

# Healthcare Personnel Safety Component (HPS) Person-Level COVID-19 Vaccination Form: A How-To Guide

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## Purpose

Acute care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term acute care hospitals, ambulatory surgery centers (referred to throughout this document as inpatient Facilities/Ambulatory Surgery Centers facilities) are required to submit COVID-19 vaccination data via the Weekly COVID-19 Vaccination Module for at least one week per month to fulfill CMS reporting requirements, using the Healthcare Personnel Safety (HPS) component in NHSN. Data can be reported to this module in three ways, and this guide focuses on #3:

- 1. Directly into the data entry screens of the Weekly COVID-19 Vaccination Module.
- 2. Through .CSV upload into the Weekly COVID-19 Vaccination Module.

3. As of September 2023, Inpatient Facilities/Ambulatory Surgery Centers have the option to use the **Person-**Level Vaccination Form to enter vaccination information on individual Healthcare workers and click the "view reporting summary and submit" to auto-calculate the totals and submit these data to the Weekly COVID-19 Vaccination Module.

## What will be covered in this guide?

This guide covers how to enter a new record and update an existing record in the optional Person-Level COVID-19 Vaccination Form. This guide will also provide instructions for exporting and importing .CSV data. Please note that all examples in this guide use test data. These data are fictitious and are for educational purposes only.

## Who should use the Person-Level COVID-19 Vaccination Form?

We recommend that all **Inpatient Facilities/Ambulatory Surgery Centers** use the optional Person-Level COVID-19 Vaccination Form to ensure accurate summary of data when submitting Healthcare Personnel (HCP) data to the Weekly COVID-19 Vaccination Module.

#### What are the advantages of the Person-Level COVID-19 Vaccination Form?

Use of this form simplifies reporting summary data. The NHSN application automatically **calculates** the weekly summary totals based on the person-level data. This means those who use the Person-Level COVID-19 Vaccination Form will no longer need to manually calculate and enter totals in the summary form. The Person-Level COVID-19 Vaccination Form automatically classify individuals' up to date vaccination status for each reporting week of interest. Users enter/update the person-level data and click 'View Reporting Summary and Submit' to review the totals and submit their weekly data. The Person-Level COVID-19 Vaccination Form also help facilities organize and manage data on all HCP and capture changes in individuals' vaccination status over time.

# Accessing the Person-Level COVID-19 Vaccination Form

The optional Person-Level COVID-19 Vaccination Form is available in the Healthcare Personnel Safety (HPS) component of the NHSN application.

Select Person-Level COVID-19 Vaccination Form for HCP as seen in the image below.



This will take you to the data entry screen where person-level vaccination data can be entered, modified, or uploaded via .CSV file. This is the first step for any person-level data entry, upload, or modification.

#### **User Rights**

To enter person-level vaccination data for healthcare workers, the user must have the 'Administrator' or 'All Rights' box(s) checked under the Healthcare Personnel Safety column as seen in the image below to submit person-level data. Facility Administrators automatically have access to these data.

Rights		Healthcar	e Personne	el Safety
Administrator			5	2
All Rights			6	2
Analyze Data				
Add, Edit, Delete				
View Data				
Staff/Visitor - Add, Edit, Delete				
Staff/Visitor - View				
Customize Rights			C	
	Effectiv	ve Rights	Save	Back

A Facility Administrator or a user with administrator rights can grant these additional rights to users. The steps to grant these rights to additional users are as follows:

When you are on the NHSN Healthcare Personnel Safety Component Home Page:

- Navigate down to the "User" tab on the left-hand navigation bar.
- Hover over the tab and select "Add."
- Enter user information (an asterisk indicates required data for that field)

- Click "Save" at the bottom of the page.
- You should now be on the "Add User Rights" page.
- Check the appropriate Rights box(s) under the Healthcare Personnel Safety column.
- Click "Save" at the bottom of the screen once Rights are checked.

🐞 Add User Ri	ghts		
😡 User	saved successfully. P	Please add rights for the new user	
	User ID:		
	Facility List:	×	
	Rights	Healthcare Personnel Safety	
	Administrator All Rights		
	Analyze Data	<i>¥</i>	
	Add, Edit, Delete	×2	
	Staff/Visitor - Add, Edit, Delete	~	
	Staff/Visitor - View		
	Customize Rights		Advanced
	Effe	ective Rights Save Back	

• After you have selected "Save" look for the "Users rights save successfully" in the upper right-hand corner



• User rights are immediately granted, and the Person-Level COVID-19 Vaccination Form is ready for use.

Note: if the user cannot see the Person-Level COVID-19 Vaccination Form immediately, then log out of NHSN and log back in.

## Entering a New Person-Level Vaccination Record

There are other forms in NHSN that collect data on individual healthcare workers (e.g., Laboratory Testing, Exposure Information, Prophylaxis/Treatment). All individuals entered on these forms are stored in the NHSN Healthcare worker list. The NHSN person-level vaccination records are linked to the NHSN Healthcare worker list to provide consistency and integration across NHSN collection forms.

## Tips for creating Unique HCP Identifier

• Ensure that you are using the ID used for the same individual entered on other forms in NHSN.

- Avoid starting the ID with a 0 (zero) because if you ever decide to import a .CSV file, the .CSV drops the leading 0 (zero) and this changes the ID. This will result in duplicate rows for the same person with two different IDs.
- Avoid using birthday, first name, or last name only as the ID because this type of identification can be shared by more than one individual, so this will eventually create duplicates.

