NHSN Healthcare Personnel Safety (HPS) COVID-19 Vaccination Module: Viewing and Uploading Person-Level 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) can report data using the HPS COVID-19 Vaccination Module. Data can be reported to the Weekly Summary HPS COVID-19 Vaccination module or using the newly available person-level COVID-19 vaccination reporting forms. The purpose of this guidance document is to provide important information and instructions for how facilities can import person-level .CSV files and view person-level data in the NHSN HPS COVID-19 Vaccination Module.

Note: Information on how to upload weekly summary COVID-19 vaccination data can be found here: <u>HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC</u>

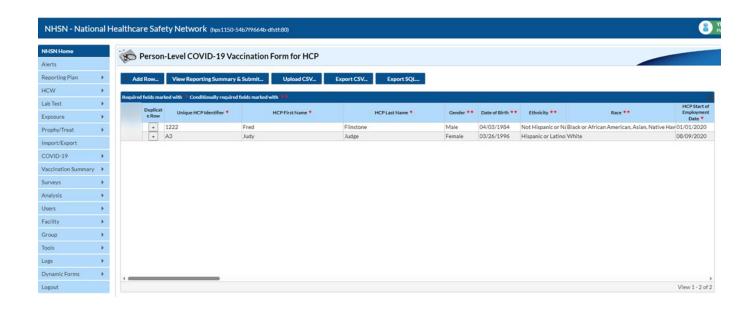
Instructions to Upload and Export Person-Level .CSV Files for Users



1. Select COVID-19 from the menu bar to view specific pathway data. Next, select "Person-Level COVID-19 Vaccination Form for HCP".



A list of reporting weeks with vaccination data submitted by the facility will be displayed. All data in screenshots are for illustration only.

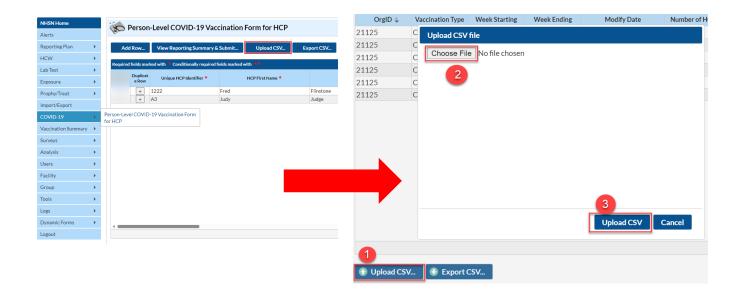


- 3. **Enter Data** Using the provided .CSV templates for person-level healthcare personnel data, populate each variable with the appropriate data. After entering all data, save each file to upload the .CSV file in NHSN.

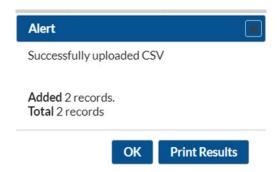
For complete information on the variables included on the .CSV templates, refer to the tables at end of this document ("Table 1: NHSN Person-Level COVID-19 Vaccination Form- HPS Import File Format"). Example .CSV files that include test data in required fields are available from NHSN's HPS Weekly COVID-19 Vaccination webpage: www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html

4. **Upload .CSV** – To upload the completed .CSV Data file, select the "COVID-19" tab from the menu bar. Next, select the "Person-Level COVID-19 Vaccination for HCP". Click on the "Upload CSV" button. A prompt will appear where a file must be provided for submission. Browse for the file location 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.



If errors are found during upload, please review the alerts, and refer to the tables at the end of this document ("Table 1: NHSN Person-Level COVID-19 Vaccination Form- HPS Import File Format") for complete information on the variables included on .CSV templates. Questions can be submitted to <a href="https://www.nhsn.number.numb



Please refer to the tables below for complete information on the variables included on .CSV templates for Person-Level COVID-19 Vaccination Forms for HCP (Healthcare Personnel Safety Component). These are accurate as of NHSN Release 11.5 (September 2023).

