### NHSN Person-Level (Event-Level) Vaccination Forms: General Training

#### National Healthcare Safety Network (NHSN)

December 2022





#### cdc.gov/coronavirus

## **Objectives**

- 1. Review requirements for reporting person-level vaccination data
- 2. Provide overview of reporting person-level vaccination data
- 3. Discuss advantages to using the person-level vaccination form
- 4. Review frequently asked questions
- 5. Next steps



## **3 Options to Submit Weekly Vaccination Data**

- Facilities will continue to submit cumulative weekly COVID-19 Vaccination data to the Weekly COVID-19 Vaccination Modules. Data can be reported to these modules in three ways:
  - 1. Directly into the data entry screens of the COVID-19 Vaccination Modules
  - 2. Through .CSV upload into the Weekly COVID-19 Vaccination Modules
  - As of March 28, 2022, long-term care facilities also have the option to use the person-level (event-level) COVID-19 vaccination forms and select the "view reporting summary and submit" button to submit these data to the Weekly Modules.



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

- Facilities will continue to submit cumulative weekly COVID-19 Vaccination data to the Weekly COVID-19 Vaccination Modules. Data can be reported to these modules in three ways:
  - 1. Directly into the data entry screens of the COVID-19 Vaccination Modules
  - 2. through .CSV upload into the Weekly COVID-19 Vaccination Modules
  - 3. As of March 28, 2022, long-term care facilities also have the option to use the person-level (event-level) COVID-19 vaccination forms and select the "view reporting summary and submit" button to submit these data to the Weekly Modules.



## **Requirements to use Person-Level forms**



## Who can Use the Person-Level (Event-Level) Forms

#### Must be SAMS Level 3 user

- To request level 3 access, please contact NHSN@cdc.gov and place in the subject line: SAMS Level 3 Access
- NHSN Reporting: LTCF Component

National Healthcare Safety Network System
NHSN Reporting *     NHSN Enrollment *
NHSN Long Term Care Reporting
NHSN LTC Reporting
NHSN LTC Enrollment

- Navigate to COVID-19 tab
- Select Event-Level COVID-19
   Vaccination Form HCW or Event-Level
   COVID-19 Vaccination Form Residents

#### NHSN - National Healthcare Safety Network NHSN Home NHSN Long Term Care Facility Component Home Page Alerts Dashboard Long Term Care Dashboard Reporting Plan Resident • Action Items Event Summary Data Dashboard COVID-19 Pathway Data Reporting Vaccination Summary POC Test Result Reporting Import/Export COVID-19 Vaccination - HCW Surveys COVID-19 Vaccination - Residents Analysis Event-Level COVID-19 Vaccination Form -Users • HCW Facility Event-Level COVID-19 Vaccination Form · • Residents Group 71 Logout Missing Summary Data



## **User Rights**

- Enhanced security for person-level staff vaccination data.
  - If a user is not a facility administrator (FA) and submits person-level vaccination data for healthcare workers, the user must have the 'Staff/Visitor- Add, Edit, Delete' and 'Staff/Visitor- view' boxes checked under user rights in order to continue submitting person-level data.
  - An FA or a user with administrator rights can grant these additional rights to users.
  - FAs automatically have access to these data. Administrator and all rights does not default to include staff/visitor View or Add, Edit, Delete rights.



## **Administrators should Review User's Rights**

 If users will submit person-level COVID-19 Vaccination data, the user must have 'Staff/Visitor- Add, Edit, Delete' and 'Staff/Visitor- view' rights as shown below:

Rights	Long Term Care Facility
Administrator	
All Rights	
Analyze Data	
Add, Edit, Delete	
View Data	
Staff/Visitor - Add, Edit, Delete	
Staff/Visitor - View	



## Person-Level (Event-Level) Vaccination Tool Overview



### What are the Person-Level COVID-19 vaccination forms?

- The Person-Level COVID-19 Vaccination Form is an optional tool that can be used to report data to the Weekly Long-Term Care Healthcare Personnel (HCP) and Resident Vaccination Modules
- Data on individual residents and HCP are entered line by line in the optional Person-Level COVID-19 Vaccination tool
- 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:
  - <u>Understanding Key Terms and Up to Date Vaccination</u>
     (<u>https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</u>)
- Reporting periods for COVID-19 vaccination data
  - Quarter 2 of 2022 (May 30, 2022 [NHSN release date] June 26, 2022)
  - Quarter 3 of 2022 (June 27, 2022 September 25, 2022)
  - \_\_\_\_Quarter 4 of 2022 (September 26, 2022- December 25th, 2022)