## Vaccination location type

When reporting individual healthcare worker data, you will be asked to indicate the vaccination location(s) the HCW is eligible to work. There are three vaccination location types to choose from in the drop-down box under the 'Vaccination location type' section. It is important to select the appropriate location type(s) when reporting your facility healthcare worker COVID-19 vaccination data. Select one or more locations to indicate which units they are eligible to work in such as the hospital, IPF Unit(s) and/or IRF Unit(s).

Hospital applies to all facility types other than an IPF unit or IRF unit with a unique CCN within another facility. In other words, hospital should be selected for acute care hospitals, long-term acute care hospitals, freestanding IPFs, freestanding IRFs, and ambulatory surgery centers.

Note: Not all mapped locations will appear as vaccination locations. **ONLY** Hospital (facility level) will appear unless the facility also has an IPF unit and/or IRF unit with a unique CCN that is mapped as a location of the parent facility. **Hospital** refers to the facility as a whole. If your facility is a freestanding IPF or a freestanding IRF (not an IPF unit or IRF unit with a unique CCN within another facility) you will not see the IPF Unit(s) or IRF Unit(s) in the drop-down and you will select the Hospital option in the drop-down box.

Person-Level COVID-	19	Vaccinatior	Form for HC	P					
<ul> <li>Add Row View Reporting S</li> </ul>	umm	ary & Submit	- Upload CSV	Export CSV	Ехро	rt SQL			
Race **		HCP Start of Employment Date *	HCP End of Employment Date	Vaccination location	type *		HCP Category *	Dose 1 vaccination date **	D
American Indian/Alaska Native	٥	05/25/2016			0				
				Hospital	-				•
Save Row Ø Cancel				IPF Unit(s)					
				IRF Unit(s)					

Please refer to the <u>Guidance on Enrollment and Reporting for Physically Separate Facilities/Units\* in NHSN (cdc.gov)</u> document for further information and guidance.

## Step 1: Enter Unique HCP Identifier and demographics

## The first step is to identify or enter an individuals' ID and demographic information.

#### Click + Add Row.

If you **know** the unique HCW identifier you are looking for, and this person has previously been entered in NHSN, type it in the Unique HCP Identifier box. Click the Select button and this will auto-fill in name, gender, and DOB. Finish entering

ethnicity, race, new start date, vaccination location type (Hospital, IPF Unit(s), IRF Unit(s)), HCP category, vaccination data, and click save row.

If you **do not know the** Unique HCP Identifier or do not know if this person has a record on the NHSN Healthcare worker list, click Find.

The text below will display when you hover over the Find button.

Person-	Level CO	VID-19 Vaccination Form	for HCP					
Add Row	View Repor	rting Summary & Submit Up	load CSV	- Export CSV Exp	ort SQL			
Unique HCP Ide	entifier *	HCP First Name *		HCP Last Name *	Gender **	Date of Birth <b>*</b> *	Ethnicity **	
	Find				~			•
Save Row Required fields mark	Find. If the in previously er please use th This will auto	dividual you are adding was ntered on another event-level form, is feature to select this individual. p-fill the following fields: identifier,						0
Delete Duplicat e Row	first name, la ethnicity, and	st name, gender, date of birth, d race. If the individual does not	t Name *	HCP Last	Name *	Gender **	Date of Birth **	
	be created w +Add Row bu	then you enter these fields using the utton and click save row.	-	Flinstone		Male Male	04/03/1984 04/03/1984	1

After you click the **Find** button, the NHSN Healthcare worker list will appear on the screen.

Change the **view** from 10 to 100 records.

Scan the list to see if the individual you are looking for has a record. You can also type the first or last name in the boxes below the corresponding headers.

# Example 1: The person I'm looking for already has a corresponding record on the NHSN Healthcare Worker list

Say you are looking for a record for an individual named Stormie Nyte with a birthday of 1/2/1970. She already has a record on the NHSN Healthcare worker list, so click on her row, then click the **Select** button.

Clicking the Select button will automatically fill in the name, gender, and DOB from her record on the NHSN Healthcare worker list. Although the row has auto filled the individuals' demographics; information with an asterisk(s) will need to be entered prior to saving the row for that individual.

			IN CA Page		100 •		/iew 1 - 16 of
Facility ID	+ HCWID	Las	t Name	First Name	•	Middle Name	Date of Bir
	X	-	X		x		x
0312	SN23456	Nyte		Stormie			01/02/19
	1.1.1			and the second se			

Example 2: The Individual you are entering vaccination data for does not already have a corresponding record on the NHSN Healthcare Worker list

Click + Add Row button. If you do not know if this person has a record on the NHSN list, click the **Find** button indicated by the #1 in the image below. Next, change the **view** from 10 to 100 records as shown in the image below with #2 and scan the list to see if the person you are looking for has a record.

Add Row	evel COVID-19 Vaccinat	ion Form for HCF	Export CSV	Export SQL		
Unique HCP Ider	tifier * HCP First Na	me *	HCP Last Name *	Gender **	Date of Birth <b>*</b> *	Ethnicity **
	Find			×		
Save Row	Find. If the individual you are adding previously entered on another event please use this feature to select this i This will auto-fill the following fields:	was -level form, ndividual. identifier,				
Delete e Row	first name, last name, gender, date of ethnicity, and race. If the individual d already have a record entered, a new	birth, t Name * oes not rrecord will	Flinstone	Last Name *	Gender ** Male	Date of Birth **
- +	be created when you enter these fiel +Add Row button and click save row.	ds using the	Flinstone		Male	04/03/1984

		14 <4 Pag	e 1 of 1 ▷ ▷ 10 ∨		View 1 - 9 of 9
Facility ID 🕈	HCW ID	Last Name	First Name	Middle Name	Date of Birth
	x	x	x	x	x
10563	ABCD	Воу	Astro		09/20/1999
10563	FCDA	Flinstone	XYZ		04/21/1960
10563	2238	Freeman	Judy		07/13/1962
10563	ABC	Man	JKL		03/26/1996
10563	8568	rllast	rlfirst		01/01/1955
10563	5555	Road	Rocky		05/06/1970
10563	222	tt	рр		09/10/1980
10563	HCW01	Worker	DEF		01/01/1955
10563	12345	XYZ	ABC	mtest	02/09/1977
		💷 << Pag	e 1 of 1 🕗 10 🗸		View 1 - 9 of 9

Select Cancel

If the individual does not have a record, click **cancel** as indicated by the #3 below.

