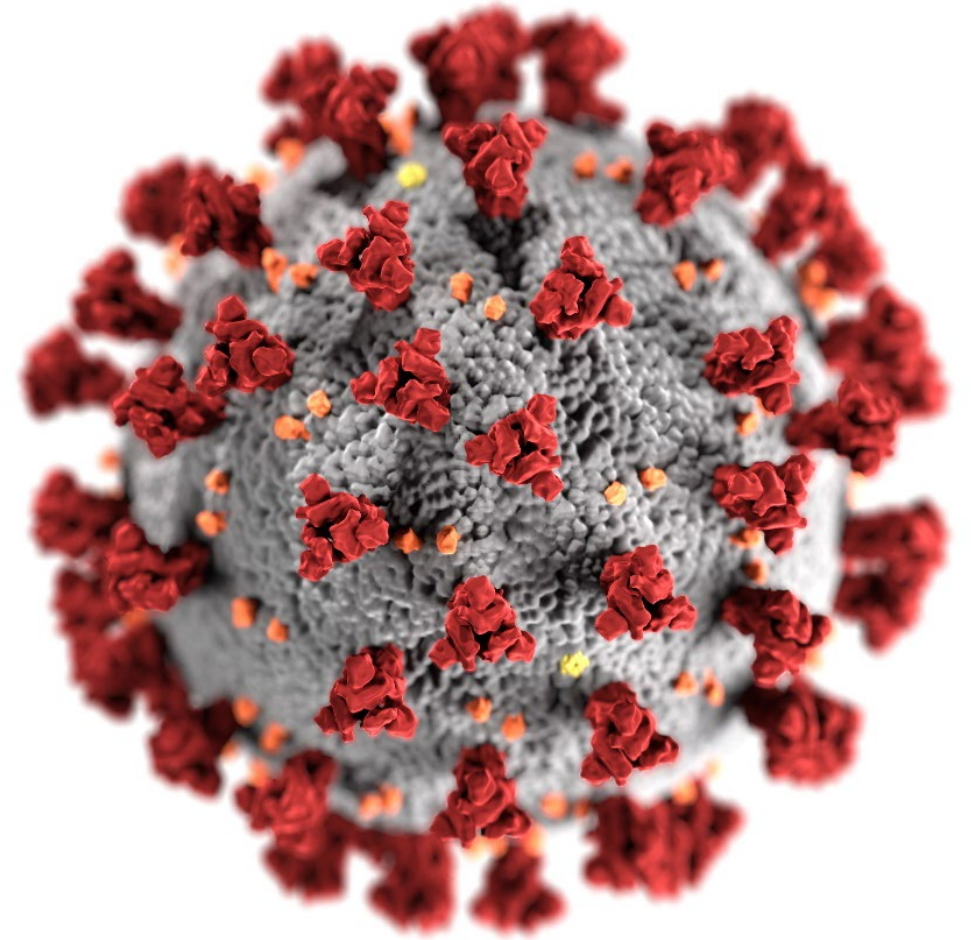


NHSN Person-Level Vaccination Form: General Training

National Healthcare Safety Network (NHSN)

**Healthcare Personnel Safety (HPS)
September 2023**



cdc.gov/coronavirus

Objectives

1. Review how to report HPS Person-Level Vaccination data
 - Reporting summary, facility-level counts.
 - Optional HPS Person-Level Vaccination Form
 - **Note: there are no changes in reporting requirements**
2. Provide overview of reporting HPS Person-Level Vaccination data
3. Discuss advantages to using the HPS Person-Level Vaccination Form
4. Review frequently asked questions
5. Next steps

Note: The data throughout the PowerPoint is fictitious and intended for illustrative purposes only



Options to Submit COVID-19 Vaccination Data

- Facilities will continue to submit cumulative COVID-19 Vaccination data to the HPS COVID-19 Vaccination Module. Data can be reported to these module in **one of three ways**:
 1. Directly into the data entry screen of the COVID-19 Vaccination Module
 2. Through CSV upload into the Weekly COVID-19 Vaccination Module
 3. As of September 2023, facilities have the **option** to use the Person-Level COVID-19 Vaccination Form to enter vaccination information on individual healthcare personnel (HCP), and click the “**view reporting summary and submit**” button to have the totals calculated for you and submitted to the COVID-19 Vaccination Module



Today we'll focus on #3, the new HPS Person-Level COVID-19 Vaccination Form

- Facilities will continue to submit cumulative weekly COVID-19 Vaccination data to the Weekly COVID-19 Vaccination Module. Data can be reported to these module in three ways:
 - Directly into the data entry screens of the COVID-19 Vaccination Module
 - through .CSV upload into the Weekly COVID-19 Vaccination Module
 - As of September 2023, facilities have the **option** to use the Person-Level COVID-19 Vaccination Form to enter vaccination information on individual HCP, and click the “**view reporting summary and submit**” button to have the totals calculated for you and submitted to the COVID-19 Vaccination Module



Requirements to use Person-Level Vaccination Form



User Rights Requirement for Facility Administrators

- NHSN Facility Administrators (FA) will automatically have the **'Administrator'** and **'All Rights'** boxes checked in the **User Rights** tab of NHSN.
- A FA or a user with **'Administrator'** rights can grant additional rights to users in NHSN for a facility.
- Conferring **user rights** to users for a facility within the NHSN application provides enhanced security for **person-level staff** vaccination data.

| Rights | Healthcare Personnel Safety |
|-----------------------------------|-------------------------------------|
| Administrator | <input checked="" type="checkbox"/> |
| All Rights | <input checked="" type="checkbox"/> |
| Analyze Data | <input type="checkbox"/> |
| Add, Edit, Delete | <input type="checkbox"/> |
| View Data | <input type="checkbox"/> |
| Staff/Visitor - Add, Edit, Delete | |
| Staff/Visitor - View | |
| Customize Rights | <input type="checkbox"/> |

Needs to be checked to report data using the Person-Level Vaccination Form



User Rights Requirements for Non-Facility Administrators

- If a user is not a NHSN facility administrator (FA), the user must have the **“All Rights”** box checked in the **User Rights** tab of NHSN in order to submit person-level data using the HPS Person-Level Vaccination Form.
- Checking the **“All Rights”** box will also automatically check the **“Analyze Data,”** **“Add, Edit, Delete,”** and **“View Data”** boxes.

| Rights | Healthcare Personnel Safety |
|-----------------------------------|-------------------------------------|
| Administrator | <input type="checkbox"/> |
| All Rights | <input checked="" type="checkbox"/> |
| Analyze Data | <input checked="" type="checkbox"/> |
| Add, Edit, Delete | <input checked="" type="checkbox"/> |
| View Data | <input checked="" type="checkbox"/> |
| Staff/Visitor - Add, Edit, Delete | |
| Staff/Visitor - View | |
| Customize Rights | <input type="checkbox"/> |

Needs to be checked to report data using the Person-Level Vaccination Form



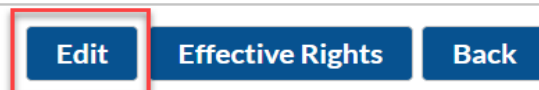
NHSN Facility Administrators should Review User's Rights

To review User's Rights:

- Select Users > Find from the left navigation bar:
- Locate the user's profile, and then select the user's name
- Click on **"Edit"** at the bottom of the page, and then click on **"Edit Rights"** at the bottom of the next page:



Phone Number :
Beeper :
Group/Facility:
User Roles: ADDSTAFF(LTCF) ADMIN(HCW) ADMIN(LTCF) ALLRIGHTS(HCW)



County :
Zip Code :
Phone Number :
Beeper :



NHSN Facility Administrators should Review User's Rights (cont.)