Importing via .csv file- Person-Level COVID-19 Vaccination Form- HPS Component				
Т	able 1: NHSN Person-Le	vel COVID-19 Vacci	nation Form – HP	S Import File Format
Field (alias if applicable)	Requirement	Values	Format†	Description of Field
Orgid	Required	_	must be a whole number	Must be a valid NHSN Facility ID (organization identifier)
hcpid	Required	_	Character (15)	HCP identifier - a unique identifier for the individual, assigned by your facility
gname	Required	_	Character (30)	HCP First Name
surname	Required	-	Character (30)	HCP Last Name
gender	Required	F M O	Character (1)	HCP Gender F – Female M – Male O – Other/Unknown
dob	Required	MM/DD/YYYY	Datetime	HCP Date of Birth
ethnicity	Required	HISP NOHISP DEC UNK	Character (6)	HCP Ethnicity HISP – Hispanic or Latino NOHISP – Not Hispanic or Latino DEC – Declined to respond. UNK – Unknown
race	Required	AMIN ASIAN AAB NH-PI WHITE DEC UNK	Character (5)	HCP Race: AMIN – American Indian/Alaskan native ASIAN – Asian AAB – Black or African American NH-PI – Native Hawaiian/Other Pacific Islander WHITE – White DEC – Declined to respond. UNK- Unknown
hcpEmpStart	Required	MM/DD/YYYY	Datetime	HCP Start of Employment Date
hcpEmpEnd	Conditionally required	MM/DD/YYYY	Datetime	HCP End of Employment Date
vaccLoc	Required	VACCHOSP VACCIPF VACCIRF	-	Vaccination location type VACCHOSP – For data reported for most facility types including acute care hospitals, ambulatory surgery centers, free-standing inpatient psychiatric facilities, free-standing inpatient rehabilitation facilities, long-term acute care hospitals, 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 VACCIPF – For data reported by a parent facility (often an acute care facility) for an inpatient psychiatric unit with a unique CCN that is mapped as a location of the parent facility. 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 a parent facility (often an acute care facility) for an inpatient rehabilitation unit with a unique CCN that is mapped as a location of the parent facility. This selection is only available for acute care facilities reporting data for IRF units with a separate CCN from the acute care facility.
hcpCategory	Required	EMP LIP VOL OCP	Character (10)	HCP Category: EMP - Employees (staff on facility payroll) LIP - Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants VOL - Adult students/trainees & volunteers OCP - Other Contract Personnel
dose1Date	Conditionally required (each record must contain At least ONE status-This means each record must be classified into at least one of the main categories, such as having at least one vaccine entered, contraindicatio n, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Dose 1 vaccination date



	2023-2024			
	Updated			
	COVID-19			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	after			
	9/12/2023.			
	Bivalent Pfizer			
	vaccine and			
	Bivalent			
	Moderna			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	between			
	4/20/2023 and			
	9/12/2023.			
	Pfizer-BioNTech			
	COVID-19			
	vaccine and			
	Moderna			
	COVID-19			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is on			
	or before			
	4/19/2023.			
	4/19/2023.			
	Novavax COVID-			
	19 vaccine can			
	only be selected			
	if corresponding			
	dose date is on			
	or after 6/1/2022			
dose1Mfg	Conditionally	COVID2023_2024	Character	Dose 1 vaccine manufacturer name
	required if	BIMODERNA	(15)	COVID2023_2024 -2023-2024
	Dose1Date	BIPFIZBION		updated vaccine
6	provided _	_JANSSEN		



	If dose1Mfg = Janssen, then subsequent doses recorded beginning with dose 3 fields.	MODERNA PFIZBION NOVAVAX UNSPECIFIED		BIMODERNA —bivalent Moderna vaccine BIPFIZBION —bivalent Pfizer vaccine MODERNA — original monovalent Moderna vaccine PFIZBION — original monovalent Pfizer vaccine JANSSEN — original monovalent Janssen vaccine UNSPECIFIED — unknown manufacturer
dose2Date	Conditionally required (each record must contain At least ONE status—This means each record much be classified into at least one of the main categories, such as having at least one vaccine entered, contraindicatio n, declined, unknown vaccination status) 2023-2024 Updated COVID-19 vaccine can only be selected if corresponding dose date is after 9/12/2023. Bivalent Pfizer vaccine and Bivalent Moderna	MM/DD/YYYY	Datetime	Dose 2 vaccination date