					×				
	I         ✓         Page 1 of 1         Image 100 v         View 1 - 9 of 100 v								
Facility ID 🕈	HCW ID	Last Name	First Name	Middle Name	Date of Birth				
	x	x	x	x	x				
10563	ABCD	Воу	Astro		09/20/1999				
10563	FCDA	Flinstone	XYZ		04/21/1960				
10563	2238	Freeman	Judy		07/13/1962				
10563	ABC	Man	JKL		03/26/1996				
10563	8568	rllast	rlfirst		01/01/1955				
10563	5555	Road	Rocky		05/06/1970				
10563	222	tt	рр		09/10/1980				
10563	HCW01	Worker	DEF		01/01/1955				
10563	12345	XYZ	ABC	mtest	02/09/1977				
		🖙 🛹 Page	e 1 of 1 ▷ ▷ 100 ♥	\	/iew 1 - 9 of 9				



Since this individual does not have a corresponding record, type in a new, unique HCP identifier. An alert will appear indicating this is a new ID. Click OK to continue entering the data on this row.

Person-Level COVID-19	Vaccination Form for HCP			
Add Row View Reporting Sum	Alert	t CSV Export SQL		
Unique HCP Identifier *	Could not find HCP. You can directly enter a new HCP from this screen.	First Name *	HCP Last Name *	Gen
BL8956 Find	ОК			
Save Row Ø Cancel				Þ

Enter the individuals' vaccination information including vaccination location type, start of employment date, dose dates and vaccine manufacturers (or date of declining or medical contraindication) and click Save Row. If you do not know their vaccination status, you can enter an unknown vaccination status that is the same day as their admission or start date.

Person-Level C	OVID-19 Vaccination F	Form for HCP				
Add Row     View Rep	porting Summary & Submit	Upload CSV	Export CSV	Export SQL		
Unique HCP Identifier *	HCP First Name *		HCP Last Name *	Gender **	Date of Birth <b>*</b> *	Ethnicity **
BL8956 Find	Blue	Lagoon		Female 🗸	01/02/1970	Unknown
Save Row Ø Cancel						

Entering and saving a record for this new individual adds them to the NHSN Healthcare Worker list.

Note: If you are unable to obtain information on gender, ethnicity, and/or race, you may select the 'Unknown' option.

## Example 3: Adding demographic information for a new record

Click the + Add Row button. Enter Unique HCP Identifier, first name, Last name, Gender, DOB, Ethnicity, Race, HCP Start of Employment date, Vaccination location type, HCP Category, Vaccination information, etc.

😿 Person	-Level CC	OVID-19 Vaccination	Form for	r HCP					
+ Add Row	View Rep	orting Summary & Submit	<ul> <li>Upload</li> </ul>	CSV	• Export CSV	• Ехрог	t SQL		
Unique HCP Ide	entifier *	HCP First Name *			HCP Last Name *		Gender **	Date of Birth **	Ethnicity * *
SS8956	Find	Sunshine		Day			Gender**	03/15/1956	
Save Row	<ul><li>Cancel</li></ul>						Female Male Other	   	Hispanic or Latino Not Hispanic or Not Declined to respond Jnknown

For race, scroll down to see all checkbox options. *Note: You can select more than 1 race. If you select* **Declined to** *respond* or **Unknown**, you cannot check more than 1 value.

#### Note\*

April 2024

In April 2024, a new feature became available for the Person-Level forms. New buttons were added which give the user the ability to "Hide all HCP with an end date." As seen in the screen shot below, there are some HCP who have an end date. The same feature and function has been added to the LTC person level forms with a button saying "Hide all discharged residents".

Add Row View Reporting Summary & Submit Upload CSV Export CSV Hide all HCP with an end date Export SQL								
guired helds r Gender **	Date of Birth **	Ethnicity **	Race **	HCP Start of Employment Date *	HCP End of Employment Date	Vaccination location type *		
<b>∨</b> x	x	✓ x	× x	x	x	~		
4ale	04/16/1952	Hispanic or Latino	American Indian/Alaska Native	09/01/2011		RF Unit(s)		
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native	09/01/2011		PF Unit(s)		
Male	04/08/1952	Hispanic or Latino	Asian	12/01/2020	12/31/2021	Hospital		
Male	06/02/1966	Not Hispanic or N	Native Hawaiian/Other Pacific Islander	03/01/2010		PF Unit(s)		
emale	05/09/1995	Declined to respon	White	08/01/2011	02/01/2024	RF Unit(s)		
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native	09/01/2011		PF Unit(s)		
Male	04/08/1952	Hispanic or Latino	Asian	12/01/2020	12/31/2021	Hospital		
Male	06/02/1966	Not Hispanic or N	Native Hawaiian/Other Pacific Islander	03/01/2010		PF Unit(s)		
emale	05/09/1995	Declined to respon	White	08/01/2011	02/01/2024	RF Unit(s)		
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native	09/01/2011		PF Unit(s)		
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native	09/01/2011		PF Unit(s)		

When you click on the highlighted box above the column labeled "Hide all HCP with an end date," the HCPs are hidden from the list view and the button changes to "Unhide all HCP with an end date." This was added to simplify use of the person-level vaccination forms.

