data collection is required. <p><i>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</i></p>
Question #2 (Numerators)	<p>Cumulative number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) who have received COVID-19 vaccines <u>at this facility or elsewhere</u> (for example, a pharmacy) since December 2020.</p> <ul style="list-style-type: none"> • This question asks about an initial completed vaccine series. An initial completed series includes 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. Do not include information on additional or booster vaccine doses in question 2. For more information on what is considered fully vaccinated please visit:

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	<p>https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</p> <ul style="list-style-type: none"> Residents receiving vaccination elsewhere should provide documentation of vaccination, which includes vaccine type. Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the resident indicating when and where they received the COVID-19 vaccine. A note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the resident received the COVID-19 vaccine at that location is also permitted. Verbal statements are not acceptable to document vaccination outside the facility for the purposes of NHSN COVID-19 vaccination summary data reporting. If documentation was not provided, report these residents in question #3.3 (“Unknown COVID-19 vaccination status”).
<p>Add all COVID-19 vaccine(s) residents received</p>	<p><i>Required.</i> Select all specific COVID-19 vaccine(s) which residents received from a drop-down box on the data entry screen. Residents may have received different types of COVID-19 vaccines; therefore, facilities can select more than one type of COVID-19 vaccine. If a COVID-19 vaccine requires two doses, two questions will appear on the data entry screen:</p> <ul style="list-style-type: none"> Of the residents in question #1, enter the number of residents (cumulative to date) who received <u>only dose 1</u> of COVID-19 vaccine. Do not include residents who received more than one dose of the COVID-19 vaccine. Of the residents in question #1, enter the number of residents (cumulative to date) who received <u>dose 1 and dose 2</u> of COVID-19 vaccine. Do not include residents who received only one dose of COVID-19 vaccine. <p>If a COVID-19 vaccine requires only one dose, one question will appear on the data entry screen:</p> <ul style="list-style-type: none"> Of the residents in question #1, enter the number of residents (cumulative to date) who received <u>one dose</u> of COVID-19 vaccine.



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Complete COVID-19 vaccination series: unspecified manufacturer	<p>Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the number of residents (cumulative to date) with following vaccination status:</p> <ul style="list-style-type: none"> • Residents who received complete COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable. • Residents who received complete COVID-19 two-dose vaccination series and had documentation of different manufacturers for each dose received. • Residents who received complete COVID-19 vaccination by a vaccine manufacturer not listed in question #2 but listed for emergency use by the World Health Organization (WHO) and had documentation of complete vaccination. Additional information on vaccines listed for emergency use by WHO is available here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html • Residents who received complete COVID-19 vaccination through a clinical trial by a vaccine manufacturer not listed in question #2 and had documentation of complete vaccination. <p>Note: If the COVID-19 vaccine manufacturer is known for both doses, the vaccination manufacturer should be reported by specific vaccine type in question #2.</p>
Any completed COVID-19 vaccine series	This field will be auto-populated by NHSN using data entered for question #2 to determine the number of residents (cumulative to date) 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).
Question #3 (Other Conditions)	Cumulative number of residents in question #1 with other conditions:
3.1. Medical contraindications to COVID-19 vaccine	<i>Required.</i> Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the total number of residents not receiving vaccination due to a medical contraindication to one or more COVID-19 vaccine(s).

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	<p>Medical contraindications include severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine. Please see the most up-to-date list of contraindications and here: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.</p> <p>For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the <i>Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States</i> are not considered medical contraindications for COVID-19 vaccination, instead report these under question 3.2 (“Offered but declined COVID-19 vaccine”).</p>
<p>3.2. Offered but declined COVID-19 vaccine</p>	<p><i>Required.</i> Enter the total number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) that were offered COVID-19 vaccination but declined.</p> <p>The following residents should be counted in this category:</p> <ul style="list-style-type: none"> • Residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine. • Residents declining vaccination because of religious or philosophical objection. • Residents declining vaccination and who did not provide any information about the reason why they declined. • Residents declining vaccination for reasons other than an acceptable medical contraindication to the COVID-19 vaccine, or those who did not provide any information about the reason why they declined.
<p>3.3. Unknown COVID-19 vaccination status</p>	<p><i>Required.</i> Of the residents in question #1, enter the number of residents whose COVID-19 vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example, a facility may not have vaccination documentation for certain residents.</p>
<p><i>Please note that the sum of the numerator categories (question 2) and other conditions (question 3) must be equal to the denominator (question 1).</i></p>	