#### **Changes in Reporting Definitions (cont.)** e Person-level forms apply Definition of up to date for NHSN surveillance may cha these definitions for You! Facilities should use the definitions outlined in each quarter: Understanding Key Term (https://www.cd Do Date Guidance-May202 Report ., 2022 [NHSN release date] – June 26, 2022) Qı June 27, 2022 – September 25, 2022 Qual Quart 4 of 2022 (September 26, 2022- December 25th, 2022)

## How to Enter Data: Person-Level (Event-Level) Vaccination Tool Overview



### How to enter vaccination information for a new individual

Event-	Level COV	ID-19 Vaccination Form - Res	sident	S						
Add Row	View Repo	rting Summary & Submit 💦 🔨 Upload	CSV	• Export CSV						
Resident ide	ntifier <b>*</b>	Resident First Name *		Resident Last Name *	Geno	der <b>* *</b>	Date of E	Birth <b>* *</b>	Ethnicity	**
	2 Find					~				
Save Row           Required fields market	Find. If the in a record on t were previou	ndividual you are adding already has the Resident screen (because they usly entered on another event-level								
Duplicate R	form such as UTI), please individual. Tl	POC, COVID-19 Event, LabID, or use this feature to select this his will auto-fill the following fields:	_	Resident Last Name *		Gende	er **	Date of Birth *	*	Ethnicity **
+ 10153 + 3638 + 3639 + 3639	identifier, firs birth, ethnici not already h will be create enter these f click save row	st name, last name, gender, date of ity, and race. If the individual does nave a record entered, a new record ed on the Resident screen when you fields using the +Add Row button and w.	X		x		✓ X		x	~
+		80.00 <sup>-00</sup>								Superior of State

- Click + Add Row button
- A yellow section at the top of the form will appear to enter this individual's data



Note: CSV upload also available

14

## How to enter vaccination information for a new individual (cont.)

Add Row	View Reporti			ia ka Page	e 1 of 1 ▷> ▷ 100 ∨	1	View 1 - 9 of 9
		Facility ID 🔷	ID	Last Name	First Name	Middle Name	Date of Birth
Resident ide	entifier <b>*</b>		X	X	Х	X	X
		14701	DFDGDG	DFGD	GDGFDF		01/03/1950
		14701	NEWRECOR	IFGDF	DSDG		01/01/1950
	Find	14701	NEWRECOR	IFGDF	DSDG		01/01/1950
		14701	2238	FREEMAN	JUDY		07/13/1962
Save Row	Ø Cancel	14701	PULL7410	JACKSON	JUNE		10/15/1977
ired fields mark	ed with 🔺 Conditiona	14701	SUN258	LOWS	JIM		08/15/1982
icata		14701	80005522	MASTERSON	ERICA		01/01/1950
w F	Resident identifier *	14701	99805821	STRANGE	STEPHEN		01/01/1950
		14701	10000000	WILLIAMS	SIMON		01/01/1950
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- If the person ID exists within the NHSN list, select the individual in the pop-up window and click select
  - Demographic information will be filled in for you
- If the person is **not** in the NHSN list, click **cancel** 
  - You will need to enter a new unique Identifier and demographic information 15

## How to enter vaccination information for a new individual continued

- In this example, this resident was already on the NHSN list, so Identifier and demographics are filled in
- Enter vaccination information including dose dates and manufacturers (or date of declining or medical contraindication), and click Save Row

+ Add Row View Reporting Summary & Submit		• Upload C	SV 🔹 Export CSV	🔺 Ехро	rt SQL				
Resident iden	tifier <b>*</b>	Resident First Name *		Resident Last Name *		Gender **	Date of Birth <b>* *</b>	Ethnicity **	Race *
2238	Find	JUDY	F	REEMAN		Female 🗸	07/13/1962	Hispanic or Latino	American Indian/Alas
4								•	•

ge	Dose 1 vaccination date **	n Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **	Is vaccination series complete?	Medical contraindication date <b>* *</b>	Declination date <b>* *</b>	Declination reason	Unknown COVID- 19 vaccination status Date **	Additional/booster dose date **	Additional/booster dose type <b>* *</b>	Additional/booster dose manufacturer name **	l v
	11/02/2021	Moderna COVID-19 vaccin	11/23/2021	Moderna COVID-19 vaccin						07/03/2022	Booster Dose 🛛 🖌	Pfizer-BioNTech COVID-19	
÷													
6	Save Row	Ø Cancel											



### How to submit data to the weekly reporting form

 When all rows of data are entered and ready for submission, click the View Reporting Summary & Submit button

🧐 е	Event-Level COVID-19	Vaccination Form - Reside	nt	S				
+ Add	Row	mmary & Submit 🔹 🔹 Upload CSV.		• Export CSV				
Required f	ields marked with 🇯 Conditionally req	uired fields marked with **						
Duplicate Row	Resident identifier *	Resident First Name *		Resident Last Name *		Gender **		Date of Birth <b>*</b> *
	x		x		х	~	x	x
+	10153	TESTFIRST		TESTLAST		Male		09/01/1986
+	3638	BUTL		JAY		Male		10/03/1943
+	3639	BUTLER		JAY		Female		10/03/1943
+	3639	BUTLER		JAY		Female		10/03/1943
+	3878EEE	BOOTS		EFF		Female		09/17/1948