Perso	on-Level CO	VID-19 Vacci	nation Form for HCP						
Add Row.	. View Repo	orting Summary & Si	ubmit Upload CSV	Export	C	SV Uni	hid	le all HCP with an	end date Export SQL
Required fields r	narked with 🇯 Con	ditionally required fiel	ds marked with 🔹 🌢						
Gender **	Date of Birth **	Ethnicity **	Race **			HCP Start of Employment Date *		HCP End of Employment Date	Vaccination location type *
<b>∽</b> x	x	✓ x		✓ x			x	x	✓ x
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native		C	09/01/2011			IRF Unit(s)
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native		C	09/01/2011			IPF Unit(s)
Male	06/02/1966	Not Hispanic or No	Native Hawaiian/Other Pacific Isl	ander	C	03/01/2010			IPF Unit(s)
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native		C	09/01/2011			IPF Unit(s)
Male	06/02/1966	Not Hispanic or No	Native Hawaiian/Other Pacific Isl	ander	C	03/01/2010			IPF Unit(s)
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native		C	09/01/2011			IPF Unit(s)
Male	04/16/1952	Hispanic or Latino	American Indian/Alaska Native		C	09/01/2011			IPF Unit(s)

Please note that data rows for hidden HCPs still exist and are included in the appropriate counts. Therefore, if you try to add a new row with the same ID as one HCP who has been hidden, you will receive a message that the HCP already exists, and their profile will appear on the screen.

## Step 2. Enter Vaccination Information

The vaccination information will need to be entered after the individuals' ID and demographics are entered (prior to saving the row). See illustration below, highlighted in green.

Enter the vaccine information for the administered COVID-19 vaccines. Enter the dose date and manufacturer name for each COVID-19 vaccination received by the healthcare worker.

Perso	n-Level COVID-19 V	accination	Form for HCP				4								
Add Row	View Reporting Summar	y & Submit	Upload CSVE	xport CSV	Export SQL		ł.	Add Row	View Reporting	Summary & Submit	Upload CSV	Export CSV	Export SQL		
Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacture name **	Medical contraindication date **	Declination date **	Declination reason		Unknown/other vaccination status Date **	Dose 3 Date **	Dose 3 Manufacturer **	Dose 4 Date	Dose 4 Manufacturer	Dose 5 Date	Dose 5 Manufacturer	Dos
							ŝ	1							
4 B Save Row	Cancel	-					ξ.								

Note: Bivalent Moderna and Bivalent Pfizer are not valid prior to 9/1/2022. Novavax is not valid prior to 6/1/2022 & **Bivalent Pfizer** vaccine and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is after 4/19/2023.

Once all demographics and vaccination data are entered for that row, click the Save Row button.

## Example 1: A Healthcare worker who works in the Hospital and IPF Unit locations and declines COVID-19 vaccination

A healthcare worker Rocky Road works three shifts in the **Hospital** and one shift in the **IPF unit** each week. Since Blu works in two different locations at least one day each week, then both the Hospital and IPF Unit(s) locations should be selected from the drop-down box.

Pers	on-Level COVID-19 V	accination/	Form for HCP		1
<ul> <li>Add Row.</li> </ul>	View Reporting Summa	ry & Submit	<ul> <li>Upload CSV</li> </ul>	Export CSV	Export S
Required fields	narked with 👎 Conditionally requi	ired fields marked v	vith **		+
Dupli	unique HCP Identifier *		HCP First Name *		HCP Last Narim
e Ro	w				

#### NOTE: HCW will be counted at each work location separately

## Example 2: A Healthcare Worker who declined COVID-19 vaccination

A healthcare worker can decline COVID-19 vaccination for numerous reasons. The Person-Level COVID-19 Vaccination Form allows users to specify a healthcare workers' reason for declining vaccine (Received official religious exemption, Other, or Unknown) listed in the drop-down box. For example, a healthcare worker who works two shifts per week on the IRF unit, started work as a new employee on 6/15/2023 and that date was entered indicated by #1 in the screenshot below. He was offered the COVID-19 vaccine but declined. To enter the declination date, click on the cell labeled declination date and enter the date that the healthcare worker declined indicated by #2 below. Once the declination reason is determined, you can select one of the three options from the drop-down box as shown below on #3.

Add Row View Repo	OVID-19 Vaccination Form for H	HCP	SQL		0		2				
Unique HCP Identifier *	Vaccination location type *	HCP First Name *		нст	HCP Start of Employment Date *	HCP End of Employment Date	HCP Category * #	2 Declination date **	3 Declination reason	Unknown/other vaccination status Date <b>* *</b>	Dose 3 Date **
Find Find Save Row Cancel	IRF Unit(s) •	Alpha	Tango		06/15/2023		Employees (staff on f	06/15/2023	Received official r Other Unknown	eligious exemption	

Note: The process is similar for specifying medical contraindication and unknown vaccination status. For medical contraindication, enter the date the medical contraindication occurred or was recorded. For unknown vaccination status, enter the date the individual was admitted or started working in the facility.

## Example 3: A Healthcare Workers' vaccination status changes over time

Over time, a healthcare workers' vaccination status may change. The Person-Level COVID-19 Vaccination Form was designed to capture these changes.

For example, suppose a healthcare worker who works at a free-standing IRF, started as a new employee on 05/04/2023 and their vaccination status was unknown at that time. Enter the healthcare workers' unique identifier, vaccination location type, and demographics. Next, since the vaccination status is unknown, enter an unknown vaccination status date of 5/04/2023 (the employees start date), as shown with box with the #1 below.

Note: Since the facility is a free-standing IRF, the Vacination location type is Hospital.