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<p>Question #4 (Residents receiving Additional Dose or Booster)</p> <p>Add all additional doses or boosters of COVID-19 vaccines residents received</p>	<p><i>Required.</i> Cumulative number of individuals with complete primary series vaccine in question #2 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021.</p> <p>Select all additional doses or boosters which residents received from a drop-down box on the data entry screen. Residents may have received different types of additional doses or boosters; therefore, facilities can select more than one type of COVID-19 vaccine.</p> <p>Note: If a facility does not have any individuals who received an additional dose or booster of COVID-19 vaccine, the facility should enter a zero (“0”) for question #5 (select any manufacturer from the dropdown). This will allow the form to save successfully.</p>
<p>Additional dose or booster of unspecified manufacturer</p>	<p>Enter the number of residents (cumulative to date) who received an additional dose or booster elsewhere, but the information for the specific manufacturer of the vaccine was unavailable.</p>
<p>Any additional dose or booster of COVID-19 vaccine series</p>	<p>This field will be auto-populated by NHSN using data entered for question #4 to determine the number of residents (cumulative to date) who received any additional dose or booster of COVID-19 vaccine series.</p>
<p>Question #5 (COVID-19 Vaccine(s) Supply)</p> <p>5. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility’s residents:</p>	<p><i>Required.</i> These questions assess COVID-19 vaccine supply at the facility each week.</p> <p>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.</p> <p>More information about the CDC COVID-19 Vaccination Program and how to become a COVID-19 vaccination providers: https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html.</p>
<p>5.1. Is your facility enrolled as a COVID-19 vaccination provider?</p>	<p><i>Required.</i> Select ‘Yes’ if the facility is currently enrolled as a COVID-19 vaccination provider. A facility may be enrolled as a federal, state, or local COVID-19 vaccination provider. At this time, all COVID-19 vaccine in the United States has been purchased by the U.S. government for administration exclusively by providers enrolled</p>



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	<p>in the CDC COVID-19 Vaccination Program. Only healthcare professionals enrolled as vaccination providers directly through a health practice or organization can legally store, handle, and administer COVID-19 vaccine in the United States. If yes, answer question 5.2.</p> <p>Select 'No' if the facility is not currently enrolled as any type of COVID-19 vaccination provider. If no, answer question 5.3.</p> <p>Note: If the facility entered data for an earlier week, then the answer previously selected for this question will auto-populate on the data entry screen. Please adjust your answer according to your facility's enrollment status during the current reporting week.</p>
<p>5.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer <u>all</u> residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]</p>	<p><i>Required if answered "yes" to question 5.1.</i></p> <p>Select 'Yes' if the facility had a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week. This means the facility was able to provide COVID-19 vaccine this week to all residents requesting COVID-19 vaccination.</p> <p>Select 'No' if the facility did not have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week.</p>
<p>5.3. Did your facility have other arrangements sufficient to offer <u>all</u> residents 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)?</p>	<p><i>Required if answered "no" to question 5.1.</i></p> <p>Select 'Yes' if the facility had other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week. For example, the facility may have a referral system in place for residents to receive COVID-19 vaccination at a health department or pharmacies.</p> <p>Select 'No' if the facility did not have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week.</p>

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5.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility.	<i>Optional.</i> Describe any other COVID-19 vaccination supply-related issue(s) at your facility. For example, a facility may describe attempts they have made to secure COVID-19 vaccine(s) for residents.