#### **Reporting Summary Screen:** <u>Residents</u>

View Reporting Summary & Submit		Select the week for submission	review tota
COVID 10 Versionation Computations Summer of an Long Terms Care	Locility Decidents		
COVID-19 Vaccination Cumulative Summary for Long-Term Care I			
Event-Level Form	30074		
/accination type:	COVID19		
Week of data collection first day Monday):	ted)		
Veek of data collection last day Sunday):	09/25/2022		
	Cumulative Vaccination Coverage		
			<sup>•</sup> All Patients (Total)
.*Number of residents staying in this facility for at least 1 day dur	ing the week of data collection		28
*Cumulative number of patients in Question #1 who have receiv	ed <b>primary</b> series COVID-19 vaccine(s) at this facility or elsewhere s	since December 2020:	
2.1 Only 1 dose of a two-dose <b>Primary</b> COVID-19 vaccine series			2
2.2 *Any completed <b>primary</b> COVID-19 vaccine series			25
Cumulative number of residents in Question #1 with other cond	itions:		
3.1 *Medical contraindication or exclusion to COVID-19 vaccine			0
3.2 *Offered but declined COVID-19 vaccine			1
3.3 *Unknown COVID-19 vaccination status			0
. *Cumulative number of residents with complete <b>primary</b> series ugust 2021	vaccine in Question #2 who have received <u>any booster(s) or addition</u>	al dose(s) of COVID-19 vaccine since	15
4.1 Cumulative number of residents in Question #4 who have rea	eived only one booster dose of COVID-19 vaccine since August 202	21	13
4.2 Cumulative number of residents in Question #4 who received 022	I <u>two or more booster doses</u> of COVID-19 vaccine, and the most rec	ent dose was received since March 29,	2
5. *Cumulative number of patients in question #2 who are up to da	te with COVID-19 vaccines. Please review the current definitions of	up to date	10
<ol> <li>Not eligible for submission using the event-level form: Weeks alr not eligible for submission using the optional event-level form. In 2. Only save and submit data via the event-level form for weeks wit</li> </ol>	eady reported to the Weekly COVID-19 Vaccination Summary Modules u stead please update those weeks by pavigating to the Weekly COVID-19 Note: totals are calculated by the application! Users do not need to apply the up to date definitions	using the weekly summary rorm or weekly sum Summary Module directly and updating the facility for at least 1 day during the rep 3 Save and S	mmary CSV upload are weekly summary form. porting week. If you do ubmit Data Done
	themselves		VIEW T - 30 01 30

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

#### **Reporting Summary**

COVID-19 Vaccination Cumulative Summary for Long-Term Care Facility Residents         Sent-Level Form         Facility ID#:       30074         Accination type:       COVID19         Week of data collection first day       9/19/2022         Monday):       9/19/2022         Week of data collection last day       09/25/2022         Sunday):       09/25/2022         Cumulative number of residents staying in this facility for at least 1 day during the w       Alert         2. *Number of residents staying in this facility for at least 1 day during the w       Alert         2. *Ournulative number of patients in Question #1 who have received prima       Successfully saved.         2. *Ournulative number of residents in Question #1 with other conditions:       Successfully saved.         3. *Unknown COVID-19 vaccine series       Successfully saved.         3. *Unknown COVID-19 vaccine to covid to c				
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5. *Cumulative number of patients in question #2 who are up to date with COVID-19 vaccines. Please review the current definiti	4.2 Cumulative number of reside 2022	ents in Question #4 who received <u>two or m</u>	ore booster doses of COVID-19 vaccine	, and the mo
	5. *Cumulative number of patients	in question #2 who are up to date with CC	OVID-19 vaccines. Please review the curi	rent definitio

צ. כ חוץ שאי שהי אני אות אבי או כלה שערוד שיני סיר ולני שנשאל אילה כסו פור פי בידגר ורע או היה האניסה סיר ודע אלה אל סכר פור ש

	* All Patients (Total)	
2	28	
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2	1	
2	0	
	15	
]	13	
	2	
	10	
×		