- Check the boxes in the **User Rights** page of NHSN to confer rights to the user.
- Click on **“Save”** at the bottom of the form to save the changes made.

| Rights | Healthcare Personnel Safety |
|---|-------------------------------------|
| Administrator | <input type="checkbox"/> |
| All Rights | <input checked="" type="checkbox"/> |
| Analyze Data | <input checked="" type="checkbox"/> |
| Add, Edit, Delete | <input checked="" type="checkbox"/> |
| View Data | <input checked="" type="checkbox"/> |
| Staff/Visitor - Add, Edit, Delete | |
| Staff/Visitor - View | |
| <hr/> | |
| Customize Rights | <input type="checkbox"/> |
| <p>Effective Rights <input type="button" value="Save"/></p> | |

Needs to be checked to report data using the Person-Level Vaccination Form



Person-Level Vaccination Form Overview



What is the HPS Person-Level COVID-19 Vaccination Form?

- The Person-Level COVID-19 Vaccination Form is an **optional tool** that can be used to report data to the NHSN Healthcare Personnel (HCP) COVID-19 Vaccination module
- Data on individual HCP are directly entered line by line in the optional Person-Level COVID-19 Vaccination form or can be uploaded via a .CSV file
- **Makes reporting vaccination data easier and more efficient!**



Changes in Reporting Definitions

- Definition of up to date for NHSN surveillance may change over time!
- Facilities should use the definitions outlined in the following document for each quarter:
 - [Understanding Key Terms and Up to Date Vaccination](#)
- Reporting periods for COVID-19 vaccination data
 - Quarter 2 of 2023 (March 27, 2023– June 25, 2023)
 - Quarter 3 of 2023 (June 26, 2023 – September 24, 2023)
 - Quarter 4 of 2023 (September 25, 2023- December 31, 2023)



Changes in Reporting Definitions (cont.)

- Definition of up to date for NHSN surveillance may change
- Facilities should use the definitions outlined in the [Understanding Key Terms](#) document each quarter:
 - [Understanding Key Terms](#)
- Reporting periods for CCNAs:
 - Quarter 2 (July 1, 2023 - September 24, 2023)
 - Quarter 3 (September 25, 2023 - December 31, 2023)

The Person-level forms apply these definitions for you!



How to Enter Data: Person-Level Vaccination Form Overview



Location of the Person-Level Vaccination Form

- To access the Person-Level Vaccination Form in the Healthcare Personnel Safety (HPS) component:
 - Navigate to the **COVID-19** tab on the NHSN homepage
 - Select **Person-Level COVID-19 Vaccination Form for HCP**



NHSN - National Healthcare Safety Network (hps1150-68d87dd97c-tjjgm:80)

NHSN Home

- Alerts
- Reporting Plan ▶
- HCW ▶
- Lab Test ▶
- Exposure ▶
- Prophy/Treat ▶
- Import/Export ▶
- COVID-19 ▶**

Person-Level COVID-19 Vaccination Form for HCP

+ Add Row... View Reporting Summary & Submit... Upload CSV...

Required fields marked with * Conditionally required fields marked with **

| Duplicate Row | Unique HCP Identifier * | HCP First Name * |
|---------------|-------------------------|------------------|
| + | 12345 | |
| + | 2238 | |
| + | 8568 | |

Person-Level COVID-19 Vaccination Form for HCP



How to enter vaccination information for a new healthcare worker



Person-Level COVID-19 Vaccination Form for HCP

1

Add Row...

View Reporting Summary & Submit...

Upload CSV...

Export CSV...

Export SQL...

| Unique HCP Identifier * | HCP First Name * | HCP Last Name * | Gender ** | Date of Birth ** | Ethnicity ** |
|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2 Find...

Save Row

Required fields marked with an asterisk (*)

Duplicate Row

+
+
+

Find. If the individual you are adding was previously entered on another event-level form, please use this feature to select this individual. This will auto-fill the following fields: identifier, first name, last name, gender, date of birth, ethnicity, and race. If the individual does not already have a record entered, a new record will be created when you enter these fields using the +Add Row button and click save row.

- Click + **Add Row** button
- A yellow section at the top of the form will appear to enter this individual's data
- Start by selecting the **"Find"** option to search for the Unique HCP Identifier from a list of healthcare workers who have previously had data submitted in NHSN via other Person-Level Forms, or start typing in the Identifier if you already know it



How to enter vaccination information for a new healthcare worker (cont.)

| Facility ID | HCW ID | Last Name | First Name | Middle Name | Date of Birth |
|-------------|--------|-----------|------------|-------------|---------------|
| 10563 | FCDA | | | | |
| 10563 | ABCD | | | | |
| 10563 | 2238 | Freeman | Judy | | 07/13/1962 |
| 10563 | 12345 | | | | |
| 10563 | ABC | | | | |
| 10563 | 8568 | | | | |
| 10563 | HCW01 | | | | |

Unique HCP Identifier *

Find...

Save Row Cancel

Required fields marked with * Condition

Duplicate Row Unique HCP Id

| | |
|---|------|
| + | ABC |
| + | ABCD |
| + | FCDA |

Select Cancel

- If the Unique HCP Identifier already **exists** within the NHSN list, select the healthcare worker in the pop-up window and click **Select**
 - Demographic information will be filled in for you
- If the healthcare worker is **not** in the NHSN list, click **Cancel**
 - You will need to manually enter a new unique Identifier and demographic information



How to enter vaccination information for a new healthcare worker (cont.)

- In this example, this healthcare worker was already on the NHSN list, so the identifier and the demographics are filled in
- Enter vaccination information including the vaccination location type, the HCP category, vaccination dose dates, and vaccine manufacturers (or dates of declination or medical contraindication), and click **Save Row**

| Unique HCP Identifier * | HCP First Name * | HCP Last Name * | Gender ** | Date of Birth ** | Ethnicity ** | Race ** |
|-------------------------|------------------|-----------------|-----------|------------------|--------------------|-------------------------------|
| 2238 | Judy | Freeman | Female ▾ | 07/13/1962 | Hispanic or Latino | American Indian/Alaska Native |


| Vaccination location type * | HCP Category * | Dose 1 vaccination date ** | Dose 1 vaccine manufacturer name ** | Dose 2 vaccination date ** | Dose 2 vaccine manufacturer name ** | Medical contraindication date ** | Declination date ** | Declination reason | Unknown/other vaccination status Date ** | Dose 3 Date ** | Dose 3 Manufacturer ** |
|-----------------------------|-----------------------|----------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------------|---------------------|--------------------|--|----------------|---------------------------|
| Hospital ▾ | Employees (staff on f | 01/01/2022 | Pfizer-BioNTech COVID-19 | 02/01/2022 | Pfizer-BioNTech COVID-19 | | | | | 06/01/2023 | Updated (Bivalent) Pfizer |

Save Row Cancel



How to submit data to the weekly reporting form

- When all rows of data are entered in the Person-Level COVID-19 Vaccination Form and ready for submission, click the **View Reporting Summary & Submit** button

 Person-Level COVID-19 Vaccination Form for HCP

1 [Add Row...](#) [View Reporting Summary & Submit...](#) [Upload CSV...](#) [Export CSV...](#) [Export SQL...](#)

Required fields marked with * Conditionally required fields marked with **

| Duplicate Row | Unique HCP Identifier * | HCP First Name * | HCP Last Name * | Gender ** | Date of Birth ** |
|--------------------------|-------------------------|------------------|-----------------|-----------|------------------|
| <input type="checkbox"/> | 12345 | | | | |
| <input type="checkbox"/> | 2238 | | | | |
| <input type="checkbox"/> | 8568 | | | | |

Pro tip! Click out of the data field you just edited in order to save the data

Reporting Summary Screen: Healthcare Personnel

View Reporting Summary & Submit...

