

NHSN Healthcare Personnel COVID-19 Vaccination Module: Groups and Supergroups - Viewing and Uploading COVID-19 Vaccination Reporting Pathway .CSV Data Files

Description

As part of CDC's ongoing COVID-19 response, facilities enrolled in the National Healthcare Safety Network (NHSN) Healthcare Personnel Safety (HPS) Component have the ability to report healthcare personnel (HCP) COVID-19 vaccination data through the HPS Component. Group and supergroup users can import data on behalf of their member facilities who report through the NHSN HCP COVID-19 Vaccination Module. The purpose of this guidance document is to provide important information and instructions for how groups and supergroups can import .CSV files and view summary data in the NHSN HCP COVID-19 Vaccination Module.

Please note that a facility should decide which of the groups that it has granted access to NHSN for the purpose of viewing their data will upload their data as these same groups will also have access to upload data on their behalf using the .CSV bulk upload process. If data have been uploaded into NHSN for a facility by one group or supergroup via the .CSV bulk upload, these data can be overwritten by a second group uploading data for the facility at a later time or date. Therefore, NHSN recommends that facilities only grant access to one group/supergroup to upload data on their behalf. Groups or supergroups can include health departments. It is also important to note that if a facility has entered its own data, it will not be overwritten by a bulk upload by a group/supergroup.

Facilities looking to upload their data by working directly with a vendor will need to work with the vendor directly to provide their OrgID and establish the process. Vendors (e.g., EHR providers, EOC providers, etc.) intending to provide COVID-19 .CSV uploads on behalf of NHSN facilities please submit an inquiry to NHSN@cdc.gov with the title "Vendor Support for NHSN COVID-19 HCP Vaccination Reporting." NHSN will follow up to confirm procedural details as the process may differ by vendor.

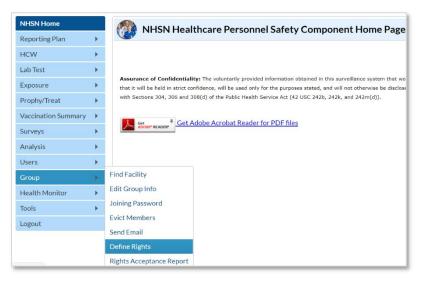
Please note: If accessing NHSN through different level of SAMS credentials, the interface will look slightly different as shown here, but all functionality related to COVID-19 data reporting is the same.



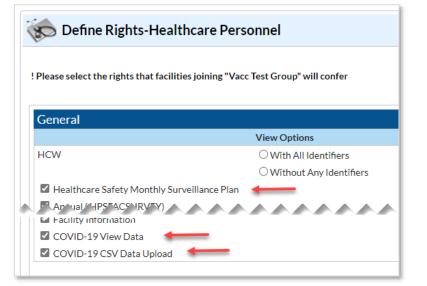


Instructions for Groups and Supergroups: Defining and Conferring Rights

1. **Group** – After logging into an NHSN component, select Group from the menu bar and then select Define Rights.



2. Group – After selecting Define Rights, the Define Rights for the component will be displayed. Under General, there are new Rights for COVID-19 vaccination data. The new Rights allow viewing of COVID-19 Vaccination Module summary data for facilities that are a part of the group. Check "COVID-19 View Data" and "COVID-19 CSV Data Upload". By selecting "COVID-19 CSV Data Upload" the group will have the ability to import .CSV data files for facilities who accept the define rights. Group users can also select "Healthcare Safety Monthly Surveillance Plan" to view monthly reporting plan data for facilities within the group. Select Save at the bottom of the page to define the additional Rights.





3. **Group** – The **Facility** group member will need to confer rights (accept the newly defined right(s)) by clicking on Confer Rights Not Accepted under Action Items.

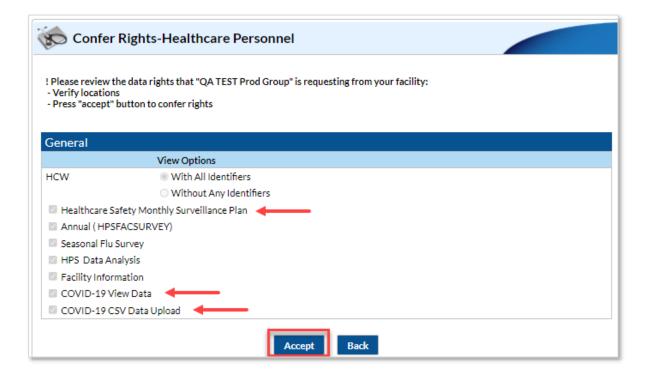


4. **Group** – The **Facility** will see a Confer Rights Not Accepted List. From the list, select the group for which the facility would like to view the new Defined Rights.