Done

Submit Data

feeds

#### Weekly Aggregate Form

Vaccine: Residents	Flu Vaccine: HCW	COVID-19 Vaccine: HCW	COVID-19 Vaccine: Residents				
Resident COVID-19 C	umulative Vaccination	Summary for Long-Term Care F	acilities				
>C≥d	Q1 01 00 5 00	v		~~~~			
	are categorizea approp	natery according to mein vaccina	ion dates. Lean more here. <u>link to QRS</u>				
1. * Number of reside	ents staying in this facilit	y for at least 1 day during the w	eek of data collection	28			
2. <b>* <u>Cumulative</u> numb</b> December 2020:	<b>er</b> of residents in Questior	n #1 who have received primary se	ries COVID-19 vaccine(s) at this facility or elsewh	ere since			
2.1 * Only 1 dose o	f a two-dose <b>Primary</b> CO	OVID-19 vaccine series		2			
2.2 * Any complete	d <b>Primary</b> COVID-19 va	accine series		25			
3. * Cumulative num	ber of residents in Ques	tion #1 with other conditions:					
3.1 * Medical contr	aindication to COVID-1	9 vaccine		0			
3.2 * Offered but de	eclined COVID-19 vacci	ne		1			
3.3 * Unknown CO	VID-19 vaccination statu	IS		0			
4. * <u>Cumulative</u> num booster(s) or addition	ber of residents with con al dose(s) of COVID-19	mplete primary series vaccine ir vaccine since August 2021	Question #2 who have received <b>any</b>	15			
4.1 * <u>Cumulative</u> n since August 2021	umber of residents in Qu	uestion #4 who have received <u>o</u>	nly one booster dose of COVID-19 vaccine	13			
4.2 * <u>Cumulative</u> number of residents in Question #4 who received <u>two or more</u> booster doses of COVID-19 vaccine, and the most recent dose was received since March 29, 2022							
Question 5 asks abou	t individuals who are up	to date. Please review the curr	ent definition of <u>up to date</u> .				
5 * Cumulative of re	sidents in question #2 w	the are up to date with COVID-	9 vaccines	10			



## Week of data collection: statuses in drop-down menu

C( E\

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

#### View Reporting Summary & Submit...

OVID-19 Vaccination Cumulativ	ve Su	mmary for Long-Term Care Facility Residents	
vent-Level Form			
acility ID#:		55690	
accination type:		COVID19	
'eek of data collection first day 1onday):		11/14/2022	~
/eek of data collection last day unday):		7/11/2022 (Never submitted) 7/18/2022 (Never submitted)	
	1.	7/25/2022 (Never submitted) 8/1/2022 (Never submitted) 8/8/2022 (Never submitted) 8/15/2022 (Never submitted) 8/22/2022 (Never submitted) 9/5/2022 (Never submitted) 9/12/2022 (Never submitted) 9/19/2022 (Never submitted) 9/26/2022 (Never submitted) 10/2/2022 (Never submitted)	
	2.	10/3/2022 (Never submitted) 10/10/2022 (Not eligible for submission using the event-level form) 10/17/2022 (Never submitted)	
	3.	10/24/2022 (Changed since submitted using the event-level form) 10/31/2022 (Changed since submitted using the event-level form) 11/7/2022 (Changed since submitted using the event-level form)	
	4.	11/14/2022 11/21/2022	-



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

#### **3. Changed since submitted using the eventlevel form** = Data for this reporting week have potentially been modified since submitted; recommend resubmitting every few weeks

 We recognize this label is overly sensitive, and we are working on improvements for a future release

**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...

OVID-19 Vaccination Cumulativ	ve Su	mmary for Long-Term Care Facility Residents		
ent-Level Form				
cility ID#:		55690		
eccination type:		COVID19		
eek of data collection first day londay):		11/14/2022	~	
eek of data collection last day unday):		7/11/2022 (Never submitted) 7/18/2022 (Never submitted)		
		7/25/2022 (Never submitted) 8/1/2022 (Never submitted) 8/8/2022 (Never submitted)		
		8/15/2022 (Never submitted) 8/22/2022 (Never submitted) 8/29/2022 (Never submitted) 9/5/2022 (Never submitted)	J	
	1.	9/12/2022 (Never submitted) 9/19/2022 (Never submitted) 9/26/2022 (Never submitted) 10/3/2022 (Never submitted)		
	2.	10/10/2022 (Not eligible for submission using the event-level form) 10/17/2022 (Never submitted)		
	3.	10/24/2022 (Changed since submitted using the event-level form) 10/31/2022 (Changed since submitted using the event-level form) 11/7/2022 (Changed since submitted using the event-level form)		
	4.	11/14/2022 11/21/2022	Ŧ	



## **CSV Upload (optional)**

- CSV is an *optional* method to submit person-level data (person-level data can be entered and managed entirely in the application without using CSVs)
- New CSV templates and guidance documents posted on the <u>NHSN Weekly HCP</u> <u>& Resident COVID-19 Vaccination website</u>