Select the week and vaccination location type for submission

Healthcare Personnel COVID-19 Vaccination Cumulative Summary
 Person-Level Form

Facility ID#: _____

Vaccination type: COVID19

Week of data collection first day (Monday): 7/31/2023 - VACCHOSP (Never submitted) ▼ Re-submit all changed weeks

Week of data collection last day (Sunday): 08/06/2023

| Cumulative Vaccination Coverage | Healthcare Personnel (HCP) Categories | | | | | |
|--|---------------------------------------|---------|------------------|--|--------------------------------------|--------------------------|
| | All Core HCP | All HCP | Non-Employee HCP | | | |
| | | | Employee HCP | 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 at least 1 day during the week of data collection | 5 | 6 | 3 | 1 | 1 | 1 |
| 2. *Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020: | 3 | 3 | 2 | 1 | 0 | 0 |
| 3. Cumulative number of HCP in Question #1 with other conditions: | | | | | | |
| 3.1 *Medical contraindication or exclusion to COVID-19 vaccine | 1 | 1 | 0 | 0 | 1 | 0 |
| 3.2. *Offered but declined COVID-19 vaccine | 0 | 1 | 0 | 0 | 0 | 1 |
| 3.3. *Unknown/other COVID-19 vaccination status | 1 | 1 | 1 | 0 | 0 | 0 |
| Please review the current definition of up to date: Key Terms and Up to Date Vaccination. | | | | | | |
| 4. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines | 3 | 3 | 2 | 1 | 0 | 0 |

Review totals

1. Not eligible for submission using the person-level form: Weeks already reported to the Weekly COVID-19 Vaccination Summary Modules using the weekly summary form or weekly summary CSV upload are not eligible for submission using the optional person-level form. Instead, please update those weeks by navigating to the Weekly COVID-19 Summary Module directly and updating the weekly summary form.
2. Only save and submit data via the person-level form for weeks with complete person-level information for all individuals who were eligible to have worked at least one day during the reporting week. If you do not have complete person-level information on all individuals for a given reporting week, please update the person-level form prior to submission, or submit using the Weekly COVID-19 Vaccination Summary form instead.

Note: up to date totals are calculated by the application! Users do not need to apply the up to date definition themselves

3

Save and Submit Data Done



The Reporting Summary screen feeds the aggregate weekly vaccination form when you click save and submit!

Reporting Summary

View Reporting Summary & Submit...

Healthcare Personnel COVID-19 Vaccination Cumulative Summary

Person-Level Form

Facility ID#: [redacted]

Vaccination type: COVID19

Week of data collection first day (Monday): 7/31/2023 - VACCHOSP Re-submit all changed weeks

Week of data collection last day (Sunday): 08/06/2023

| Cumulative Vaccination Coverage | Healthcare Personnel (HCP) Categories | | | | | |
|--|---------------------------------------|---------|---------------------------------------|--|--------------------------------------|--------------------------|
| | Employee HCP | | | Non-Employee HCP | | |
| | 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 at least 1 day during the week of data collection | 5 | 6 | 3 | 1 | 1 | 1 |
| 2. *Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020: | 3 | 3 | 2 | 1 | 0 | 0 |
| 3. *Cumulative number of HCP in Question #1 with other conditions: | | | | | | |
| 3.1 *Medical contraindication or exclusion to COVID-19 vaccine | 1 | 1 | 0 | 0 | 1 | 0 |
| 3.2 *Offered but declined COVID-19 vaccine | 0 | 1 | 0 | 0 | 0 | 1 |
| 3.3 *Unknown/other COVID-19 vaccination status | 1 | 1 | 1 | 0 | 0 | 0 |
| 4. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines | 3 | 3 | 2 | 1 | 0 | 0 |

Alert: Successfully saved. OK

Feeds



Weekly Aggregate Form

Edit COVID-19 Vaccination Summary Data

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Date Created: 08/18/2023 2:33PM

Facility ID #: [redacted] Location Type *: Hospital

Vaccination type *: COVID19 Facility CCN #: [redacted]

Week of Data Collection: 07/31/2023 - 08/06/2023 Date Last Modified: 08/18/2023 2:35PM

| Cumulative Vaccination Coverage | Healthcare Personnel (HCP) Categories | | | | | |
|--|---------------------------------------|----------------------|--|---|---|---------------------------------------|
| | Employee HCP | | | Non-Employee HCP | | |
| | All Core HCP ^a | All HCP ^b | Employees (staff on facility payroll) ^c | Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants ^d | Adult students/trainees and volunteers ^e | Other Contract Personnel ^f |
| 1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection | 5 | 6 | 3 | 1 | 1 | 1 |
| 2. *Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020: | 3 | 3 | 2 | 1 | 0 | 0 |
| 3. *Cumulative number of HCP in Question #1 with other conditions: | | | | | | |
| 3.1 *Medical contraindication to COVID-19 vaccine | 1 | 1 | 0 | 0 | 1 | 0 |
| 3.2 *Offered but declined COVID-19 vaccine | 0 | 1 | 0 | 0 | 0 | 1 |
| 3.3 *Unknown/other COVID-19 vaccination status | 1 | 1 | 1 | 0 | 0 | 0 |
| 4. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines | 3 | 3 | 2 | 1 | 0 | 0 |

Question 4 asks about individuals who are up to date. Please review the current definition of up to date: [Key Terms and Up to Date Vaccination](#)



Week of data collection: statuses in drop-down menu

1. **Never submitted** = Data for that reporting week have never been submitted by any form or reporting mechanism.
2. **Not eligible for submission using the person-level form** = Weeks already reported to the Weekly COVID-19 Vaccination Summary Module using the standard Weekly Summary form or standard Weekly Summary CSV upload (i.e., NOT via person-level form or person-level CSV) are not eligible for submission using the person-level vaccination form

View Reporting Summary & Submit...

Healthcare Personnel COVID-19 Vaccination Cumulative Summary

Person-Level Form

Facility ID#: [REDACTED]

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 using the person-level form)
- 1 6/19/2023 - VACCHOSP (Never submitted)
- 2 6/26/2023 - VACCHOSP (Never submitted)
- 3 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)
- 3 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 7/24/2023 - VACCHOSP (Never submitted)
- 4 7/31/2023 - VACCHOSP
- 8/7/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 8/14/2023 - VACCHOSP (Never submitted)



Week of data collection: statuses in drop-down menu (cont.)

3. Changed since submitted using the person-level form = Data for this reporting week have been modified since submitted; click the **Re-Submit all changed weeks** button and save

4. Blank/ no text next to date = You have already submitted data for this week using the Person-Level Form, and there have been no updates to the data since submission; no action needed.