	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	between			
	4/20/2023 and			
	9/12/2023.			
	, , , , , , , , , , , , , , , , , , , ,			
	Pfizer-BioNTech			
	COVID-19			
	vaccine and			
	Moderna			
	COVID-19			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is on			
	or before			
	4/19/2023.			
	Novavax COVID-			
	19 vaccine can			
	only be selected			
	if corresponding			
	dose date is on			
	or after 6/1/2022			
dose2Mfg	Conditionally	COVID2023_2024	Character	Dose 2 vaccine manufacturer name
	required if	BIMODERNA	(15)	COVID2023_2024 -2023-2024
	Dose2Date	BIPFIZBION		updated vaccine
	provided	JANSSEN		BIMODERNA -bivalent Moderna
		MODERNA		vaccine
		PFIZBION		BIPFIZBION –bivalent Pfizer vaccine
		NOVAVAX		MODERNA – original monovalent
		UNSPECIFIED		Moderna vaccine
				PFIZBION — original monovalent Pfizer
				vaccine
				JANSSEN — original monovalent Janssen
				vaccine
				UNSPECIFIED – unknown manufacturer
medDate	Conditionally	MM/DD/YYYY	Datetime	Contraindication or exclusion noted date
	required (each		Datellile	constantaleation of exclusion noted date
	record must			
	contain At least			
	ONE status- This			
	means each			
	record much be			
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	1	T		
	classified into at			
	least one of the			
	main categories,			
	such having at			
	least one vaccine			
	entered,			
	contraindication,			
	declined,			
	unknown			
	vaccination			
	status)			
decDate	Conditionally	MM/DD/YYYY	Datetime	Declination date
decbate	required (each		Datetime	Decimation date
	record must			
	contain At least			
	ONE status- This			
	means each			
	record much be			
	classified into at			
	least one of the			
	main categories,			
	such as having at			
	least one vaccine			
	entered ,			
	contraindication,			
	declined,			
	unknown			
	vaccination			
	status)			
decReason	Conditionally	RELIGIOUS	Character	Declination reason: RELIGIOUS - Received
	required if	OTHER	(10)	official religious exemption
	decDate	UNKNOWN	,	OTHER - Other
	provided			UNKNOWN - Unknown
unkvaccstatusdate	Conditionally	MM/DD/YYYY	Datetime	Unknown status date
a minimum a market a	required (each		Batterine	onmown status date
	record must			
	contain At least			
	ONE status- This			
	means each			
	record much be			
	classified into at			
	least one of the			
	main categories,			
	such as having at			
	least one vaccine			
	entered,			
	contraindication,			
	declined,			
	unknown			
	1	1		
	vaccination			



Dose3date (addtldosedate)	Conditionally	MM/DD/YYYY	Datetime	Third dose vaccination date
, , , , , , , , , , , , , , , , , , , ,	required	,		
	2023-2024			
	Updated			
	COVID-19			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	after			
	9/12/2023.			
	Bivalent Pfizer			
	vaccine and			
	Bivalent			
	Moderna			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	between			
	8/31/2022 and			
	9/12/2023.			
	Pfizer-BioNTech			
	COVID-19			
	vaccine,			
	Moderna COVID-			
	19 vaccine, and			
	Janssen COVID-			
	19 vaccine can			
	only be selected if corresponding			
	dose			
	date is before			
	9/26/2022.			
	3, 23, 2322.			
	Novavax COVID-			
	19 vaccine can			
	only be selected			
	if corresponding			
	dose date is on			
	or after 6/1/2022			
Dose3Mfg (addtldosemfg)	Conditionally	COVID2023_2024	Character	Third dose vaccine manufacturer name
	required if	BIMODERNA	(15)	



	T .	1		T
	dose3Date	BIPFIZBION		COVID2023_2024 -2023-2024
	provided	JANSSEN		updated vaccine
		MODERNA		BIMODERNA -bivalent Moderna
		PFIZBION		vaccine
		NOVAVAX		BIPFIZBION –bivalent Pfizer vaccine
		UNSPECIFIED		MODERNA – original monovalent
				Moderna vaccine
				PFIZBION – original monovalent Pfizer
				vaccine
				JANSSEN – original monovalent Janssen
				vaccine
		/ = = /		UNSPECIFIED – unknown manufacturer
Dose4Date	Conditionally	MM/DD/YYYY	Datetime	Fourth dose vaccination date
(boostdose2date)	required			
		Must be >		
	2023-2024	dose3date		
	Updated			
	COVID-19			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	after			
	9/12/2023.			
	Bivalent Pfizer			
	vaccine and			
	Bivalent			
	Moderna			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	between			
	8/31/2022 and			
	9/12/2023.			
	Pfizer-BioNTech			
	COVID-19			
	vaccine,			
	Moderna COVID-			
	19 vaccine, and			
	Janssen COVID-			
	19 vaccine can			
	only be selected			
	if corresponding			