#### Neekly HCP & Resident COVID-19 Vaccination

<u>'rint</u>		Person-Level (Event-level) COVID-19 Vaccination Data - CSV Data Import
Ipdated November 16, 2022		
ong-term care facilities can track weel IHSN.	kly COVID-19 vaccination data for residents and healthcare p	VARIABLE DESCRIPTION AND FILE LAYOUT FOR RESIDENTS AND HEALTHCARE PERSONNEL OF LONG-TERM CARE FACILITIES (LTCFS)
On This Page		CSV TEMPLATES AND EXAMPLES FILES FOR RESIDENTS OF LONG-TERM CARE FACILITIES (LTCFS)
Protocol	Person-Level (Event-level) COVID-	<u>.CSV File Template for LTCF Residents</u> 🖾 [XLS – 17 KB] – October 2022
Training	19 Vaccination Forms - Instructions and Guidance Documents	Example .CSV File for LTCF Residents 💵 [XLS – 18 KB] – October 2022
		CSV TEMPLATES AND EXAMPLES FILES FOR HEALTHCARE PERSONNEL OF LONG-TERM CARE FACILITIES (LTCFS)
Data Collection Forms and Instructions	Person-Level (Event-level) COVID- 19 Vaccination Data - CSV Data	<u>.CSV File Template for LTCF HCP</u> 🕼 [XLS – 17 KB] – October 2022
Weekly COVID-19 Vaccination	Import	Example .CSV File for LTCF HCP 💵 [XLS – 18 KB] – October 2022
Summary Data - CSV Data Import	Resources	

### CSV Upload: use the <u>Variable description and file layout for</u> <u>event-level (person-level) vaccination forms</u> PDF as a guide

- Found in same location as CSV files
- Use the variable description and file layout for residents and healthcare personnel of Longterm Care Facilities (LTCFs) document to assist with defining and entering each variable in the CSV template

#### Person-Level (Event-level) COVID-19 Vaccination Data - CSV Data Import

VARIABLE DESCRIPTION AND FILE LAYOUT FOR RESIDENTS AND HEALTHCARE PERSONNEL OF LONG-TERM CARE FACILITIES (LTCFS)

Variable description and file layout for event-level (person-level) vaccination forms 🔼 [PDF – 213 KB] – October 2022

Please refer to the tables below for complete information on the variables included on .CSV templates for Event-Level COVID-19 Vaccination Forms for Residents and HCW (Long term Care Component). These are accurate as of NHSN Release 10.1.5 (September 2022).

Field	Requirement	Values	Format	Description of Field
orgID	Required	-	must be a whole number	Must be a valid NHSN Facility I (organization identifier)
resID	Required	-	Character (15)	Resident identifier - a unique identifier for the individual, assigned by your facility
dob	Required	MM/DD/YYYY	Datetime	Resident Date of Birth
Resgender	Conditionally required • Required for new records entered on or after 9/12/22. • Optionally required for modification to existing records during 9/12/22- 10/23/22. • Required for all records beginning 10/24/22	F M O	Character (1)	Resident Gender F – Female M – Male O – Other/Unknown



## **CSV Upload continued**

You can also export the data (or just the column headers if no data are entered) to a CSV and use this as a template!





## Advantages and user feedback



## **Advantages:**

- The application <u>calculates</u> and <u>enters</u> the weekly totals for you
- The application <u>determines who is up to date</u> based on vaccination dates and reporting week
- The application links COVID-19 vaccination records to other person-level records in NHSN, like the Event-Level COVID Forms and the POC Tool
- Helps users <u>organize</u> and <u>manage</u> their facility's data
- 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



### **User testimonials – Person-Level Vaccination Tool**

- "For what it's worth, I believe it should be made mandatory. There will be wailing and gnashing of teeth at first, but the non-event level method is extremely hard to track, especially with high turnover rates. They'll learn to love it like I did in the long run." -NHSN User
- "I absolutely love this new process." -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
- "The event level makes reporting to much easier." -NHSN User



## **User testimonials – Person-Level Vaccination Tool (cont.)**

- "Not a question but a comment, 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 have to do each week is make any changes that took place an 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 worked on entering our resident vaccination data for the new event level reporting this past week. I was pretty excited when I clicked on the button to submit my vaccination reporting for the week." -NHSN User
- "THANK YOU so much for providing a simplified version of the reporting" -NHSN User







# Are the Person-Level COVID-19 Vaccination Forms required?

No. The Person-Level COVID-19 Vaccination Forms are an **optional** tool that can be used to report data to the main weekly HCP and Resident vaccination modules.