View Reporting Summary & Submit...

| Healthcare Personnel COVID-19 Vaccination Cumulative Summary | |
|--|--|
| Person-Level Form | |
| Facility ID#: | |
| Vaccination type: | COVID19 |
| Week of data collection first day (Monday): | 8/14/2023 - VACCHOSP (Never submitted) ▼ |
| 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 using the person-level form) 6/19/2023 - 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) 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form) 7/24/2023 - VACCHOSP (Never submitted) 7/31/2023 - VACCHOSP 8/7/2023 - VACCHOSP (Changed since submitted using the person-level form) 8/14/2023 - VACCHOSP (Never submitted) |

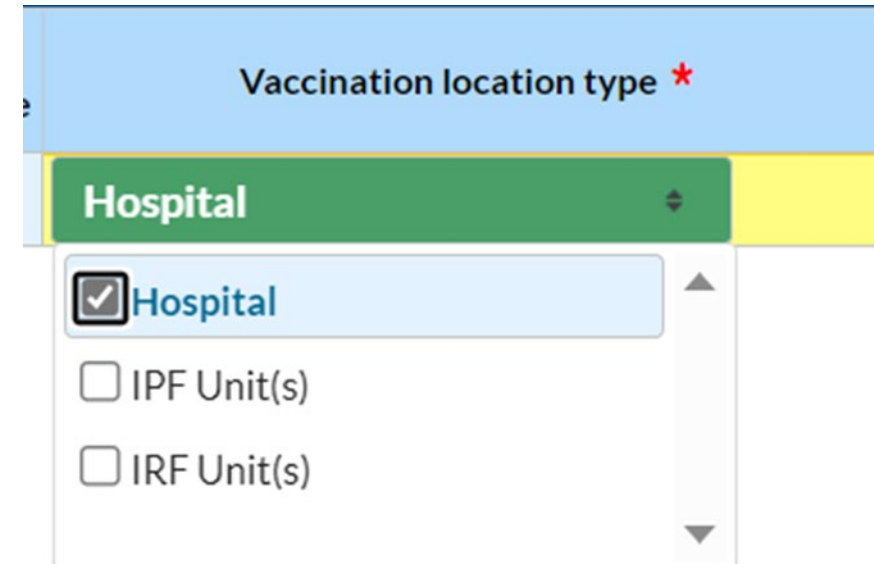
Re-submit all changed weeks



Vaccination Location Type [VACCLOC]

- Designates the location(s) within a facility that a HCW regularly works in at least weekly.
- For each HCW, select one or more locations from the options in the drop-down box.
- Most facility types will select only the **Hospital** option.
- Facilities will be unable to save a row that has **IPF unit** or **IRF unit** if the IPF or IRF units do not have a unique CCN mapped as a location within the parent facility.

Person-Level Vaccination Form



The screenshot shows a form titled "Person-Level Vaccination Form". A field labeled "Vaccination location type" with a red asterisk is highlighted in light blue. Below it, a green dropdown menu is open, showing three options: "Hospital" (checked with a checkbox), "IPF Unit(s)", and "IRF Unit(s)".

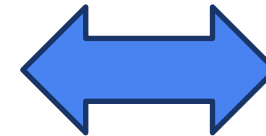
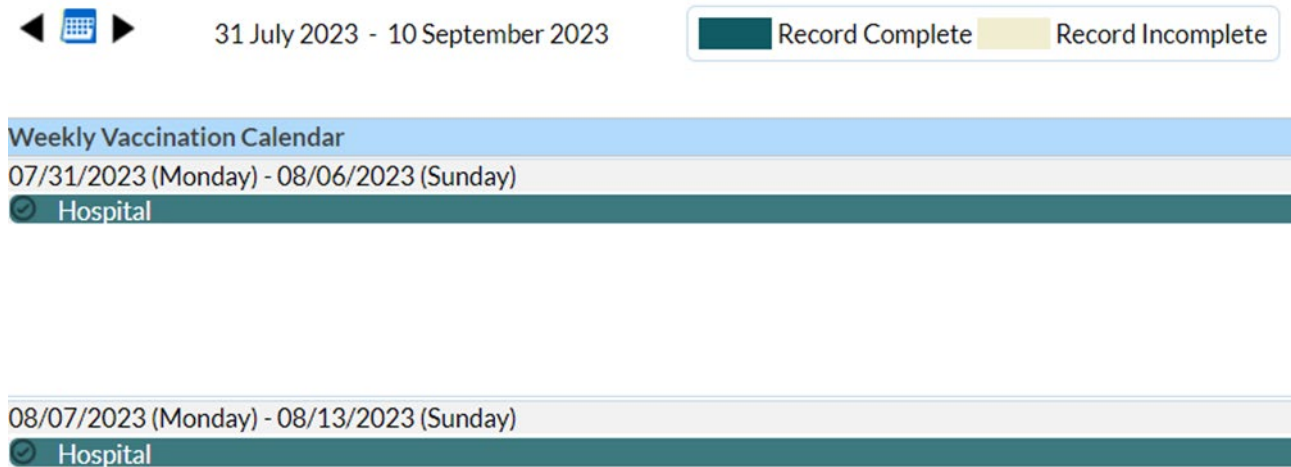
Note: Eligible location types match the locations shown in the Weekly Vaccination Summary calendar view of NHSN.



Vaccine Location Type [VACCLOC] – Hospital Only

- Acute care hospitals, free-standing IPFs, free-standing IRFs, long-term acute care hospitals, ambulatory surgery centers will select the **Hospital** option

Weekly Vaccination Summary Calendar



Person-Level Vaccination Form

Vaccination location type *

Hospital

Hospital

IPF Unit(s)

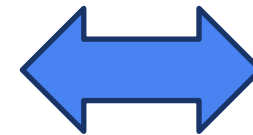
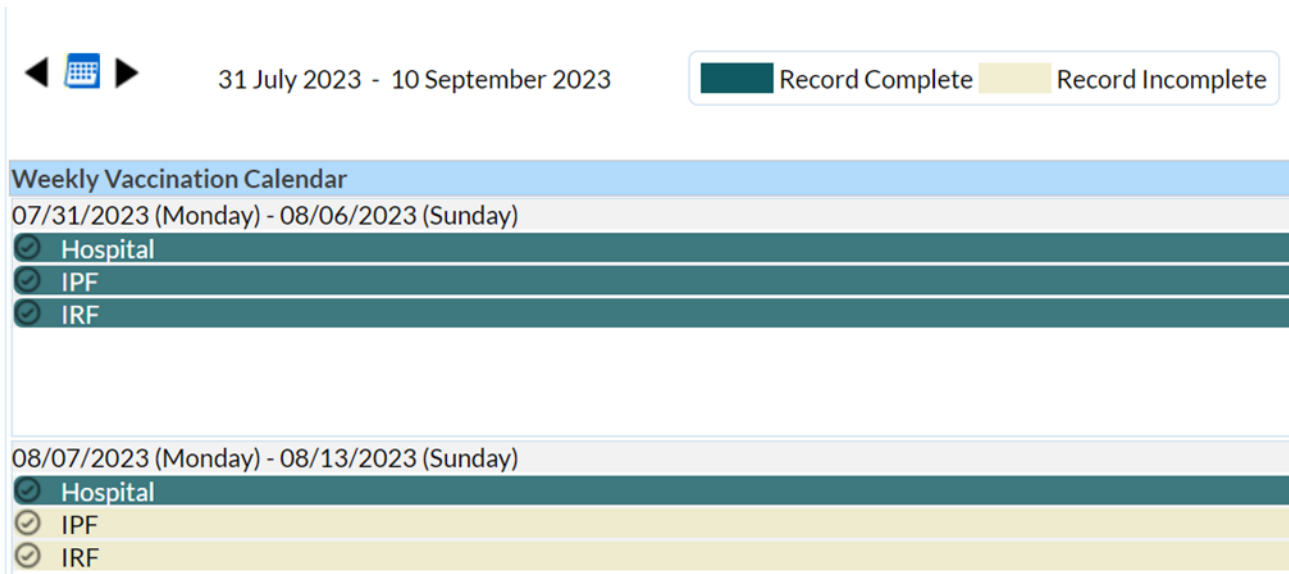
IRF Unit(s)

The form shows a dropdown menu for 'Vaccination location type *'. The selected option is 'Hospital', which is highlighted in green. Below the dropdown, there are three radio button options: 'Hospital' (checked), 'IPF Unit(s)', and 'IRF Unit(s)'.