	dose			
	date is before 9/26/2022.			
Dose4Mfg (boostdose2mfg)	Novavax COVID- 19 vaccine can only be selected if corresponding dose date is on or after 6/1/2022 Conditionally required if	COVID2023_2024 BIMODERNA	Character (15)	Fourth dose vaccine manufacturer name
	Dose4Date provided	BIPFIZBION JANSSEN MODERNA PFIZBION NOVAVAX UNSPECIFIED		covided 23_2024 -2023-2024 updated vaccine BIMODERNA -bivalent Moderna vaccine BIPFIZBION -bivalent Pfizer vaccine MODERNA - original monovalent Moderna vaccine PFIZBION - original monovalent Pfizer vaccine JANSSEN - original monovalent Janssen vaccine UNSPECIFIED - unknown manufacturer
Dose5Date (boostdose3date)	Conditionally required	MM/DD/YYYY	Datetime	Fifth dose vaccination date
		Must be > dose4date		
	2023-2024 Updated			
	COVID-19			
	vaccine can only be			
	selected if			
	corresponding dose date is			
	after			
	9/12/2023.			
	Bivalent Pfizer vaccine and			
	Bivalent			
	Moderna			
	vaccine can only be			
	selected if			
	corresponding			
	dose date is			
	between			



	0/21/2022 224			
	8/31/2022 and			
	9/12/2023.			
	Pfizer-BioNTech COVID-19 vaccine, Moderna COVID- 19 vaccine, and Janssen COVID- 19 vaccine can only be selected if corresponding dose date is before 9/26/2022. Novavax COVID- 19 vaccine can only be selected if corresponding			
	dose date is on			
	or after			
	6/1/2022.		-1	
Dose5mfg (boostdose3mfg)	Conditionally required if Dose5Date provided	COVID2023_2024 BIMODERNA BIPFIZBION JANSSEN MODERNA PFIZBION NOVAVAX UNSPECIFIED	Character (15)	Fifth dose vaccine manufacturer name COVID2023_2024 -2023-2024 updated vaccine BIMODERNA -bivalent Moderna vaccine BIPFIZBION -bivalent Pfizer vaccine MODERNA - original monovalent Moderna vaccine PFIZBION - original monovalent Pfizer vaccine JANSSEN - original monovalent Janssen vaccine UNSPECIFIED - unknown manufacturer
Dose6Date	Conditionally	MM/DD/YYYY	Datetime	Sixth dose vaccination date
(boostdose4date)	required	Must be > dose5date		
	2023-2024 Updated COVID-19 vaccine can only be selected if corresponding dose date is after	uoseJudie		



	0/40/0055			
	9/12/2023.			
	Bivalent Pfizer			
	vaccine and			
	Bivalent			
	Moderna			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	between			
	8/31/2022 and			
	9/12/2023.			
	Pfizer-BioNTech			
	COVID-19			
	vaccine,			
	Moderna COVID-			
	19 vaccine, and Janssen COVID-			
	19 vaccine can			
	only be selected			
	if corresponding			
	dose			
	date is before			
	9/26/2022.			
	N 607/10			
	Novavax COVID- 19 vaccine can			
	only be selected if corresponding			
	dose date is on			
	or after 6/1/2022			
Dose6mfg (boostdose4mfg)	Conditionally	COVID2023_2024	Character	Sixth dose vaccine manufacturer name
J	required if	BIMODERNA	(15)	
	Dose6Date	BIPFIZBION	-	COVID2023_2024 -2023-2024
	provided	JANSSEN		updated vaccine
		MODERNA		BIMODERNA -bivalent Moderna
		PFIZBION		vaccine
		NOVAVAX		BIPFIZBION –bivalent Pfizer vaccine
		UNSPECIFIED		MODERNA – original monovalent
				Moderna vaccine
				PFIZBION – original monovalent Pfizer
				vaccine
				JANSSEN – original monovalent Janssen
				vaccine
				UNSPECIFIED – unknown manufacturer