HSN Home		Vaccination Summary D	lata			
lerts		Vaccination Summary D	ata			
ashboard		Click a call to begin optoring	data for the w	coloubleb counts are reported		
eporting Plan		Perperting of medical quents or health proh	long that occur at	ter vascination (norsible side effects) is	an an an and the second se	o at http:
esident		Reporting of medical events of hearth prob		ter vaccination (possible side effects) is	encouraged, even in you are not sure they are the result of vacchacion	i, at <u>mup</u>
vent	•					
ummary Data	+			28 March 2022 - 08 May 2022	Record Complete Record Incomplete	
OVID-19		Dashboard	Vacci	nation Calendar		
accination Summary		Pathway Data Reporting	/ID-1	9: HCW		
port/Export		POC Test Result Reporting	/ID-1	9: Residents		
rveys		COVID-19 Vaccination - HCW				
alysis	,	COVID-19 Vaccination - Residents	022 (	Monday) - 04/10/2022 (Sunday)		
sers		Event-Level COVID-19 Vaccination For-	/ID-1 /ID-1	9: HCW 9: Residents	vou cap still report data	
cility		Event-Level COVID-19 Vaccination Form -			bere with the COVID-10	
:oup		Residents			vaccination summary	
			022 (	Monday) - 04/17/2022 (Sunday)	forml	
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			05/02/2022 (	Monday) * 05/06/2022 (Sunday)		-
			Volue	a still report		
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				of the		
			upioad			

vaccination summary form!



## Do I have to submit every time I add or modify the person-level vaccination data, or just once per week?

- You should review data and submit for all weeks with updated or newly entered data at least once per week.
- Please note that if you do not click "View Reporting Summary & Submit", and click "Save and Submit Data", these data will not be saved to the weekly COVID-19 vaccination modules.



### Is reporting completed automatically based on the data entered the Person-Level COVID-19 Vaccination Forms or do I still have to submit the weekly vaccination reporting?

No. Facilities must submit the data each week by clicking the "View and Reporting Summary & Submit" button, selecting the week you want to submit data for, and clicking "Save & Submit Data".

+ Add	Row	View Reporting Sur	nmary & Submit	- Upload CSV	Export CSV		
Required fi	elds marked	l with 🎽 Conditionally requ	ired fields marked with 🔺	*			0
Duplicate Row	Re	sident identifier *	Resident Fi	rst Name *	Resident Last Name *	Gender **	Date of Birth **
+							w
+							
+							
+							
+							



# 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 were successfully submitted to the aggregate weekly reporting form
  - Complete weeks will appear green in the calendar view



## 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 I	Row View	Reporting Summary & Subm	it	<u> </u>	Iploa	d CSV.	-	▲ E>	(port C	SV			
Required fie t Discharge Date	elds marked with * ( Dose 1 vaccination date **	Conditionally required fields marked Dose 1 vaccine manufacturer name <b>* *</b>	with * Dose 2 da	* 2 vaccina ate * *	ation	Dose	e 2 vacc na	ine ma ame <b>*</b> 1	nufactur <b>k</b>	er	Is vaccination series complete?	Medical contraindication date <b>* *</b>	Declinatio date **
2022	02/02/2022	Pfizer-BioNTech COVID-19	02/16	5/2022	2	Pfizer	-BioN	Tech	COVIE	)-19	Yes		01/20/2022
2021	04/21/2022	Pfizer-BioNTech COVID-19								I	No		
			0	Sep		∼ 20	22	~	0				
			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					

## How do I eliminate staff from the form who no longer work for us? Or residents who were discharged?

- Add an end date on their row (staff) or a discharge date (residents).
- If there is an end date or discharge date, that individual will not contribute to weekly summary counts for any weeks AFTER the end date.
- Tip: Sort the rows by end date or discharge date so that all individuals with an end date will be grouped at the bottom.

Re	quired fields marked with 🔺 Conditionall	ly required fields marke	d with **								0	
	Resident Last Name *	Gender **	Date of Birth <b>*</b> *	Ethnicity **	Race * *	Resid	lent Adı Date *	nit	Resider	nt Disch Date	narge	
	ABREAK	Male	08/30/1940	Hispanic or Latino	White	12/08	8/2021					
				1	-	0	Sep		✔ 20	22	~	0
					-	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	

## What if a resident is discharged and then later re-admitted (after more than 1 week)?

- Enter the discharge date when they are discharged (to home, hospital, or elsewhere, even if bed hold in place)
- 2. If they are re-admitted after 1 week or more, find the resident in the vaccination data
- 3. Click the + button to duplicate the row (this copies all cells except start and end date)
- 4. In the new row, add the new admission date
- 5. Ensure the vaccination info. is up to date and click save row