Vaccine Location Type IPF and IRF Units with Unique CCNs

- IPF unit and IRF unit should be selected ONLY if there is an IPF or IRF unit with a unique CCN mapped as a location within the parent facility

Weekly Vaccination Summary Calendar



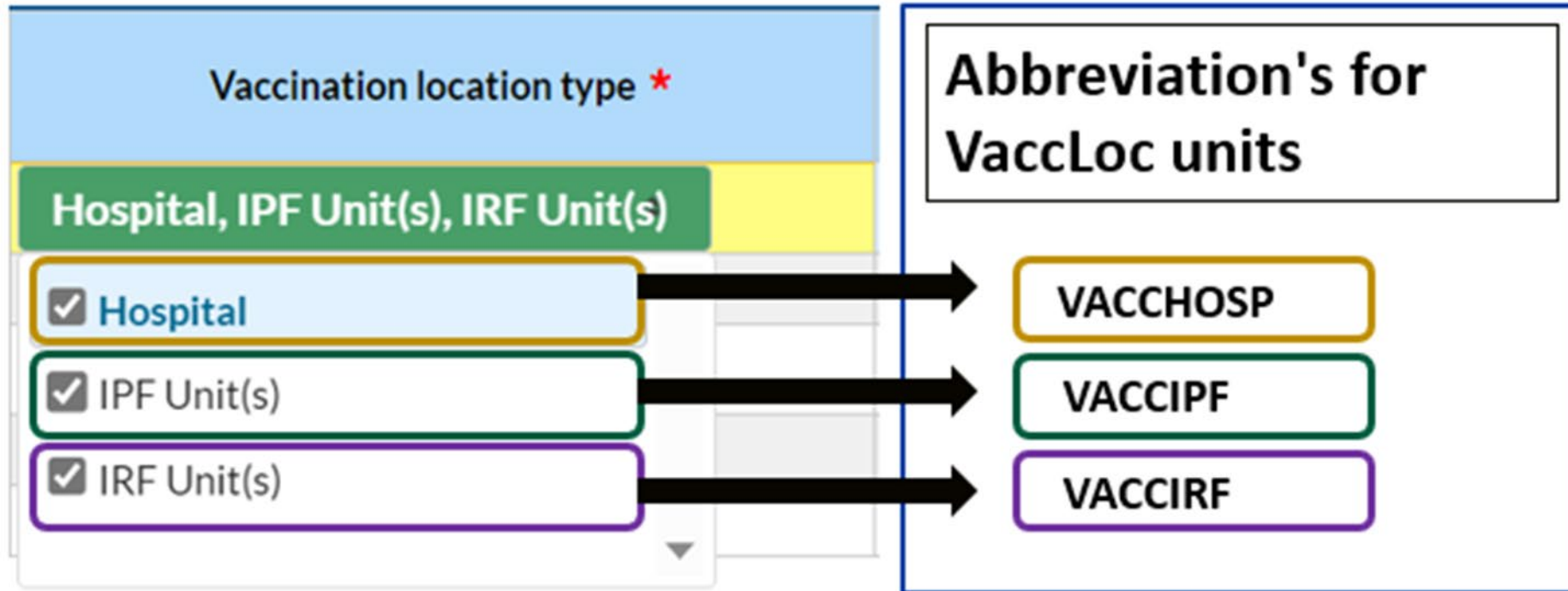
Person-Level Vaccination Form

Vaccination location type *

Hospital, IPF Unit(s), IRF Unit(s)

- Hospital
- IPF Unit(s)
- IRF Unit(s)

Vaccine Location Type [VACCLOC] (cont. #1)



Vaccine Location Type [VACCLOC] (cont. #2)

- When you click “view reporting summary and submit,” each location has a reporting week listed that can be selected to save and submit data for the specific location
- Reporting weeks display in a drop down when selecting the week of data collection field
- If your facility is enrolled in one location type, only that location type will display

View Reporting Summary & Submit...

Healthcare Personnel COVID-19 Vaccination Cumulative Summary

Person-Level Form

Facility ID#:

Vaccination type: COVID19

Week of data collection first day (Monday): 8/28/2023 - VACCHOSP

Week of data collection last day (Sunday):

- 5/22/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 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 using the person-level form)
- 6/19/2023 - 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)
- 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 7/24/2023 - VACCHOSP (Not eligible for submission using the person-level form)
- 7/31/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 8/7/2023 - VACCHOSP (Not eligible for submission using the person-level form)
- 8/14/2023 - VACCHOSP (Never submitted)
- 8/21/2023 - VACCHOSP (Never submitted)
- 8/28/2023 - VACCHOSP

Re-submit all changed weeks

Image A of summary form from a facility that **ONLY** has **ONE** location type affiliated with Facility ID – hospital



Vaccine Location Type [VACCLOC] (cont. #3)

- When you click “view reporting summary and submit,” each location has a reporting week listed that can be selected to save and submit data for the specific location
- Reporting weeks display in a drop down when selecting the week of data collection field
- Only locations selected on the prior screen will display

| View Reporting Summary & Submit... | |
|--|--|
| Healthcare Personnel COVID-19 Vaccination Cumulative Summary | |
| Person-Level Form | |
| Facility ID#: | |
| Vaccination type: | COVID19 |
| Week of data collection first day (Monday): | 8/14/2023 - VACCCHOSP (Never submitted) Re-submit all changed weeks |
| Week of data collection last day (Sunday): | 6/26/2023 - VACCIRF |
| | 7/3/2023 - VACCCHOSP (Never submitted) |
| | 7/3/2023 - VACCIPF (Never submitted) |
| | 7/3/2023 - VACCIRF (Never submitted) |
| | 7/10/2023 - VACCCHOSP (Never submitted) |
| | 7/10/2023 - VACCIPF (Never submitted) |
| | 7/10/2023 - VACCIRF (Never submitted) |
| | 7/17/2023 - VACCCHOSP (Never submitted) |
| | 7/17/2023 - VACCIPF (Never submitted) |
| | 7/17/2023 - VACCIRF (Never submitted) |
| | 7/24/2023 - VACCCHOSP (Never submitted) |
| | 7/24/2023 - VACCIPF (Never submitted) |
| | 7/24/2023 - VACCIRF (Never submitted) |
| | 7/31/2023 - VACCCHOSP (Changed since submitted using the person-level form) |
| | 7/31/2023 - VACCIPF (Never submitted) |
| | 7/31/2023 - VACCIRF |

Image B of summary form from a facility that has **THREE** location types affiliated with **SAME** Facility ID – a hospital, an IPF, and an IRF



Example of VACCLOC Reporting

A Facility has 2 health care personnel:

