

Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Residents of Long-Term Care Facilities (57.218, Rev 2)

This form is used to collect information on weekly COVID-19 vaccination counts among residents of long-term care facilities.

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered.
Vaccination Type	<i>Required.</i> COVID-19 is the default and only current choice.
Week of Data Collection	<i>Required.</i> Select the week that data are being collected. Weeks begin on a Monday and end on a Sunday.
Date Last Modified	The Date Last Modified will be auto-entered and indicate the date that these data were last changed by a user.
Question #1 (Denominator)	
1. Number of residents staying in this facility for at least 1 day during the week of data collection	<p><i>Required.</i> Defined as the total number of residents occupying a bed at this facility for at least 1 day (at least 24 hours) during the week of data collection.</p> <ul style="list-style-type: none"> • Each person should be counted only once in the denominator. • The total number of residents staying in this facility for at least 1 day during the week of data collection is required. <p><i>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</i></p>
Question #2 (Numerators)	<p>Cumulative number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) who have received COVID-19 vaccines <u>at this facility or elsewhere</u> (for example, a pharmacy) since December 2020.</p> <ul style="list-style-type: none"> • Data sources may include resident health records and paper and/or electronic documentation of vaccination given at the healthcare facility or elsewhere. • Residents receiving vaccination elsewhere should provide documentation of vaccination, which includes vaccine type. If documentation was not provided, report these residents in question #3.3 (“Unknown COVID-19 vaccination status”).

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<p>Add all COVID-19 vaccine(s) residents received</p>	<p><i>Required.</i> Select all specific COVID-19 vaccine(s) which residents received from a drop-down box on the data entry screen. Residents may have received different types of COVID-19 vaccines; therefore, facilities can select more than one type of COVID-19 vaccine. If a COVID-19 vaccine requires two doses, two questions will appear on the data entry screen:</p> <ul style="list-style-type: none"> • Of the residents in question #1, enter the number of residents (cumulative to date) who received <u>only dose 1</u> of COVID-19 vaccine. Do not include residents who received more than one dose of the COVID-19 vaccine. • Of the residents in question #1, enter the number of residents (cumulative to date) who received <u>dose 1 and dose 2</u> of COVID-19 vaccine. Do not include residents who received only one dose of COVID-19 vaccine. <p>If a COVID-19 vaccine requires only one dose, one question will appear on the data entry screen:</p> <ul style="list-style-type: none"> • Of the residents in question #1, enter the number of residents (cumulative to date) who received <u>one dose</u> of COVID-19 vaccine.
<p>Complete COVID-19 vaccination series: unspecified manufacturer</p>	<p>Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the number of residents (cumulative to date) with following vaccination status:</p> <ul style="list-style-type: none"> • Residents who received complete COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable. • Residents who received complete COVID-19 two-dose vaccination series, and had documentation of different manufacturers for each dose received. <p>Note: If the COVID-19 vaccine manufacturer is known for both doses, the vaccination manufacturer should be reported by specific vaccine type in question #2.</p>
<p>Any completed COVID-19 vaccine series</p>	<p>This field will be auto-populated by NHSN using data entered for question #2 to determine the number of residents (cumulative to date) 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).</p>



Data Fields	Instructions for Completion
Question #3 (Other Conditions)	<u>Cumulative</u> number of residents in question #1 with other conditions:
3.1. Medical contraindication or exclusions to COVID-19 vaccine	<p><i>Required.</i> Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the total number of residents not receiving vaccination due to either a medical contraindication or exclusion to one or more COVID-19 vaccine(s).</p> <p>Medical contraindications include severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine. Examples of exclusions include receiving monoclonal antibodies or convalescent plasma as part of COVID-19 treatment in the previous 90 days, current quarantine or isolation for known SARS-CoV-2 infection, and receipt of another vaccine in the previous 14 days. Please see the most up-to-date list of contraindications and exclusions here: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.</p> <p>For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the <i>Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States</i> are not considered medical contraindications or exclusions for COVID-19 vaccination, instead report these under question 3.2 (“Offered but declined COVID-19 vaccine”).</p>
3.2. Offered but declined COVID-19 vaccine	<p><i>Optional.</i> Enter the total number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) that were offered COVID-19 vaccination but declined.</p> <p>The following residents should be counted in this category:</p> <ul style="list-style-type: none"> • Residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine. • Residents declining vaccination because of religious or philosophical objection. • Residents declining vaccination and who did not provide any information about the reason why they declined.
3.3. Unknown COVID-19 vaccination status	<p><i>Optional.</i> Of the residents in question #1, enter the number of residents whose COVID-19 vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example, a facility may not have vaccination documentation for certain residents.</p>

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<p>Question #4 [COVID-19 Vaccine(s) Supply]</p> <p>4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility’s residents:</p>	<p><i>Required.</i> These questions assess COVID-19 vaccine supply at the facility each week.</p> <p>Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.</p> <p>More information about the CDC COVID-19 Vaccination Program and how to become a COVID-19 vaccination providers: https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html).</p>
<p>4.1. Is your facility enrolled as a COVID-19 vaccination provider?</p>	<p><i>Required.</i> Select ‘Yes’ if the facility is currently enrolled as a COVID-19 vaccination provider. A facility may be enrolled as a federal, state, or local COVID-19 vaccination provider. If yes, answer question 4.2.</p> <p>Select ‘No’ if the facility is not currently enrolled as any type of COVID-19 vaccination provider. If no, answer question 4.3.</p> <p>Note: If the facility entered data for an earlier week, then the answer previously selected for this question will auto-populate on the data entry screen. Please adjust your answer according to your facility’s enrollment status during the current reporting week.</p>
<p>4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer <u>all</u> residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]</p>	<p><i>Required if answered “yes” to question 4.1.</i></p> <p>Select ‘Yes’ if the facility had a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week. This means the facility was able to provide COVID-19 vaccine this week to all residents requesting COVID-19 vaccination.</p> <p>Select ‘No’ if the facility did not have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week.</p>



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<p>4.3. Did your facility have other arrangements sufficient to offer <u>all</u> residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)?</p>	<p><i>Required if answered "no" to question 4.1.</i></p> <p>Select 'Yes' if the facility had other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week. For example, the facility may have a referral system in place for residents to receive COVID-19 vaccination at a health department or pharmacies.</p> <p>Select 'No' if the facility did not have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week.</p>
<p>4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility.</p>	<p><i>Optional.</i> Describe any other COVID-19 vaccination supply-related issue(s) at your facility. For example, a facility may describe attempts they have made to secure COVID-19 vaccine(s) for residents.</p>