Over the course of their first week at your facility, you learn the HCW is unvaccinated and offer vaccine. The HCW decline vaccination on 5/13/2023. You would update this record as indicated by box # 2 below by entering a declination date of 5/13/2023. Do **not** delete the unknown vaccination status date.

As time goes on, the healthcare worker changes her mind and on 6/02/2023 they agree to receive their first dose of COVID-19 vaccine. This can also be updated in the same way. Click on the cells corresponding to dose 1 and provide the dose 1 date and vaccine manufacturer name as shown with box 3 below. Do not delete the unknown vaccination status date or the declination date. You would maintain all three dates on this person's row. You would repeat this process again once the individual receives more doses of COVID-19 vaccine.



Example 4: A Healthcare worker received 1 dose of a monovalent COVID-19 vaccine and 1 dose of a bivalent COVID-19 vaccine.

The Person-Level COVID-19 Vaccination Form were designed to capture and apply the up to date COVID-19 vaccination definition.

If a healthcare worker received 1 dose of a monovalent Moderna COVID-19 vaccine on 6/01/2022 as indicated by #1 below and later decided to receive 1 dose of a Pfizer COVID-19 vaccine as indicated by #2 below, you will enter the bivalent vaccine and the up to date definition will be auto-calculated for each week in the reporting summary.

K Person	n-Level COVID-19 V							
+ Add Row	View Reporting Summar	y & Submit	Vpload CSV     Ex	port CSV	Export SQL			
uired fields ma	rked with 🔺 Conditionally requir	e lds marked w	ith **				C	
Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name <b>* *</b>	Medical contraindication date **	Declination date **	Declination reason	Unknown/other vaccination status Date <b>* *</b>	ſ
06/01/2022	Moderna COVID-19 vaccine	05/11/2023	Updated (Bivalent) Pfizer v	a				1

## Example 5: A Healthcare Worker only received a bivalent COVID-19 vaccine

A healthcare worker who was hired at the Hospital full time on 12/03/2020 and declined vaccination at that time. Time passed and in May 2023, the healthcare worker decided to receive a bivalent Moderna COVID-19 vaccine.

100	Perso	n-Level COVID-19 Va	ccination Form for HCP						
Require	ed fields m	arked with 🛎 Conditionally required	fields marked with 🗯			Gired fields marked with # Conditional	y required fields marked v	40 H	
	Duplica e Row	t Unique HCP Identifier •	Vaccination location type *	HCP First Name *	1	HCP Start of Employment Date * Employment Date	HCP Category *	Dose 1 vaccination date	Dose 1 vaccine manufacturer name **
100	+++	*********	***********	**********	1000	*********	******		********
1.5					1000				
0	+	WW6549	IPF Unit(s)	Wynter	Rainn	12/03/2020	Employees (staff on	05/12/2023	Updated (Bivalent) Moderna

Example 6: Healthcare worker goes on extended leave or stops working in the facility and later returns (after more than 2 weeks)

D P	erson	-Level CC	OVID-19 Vaccination	Form fo	r HCP						
Add I	Row	View Rep	orting Summary & Submit	– Upload	d CSV 📃 =	Export CSV	Export SQL				
Uniqu	ue HCP Id	entifier *	HCP First Name *	•	,	HCP Last Name *	Gende	r**	Date of Birth **	Ethnicity **	
1222	Duplicate row. Use this feature if the HCP goes on extended leave for any reason for >2 weeks.				Flinstone		Male	~	04/03/1984	Not Hispanic o	r N
B Save	a new s work. C which i leave.	tart date, whi On their prior s the last day	ch is the day they return to row, enter an end date, they worked before their	vith **	ame *	но	P Last Name *		Gender **	Date of Birth *1	•
	+	1222	Fred	ner risti		Flinstone	P Last Name *		Male	04/03/1984	
	+	1223	Wilma			Flinstone			Male	04/03/1984	

If a healthcare worker stops working in the facility for an extended period (greater than 2 weeks) and later returns, you will create a new row for this individual when they return by using the + button next to their original row. This will autofill the information on in the yellow box below with the information from the original record. On the new row, add the new start date (the day they returned to working the facility), ensure the vaccine information is updated, and click save row. The original row will have an end date (the last day they worked in the facility). The new row will have a new start date, and this date must be at least 2 weeks after the original row end date.

## Step 3: View Reporting Summary & Submit

Once all data have been entered and updated, select the "View Reporting Summary & Submit" button.

If data are **added or modified** on the Person-Level COVID-19 Vaccination Form, you must select the 'View Reporting Summary & Submit' button to feed these data to the Vaccination Summary module. You submit data for the most recent week by clicking 'View Reporting Summary & Submit', selecting the most recent week, and clicking "Save and Submit" for each of your facility vaccination location types.

10	Persor	-Level COVID-19 Va	ccination Form for HCP		
+ A	dd Row	View Reporting Summary	& Submit Upload CSV E	xport CSV Export SQL	
Require	ed fields mai	ked with Conditionally require	d fields marked with 🔲		0
)	Duplicat e Row	Unique HCP Identifier *	Vaccination location type *	HCP First Name *	HCP Last Name *
	+	1111	Hospital, IRF Unit(s), IPF Unit(s)	Rocky	Road
	+	1222	Hospital, IRF Unit(s), IPF Unit(s)	Testy	Tester
	+	333	IRF Unit(s), IPF Unit(s)	Mickey	Mouse
	+	ABC	IRF Unit(s), IPF Unit(s)	Spider	Man

#### On the Reporting Summary screen:

1. Select the week and vaccination location type you are interested in submitting data for using the drop-down menu next to the box that says, "Week of data collection first day (Monday)."