- Fred works 2 shifts in the **hospital** and 1 shift in the **IPF unit** each week.
- Wilma only works her shifts in the **hospital each week**.
 - **Fred and Wilma** both completed their monovalent primary series and received the updated bivalent vaccine.

| HCP First Name * | HCP Last Name * | Vaccination location type * | HCP Category * | Dose 1 vaccination date ** | Dose 1 vaccine manufacturer name ** | Dose 2 vaccination date ** | Dose 2 vaccine manufacturer name ** | Dose 3 Date ** | Dose 3 Manufacturer ** |
|------------------|-----------------|-----------------------------|------------------------|----------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------|------------------------------|
| Fred | Flinstone | Hospital, IPF Unit(s) ← | Employees (staff on fa | 01/01/2022 | Pfizer-BioNTech COVID-19 | 02/01/2022 | Pfizer-BioNTech COVID-19 | 06/01/2023 | Updated (Bivalent) Pfizer va |
| Wilma | Flinstone | Hospital ← | Employees (staff on fa | 03/20/2021 | Pfizer-BioNTech COVID-19 | 04/25/2021 | Pfizer-BioNTech COVID-19 | 06/09/2023 | Updated (Bivalent) Pfizer va |



Example of VACCLOC Reporting (cont. #1)

- In the **week of data collection** field, we selected the current week and location = **Hospital unit**
 - Data for **ONLY hospital** is displayed
- The numbers for total HCP, primary series, and UTD reflect **both Fred and Wilma**

| Person-Level Form | | | |
|--|----------------------|---------|---------------------------------------|
| Facility ID#: | 10312 | | |
| Vaccination type: | COVID19 | | |
| Week of data collection first day (Monday): | 8/14/2023 - VACCHOSP | | Re-submit all changes |
| Week of data collection last day (Sunday): | 08/20/2023 | | |
| Cumulative Vaccination Coverage | Healthcare Personnel | | |
| | All Core HCP | All HCP | Employee HCP |
| | | | Employees (staff on facility payroll) |
| 1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection | 2 | 2 | 2 |
| 2. *Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020: | 2 | 2 | 2 |
| 3. Cumulative number of HCP in Question #1 with other conditions: | | | |
| 3.1 *Medical contraindication or exclusion to COVID-19 vaccine | 0 | 0 | 0 |
| 3.2. *Offered but declined COVID-19 vaccine | 0 | 0 | 0 |
| 3.3. *Unknown/other COVID-19 vaccination status | 0 | 0 | 0 |
| Please review the current definition of up to date: Key Terms and Up to Date Vaccination. | | | |
| 4. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines | 2 | 2 | 2 |



Example of VACCLOC Reporting (cont. #2)

- In the week of data collection field, we selected the current week and location = **IPF Unit**
 - Data for **ONLY IPF unit** is displayed
- The numbers for HCP eligible, primary series, and UTD reflect **only Fred**

| Person-Level Form | | | |
|--|----------------------|----------------------|---------------------------------------|
| Facility ID#: | 10312 | | |
| Vaccination type: | COVID19 | | |
| Week of data collection first day (Monday): | 8/14/2023 - VACCI PF | | Re-submit all changes |
| Week of data collection last day (Sunday): | 08/20/2023 | | |
| Cumulative Vaccination Coverage | | Healthcare Personnel | |
| | All Core HCP | All HCP | Employee HCP |
| | | | Employees (staff on facility payroll) |
| 1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection | 1 | 1 | 1 |
| 2. *Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020: | 1 | 1 | 1 |
| 3. Cumulative number of HCP in Question #1 with other conditions: | | | |
| 3.1 *Medical contraindication or exclusion to COVID-19 vaccine | 0 | 0 | 0 |
| 3.2. *Offered but declined COVID-19 vaccine | 0 | 0 | 0 |
| 3.3. *Unknown/other COVID-19 vaccination status | 0 | 0 | 0 |
| Please review the current definition of up to date: Key Terms and Up to Date Vaccination. | | | |
| 4. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines | 1 | 1 | 1 |



Person Level Form .CSV Upload



Person Level Form .CSV Upload Resources

- .CSV is an alternative method to submit person-level data
- New CSV templates and guidance documents will be posted on the [HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC](#)

Weekly HCP COVID-19 Vaccination

[Print](#)

Facilities can track weekly COVID-19 vaccination data for healthcare personnel (HCP) through NHSN.

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[CSV Data Import](#)

[Person-Level COVID-19 Vaccination Form – Instructions and Guidance Documents](#)

[Person-Level COVID-19 Vaccination Data – CSV Data Import](#)

[Data Tracking Worksheets](#)

[Resources](#)

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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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Person Level Form .CSV Upload Resources (cont. #1)

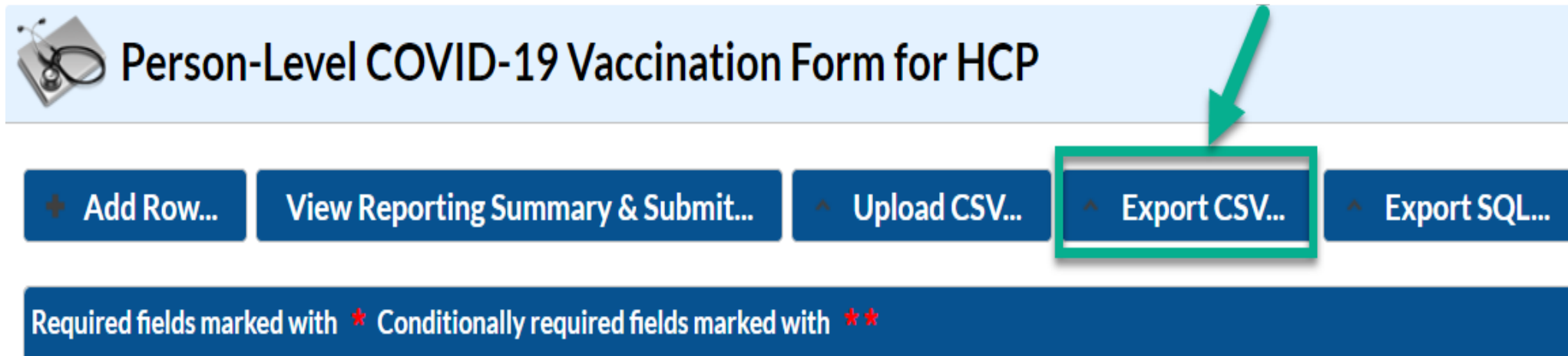
- Found in same location as .CSV files
- Use the variable description and file layout to help with how to enter each variable in the .CSV template


Example of HPS Person Level CSV template

| orgid | hcpid | gname | surname | gender | dob | ethnicity | race | hcpempstart | hcpempend | vaccloc | hpcategory |
|-------|-------|-------|---------|--------|-----|-----------|------|-------------|-----------|---------|------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Person Level Form .CSV Upload Resources (cont. #2)

- Export the data to a .CSV and use this as a template!