		Resident Last Name *	Gender **	Date	e of Birth **	Ethnicity * *		Race **		Resident Admit Date <b>*</b>
	PAT	IENT	Female 🗸	06/:	′10/1959	Hispanic or Latino	Asian, Blac	or African Amer	ican <mark>4</mark> .	
ļ	•									Þ
5	🖯 Sav	/e Row 🛛 🖉 Cancel								
	Required	fields marked with * Conditiona	ally required fields marked with	**						0
	Duplicate Row	Resident identifier *	Resident First Name *		Resid	ent Last Name *	Gender **	Date of Birth <b>* *</b>	Ethnicity	y **
3	. +	1003	CASSIE	P	PATIENT	2.	Female	06/10/1959	Hispanic or L	atino Black
	Duplic leaves When a new the fac date, w	ate row. Use this feature if the facility for any reason for the facility for any reason for they return, duplicate their admit date, which is the day cility. On their prior row, ent which is the last day they we they left.	the resident or >1 week. row, and enter they return to ter a discharge ere in the facility							

36



### What if a resident or HCP leave the facility and later return?

	Residents	Healthcare Personnel
Add end date and create new row (using + button to duplicate row) if:	Re-admitted after more than 1 week (7 days) New admission date must be more than 1 week later than prior row's discharge date	Returns to work after more than 2 weeks (14 days) New start date must be more than 2 weeks later than prior row's end date
Include on same row if:	Re-admitted within <b>1 week (7 days)</b> If you entered a discharge date and they returned within 1 week, simply remove the discharge date and re-save the row.	Returns to work within <b>2 weeks (14 days)</b> If you entered an end date and they returned within 2 weeks, simply remove the end date and re-save the row.



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

- No. Once data are entered and saved, the row cannot be deleted
- However, data can be updated after the row is saved
- We recommend that you:
  - Edit/repurpose the row, or
  - Change discharge/end date to a date before event-level forms can be used to submit data (i.e., before 2022)
    - Also, change the identifier, and add a note in the comments

Required	fields marked with	* Condit	tionally required fields mark	ced with 🔺 🕇	1	2			0		
Duplicate Row	Resident ident	ifier 🕇 ≑	Resident First Name *	Resident Last Name ★			Resident Admit Date <b>*</b>	Resident Discharge Date	Dose 1 vaccin date * 1		Comments
+	123456		ACCIDENTALLY	ENTERED			12/02/2019	02/11/2020	02/02/202	data	a entry error
CDC	New identifie	w identifier New name				Admit & d dates bef	ischarge ore 2022		С	omment added <mark>38</mark>	

## Can I sort the columns on this form? I find it helpful to be able to sort by last name or by HCP category.

- Yes! Click any column to sort in ascending order. Click the same column again to sort in descending order.
- You can also search and filter each column when there are more than 10 rows.

	Event-Level COVID-19	9 Vaccination Form - HCW		Click the t	ext				
+ A	ld Row View Reporting Su	mmary & Submit ^ Upload CSV	Export CSV	header to	sort				
Require	fields marked with * Conditionally req	uired fields marked with 🇯							0
Duplicat Row	unique HCP Identifier (DOB, License #, etc.) *	HCP First Name *	HCP Last Name 🖨	Gender **	Date of Birth **	Ethnicity **	Race **	HCP Start of Employment Date <b>*</b>	H Empl
	x	x	x	<b>~</b> x	x	<b>~</b> x	<b>x</b>	x	
+	AB187	ABBY	во	Female	01/01/1942	Not Hispanic or Not La	Asian	01/01/1991	
+	AB197	APPLE	BREAD	Male	01/01/1940	Not Hispanic or Not La	Asian	01/01/1990	
+	DFDFF	ETDG	DFGD Type in the	Female	01/02/1954	Hispanic or Latino	American Indian/Alaska Native	01/01/2022	01
+	DFGFD	GFDFG	DFGGDF box to	Male	09/06/2003	Declined to respond	White	01/01/2022	
+	123456	ACCIDENTLY	ENTERED search or	Male	03/05/1982	Not Hispanic or Not La	Black or African American, Native Hawaiian/	04/06/2016	0 <sup>2</sup>
+	GFDG	FDGFD	FDG filter	Female	09/04/2003	Hispanic or Latino	White	01/01/2022	
+	1V2TESTV3	FDFDDF	FDGDDF	Female	09/05/2006	Not Hispanic or Not La	Asian	01/16/2022	04/01
+	981787	LASHAUN	FOLK	Female	06/04/1973	Not Hispanic or Not La	Black or African American	01/01/2022	01
+	FFD	FDGDD	GDFFD	Male	09/02/2004	Not Hispanic or Not La	Unknown	01/01/2022	0:
+	SREFDS	GDF	GFDGD	Female	10/20/1991	Hispanic or Latino	White	01/01/2022	0:
+	ST6767	TEST	HER	Female	03/10/1993	Not Hispanic or Not La	Black or African American	09/01/2022	

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

- This is common, and these forms were built to document these changes over time!
- Example: Resident was admitted on 7/21/2022, and vaccination status was unknown.
  - Unknown vaccination status date of 7/21/2022 entered

Resident identifier *	Resident First Name *	Resident Last Name *	Gender **	Date of Birth <b>*</b> *	Ethnicity **	Race **	Resident Admit Date <b>*</b>	Resident Discharge Date	Unknown COVID- 19 vaccination status Date **
1004	Jodi	Holbert	Male	06/11/1958	Not Hispanic or Not	Asian	07/21/2022		07/21/2022



1.

# What if someone's vaccination status changes over time? (cont.)

• You learn that the resident is unvaccinated and offer vaccination. They decline on 7/25/2022.

- Add this declination date to the resident's existing row
- Do NOT delete the 7/21/2022 unknown status date

			_	2.		1.	
Resident identifier *	Resident First Name *	Resident Last Name ★		Declination date **	Declination reason	Unknown COVID- 19 vaccination status Date <b>* *</b>	Additional/t dose date
1004	Jodi	Holbert		07/25/2022	Other	07/21/2022	



# What if someone's vaccination status changes over time? (continued)



- The resident decides to get vaccinated on 8/22/2022. Add this information to existing row.
- The resident now has 3 different statuses over time recorded:
  - Unknown from 7/21/2022 7/24/2022
  - Declined from 7/25/2022 8/21/2022
  - Vaccinated with dose 1 (partially vaccinated) beginning on 8/22/2022



## How do I enter a resident who received primary series, 2 original monovalent boosters, and 1 updated (bivalent) booster?

- Enter their ID, demographics, and vaccines received
- In this example, a resident received:
  - Dose 1 Moderna on 3/2/2021
  - Dose 2 Moderna on 3/23/2021
  - Additional/booster dose of Pfizer on 10/28/2021 (first booster dose)
    - Type = Booster (this is the default)
  - Booster dose 2 of Pfizer on 5/30/2022
  - Booster dose 3 of Updated (Bivalent) Pfizer booster on 11/14/2022

	l fields marked with	* Condition	ally requi	red fields marked witl	h **																							
	Resident Admit Date *	Resident D Dat	ischarge te	Dose 1 vaccination date **	Dos	se 1 vaccine manu name **	facturer	Dose 2 vaccination date <b>**</b>	Dose 2 vaccine mar name **	ufacturer																		
	07/04/2022			03/02/2021	Mode	erna COVID-1	9 vaccine	03/23/2021	Moderna COVID-	19 vaccine																		
Additional/booste dose date **	r Additional/boos type **	ter dose	Addi man	tional/booster dose ufacturer name **	E	Booster dose 2 vaccination date	Boost	ter dose 2 vaccine nufacturer name	Booster dose 3 vaccination date	Booster	lose 3 vaccir	ne m	ne manuf	ne manufac	ne manufactur	ne manufacturer	ne manufacturer n	ne manufacturer na	ne manufacturer nar	ne manufacturer nan	ne manufacturer nam	ne manufacturer nam	ne manufacturer nam	ne manufacturer nam	ne manufacturer name	ne manufacturer name	ne manufacturer name	ne manufacturer name
10/28/2021	Booster Dose		Pfizer-B	ioNTech COVID-1	19 05	5/30/2022	Pfizer-Bi	oNTech COVID-19	11/14/2022	Updated (E	Bivalent) Pfi	ΙZ€	izer B	izer Boo	izer Boost	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster	izer Booster



## Resources



### **Resources: Person-Level (Event-Level) COVID-19** Vaccination Forms

- All resources: <u>https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html</u>
  - <u>Training</u>
  - <u>Person-Level (Event-level) COVID-19 Vaccination Forms Instructions and Guidance Documents</u>

Person-Level (Event-level) COVID-19 Vaccination Forms - Instructions and Guidance Documents

INSTRUCTIONS FOR REPORTING PERSON-LEVEL (EVENT-LEVEL) VACCINATION DATA

Person-Level (Event-Level) Vaccination Form Table of Instructions: Healthcare Personnel Def [PDF – 333 KB] – October 2022

Person-Level (Event-Level) Vaccination Form Table of Instructions: Residents 🛛 🖪 [PDF – 330 KB] – October 2022

Event Level COVID-19 Vaccination Form Quick Reference Guide 🖪 [PDF – 1 MB] – April 2022

Comprehensive How-To Guide coming soon! Check back here for updates.

<u>1 Pager: NHSN Event-Level COVID-19 (Person-Level) Forms</u> 📕 [PDF – 209 KB] – June 2022



Person-Level (Event-level) COVID-19 Vaccination Data - CSV Data Import

## **Questions or Need Help?**

E-mail user support at: <a href="mailto:nhsn@cdc.gov">nhsn@cdc.gov</a>

### Please write '*Person-Level COVID-19* Vaccination Form' in the subject line of the e-mail along with your facility type

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 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.

46