View Reporting Summary & Submit	Se	Select the week and vaccination location type for submission				
Healthcare Personnel COVID-19 Vaccination Cumulative Summary			_	1		
Person-Level Form			/			
Facility ID#:		and the second s			_	
Vaccination type:	CO	/ID19			_	
Week of data collection first day (Monday) 7/31/2023 - VACCHOSP (Never submit	ted)		Ke-subr	nit all changed weeks		
Week of data collection last day (Sunday):	08/04	6/2023				
Cumulative Vaccination Coverage			Healthcare Person	nel (HCP) Categories		
			Employee HCP	No	on-Employee HCP	
Review totals	All Core HCP	All HCP	Employees (staff on facility payroll)	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	Adult students/trainees & volunteers	Other Contract Personnel
1. 'Number of HCP that were eligible to have worked at this healthcare facility for	5	6	3	1	1	1
at least 1 day during the week of data collection	ī	<u> </u>	N			
<ol><li>Cumulative number of HCP in Question #1 who have received complete primary</li></ol>	3	3	2	1	0	0
series COVID-19 vaccine(s) at this facility or elsewhere since December 2020:				1.000		
3. <u>Cumulative</u> number of HCP in Question #1 with other conditions:		1	0	0	1	
3.1 Medical contraindication or exclusion to COVID-17 vaccine		1	0	0	1	1
3.2 "Unknown/other COVID-19 vaccine	1	1	1	0	0	0
Diase review the current definition of units date: Key Terms and Lin to Date Vaccin	ation	1	1		0	
<ol> <li>Cumulative number of HCP in question #1 who are up to date with COVID-19</li> </ol>						
vaccines	3	3	2	1	0	0
Not eligible for submission using the person-level form: Weeks already reported to the eligible for submission using the optional person-level form. Instead, please update to 2. Only save and submit data via the person-level form for weeks with complete person-hevel form for weeks with complete person-hevel information on all individuals for a given reporting view instead.     Note: up to date totals are calculated the application! Users do not new apply the up to date definition themselves	the Weekly COVID-1 here weeks by navig level information for please update the p ted by ed to n	19 Vaccination ating to the W or all individual verson-level for	Summary Modules using bekly COVID-19 Summar s who were eligible to ha m prior to submission, or	the weekly summary for y Module directly and u e worked at least one d submit using the Week	rm or weekly summa ipdating the weekly : lay during the report ly COVID-19 Vaccin Save and Submi	ry CSV upload are r summary form. ing week, if you do: ation Summary form

a. Select the location type. Please note that you will only see and be able to select the location type(s) associated with your facility ID.

2. Review the counts that are displayed for this week (based on location type(s) if more than one) to ensure accuracy. The totals you see here were auto-calculated from the person-level data you entered.

3. Click "Save and Submit Data." You will see a pop-up box that says, "Successfully saved." Click OK. Now, you can either select another vaccination location type and/or reporting week to submit or re-submit data for, or you can click "Done."

When you click the 'Week of data collection first day" drop-down menu, you will see each reporting week and vaccination location type listed since the Person-Level COVID-19 Vaccination Form became available. You will also note that there is sometimes text next to the date with information about the data for that week. Additionally, when submitting data to the weekly summary form by clicking "view reporting summary and submit" you will have the option to select the corresponding reporting week(s) and location type(s) you want to update. A description of what each label means is below:

Healthcare Personnel COVID-19 Vaccinat	ion Cumulative Summary	
Person-Level Form		
Facility ID#:		
Vaccination type:	COVID19	
Week of data collection first day (Monday):	8/14/2023 - VACCHOSP (Never submitted)	Re-submit all changed weeks
Week of data collection last day (Sunday):	5/22/2023 - VACCHOSP (Never submitted) 5/29/2023 - VACCHOSP (Never submitted) 6/5/2023 - VACCHOSP (Changed since submitted using the person-level form) 6/12/2023 - VACCHOSP (Changed since submitted) 6/26/2023 - VACCHOSP (Never submitted) 6/26/2023 - VACCHOSP (Never submitted) 7/3/2023 - VACCHOSP (Not eligible for submission using the person-level form) 7/10/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/10/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/12/2023 - VACCHOSP (Not eligible for submitted using the person-level form) 7/12/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/24/2023 - VACCHOSP (Never submitted) 7/31/2023 - VACCHOSP (Changed since submitted using the person-level form) 8/7/2023 - VACCHOSP (Never submitted) 8/7/2023 - VACCHOSP (Never submitted) 8/14/2023 - VACCHOSP (Never submitted)	

- 1. <u>Never submitted</u>: Data for that vaccination location/reporting week have never been submitted by any form or reporting mechanism. These vaccination location/reporting weeks are eligible to submit using the Person-Level Vaccination Form.
- Not eligible for submission using the Person-Level Form: Specific vaccination location/Weeks already reported to the Weekly COVID-19 Vaccination Summary Modules using the weekly summary form or weekly summary .CSV upload (i.e., not the person-level form) are not eligible for submission using the Person-Level Vaccination Form. Instead, please update those weeks by navigating to the Weekly COVID-19 Summary Module directly and updating the weekly summary form.
- 3. <u>Changed since submitted using the Person-Level Form</u>: The summary counts for one or more questions for that vaccination location/reporting week have changed since that vaccination location/week was lasted submitted using the Person-Level Form. Please use the "Re-submit all changed weeks" button (next to the week of data collection drop down menu) to re-submit all vaccination location/weeks at the same time where the counts have changed.

Note: this does not submit for weeks that have never been previously submitted. For a week that has never been previously submitted, you still must click that week and click "Save and Submit Data" at the bottom of the screen.