 Person-Level COVID-19 Vaccination Form for HCP

[+ Add Row...](#) [View Reporting Summary & Submit...](#) [^ Upload CSV...](#) [^ Export CSV...](#) [^ Export SQL...](#)

Required fields marked with * Conditionally required fields marked with **

Advantages and user feedback



Advantages:

- Helps users organize and manage their facility's data
- The application calculates and enters the weekly totals for you
- The application determines who is up to date based on vaccination dates and reporting week
- The application links COVID-19 vaccination records to other person-level records in NHSN
- Opportunity to contribute to rich data source that can be used to inform national COVID-19 public health prevention and response
- Expanded participation provides opportunities for analyses and publications specific to unique population of HCP



User Testimonials from LTCF Person-Level Vaccination Tool

- *“Just wanted to say the hardest part of using the event level forms are putting the information in, once you have all your information on the form the only thing you do each week is make any changes that took place and submit. This has saved me a tremendous amount of time each week. Thank you!!!”* -NHSN User
- *“This has been a wonderful upgrade! Thanks!”* -NHSN User
- *“We started using the Event level form, which is great.”* -NHSN User
- *“I like them because I can now go on vacation, and all my assistant has to do is get on and push a button, as long as nothing changes!!!”* -NHSN User
- *“THANK YOU so much for providing a simplified version of the reporting”* -NHSN User



FAQs



Question #1 – Is the HPS Person-Level COVID-19 Vaccination Form required?

- **No.** The Person-Level COVID-19 Vaccination Form is an **optional** tool that can be used to report data to the HPS COVID-19 Vaccination Module.
- Facilities should continue to report data on HCP for at least one week per month for each reporting quarter
- Facilities can continue to report COVID-19 Vaccination data through:
 - Direct data entry into the screens of the COVID-19 Vaccination Module
 - .CSV upload into the Weekly COVID-19 Vaccination Module

Question #2-Do I have to re-submit every time I add or modify the person-level vaccination data?

- Yes, you do have to resubmit the data.
 - The “**Changed since submitted using the person-level form**” text will appear next to previously submitted reporting weeks that have updated data.
- If you do not click “**View Reporting Summary & Submit**”, and click “**Re-submit all changed weeks**”, the updated data will not be saved and submitted
 - Please review the reporting weeks that have updated data and click “**Re-submit all changed weeks**” to save and submit the updated data.



Question #3-How to confirm that the person-level data were submitted to the aggregate weekly reporting form?

- After submitting for the week(s) of interest, you can navigate to the **Vaccination Summary tab to confirm that all weeks and locations** were successfully submitted to the aggregate weekly reporting form
 - Complete weeks for each location will appear green in the calendar view

The screenshot displays a 'Weekly Vaccination Calendar' interface. At the top, there is a navigation bar with a calendar icon, a date range '31 July 2023 - 10 September 2023', and a legend for 'Record Complete' (dark green) and 'Record Incomplete' (yellow). Below the legend, the calendar is organized into weekly sections. The first section is for the week of 07/31/2023 (Monday) to 08/06/2023 (Sunday). It lists three locations: Hospital, IPF, and IRF, each with a checked status icon and a dark green background, indicating that records for these locations are complete. The second section is for the week of 08/07/2023 (Monday) to 08/13/2023 (Sunday). It also lists three locations: Hospital, IPF, and IRF. The Hospital location has a checked status icon and a dark green background, while IPF and IRF have checked status icons but a yellow background, indicating that records for these locations are incomplete.

Question #4-What if I need to update a record I previously entered?

- Previously-entered records can be updated directly in the NHSN person-level vaccination form
- Click the cell that needs to be updated and enter the changes or the new information directly into the cell
- Be sure to **click out of the cell(s) modified** and then click “**view reporting summary and submit**” to submit the newly updated information for all weeks impacted by a change!

➕ Add Row... View Reporting Summary & Submit... ^ Upload CSV... ^ Export CSV... ^ Export SQL...

Required fields marked with * Conditionally required fields marked with **

| Dose 1 vaccination date ** | Dose 1 vaccine manufacturer name ** | Dose 2 vaccination date ** | Dose 2 vaccine manufacturer name ** | Medical contraindication date ** | Declination date ** | Declination reason |
|----------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------------|---------------------|--------------------|
| 02/02/2022 | Pfizer-BioNTech COVID-19 | 02/16/2022 | Pfizer-BioNTech COVID-19 | | 01/20/2022 | Other |
| 04/21/2022 | Pfizer-BioNTech COVID-19 | <input type="text"/> | | | | |

🔊 Sep 2022 🔊

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |



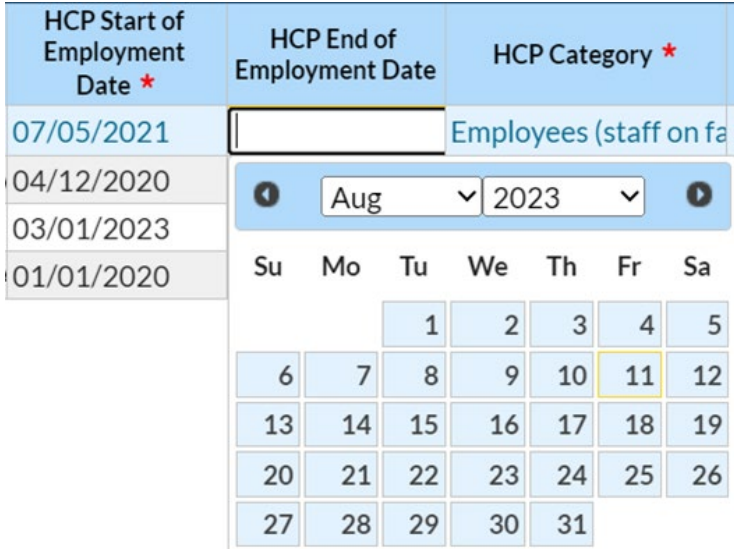
Question #5- How do I delete staff from the form who no longer works for us?

- Staff cannot be deleted
- Instead, add an **HCP end of employment date** on their row
- If there is an end of employment date, that individual will not contribute to weekly summary counts for any weeks **AFTER** the end date.
- **Pro Tip:** Sort the rows by end of employment date so that all individuals with an end date will be grouped at the bottom.

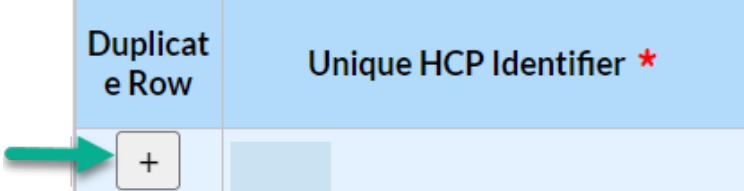
| HCP Start of Employment Date * | HCP End of Employment Date | HCP Category * |
|--------------------------------|----------------------------|------------------------|
| 07/05/2021 | <input type="text"/> | Employees (staff on fa |
| 04/12/2020 | 🕒 Aug 2023 🕒 | |
| 03/01/2023 | Su Mo Tu We Th Fr Sa | |
| 01/01/2020 | 1 2 3 4 5 | |
| | 6 7 8 9 10 11 12 | |
| | 13 14 15 16 17 18 19 | |
| | 20 21 22 23 24 25 26 | |
| | 27 28 29 30 31 | |



Question #6a-What if a staff member stops working in the facility or goes on extended leave?

| Scenario #1 | What to enter? | Why? |
|---|---|--|
| <p>HCP stops working in the facility or goes on extended leave (more than 2 weeks)</p> | <p>Add an end date on their row</p>  | <p>The HCP will not contribute to weekly summary counts for any weeks AFTER the end date.</p> |

Question #6b-What if a staff member leaves or stops working in the facility and then later returns after more than 2 weeks?

| Scenario #2 | What to enter? | Why? |
|---|--|---|
| <p>HCP starts working in the facility again after more than 2 weeks off</p> | <p>Create new row using the Duplicate Row + button</p>  <p>Add the new start data and any new vaccination information, and click Save</p> | <p>The HCP will now have 2 rows, 1 for each block of time they worked in the facility.</p> <p>Note: New start date must be more than 2 weeks later than prior row's end date</p> |

Question #6c-What if a staff member leaves the facility and then later returns within 2 weeks or less?

| Scenario #3 | What to enter? | Why? |
|---|--|---|
| <p>HCP starts working in the facility again within 2 weeks or less</p> | <p>You don't need to make any changes to their row!</p> <p>If you previously entered an end date and they returned within 2 weeks, simply remove the end date and re-save the row</p> | <p>Returning to work within 2 weeks is not considered extended leave. They should still contribute to the weekly counts every week.</p> |



Question #7- If I accidentally enter an incorrect row, can the row be deleted?