Dose7Date	Conditionally	MM/DD/YYYY	Datetime	Seventh dose vaccination date
(boostdose5date)	The state of the s	ווון עט ווייון	Datetime	Seventin dose vaccination date
	required	Must be >		
		dose6date		
	2023-2024			
	Updated			
	COVID-19			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	after			
	9/12/2023.			
	, ==, ====			
	Bivalent Pfizer			
	vaccine and			
	Bivalent			
	Moderna			
	vaccine can			
	only be			
	selected if			
	corresponding			
	dose date is			
	between			
	8/31/2022 and			
	9/12/2023.			
	Pfizer-BioNTech			
	COVID-19			
	vaccine,			
	Moderna COVID-			
	19 vaccine, and			
	Janssen COVID-			
	19 vaccine can			
	only be selected			
	if corresponding			
	dose			
	date is before			
	9/26/2022.			
	Novavax COVID-			
	19 vaccine can			
	only be selected			
	if corresponding			
	dose date is on			
	or after			
	6/1/2022.			
Dose7mfg (boostdose5mfg)	Conditionally	COVID2023_2024	Character	Seventh dose vaccine manufacturer name



	required if Dose6Date provided	BIMODERNA BIPFIZBION JANSSEN MODERNA PFIZBION NOVAVAX UNSPECIFIED	(15)	COVID2023_2024 -2023-2024 updated vaccine BIMODERNA -bivalent Moderna vaccine BIPFIZBION -bivalent Pfizer vaccine MODERNA - original monovalent Moderna vaccine PFIZBION - original monovalent Pfizer vaccine JANSSEN - original monovalent Janssen vaccine UNSPECIFIED - unknown manufacturer
dose1NDC	Optional	-	Character (30)	Dose 1 vaccine NDC number
dose1Lot	Optional	-	Character (30)	Dose 1 vaccine Lot number
dose1ExpDate	Optional	MM/DD/YYYY	Datetime	Dose 1 vaccine expiration date
dose2NDC	Optional	-	Character (30)	Dose 2 vaccine NDC number
dose2Lot	Optional	-	Character (30)	Dose 2 vaccine Lot number
dose2ExpDate	Optional	MM/DD/YYYY	Datetime	Dose 2 vaccine expiration date
dose3NDC (addtldosendc)	Optional	-	Character (30)	Third dose vaccine NDC number
dose3Lot (addtldoselot)	Optional	-	Character (30)	Third dose vaccine Lot number
dose3ExpDate (addtldoseexpdate)	Optional	MM/DD/YYYY	Datetime	Third dose vaccine expiration date
dose4ndc (boostdose2ndc)	Optional	-	Character (30)	Fourth dose vaccine NDC number
dose4lot (boostdose2lot)	Optional	-	Character (30)	Fourth dose vaccine Lot number
dose4expdate (boostdose2expdate)	Optional	MM/DD/YYYY	Datetime	Fourth dose expiration date
dose5ndc (boostdose3ndc)	Optional	-	Character (30)	Fifth dose vaccine NDC number
dose5lot (boostdose3lot)	Optional	-	Character (30)	Fifth dose vaccine Lot number
dose5expdate (boostdose3expdate)	Optional	MM/DD/YYYY	Datetime	Fifth dose vaccine expiration date
Dose6ndc (boostdose4ndc)	Optional	-	Character (30)	Sixth dose vaccine NDC number
Dose6lot (boostdose4lot)	Optional	-	Character (30)	Sixth dose vaccine Lot number
Dose6expdate (boostdose4expdate)	Optional	MM/DD/YYYY	Datetime	Sixth dose vaccine expiration date
Dose7ndc (boostdose5ndc)	Optional	-	Character (30)	Seventh dose vaccine NDC number
Dose7lot (boostdose5lot)	Optional	-	Character	Seventh dose vaccine Lot number



			(30)	
Dose7expdate	Optional	MM/DD/YYYY	Datetime	Seventh dose vaccine expiration date
(boostdose5expdate)				
vaccElsewhere	Optional	Υ	Character (1)	Vaccinated at another location?
		N		Y – Yes
				N – No
vaccEdDate	Optional	MM/DD/YYYY	Datetime	Vaccination Education Provided - date
comment	Optional	-	Character	Comments
			(2000)	