After the user clicks the "Re-submit all changed weeks" button, you will see this pop-up screen to confirm that you want to re-submit for the weeks marked as changed since last submitted. Click "Yes, re-submit."

Healthcare Personnel COVID-19 Vaccination Cumulati	ve Summary for Long-Ter	m Care Facilities					_	
Person-Level Form			0010				-	
acting to #:			031Z				-	
accination type.	MACCHOCD (Newson Law		JV1D17					
Veek of data collection first day (Monday): 8/14/2023	VACCHOSP (Never subm	submitted)			Re-submit all changed weeks			
Veek of data collection last day (Sunday):		08/	20/2023					
Cumulative Vaccination Cover	age			Healtho	are Person	nel (HCP) Categories	and a constant	
				Emplo	yee HCP	No	on-Employee HCP	
	Confirm Please or following location	onfirm the resubmis g surveillance week type(s):	sion of all data fi (s) and vaccination	or the	s (staff on bayroli)	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	Adult students/trainees & volunteers	Other Contrac Personnel
*Number of HCP that were eligible to have worked at least 1 day during the week of data collection	this healthcar	7/31/2023-VACCHOSP, 7/31/2023-VACCIPF, 7/31/2023-VACCIRF and 8/7/2023-VACCHOSP				0	0	0
* <u>Cumulative</u> number of HCP in Question #1 who have rimary series COVID-19 vaccine(s) at this facility or els 020:	ewhere since					0	0	0
Cumulative number of HCP in Question #1 with other	conditions:	-	_	_				
3.1 *Medical contraindication or exclusion to COVID-19 vaccine		Yes, re-submit No, cancel			<u> </u>	0	0	0
3.2. *Offered but declined COVID-19 vaccine						0	0	0
3.3. "Unknown/other COVID-19 vaccination status		1	1 0		2	0	0	0
lease review the current definition of up to date: <u>Key 1</u> . * <u>Cumulative</u> number of HCP in question #1 who are u accines	p to date with COVID-19	3	3		3	0	0	0
<ol> <li>Not eligible for submission using the person-level form eligible for submission using the optional person-level 2. Only save and submit data with the person-level form fn have complete person-level information on all individu instead.</li> </ol>	n: Weeks already reported t form. Instead, please updat or weeks with complete pers uals for a given reporting we	o the Weekly COVID e those weeks by nav con-level information ek, please update the	-19 Vaccination S igating to the We for all individuals person-level form	ummary Me ekly COVID who were e n prior to su	dules using t - 19 Summan - Ilgible to hav - Ibmission, or	the weekly summary for y Module directly and u re worked at least one d submit using the Week	rm or weekly summi pdating the weekly : lay during the report ly COVID-19 Vaccin	ary CSV upload ar summary form. ting week. If you c ation Summary fo

Blank/no text next to date and vaccination location type: Data have already been submitted for this
vaccination location/reporting week using the Person-Level Form, and there have been no updates to the data
for that week since submission; no action needed.

It is important to understand that the data submitted from the person-level Reporting Summary screen transfers to the Weekly COVID-19 Vaccination Summary Module form (i.e., the traditional, aggregate, facility-level form). You can see this in the image below.



After submitting these data on the reporting summary screen, if you want to confirm that the data were successfully submitted to the Weekly COVID-19 Vaccination Summary Module, please navigate to Vaccination Summary on the left-hand navigation bar and observe that the week of interest appears green, indicating that the data are complete for that week. You can also click on that week and confirm that the numbers match those that you submitted for the Reporting Summary.

NHSN Home		COVID-19 Weekly Vaccination Summary Data				
Alerts		We covid 17 Weekly Weekly Weekly Weekly Vale				
Reporting Plan	•	Click a cell to begin entering data for the week which counts are reported.				
HCW	•	Reporting of medical events or health problems that occur after vaccination (possible side effects) is encouraged, even if you are not sure they are the result of				
Lab Test	•	vacunation, at <u>https://vacts.nns.gov/reportevent.ntim.</u>				
Exposure	•					
Prophy/Treat	•	Image: Second Complete       31 July 2023 - 10 September 2023         Image: Second Complete       Record Complete				
Import/Export		Weekly Vaccination Calendar				
COVID-19	•	07/31/2023 (Monday) - 08/06/2023 (Sunday)				
Vaccination Summary	•					
Surveys	•					
Analysis	•					

As a reminder, when reviewing Vaccination Summary data, a user can always review the Create and Modify dates as described here: <u>https://www.cdc.gov/nhsn/pdfs/hps/covidvax/how-to-enter-data-inpatient-508.pdf</u>. The "Date Created" is auto-populated when data are initially entered and saved in the Weekly COVID-19 Vaccination Module. The "Date Last Modified" is auto-populated based on the most recent date that changes were made to previously submitted COVID-19 Vaccination Module data.

# CSV File Upload (Optional)

CSV upload is often a helpful for initial data entry, for facilities with large numbers of HCW or for weeks with numerous status changes.

Users **do not need to use CSV file** templates or upload CSV files to use the Person-Level COVID-19 Vaccination Form. This section is intended to assist facilities that choose to use the upload CSV file option.

Please make sure you are using the most recent CSV file template when uploading your person-level COVID-19 vaccination data. In addition, make sure that you are using the person-level CSV file, and not the summary data CSV file.