- **No.** Once data are entered and saved, the row cannot be deleted
- Data can be updated after the row is saved
- Recommendation:
 - Edit or repurpose the row

OR

- Change HCP end date to a date before person-level forms can be used to submit data (i.e., before 2022)
- Change the unique ID, and add a note in the comments column of the Person-Level COVID-19 Vaccination Form.




Question #8 - Can I sort the columns and date fields on this form?

- **Yes.** You can sort the date fields by oldest date to most recent date.
- You can also search and filter each column when there are more than 10 rows.
- Click any column header to sort the column in ascending order.
 - Click the same column header again to sort in descending order.


Before Sorting:

| HCP First Name * |
|------------------|
| ABC |
| JKL |
| MNO |
| XYZ |
| DEF |

After Sorting:

| HCP First Name *  |
|--|
| ABC |
| DEF |
| JKL |
| MNO |
| XYZ |

| Dose 1 vaccination date ** |
|----------------------------|
| 01/01/2023 |
| 02/10/2022 |
| 07/01/2023 |
| 05/23/2023 |
| 10/01/2021 |

| Dose 1 vaccination date **  |
|--|
| 10/01/2021 |
| 02/10/2022 |
| 01/01/2023 |
| 05/23/2023 |
| 07/01/2023 |



Question #9 - What if someone's vaccination status changes over time?

- The Person-Level Vaccination Form was built to document these changes over time!
- Example: HCW started on 7/21/2022, and vaccination status was unknown. You then learn that the HCW is unvaccinated and offer vaccination. They decline on 7/25/2022. The HCW then decides to receive a monovalent Pfizer vaccine on 8/22/2022.
 1. Unknown vaccination status date of 7/21/2022 entered
 2. **ADD** this declination date to the HCW's existing row, **DO NOT** delete the 7/21/2022 unknown status date
 3. Add vaccine dose information to existing row.

| Dose 1 vaccination date ** | Dose 1 vaccine manufacturer name ** | Dose 2 vaccination date ** | Dose 2 vaccine manufacturer name ** | Medical contraindication date ** | Declination date ** | Declination reason | Unknown/other vaccination status Date ** |
|----------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------------|---------------------|--------------------|--|
| 08/22/2022 | Pfizer-BioNTech COVID-19 | | | | 07/25/2022 | Other | 07/21/2022 |



Question #10 - If HCP has received only monovalent vaccine for dose 1, has not received other vaccines, and no medical contraindication, how will this be counted in summary form ?

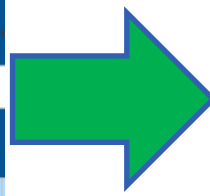
- HCP will be counted in the **Unknown/other COVID-19 vaccination status** category for reporting weeks beginning June 26, 2023. This is because use of partial primary series was discontinued.

Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)

Required fields marked with * Conditionally required fields marked with **

| HCP Category * | Dose 1 vaccination date ** | Dose 1 vaccine manufacturer name ** | Dose 2 vaccination date ** |
|------------------------|----------------------------|-------------------------------------|----------------------------|
| Employees (staff on fa | 03/26/2023 | Pfizer-BioNTech COVID-19 | |



| Healthcare Personnel COVID-19 Vaccination Cumulative Summary | | | | | | |
|--|---------------------------------------|---------|---------------------------------------|--|--------------------------------------|---|
| Person-Level Form | | | | | | |
| Facility ID#: | | | | | | |
| Vaccination type: | COVID19 | | | | | |
| Week of data collection first day (Monday): | | | | | | Re-submit all changed weeks |
| Week of data collection last day (Sunday): | | | | | | |
| Cumulative Vaccination Coverage | Healthcare Personnel (HCP) Categories | | | | | |
| | All Core HCP | All HCP | Employee HCP | Non-Employee 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 at least 1 day during the week of data collection | 1 | 1 | 1 | 0 | 0 | 0 |
| 2. *Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020: | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Cumulative number of HCP in Question #1 with other conditions: | | | | | | |
| 3.1 *Medical contraindication or exclusion to COVID-19 vaccine | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2. *Offered but declined COVID-19 vaccine | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3. *Unknown/other COVID-19 vaccination status | 1 | 1 | 1 | 0 | 0 | 0 |
| Please review the current definition of up to date: Key Terms and Up to Date Vaccination. | | | | | | |
| 4. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines | 0 | 0 | 0 | 0 | 0 | 0 |

Question #11 – How do free-standing IRF and IPF locations select their Vaccine Location Type?

- Free-standing IRFs and IPFs are enrolled as a Factype: Hosp-Rehab or Hosp-Psych
 - “Under the **VaccLoc column** the "HOSPITAL" must be selected
- If other units are selected for free-standing IPFs/IRFs, the application will show an error message

| Errors | | | | | |
|--------|-----|-------------|---------|---------------|---|
| Orgid | ID | Record Date | Field | Skippabl e | Message |
| | ABC | 08/09/2020 | vaccloc | false | Vaccination location type VACCIRF, VACCIPIF is not valid for the facility |

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Resource: [Guidance on Enrollment and Reporting for Physically Separate Facilities/Units* in NHSN \(cdc.gov\)](#)



Future Changes

- New UTD definition will be coming in 2023 Q4 (Quarter 4) with the roll out of new fall vaccines
- Benefit by adopting the Person level vaccination. The application automatically places individuals into the correct categories in the vaccination summary form
- The next phase of the Person level vaccination form will include an option to allow users to “start fresh”
 - Users can complete new uploads each week, and not enter employee end dates. Will be helpful for larger facilities



Resources



Additional Resource: The NHSN Website

HPS Person-Level form resources:

- [HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC](#)
- [FAQs on Reporting COVID-19 Vaccination Data | NHSN | CDC](#)

Person-Level Reporting: Data entry

1. How do I add information to the Person-Level COVID-19 Vaccination Form in NHSN?
2. Which HCP do I include on my Person-Level COVID-19 Vaccination Form? Am I supposed to be reporting vaccine data only on HCP who worked in the last week?
3. Should I delete an individual from the Person-Level COVID-19 Vaccination Form whose vaccination status has changed over time?
4. How should we update a record that was previously saved for a Healthcare worker or Resident?
5. How should we account for Healthcare Personnel who goes on leave?
6. How should we account for a resident being discharged or later re-admitted?
7. If I enter incorrect data by mistake and click save, can the row be deleted?
8. Does the resident identifier/ staff identifier need to be the same one that I use for the Point of Care (POC) testing results form?
9. How can I upload Person-Level COVID-19 Vaccination Form data via CSV?



Questions or Need Help?

E-mail user support at: NHSN@cdc.gov

Subject Line: Please write '*Person-Level COVID-19 Vaccination Form – HPS Component*' along with your facility type for a faster reply

For more information, please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636) / TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