5. **Group** –The group will have added defined COVID-19 Rights if there is a check in the boxes next to "COVID-19 View Data" and "COVID-19 CSV Data Upload." The group will have added defined Rights for monthly reporting plan data if the box next to "Healthcare Safety Monthly Surveillance Plan" is checked. The **facility** may select "Accept" to save the newly conferred Rights. The **facility** must accept the newly defined Rights for its data to be viewable to the group.



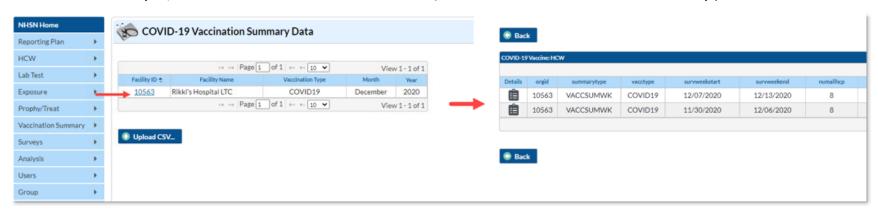


Instructions to Upload and Export .CSV Files for both Group and Supergroup Users

1. **Group/Supergroup** – Select "Vaccination Summary" from the menu bar to get to the "COVID-19 Weekly Vaccination Summary" page.



A list of facilities in your group or supergroup that have vaccination data by month will be displayed. Select the Facility ID/Month to view the data for that month. (All data in screenshots for illustration only.)





2. **Download Template** – The .CSV template for COVID-19 Weekly Vaccination Summary Data for Healthcare Personnel can be found at the NHSN Weekly HCP COVID-19 Vaccination webpage: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html. Please note, this template only includes variables applicable for NHSN version 9.5.4 and forward.

Data Collection Forms and Instructions All Data Collection Forms are Print-only • Weekly COVID-19 Vaccination Summary Data Form for Healthcare Personnel at non-LTCFs (57.220) – August 2021 [PDF − 150 KB] • Table of Instructions. [PDF − 200 KB] Supporting Materials • Uploading Group COVID-19 .CSV Data Files – August 2021 [PDF − 1 MB] • .CSV File Template for Healthcare Personnel COVID-19 Vaccination Data – August 2021 [CSV − 2 KB] • Example CSV File – Healthcare Personnel COVID-19 Vaccination Data – August 2021 [CSV − 4 KB] • Weekly COVID-19 Vaccination Data Reporting Guidance – December 2020 [PDF − 200 KB] • Quick Reference Guide: Data Quality Alerts – July 2021 [PDF − 400 KB] • Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel – July 2021 [PDF − 600 KB]



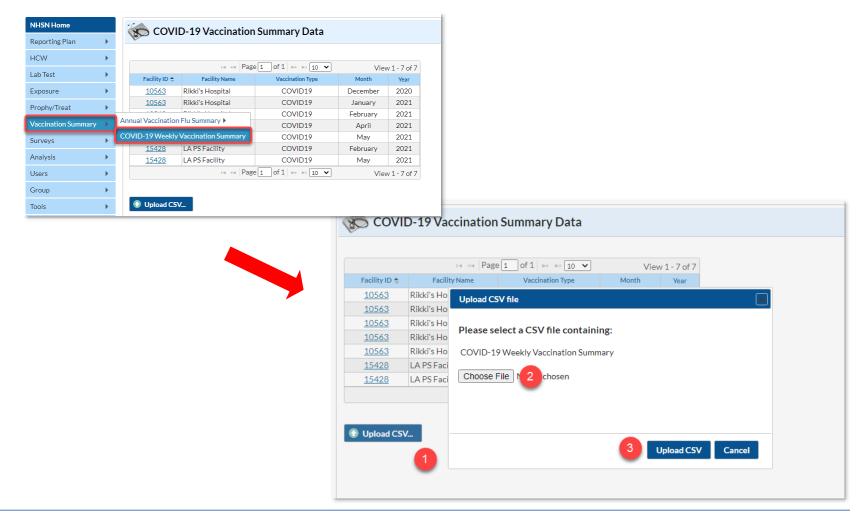
3. **Enter Data** – Using the provided.CSV template for healthcare personnel data, populate each variable with the appropriate data. Multiple facilities (those that are a part of the group and have conferred rights) may be included. A valid facility identifier is required. After entering all data, save each file to upload the .CSV file in NHSN.

For complete information on the variables included on the .CSV template, refer to the table at end of this document ("Table 1: NHSN Non-Long-Term Care Facility Staff COVID-19 Vaccination Data Import File Format"). An example .CSV file that includes test data in required fields is available for download from the NHSN Weekly HCP COVID-19 Vaccination webpage: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html.



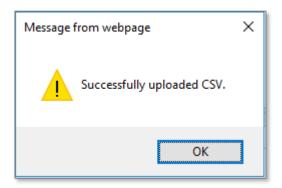


4. **Upload CSV** – To upload the completed .CSV file in NHSN, select "Vaccination Summary" from the menu bar. Then, select "COVID-19 Weekly Vaccination Summary". A list of facilities by month will be displayed. Click on the "Upload CSV" button. A prompt will appear where a file must be provided for submission. Browse for the file and then click "Upload CSV" to begin the import.





5. **View Data** – A message that indicates the upload was successful will be generated. The vaccination module will automatically populate the uploaded data. Users can then select a facility for which data was added to view the record.



If errors are found during upload, please review the alerts and refer to the table at end of this document ("Table 1: NHSN Non-Long-Term Care Facility Staff COVID-19 Vaccination Data Import File Format") for complete information on the variables included on the .CSV template. Questions can be submitted to <a href="https://www.nhsn.gov/nhsn.gov

6. **View and Export Line List Data Reports** – Users are encouraged utilize the analysis and reporting functionality built within NHSN to view and export line list data reports for COVID-19 vaccination data for healthcare personnel. For more information, view the Quick Reference Guide on how to modify and export line lists available under the 'Supporting Materials' section of NHSN's Weekly HCP COVID-19 Vaccination webpage: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html.



Group - Importing via .csv file - *COVID-19 Weekly HCP Vaccination Summary Non-LTC Staff* - HPS Component - NHSN release 10.0 (September 2021)

Table 1: NHSN Non-Long-Term Care Facility Staff COVID-19 Vaccination Data Import File Format

Field	Requirement	Values	Format [†]	Description of Field
orgid	Required	_	_	Must be a valid NHSN Facility ID (organization
				identifier)
summarytype	Required	VACCSUMWK	_	Summary Type
vacctype	Required	COVID19	_	Vaccination Type
vaccLoc	Conditionally Required Required if vaccType = COVID19 and survWeekEnd >=10/03/2021	VACCHOSP VACCIPF VACCIRF	_	Vaccination location type VACCHOSP – For data reported for all non-LTC facility types, including acute care facilities and dialysis facilities. This includes all inpatient and outpatient units/departments of the acute care facility sharing the same CCN as the acute care facility. Free-standing inpatient psychiatric facilities or free-standing in-patient rehabilitation facilities should also use VACCHOSP. VACCIPF – For data reported by acute care facility for an inpatient psychiatric unit, as indicated in the monthly reporting plan. This selection is only available for acute care facilities reporting data for IPF units with a different CCN from the acute care facility. VACCIRF - for data reported by acute care facility for an inpatient rehabilitation unit, as indicated in the monthly reporting plan. This selection is only available for acute care facilities reporting data for IRF units with a separate CCN from the acute care facility.

Field	Requirement	Values	Format [†]	Description of Field
survweekstart	Required	MM/DD/YYYY (Monday through Sunday reporting)	-	Week of data collection, start date (date must be a Monday; must be no later than current date)
survweekend	Required	MM/DD/YYYY (Monday through Sunday reporting)	-	Week of data collection, end date (date must be a Sunday; must be no later than current date)
numEmpHCP	Required	Must be = sum of (hpsvc19vaccVOs[0].numEmpVacc + hpsvc19vaccVOs[1].numEmpVacc + hpsvc19vaccVOs[2].numEmpVacc + hpsvc19vaccVOs[3].numEmpVacc + hpsvc19vaccVOs[4].numEmpVacc + hpsvc19vaccVOs[5].numEmpVacc) + numEmpMed + numEmpDec + numEmpUnk AND Sum of numEmpHCP, numLIPHCP, numVolHCP, and numOCPHCP must be <= 50,000	Must be a whole number	Number of employee HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection
numLIPHCP	Required	Must be = sum of (hpsvc19vaccVOs[0].numLIPVacc + hpsvc19vaccVOs[1].numLIPVacc + hpsvc19vaccVOs[2].numLIPVacc + hpsvc19vaccVOs[3].numLIPVacc + hpsvc19vaccVOs[4].numLIPVacc + hpsvc19vaccVOs[5].numLIPVacc)+ numLIPMed + numLIPDec + numLIPUnk)	Must be a whole number	Number of licensed independent practitioner HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection

Field	Requirement	Values	Format [†]	Description of Field
		AND Sum of numEmpHCP, numLIPHCP, numVolHCP, and numOCPHCP must be <= 50,000		
numVolHCP	Required	Must be = sum of (hpsvc19vaccVOs[0].numVolVacc + hpsvc19vaccVOs[1].numVolVacc + hpsvc19vaccVOs[2].numVolVacc + hpsvc19vaccVOs[3].numVolVacc + hpsvc19vaccVOs[4].numVolVacc + hpsvc19vaccVOs[5].numVolVacc)+ numVolMed + numVolDec + numVolUnk) AND Sum of numEmpHCP, numLIPHCP, numVolHCP, and numOCPHCP must be <= 50,000	Must be a whole number	Number of adult student/trainee and volunteer HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection
numOCPHCP	Required	Must be = sum of (hpsvc19vaccVOs[0].numOCPVacc + hpsvc19vaccVOs[1].numOCPVacc + hpsvc19vaccVOs[2].numOCPVacc + hpsvc19vaccVOs[3].numOCPVacc + hpsvc19vaccVOs[4].numOCPVacc + hpsvc19vaccVOs[5].numOCPVacc)+ numOCPMed + numOCPDec + numOCPUnk)	Must be a whole number	Number of other contract personnel HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection

Field	Requirement	Values	Format [†]	Description of Field
		AND		
		Sum of numEmpHCP, numLIPHCP, numVoIHCP, and numOCPHCP must be <= 50,000		
numEmpMed	Required	Must be <= numEmpHCP	Must be a whole number	Cumulative number of employee HCP with a medical contraindication reason to not receive COVID-19 vaccine
numLIPMed	Required	Must be <= numLIPHCP	Must be a whole number	Cumulative number of licensed independent practitioner HCP with a medical contraindication reason to not receive COVID-19 vaccine
numVolMed	Required	Must be <= numVolHCP	Must be a whole number	Cumulative number of adult student/trainee & volunteer HCP with a medical contraindication reason to not receive COVID-19 vaccine
numOCPMed	Required	Must be <= numOCPHCP	Must be a whole number	Cumulative number of other contract personnel with a medical contraindication reason to not receive COVID-19 vaccine
numEmpDec	Required	Must be <= numEmpHCP	Must be a whole number	Cumulative number of employee HCP who were offered but declined COVID-19 vaccine
numLIPDec	Required	Must be <= numLIPHCP	Must be a whole number	Cumulative number of licensed independent practitioner HCP who were offered but declined COVID-19 vaccine
numVolDec	Required	Must be <= numVolHCP	Must be a whole number	Cumulative number of adult student/trainee and volunteer HCP who were offered but declined COVID-19 vaccine
numOCPDec	Required	Must be <= numOCPHCP	Must be a whole number	Cumulative number of other contract personnel HCP who were offered but declined COVID-19 vaccine
numEmpUnk	Required	Must be <= numEmpHCP	Must be a whole number	Cumulative number of employee HCP with an unknown COVID-19 vaccination status
numLIPUnk	Required	Must be <= numLIPHCP	Must be a whole number	Cumulative number of licensed independent practitioner HCP with an unknown COVID-19 vaccination status

Field	Requirement	Values	Format [†]	Description of Field
numVolUnk	Required	Must be <= numVolHCP	Must be a whole number	Cumulative number of adult student/trainee & volunteer HCP with an unknown COVID-19 vaccination status
numOCPUnk	Required	Must be <= numOCPHCP	Must be a whole number	Cumulative number of other contract personnel with an unknown COVID-19 vaccination status
vaccprovider	Required	Y for Yes N for No	-	Is your facility enrolled as a COVID-19 vaccination provider?
vaccsuffsupplyoffer	Conditionally Required Required if vaccProvider = Y	Y for Yes N for No	-	Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all staff the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week?
vaccOthSuffSupplyoffer	Conditionally Required Required if vaccProvider = N or vaccSuffSupply = N	Y for Yes N for No	-	Did your facility have other arrangements sufficient to offer all staff the opportunity to receive COVID-19 vaccine(s) in the current reporting week?
vaccsupplyissue	Optional	-	Alpha numeric up to 200 characters	Describe any other COVID-19 vaccination supply- related issue(s) at your facility
hpsvc19vaccVOs[0].covid19vaccinename	Conditionally Required Required if reporting Pfizer- BioNTech COVID-19 vaccine	PFIZBION	-	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech COVID-19 vaccine)

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[0].covid19vaccine	Conditionally Required	PFIZBION1	-	COVID-19 Vaccine – PFIZBION1 (only dose 1 of Pfizer-BioNTech COVID-19 vaccine)
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[0].numEmpVacc	Conditionally	-	Must be a	Cumulative number of employee HCP who have
	Required		whole number	received only 1 dose of Pfizer-BioNTech COVID-19 vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[0].numLIPVacc	Conditionally	-	Must be a	Cumulative number of licensed independent
	Required		whole number	practitioner HCP who have received only 1 dose of Pfizer-BioNTech COVID-19 vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[0].numVolVacc	Conditionally	-	Must be a	Cumulative number of adult student/trainee and
	Required		whole number	volunteer HCP who have received only 1 dose of Pfizer- BioNTech COVID-19 vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[0].numOCPVacc	Conditionally	-	Must be a	Cumulative number of other contract personnel who
	Required		whole number	have received only 1 dose of Pfizer-BioNTech COVID-19
				vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[1].covid19vaccinename	Conditionally	PFIZBION	_	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech
	Required			COVID-19 vaccine)
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[1].covid19vaccine	Conditionally	PFIZBION	_	COVID-19 Vaccine - PFIZBION (dose 1 and dose 2 of
	Required			Pfizer-BioNTech COVID-19 vaccine)
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[1].numEmpVacc	Conditionally	-	Must be a	Cumulative number of employee HCP who have
mpsveisvacev os[i].mamilimpvace	Required		whole number	received dose 1 and dose 2 of Pfizer-BioNTech COVID-
	negan ca		William Turniber	19 vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[1].numLIPVacc	Conditionally	-	Must be a	Cumulative number of licensed independent
	Required		whole number	practitioner HCP who have received dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[1].numVolVacc	Conditionally	-	Must be a	Cumulative number of adult student/trainee and
	Required		whole number	volunteer HCP who have received dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[1].numOCPVacc	Conditionally	-	Must be a	Cumulative number of other contract personnel who
	Required		whole number	have received dose 1 and dose 2 Pfizer-BioNTech COVID-19 vaccine
	Required if			
	reporting Pfizer-			
	BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[2].covid19vaccinename	Conditionally	MODERNA	_	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
	Required			
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[2].covid19vaccine	Conditionally Required	MODERNA1	-	COVID-19 Vaccine (MODERNA1 – only dose one of MODERNA COVID-19 vaccine)
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[2].numEmpVacc	Conditionally	-	Must be a	Cumulative number of employee HCP who have
	Required		whole number	received only 1 dose of Moderna COVID-19 vaccine
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[2].numLIPVacc	Conditionally	-	Must be a	Cumulative number of licensed independent
	Required		whole number	practitioner HCP who have received only 1 dose of Moderna COVID-19 vaccine
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[2].numVolVacc	Conditionally	-	Must be a	Cumulative number of adult student/trainee and
	Required		whole number	volunteer HCP who have received only 1 dose of Moderna COVID-19 vaccine
	Required if			Moderna COVID 15 vaccine
	reporting			
	Moderna			
	COVID-19			
	vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[2].numOCPVacc	Conditionally	-	Must be a	Cumulative number of other contract personnel who
	Required		whole number	have received only 1 dose of Moderna COVID-19
				vaccine
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[3].covid19vaccinename	Conditionally	MODERNA	_	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
	Required			
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[3].covid19vaccine	Conditionally	MODERNA	_	COVID-19 Vaccine (MODERNA – dose 1 and dose 2 of
	Required			MODERNA COVID-19 vaccine)
	D : 1:0			
	Required if			
	reporting Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[3].numEmpVacc	Conditionally	_	Must be a	Cumulative number of employee HCP who have
hpsvc13vaccvOs[3].humEmpvacc	Required		whole number	received dose 1 and dose 2 of Moderna COVID-19
	Required		wildle Hullibel	vaccine
	Required if			Vaccine
	reporting			
	Moderna			
	COVID-19			
	vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[3].numLIPVacc	Conditionally	-	Must be a	Cumulative number of licensed independent
	Required		whole number	practitioner HCP who have received dose 1 and dose 2 of Moderna COVID-19 vaccine
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[3].numVolVacc	Conditionally	-	Must be a	Cumulative number of adult student/trainee and
	Required		whole number	volunteer HCP who have received dose 1 and dose 2 of Moderna COVID-19 vaccine
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[3].numOCPVacc	Conditionally	-	Must be a	Cumulative number of other contract personnel HCP
	Required		whole number	who have received dose 1 and dose 2 Moderna COVID- 19 vaccine
	Required if			
	reporting			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[4].covid19vaccinename	Conditionally	JANSSEN	_	COVID-19 Vaccine Name (JANSSEN –Janssen COVID-19
	Required			vaccine)
Note: JANSSEN can be reported starting				
3/3/2021 and going forward	Required if			
	reporting			
	Janssen COVID-			
	19 vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[4].covid19vaccine	Conditionally Required	JANSSEN	-	COVID-19 Vaccine (JANSSEN – one dose of Janssen COVID-19 vaccine)
Note: JANSSEN can be reported starting				
3/3/2021 and going forward	Required if			
	reporting			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[4].numEmpVacc	Conditionally	-	Must be a	Cumulative number of employee HCP who have
	Required		whole number	received one dose of Janssen COVID-19 vaccine
	Required if			
	reporting			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[4].numLIPVacc	Conditionally	-	Must be a	Cumulative number of licensed independent
	Required		whole number	practitioner HCP who have received one dose of Janssen COVID-19 vaccine
	Required if			
	reporting			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[4].numVolVacc	Conditionally	-	Must be a	Cumulative number of adult student/trainee and
	Required		whole number	volunteer HCP who have received one dose of Janssen
	Dogwingd if			COVID-19 vaccine
	Required if reporting			
	Janssen COVID-			
	19 vaccine			
	13 vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[4].numOCPVacc	Conditionally	-	Must be a	Cumulative number of other contract personnel who
	Required		whole number	have received one dose of Janssen COVID-19 vaccine
	Required if			
	reporting			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[5].covid19vaccinename	Conditionally	UNSPECIFIED	_	COVID-19 Vaccine Name (UNSPECIFIED –COVID-19
	Required			vaccine series: unspecified manufacturer)
Note: UNSPECIFIED can be reported				
starting 3/3/2021 and going forward	Required if			
	reporting			
	COVID-19			
	vaccine of			
	unspecified			
	manufacturer			
hpsvc19vaccVOs[5].covid19vaccine	Conditionally	UNSPECIFIED	_	COVID-19 Vaccine (UNSPECIFIED – complete COVID-19
	Required			vaccine series: unspecified manufacturer)
Note: UNSPECIFIED can be reported				
starting 3/3/2021 and going forward	Required if			
	reporting			
	COVID-19			
	vaccine of			
	unspecified			
	manufacturer			
hpsvc19vaccVOs[5].numEmpVacc	Conditionally	-	Must be a	Cumulative number of employee HCP who have
	Required		whole number	received an initial complete COVID-19 vaccine series:
	Depute 136			unspecified manufacturer
	Required if			
	reporting			
	COVID-19			
	vaccine of			
	unspecified			
	manufacturer			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[5].numLIPVacc	Conditionally	-	Must be a	Cumulative number of licensed independent
	Required		whole number	practitioner HCP who have received an initial complete
				COVID-19 vaccine series: unspecified manufacturer.
	Required if			
	reporting			
	COVID-19			
	vaccine of			
	unspecified			
	manufacturer			
hpsvc19vaccVOs[5].numVolVacc	Conditionally	-	Must be a	Cumulative number of adult student/trainee and
	Required		whole number	volunteer HCP who have received an initial complete
				COVID-19 vaccine series: unspecified manufacturer
	Required if			
	reporting			
	COVID-19			
	vaccine of			
	unspecified			
	manufacturer			
hpsvc19vaccVOs[5].numOCPVacc	Conditionally	-	Must be a	Cumulative number of other contract personnel HCP
	Required		whole number	who have received an initial complete COVID-19
				vaccine series: unspecified manufacturer
	Required if			
	reporting			
	COVID-19			
	vaccine of			
	unspecified			
	manufacturer			
numEmpEligAddtlDose	Required	Must be <=numEMPHCP	Must be a	Cumulative number of employee HCP who have
			whole number	completed a COVID-19 vaccine series and are eligible to
		AND must be <= sum of		receive an additional dose or booster of COVID-19
		(hpsvc19vaccVOs[1].numempvacc +		vaccine
		hpsvc19vaccVOs[3].numempvacc +		
		hpsvc19vaccVOs[4].numempvacc +		Must be less than or equal to the total number of
		hpsvc19vaccVOs[5].numempvacc)		employee HCP that received an initial complete COVID-

Field	Requirement	Values	Format [†]	Description of Field
				19 vaccine series AND must be greater than or equal to
		AND must be >= sum of		the total number of employee HCP who received an
		(hpsvc19vaccVOs[6].numempvacc +		additional dose or booster of COVID-19 vaccine.
		hpsvc19vaccVOs[7].numempvacc +		
		hpsvc19vaccVOs[8].numempvacc +		
		hpsvc19vaccVOs[9].numempvacc)		
numLIPEligAddtlDose	Required	Must be <=numLIPHCP	Must be a	Cumulative number of licensed independent
			whole number	practitioner HCP who have completed a COVID-19
		AND must be <= sum of		vaccine series and are eligible to receive an additional
		(hpsvc19vaccVOs[1].numLIPvacc +		dose or booster of COVID-19 vaccine
		hpsvc19vaccVOs[3].numLIPvacc +		
		hpsvc19vaccVOs[4].numLIPvacc +		Must be less than or equal to the total of licensed
		hpsvc19vaccVOs[5].numLIPvacc)		independent practitioner HCP that received an initial
				complete COVID-19 vaccine series AND must be greater
		AND must be >= sum of		than or equal to the total number of employee HCP
		(hpsvc19vaccVOs[6].numLIPvacc +		who received an additional dose or booster of COVID-
		hpsvc19vaccVOs[7].numLIPvacc +		19 vaccine.
		hpsvc19vaccVOs[8].numLIPvacc +		
		hpsvc19vaccVOs[9].numLIPvacc)		
numVolAddtlDose	Required	Must be <=numVolHCP	Must be a	Cumulative number of adult student/trainee and
			whole number	volunteer HCP who have completed a COVID-19
		AND must be <= sum of		vaccine series and are eligible to receive an additional
		(hpsvc19vaccVOs[1].numVolvacc +		dose or booster of COVID-19 vaccine
		hpsvc19vaccVOs[3].numVolvacc +		
		hpsvc19vaccVOs[4].numVolvacc +		Must be less than or equal to the total number of adult
		hpsvc19vaccVOs[5].numVolvacc)		student/trainee and volunteer HCP that received an
				initial complete COVID-19 vaccine series AND must be
		AND must be >= sum of		greater than or equal to the total number adult
		(hpsvc19vaccVOs[6].numVolvacc +		student/trainee and volunteer HCP who received an
		hpsvc19vaccVOs[7].numVolvacc +		additional dose or booster of COVID-19 vaccine.
		hpsvc19vaccVOs[8].numVolvacc +		
		hpsvc19vaccVOs[9].numVolvacc)		

Field	Requirement	Values	Format [†]	Description of Field
numOCPAddtlDose	Required	Must be <=numOCPHCP	Must be a	Cumulative number of other contract personnel HCP
			whole number	who have completed a COVID-19 vaccine series and are
		AND must be <= sum of		eligible to receive an additional dose or booster of
		(hpsvc19vaccVOs[1].numOCPvacc +		COVID-19 vaccine
		hpsvc19vaccVOs[3].numOCPvacc +		
		hpsvc19vaccVOs[4].numOCPvacc +		Must be less than or equal to the total number of other
		hpsvc19vaccVOs[5].numOCPvacc)		contract personnel HCP that received an initial
				complete COVID-19 vaccine series AND must be greater
		AND must be >= sum of		than or equal to the total number of other contract
		(hpsvc19vaccVOs[6].numOCPvacc +		personnel HCP who received an additional dose or
		hpsvc19vaccVOs[7].numOCPvacc +		booster of COVID-19 vaccine.
		hpsvc19vaccVOs[8].numOCPvacc +		
		hpsvc19vaccVOs[9].numOCPvacc)		
hpsvc19vaccVOs[6].covid19vaccinename	Conditionally	PFIZBION	_	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech
	Required			COVID-19 vaccine)
	Demissed if			
	Required if			
	reporting additional dose			
	or booster of			
	Pfizer-BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[6].covid19vaccine	Conditionally	PFIZBION3		COVID-19 Vaccine - PFIZBION (additional dose or
inpoversyacevos[o].covidrsyaceme	Required	TTEBIONS	-	booster of Pfizer-BioNTech COVID-19 vaccine)
	ricquired			South of the Biotresin Covid 13 vaccine,
	Required if			
	reporting			
	additional dose			
	or booster of			
	Pfizer-BioNTech			
	COVID-19			
	vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[6].numEmpVacc	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID-19 vaccine	-	Must be a whole number	Cumulative number of employee HCP, from numEmpEligAddtlDose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine
hpsvc19vaccVOs[6].numLIPVacc	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID-19 vaccine	-	Must be a whole number	Cumulative number of employee HCP, from numLIPEligAddtlDose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine
hpsvc19vaccVOs[6].numVolVacc	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID-19 vaccine	-	Must be a whole number	Cumulative number of employee HCP, from numVolAddtlDose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[6].numOCPVacc	Conditionally	-	Must be a	Cumulative number of employee HCP, from
	Required		whole number	numOCPAddtlDose, who have received an additional
				dose or booster of Pfizer-BioNTech COVID-19 vaccine
	Required if			
	reporting			
	additional dose			
	or booster of			
	Pfizer-BioNTech			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[7].covid19vaccinename	Conditionally	MODERNA	_	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
	Required			
	_			
	Required if			
	reporting			
	additional dose			
	or booster of			
	Moderna			
	COVID-19			
1 10 1/0 [7]	vaccine	MODERNIA		COMB 40 V : (MACDEDNA LIVE LI
hpsvc19vaccVOs[7].covid19vaccine	Conditionally	MODERNA3	_	COVID-19 Vaccine (MODERNA – additional dose or
	Required			booster of MODERNA COVID-19 vaccine)
	Dogwined if			
	Required if			
	reporting additional dose			
	or booster of			
	Moderna			
	COVID-19			
	vaccine			
	vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[7].numEmpVacc	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	-	Must be a whole number	Cumulative number of employee HCP, from numEmpEligAddtlDose, who have received an additional dose or booster of Moderna COVID-19 vaccine
hpsvc19vaccVOs[7].numLIPVacc	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	-	Must be a whole number	Cumulative number of employee HCP, from numLIPEligAddtlDose, who have received an additional dose or booster of Moderna COVID-19 vaccine
hpsvc19vaccVOs[7].numVolVacc	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	-	Must be a whole number	Cumulative number of employee HCP, from numVolAddtlDose, who have received an additional dose or booster of Moderna COVID-19 vaccine