#### To make sure that you are using the most recent CSV file template:

- Navigate to the <u>HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC</u> webpage
- Scroll down to the 'Person-Level COVID-19 Vaccination Data CSV Data Import' section
- Select the most recent CSV template for person-level COVID-19 vaccination data

Person-Level COVID-19 Vaccination Form – Instructions and Guidance Documents

INSTRUCTIONS FOR REPORTING PERSON-LEVEL VACCINATION DATA

Person-Level COVID-19 Vaccination Data – CSV Data Import

VARIABLE DESCRIPTION AND FILE LAYOUT FOR HEALTHCARE PERSONNEL OF IN-PATIENT FACILITIES/AMBULATORY SURGERY CENTERS

CSV TEMPLATES AND EXAMPLE FILES FOR HEALTHCARE PERSONNEL OF IN-PATIENT FACILITIES/AMBULATORY SURGERY CENTERS

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#### Another option to obtain the CSV file template:

User can export the data (or just the column headers if no data are entered) to a CSV file and use it as a template by clicking the **Export CSV...** button on the Person-Level Form.

Note: Remember to use the Variable description and file layout for Person-Level COVID-19 Vaccination Form PDF as a guide. Use this document to assist with defining each variable in the CSV template and entering data that are formatted correctly.

#### **Export CSV Option**

Once data have been entered into the Person-Level COVID-19 Vaccination Form, if you wish to export these data to a CSV file (or if you want to generate a CSV template), you can click 'Export CSV'.

	Person	-Level COVID-19 Va	ccination Form for HCP		
• Add	d Row	View Reporting Summary	& Submit Upload CSV	xport CSV Export SQL	
Required	i fields mar Duplicat	ked with * Conditionally require Unique HCP Identifier *	d fields marked with ** Vaccination location type *	HCP First Name *	HCP Last Name *
	e Row	1222	Hospital. IPF Unit(s)	Fred	Flinstone
	+	1223	Hospital, IRF Unit(s), IPF Unit(s)	Wilma	Flinstone

Step 1. Once data have been entered HCP data into the Person-Level COVID-19 Vaccination Form, if you wish to export these data to a CSV file (or if you want to generate a CSV template), you can click 'Export CSV'.

a. If you do not see a pop-up, check your downloads folder on your computer for the exported file.

#### CSV File Upload Process

After you have transferred your data to the CSV file template, please follow the steps below to upload the CSV file to the Person-Level Form in NHSN

- A. Click "Upload CSV..." button
- B. Click "Choose File" to locate the saved file and select the .CSV file that you added your data
- C. Once the selected file is visible in the Browse box, you will then click the 'Upload CSV' button at the bottom of the page

Add Rov	rson- w	Level COVID-19 Vac	& Submit	CP / Export CSV Export SQL	
Required field Du	is mark plicat Row	ed with Conditionally required Unique HCP Identifier *	fields marked with 🚥	Upload CSV file	ast Name *
	* 2	1222	Hospital, IPF Unit(s) Hospital, IRF Unit(s), IPF (	Please select a CSV file containing: Choose File No file chosen Upload CSV Cancel	

Note: If any errors are found during upload, those will be described in the pop-up window. Please correct any rows with errors and re-upload.

Add Row View Repor	<b>qa2.nhsn.cdc.gov says</b> Successfully uploaded CSV. Added 1 records.		Export SQL	
Required fields marked with Cond Delete Duplicat Unique HCl	Total 1 record	ОК		ast Name *
Please wait.	 Processing 'covid19 (12).csv (1%)		,g:	
			Upload CSV Ca	ancel

**Note**: A message will appear describing the number of records that were successfully uploaded. In this example, there was 1 record that was successfully uploaded.

D. Submit the person-level data to the Weekly Summary Module using the "View Reporting Summary & Submit" button once the data have been uploaded. Please see the sections in this document above regarding saving and submitting data.

0X	Person	-Level COVID-19 Va	ccination	Form for HCP			
+ Ad	d Row	View Reporting Summary	& Submit	Upload CSV	Export CSV	Export SQL	
Require	d fields mar	ked with  Conditionally require	d fields marked w	Ath 🔸			0
1	Duplicat e Row	Unique HCP Identifier *	V	ccination location type *		HCP First Name *	HCP Last Name *
	+	1222	Hospital, IP	F Unit(s)	Fred		Flinstone
	+	1223	Hospital, IR	F Unit(s), IPF Unit(s)	Wilma		Flinstone

E. After submitting these data, navigate to Vaccination Summary on the left-hand navigation bar and observe that the "Record Complete" icon in the report key for the Vaccination Summary Data page will turn green indicating that the data have been successfully saved for the reporting week(s) as seen in the image below.

COVID-19 Weekly Vaccination Summary Data					
Ve COVID 17 Weekly Vacemation Summary Bata					
Click a cell to begin entering data for the week which counts are reported.					
Reporting of medical events or health problems that occur after vaccination (possible side effects) is encouraged, even if you are not sure they are the result of					
vaccination, at <u>https://vaers.nins.gov/reportevent.ntmi.</u>					
Image: Market State   31 July 2023 - 10 September 2023       Record Complete   Record Incomplete					
Weekly Vaccination Calendar					
07/31/2023 (Monday) - 08/06/2023 (Sunday)					
Hospital     PF					

# Additional Resources:

- Weekly HCP COVID-19 Vaccination webpage (all the resources below can be found here): https://www.cdc.gov/nhsn/hps/weekly-covid-vac/
- Person-Level Trainings (Recordings and Slide sets)
- <u>Person-Level Vaccination Form Table of Instructions: Instructions and Guidance Documents</u>
- Person-Level COVID-19 Vaccination Data CSV Data Import Materials
- FAQs on Reporting COVID-19 Vaccination Data https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html
- FAQs on Person-Level Vaccination Reporting: General <u>https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html#Event-level-(Person-Level)-Vaccination-Reporting:-General</u>
- FAQs on Person-Level Vaccination Reporting: Data Entry https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html#Person-Level-Reporting:-Data-entry
- Up to date COVID-19 Vaccination Guidance https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf