
COVID-19 VACCINATION PROTOCOL

Weekly COVID-19 Vaccination Module for Healthcare Personnel

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1. Introduction to the Weekly COVID-19 Vaccination Modules

Background: The Weekly COVID-19 Vaccination Modules were launched in December 2020. Long-term care facilities report COVID-19 vaccination data on healthcare personnel through the Long-term Care Facility Component. Non-long-term care facilities (such as acute care facilities) report COVID-19 vaccination data on healthcare personnel through the Healthcare Personnel Safety Component.

Objectives: The Weekly COVID-19 Vaccination Modules are designed to ensure that reporting of COVID-19 vaccination data is both consistent over time within a single healthcare facility and comparable across facilities. Using these modules enables facilities to collect, track and report COVID-19 vaccination data on a weekly basis. Data can be submitted manually or via .CSV upload. Various healthcare facilities will benefit by receiving technical support and standardized methodologies, including a Web-based application, for conducting vaccination surveillance activities. Using NHSN to monitor COVID-19 vaccination may also result in increased COVID-19 vaccination, because improvements in tracking and reporting vaccination status will allow facilities to better identify and target unvaccinated persons.

By using NHSN, vaccination coverage data can be made available to authorities at the local and national levels to identify coverage gaps. The data can also be combined with data on infection rates to inform infection control policies and recommendations.


Healthcare Personnel Safety Component
The Healthcare Personnel Safety Monthly Reporting Plan (CDC 57.203) is used by NHSN facilities to inform CDC which Healthcare Personnel Safety component modules are used during a given month. This allows CDC to select data that should be included in the aggregate data pool for analysis. Each facility must enter a monthly reporting plan to indicate the modules to be used, if any, and the exposures and/or vaccinations that will be monitored.

For the Exposure Module, a plan must be completed for every month that data are entered into NHSN, although a facility may choose “No NHSN Healthcare Personnel Safety Modules Followed this Month” as an option. When creating a plan for influenza vaccination summary data reporting in the Healthcare Personnel Vaccination Module, all months will be included in the plan regardless of whether data are entered each month. Once the influenza vaccination summary is selected on the reporting plan for any given month, all reporting plans are automatically updated with this information for the entire NHSN-defined influenza season (July 1 through June 30 of the following year).
Component, facilities complete a plan for each month COVID-19 vaccination summary data are entered into NHSN. The Instructions for Completion of the Healthcare Personnel Safety Monthly Reporting Plan Form includes brief instructions for collection and entry of each data element on the form.

**Long-term Care Facility Component**

The Monthly Reporting Plan for Long-term Care Facilities (LTCF) [CDC 57.141] collects data on healthcare associated infections, LabID events, prevention process measures, and COVID-19 vaccination data. When creating a plan for reporting COVID-19 vaccination summary data for healthcare personnel in the Weekly COVID-19 Vaccination Module of the Long-term Care Facility Component, facilities complete a plan for each month COVID-19 vaccination summary data are entered into NHSN. The Instructions for Completion of the Monthly Reporting Plan for LTCF Form includes brief instructions for collection and entry of each data element on the form.

### 3. COVID-19 Vaccination Coverage among Healthcare Personnel

**Background**

In 2020, the spread of the COVID-19 (Severe Acute Respiratory Syndrome Coronavirus-2) virus constituted a global pandemic. In response, COVID-19 vaccines were initially introduced in December 2020 for certain populations, including healthcare personnel (HCP). The NHSN HCP COVID-19 Vaccination Cumulative Summary Module collects data on COVID-19 vaccination coverage among HCP working at facilities across the United States.

**Settings**

All types of healthcare facilities such as acute care hospitals, long-term acute care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care facilities (LTCF), outpatient dialysis centers, and ambulatory surgery centers are invited to join NHSN and report COVID-19 vaccination data.

