

Instructions for Completion of the Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary (57.219, Rev 8)

This form is used to collect information on weekly COVID-19 vaccination counts among healthcare personnel (HCP) working at healthcare facilities.

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28, 2022, facilities also have the option to use the event-level COVID-19 vaccination forms and select the “view reporting summary and submit” to submit these data. Using the event-level forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates. Learn more here: (<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/tracking-worksheet-qrg-508.pdf>)

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-populated. This is your OrgID.
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.
<p>Question #1 (Denominator) Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection</p>	<p><i>Required.</i> HCP are defined as those who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact [defined by CMS as individuals who work in the facility on a regular (weekly) basis].</p> <ul style="list-style-type: none"> • HCP eligible to have worked include employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel who are scheduled to work in the facility at least one day every week. Working any part of a day is considered as working 1 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 2 weeks in duration. <ul style="list-style-type: none"> ○ Examples of temporary leave may include sick leave or vacation. In instances where temporary

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	<p>leave extends past 2 weeks, the healthcare worker should not be included in question #1 for the current week of data collection.</p> <ul style="list-style-type: none"> • Include persons who worked full-time and part-time. • If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator. Count HCP as individuals rather than full-time equivalents. • Data sources may include payroll or attendance records. Each person should be counted only once in the denominator. • The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories. <p><i>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</i></p>
All Core HCP	This number is the sum of employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants) and adult students/trainees & volunteers. This field is auto populated by NHSN.
All HCP	This number is the sum of employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel. This field is auto populated by NHSN.
Employee HCP (Staff on facility payroll)	<i>Required.</i> Defined as all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact.
Non-Employee HCP (Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants)	<i>Required.</i> Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only 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.
Non-Employee HCP (Adult students/trainees & volunteers)	<i>Required.</i> Defined as 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



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	employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
<p>Non-Employee HCP (Other Contract Personnel)</p>	<p><i>Required.</i> Defined as persons providing care, treatment, or services at the facility through a contract who do not meet the definition of any other required denominator category. Please note this also includes vendors providing care, treatment, or services at the facility who may or may not be paid through a contract. Please see FAQs for a list of examples of HCP who may be included in this category.</p>
<p>Question #2 (Numerators)</p> <p>Questions 2 asks about individuals' primary series COVID-19 vaccination series status. If an individual in question #1 has not received primary series COVID-19 vaccine(s), the reasons why are documented in Question #3 (other conditions).</p>	<p><i>Required.</i> Cumulative number of HCP in Question #1 who have received primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020 (for example, a pharmacy):</p> <p>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 who is considered fully vaccinated please visit: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</p> <ul style="list-style-type: none"> • HCP receiving vaccination elsewhere should provide documentation of vaccination. • Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the HCW indicating when and where they received the COVID-19 vaccine. A note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the HCW 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 HCP COVID-19 vaccination summary data reporting. • If documentation was not provided, report these HCP in question #3.3 ("Unknown COVID-19 vaccination status").



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2.1 Only 1 dose of a two-dose Primary COVID-19 vaccine series	<p><i>Required.</i> Of the HCP in question #1, enter the number of HCP (cumulative to date) who received only dose 1 of a <u>two-dose primary</u> COVID-19 vaccine series.</p> <p><u>Do not include HCP who received more than one dose of the COVID-19 vaccine.</u></p>
2.2 Any completed Primary COVID-19 vaccine series	<p><i>Required.</i> Enter the number of HCP (cumulative to date) who completed any primary 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).</p>
Question #3	Cumulative number of HCP in question #1 with other conditions:
3.1. Medical contraindication to COVID-19 vaccine	<p><i>Required.</i> Of the HCP in question #1, enter the total number of HCP not receiving vaccination due to a medical contraindication to one or more COVID-19 vaccine(s).</p> <p>Medical contraindications include history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, and history of a known diagnosed allergy to a component of the COVID-19 vaccine. Please see the most up-to-date list of contraindications here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.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 Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States as a contraindication are not considered medical contraindications for COVID-19 vaccination; instead, count these under question 3.2 (“Offered but declined COVID-19 vaccine”). Conditions classified as “precautions” in the <i>Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States</i> are <u>not</u> considered medical contraindications for COVID-19 vaccination for the purpose of</p>



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	NHSN surveillance and reporting and should be reported under question 3.2 (“Offered but declined COVID-19 vaccine”).
3.2. Offered but declined COVID-19 vaccine	<p><i>Required.</i> Enter the total number of HCP in question #1 that were offered COVID-19 vaccination but declined.</p> <p>The following HCP should be counted in this category:</p> <ul style="list-style-type: none"> • HCP declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine. • HCP declining vaccination because of religious or philosophical objection. • HCP declining vaccination and who did not provide any information about the reason why they declined. • HCP 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.
3.3. Unknown COVID-19 vaccination status	<p><i>Required.</i> Of the HCP in question #1, enter the number of HCP 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 HCP. HCP receiving only 1 dose one of a two-dose primary COVID-19 vaccine series with an unspecified manufacturer are also classified as having unknown vaccination status.</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) for each HCP group.</i></p>	
<p>Question #4 (HCP receiving Additional Dose(s) or Booster(s))</p>	<p><i>Required.</i> Enter the Cumulative number of HCP with complete primary series vaccine in Question #2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine at this facility or elsewhere since August 2021.</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 #4, this will allow the form to save successfully.</p>
<p>Question #5 (Up-to-date HCP)</p>	<p>Of the HCP in question #2, this question asks about individuals who are up to date with COVID-19 vaccination.</p>



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	<p>Please review the current definition of up to date: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</p> <p>Please review FAQs on additional and booster doses for examples on how to categories various individuals based on the number of doses they've received and when they received these doses: FAQs on Reporting COVID-19 Vaccination Data NHSN CDC</p>
<p>5. Up to date with COVID-19 vaccines</p>	<p><i>Required.</i> Enter cumulative number of HCP in question #2 who are up to date with COVID-19 vaccines according to the definition, found here: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</p>