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[7].numOCPVacc	Conditionally	-	Must be a	Cumulative number of employee HCP, from
	Required		whole number	numOCPAddtlDose, who have received an additional
				dose or booster of Moderna COVID-19 vaccine
	Required if			
	reporting			
	additional dose			
	or booster of			
	Moderna			
	COVID-19			
	vaccine			
hpsvc19vaccVOs[8].covid19vaccinename	Conditionally	JANSSEN	_	COVID-19 Vaccine Name (JANSSEN COVID-19 vaccine)
	Required			
	Required if			
	reporting			
	additional dose			
	or booster of			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[8].covid19vaccine	Conditionally	JANSSEN2	_	COVID-19 Vaccine (JANSSEN – additional dose or
	Required			booster of JANSSEN COVID-19 vaccine)
	Required if			
	reporting			
	additional dose			
	or booster of			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[8].numEmpVacc	Conditionally	-	Must be a	Cumulative number of employee HCP, from
	Required		whole number	numEmpEligAddtlDose, who have received an
				additional dose or booster of Janssen COVID-19 vaccine
	Required if			
	reporting			
	additional dose			

Field	Requirement	Values	Format [†]	Description of Field
	or booster of			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[8].numLIPVacc	Conditionally	-	Must be a	Cumulative number of employee HCP, from
	Required		whole number	numLIPEligAddtlDose, who have received an additional dose or booster of Janssen COVID-19 vaccine
	Required if			
	reporting			
	additional dose			
	or booster of			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[8].numVolVacc	Conditionally	-	Must be a	Cumulative number of employee HCP, from
	Required		whole number	numVolAddtlDose, who have received an additional
				dose or booster of Janssen COVID-19 vaccine
	Required if			
	reporting			
	additional dose			
	or booster of			
	Janssen COVID-			
	19 vaccine			
hpsvc19vaccVOs[8].numOCPVacc	Conditionally	-	Must be a	Cumulative number of employee HCP, from
	Required		whole number	numOCPAddtlDose, who have received an additional
				dose or booster of Janssen COVID-19 vaccine
	Required if			
	reporting			
	additional dose			
	or booster of			
	Janssen COVID-			
	19 vaccine			

Field	Requirement	Values	Format [†]	Description of Field
hpsvc19vaccVOs[9].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of	UNSPECIFIED	_	COVID-19 Vaccine Name (UNSPECIFIED - unspecified manufacturer)
	vaccine of unspecified manufacturer			
hpsvc19vaccVOs[9].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of vaccine of unspecified	UNSPECIFIED2	-	COVID-19 Vaccine (UNSPECIFIED – additional dose or booster of COVID-19 vaccine series: unspecified manufacturer)
hpsvc19vaccVOs[9].numEmpVacc	manufacturer Conditionally Required Required if reporting additional dose or booster of vaccine of unspecified manufacturer	-	Must be a whole number	Cumulative number of employee HCP, from numEmpEligAddtlDose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer
hpsvc19vaccVOs[9].numLIPVacc	Conditionally Required	-	Must be a whole number	Cumulative number of employee HCP, from numLIPEligAddtlDose, who have received an additional

Field	Requirement	Values	Format [†]	Description of Field
	Required if reporting additional dose or booster of vaccine of			dose or booster of COVID-19 vaccine: unspecified manufacturer
	unspecified manufacturer			
hpsvc19vaccVOs[9].numVolVacc	Conditionally Required	-	Must be a whole number	Cumulative number of employee HCP, from numVolAddtlDose, who have received an additional dose or booster of COVID-19 vaccine: unspecified
	Required if reporting			manufacturer
	additional dose or booster of			
	vaccine of unspecified manufacturer			
hpsvc19vaccVOs[9].numOCPVacc	Conditionally Required	-	Must be a whole number	Cumulative number of employee HCP, from numOCPAddtlDose, who have received an additional dose or booster of COVID-19 vaccine: unspecified
	Required if reporting			manufacturer
	additional dose			
	or booster of vaccine of			
	unspecified			
	manufacturer			