**Requirements**

Participating facilities are required to report data according to this protocol, using the NHSN definitions described herein, to ensure data are uniformly reported across facilities. Within the HCP Safety and LTCF Components, monthly reporting plans must be created or updated to include COVID-19 vaccination data summary reporting.

CDC/NHSN encourages that HCP COVID-19 vaccination summary data be updated on a weekly basis so they have the greatest impact on COVID-19 vaccination activities. For information on Centers for Medicare and Medicaid Services (CMS) reporting requirements, please refer to the following resources:

Acute care hospitals and long-term care hospitals: Federal Register :: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term
Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Changes to Medicaid Provider Enrollment; and Changes to the Medicare Shared Savings Program

Inpatient psychiatric facilities: Federal Register :: Medicare Program; FY 2022 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2021 (FY 2022)

Inpatient rehabilitation facilities: Federal Register :: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2022 and Updates to the IRF Quality Reporting Program; Payment for Complex Rehabilitative Wheelchairs and Related Accessories (Including Seating Systems) and Seat and Back Cushions Furnished in Connection With Such Wheelchairs

Long-term care facilities: Federal Register :: Medicare and Medicaid Programs; COVID-19 Vaccine Requirements for Long-Term Care (LTC) Facilities and Intermediate Care Facilities for Individuals With Intellectual Disabilities (ICFs-IID) Residents, Clients, and Staff

**Reporting Instructions**

**Forms, Description, and Purpose**

All facilities reporting HCP COVID-19 vaccination data must complete the following monthly reporting plan and data collection forms.

**Monthly Reporting Plans**

- *HCP Safety Monthly Reporting Plan Form (CDC 57.203)*
- *Monthly Reporting Plan for LTCFs (CDC 57.141)*
  - These two forms collect data on which modules and months (if any) the facility intends to participate. When creating a plan for reporting COVID-19 vaccination summary data for HCP in the Weekly COVID-19 Vaccination Modules, facilities complete a plan for each month COVID-19 vaccination summary data are entered into NHSN.

**Data Collection Form**

- *HCP COVID-19 Vaccination Cumulative Summary Form (CDC 57.219)*
  - This is used to collect data on summary COVID-19 vaccination counts among HCP working in a facility. Facilities can enter data each week, defined as Monday through Sunday. Facilities can also edit and update data after the initial data entry. When entering data, complete all required fields indicated with an asterisk. Otherwise, the data cannot be saved. Facilities are required to enter data for all four categories of HCP. Users should enter “0” in a field if no HCP at the facility fall into that category.
Denominator Categories
The denominator consists of the cumulative number of HCP eligible to work in the healthcare facility for at least one day during the week of data collection. Denominator data are to be collected for the four required categories of HCP.

a. Employees: This includes all persons receiving a direct paycheck from the reporting facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact.

b. Licensed independent practitioners (LIPs): This includes physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility’s payroll.

c. Adult students/trainees and volunteers: This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

d. Other contract personnel: Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the other denominator categories. Please note that this also includes vendors providing care, treatment, or services at the facility who may or may not be paid through a contract. (See Appendix A for a list of contract personnel and vendor examples.)

Denominator Notes
1. HCP eligible to have worked include individuals who are scheduled to work in the facility at least one day every week. Working any part of a day is considered as working one day. Include HCP even if they are on temporary leave during the week of data collection. Temporary leave is defined as less than or equal to two weeks in duration; examples include sick leave or vacation. In instances where temporary leave extends past two weeks, the healthcare worker should not be included in the denominator for the current week of data collection.
2. Include HCP who worked full-time and part-time. HCP should be counted as individuals rather than full-time equivalents.
3. If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator. Each person should be counted only once in the denominator. The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.
4. HCP not yet eligible to receive COVID-19 vaccination due to age should be excluded from the denominator.

5. The NHSN application automatically calculates the total values for two fields in the NHSN application: “all core HCP” and “all HCP.” The all core HCP field is the sum of employees, licensed independent practitioners, and adult students/trainees and volunteers. The all HCP field is the sum of employees, licensed independent practitioners, adult students/trainees and volunteers, and other contract personnel.

**Numerator Categories**

HCP should be counted as vaccinated if they received COVID-19 vaccination any time from when it first became available in December 2020. A completed vaccination course may require one or more doses depending on the specific vaccine used. Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines. For more information on who is considered fully vaccinated please visit: [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html).

Facilities are required to complete the following numerator fields in the NHSN application:

a. received a completed COVID-19 vaccination course administered at the healthcare facility; or reported in writing (paper or electronic) or provided documentation that a completed COVID-19 vaccination course was received elsewhere; or

b. were determined to have a medical contraindication, defined as: severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine

c. were offered but declined COVID-19 vaccination; or

d. had an unknown vaccination status or did not otherwise meet any of the definitions of the other numerator categories.

**Numerator Notes**

1. Persons who received vaccination outside of the facility but did not provide written documentation should be categorized as having unknown vaccination status.

2. Persons who declined vaccination because of conditions other than those specified in category (b) above should be categorized as declined vaccination.*

3. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccination.
4. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as declined vaccination.

5. The numerator data are mutually exclusive. The sum of the numerator categories (listed in a. through d. above) should be equal to the denominator for each HCP group.

6. The NHSN application automatically calculates the total value for “Any completed COVID-19 vaccine series.” This is the cumulative number of HCP who completed any COVID-19 vaccine series (dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion) at the facility or elsewhere (for example, a pharmacy).

7. For surveillance purposes, facilities are required to enter data in the NHSN application on the number of HCP who have received an additional or booster dose of the COVID-19 vaccine.

8. Facilities should report cumulative data. This cumulative count should include all individuals eligible to work at the facility and who were ever vaccinated (since December 2020) and not just those individuals vaccinated during the current reporting week.

*Note: For the purposes of this module, a medical contraindication to vaccination is defined as having a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine. A healthcare facility may grant medical exemptions to HCP with other conditions besides those defined for this module and may include these conditions in its list of acceptable medical contraindications to COVID-19 vaccination. However, to ensure that data are comparable across different facilities reporting data using this module, only those HCP with one of the two conditions stated above should be reported to NHSN as having a medical contraindication to COVID-19 vaccination.

**Data Sources**
Data sources for the required data elements include management/personnel data (e.g. payroll or attendance records), medical or occupational health records (e.g., electronic health data) vaccination records, claims, instrument-based data, and immunization tracking. HCP can self-report in writing (paper or electronic) that the vaccination was received elsewhere or provide documentation of receipt of the COVID-19 vaccine elsewhere. Documentation should include the date and location of vaccine receipt and vaccine type. For this reporting module, verbal statements are not acceptable proof of vaccination outside the facility. However, HCP can provide verbal statements for medical contraindications to and declination of the COVID-19 vaccine, as written documentation is not required for NHSN reporting.
Methodology
The COVID-19 vaccination summary data reporting enables a healthcare facility to record weekly COVID-19 vaccination data for HCP eligible to work in the healthcare facility for at least one day during the reporting period. Data must be entered for the four denominator categories of HCP groups and the four numerator fields describing vaccination status. This module requires that data be collected as per CDC reporting requirements. Any new data that are entered into NHSN will overwrite previously entered data.

Data Analyses
Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines. For more information on who is considered fully vaccinated please visit: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html. Each quarter, CDC will calculate a single quarterly HCP COVID-19 vaccination coverage rate for each facility, by taking the average of the data from the three weekly rates submitted by the facility for that quarter. If more than one week of data are submitted for the month, the most recent week of the month will be used.

The COVID-19 vaccination coverage rate for each quarter is calculated using the following formula:

\[
\frac{\text{# Cumulative total of HCP vaccinated}}{\text{# HCP eligible to have worked (excluding contraindications)}} \times 100 = \text{Pct. of HCP vaccinated}
\]

This primary calculation includes only the core HCP categories of employees, licensed independent practitioners, and adult students/trainees and volunteers who completed a COVID-19 vaccination course. HCP with contraindications to COVID-19 vaccination are excluded from the denominator. Vaccination percentages for individual HCP categories of employees, licensed independent practitioners, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner. For example, the calculation of the COVID-19 vaccination coverage rate for employees is listed below.

\[
\frac{\text{# Cumulative total of employees vaccinated}}{\text{# employees eligible to have worked (excluding contraindications)}} \times 100 = \text{Pct. of employees vaccinated}
\]

Note that the analysis reports available in NHSN include several rate calculations in addition to this primary measure of vaccination coverage.
## 4. Key Terms

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<th>Key term</th>
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<td><strong>Adult students/trainees and volunteers</strong></td>
<td>Medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e. they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.</td>
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<td><strong>Contract personnel</strong></td>
<td>Persons providing care, treatment, or services at the facility through a contract, regardless of clinical responsibility or patient contact, who do not meet the definition of employees, licensed independent practitioners, or adult students/trainees and volunteers. Please note this also includes vendors providing care, treatment, or services at the facility who may or may not be paid through a contract.</td>
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<td><strong>Cumulative data</strong></td>
<td>Cumulative data accounts for all individuals eligible to work at the facility and who were ever vaccinated (not just those individuals vaccinated during the current reporting week).</td>
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<td><strong>Employees</strong></td>
<td>Persons receiving a direct paycheck from the healthcare facility (i.e. on the facility’s payroll), regardless of clinical responsibility or patient contact.</td>
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<td><strong>Healthcare personnel (HCP)</strong></td>
<td>The entire population of healthcare workers working in healthcare settings. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students/trainees, and volunteers, contractual staff not employed by the healthcare facility (for example, clerical, dietary, housekeeping, maintenance, and volunteers), regardless of clinical responsibility or patient contact.</td>
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<td><strong>Healthcare worker (HCW)</strong></td>
<td>A person who works in a healthcare facility, whether paid or unpaid, regardless of clinical responsibility or patient contact. Healthcare worker is the singular form of HCP.</td>
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<td><strong>Licensed independent practitioners (LIPs)</strong></td>
<td>Physicians (MD, DO), advance practice nurses, and physician assistants who are affiliated with the healthcare facility, but are not directly employed by it (i.e. they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on a facility’s payroll.</td>
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Appendix A

COVID-19 Vaccination Summary: List of Contracted and Vendor Healthcare Personnel

Examples
The list below includes examples of contracted and vendor healthcare personnel (HCP) who provide direct patient care and who perform non-direct or non-patient care duties. HCP listed below can acquire COVID-19 from or transmit COVID-19 to patients, families, and other staff members. This list is not exhaustive.

Contracted and vendor HCP can include the following non-employee care providers who may or may not be involved in patient care:

- Admitting staff/clerical support/registrars
- Agency nurses
- Ambulance drivers (who enter the facility to assist with transportation)
- Biomedical engineers
- Central supply staff
- Chaplains
- Construction workers (working inside the facility)
- Dietary/food service staff
- Dieticians
- Dialysis technicians
- EKG technicians
- EMG technicians
- Home health aides
- Housekeeping staff
- Information Technology staff
- Laboratory: Phlebotomists
- Laboratory: Technicians
- Landscapers (working inside the facility)
- Laundry staff
- Maintenance staff/engineers
- Nursing aides
- Occupational therapists
- Patient care technicians
- Patient transporters
- Pharmacists
- Pharmacy/medication technicians
- Physical therapists
- Psychologists
- Psychology technicians/Mental health workers
- Radiology: X-ray technicians
- Recreational therapists/Music therapists
- Respiratory therapists
- Security staff
- Social workers/Case managers
- Speech therapists
- Surgical technicians
- Traveling nurses
- Ultrasound technicians
- Utilization review nurses