

## Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Residents of Long-Term Care Facilities (57.218, Rev 7)

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

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28<sup>th</sup>, 2022 facilities also have the option to use the event-level COVID-19 vaccination forms and select the “view reporting summary and submit” to submit these data. Using the event-level forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates. Learn more here: (<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/tracking-worksheet-qrg-508.pdf>)

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-populated. This is your OrgID.
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-populated and indicate the date that these data were last changed by a user.
<b>Question #1 (Denominator)</b>	
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"> <li>• Each person should be counted only once in the denominator.</li> <li>• The total number of residents staying in this facility for at least 1 day during the week of data collection is required.</li> </ul> <p><i>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</i></p>

Data Fields	Instructions for Completion
<p><b>Question #2 (Numerators)</b></p> <p><b>Question 2 asks about individuals' primary series COVID-19 vaccination Status. If an individual in question 1 has not received primary series COVID-19 vaccine(s), the reasons why are documented in Question 3 (other conditions).</b></p>	<p><i>Required.</i> Enter <b>cumulative</b> number of residents in Question #1 who have received <b>primary</b> series COVID-19 vaccine(s) at this facility or elsewhere (for example, a pharmacy) since December 2020:</p> <ul style="list-style-type: none"> <li>• This question asks about an initial (primary) completed vaccine series. An initial completed series includes 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. Do not include information on additional or booster vaccine doses in question 2. For more information on what is considered fully vaccinated please visit: <a href="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</a></li> <li>• Residents receiving vaccination elsewhere should provide documentation of vaccination.</li> <li>• Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the resident indicating when and where they received the COVID-19 vaccine. A note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the resident received the COVID-19 vaccine at that location is also permitted. Verbal statements are not acceptable to document vaccination outside the facility for the purposes of NHSN COVID-19 vaccination summary data reporting.</li> <li>• If documentation was not provided, report these residents in question #3.3 ("Unknown COVID-19 vaccination status").</li> </ul>
<p><b>2.1 Only 1 dose of a two-dose Primary COVID-19 vaccine series</b></p>	<p><i>Required.</i> Of the residents in question #1, enter the number of residents (cumulative to date) who received <b>only dose 1</b> of a <u>two-dose primary COVID-19 vaccine series</u>.</p> <p><u>Do not include residents who received more than one dose of the COVID-19 vaccine.</u></p>



Data Fields	Instructions for Completion
2.2 <b>Any completed</b> Primary COVID-19 vaccine series	<i>Required.</i> Enter the number of residents (cumulative to date) who <b>completed</b> any primary 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).
<b>Question #3 (Other Conditions)</b>	<b>Cumulative number</b> of residents in question #1 with other conditions:
3.1. Medical contraindications 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 a medical contraindication to one or more COVID-19 vaccine(s).</p> <p>Medical contraindications include history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, and history of a known diagnosed allergy to a component of the COVID-19 vaccine. Please see the most up-to-date list of contraindications here:  <a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html</a>.</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 Approved or Authorized in the United States</i> as a contraindication are not considered medical contraindications for COVID-19 vaccination, instead report these under question 3.2 (“Offered but declined COVID-19 vaccine”). Conditions classified as “precaution” in the <i>Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States</i> are <u>not</u> considered medical contraindications for COVID-19 vaccination for the purpose of NHSN surveillance and reporting and should be reported under question 3.2 (“Offered but declined COVID-19 vaccine”).</p>
3.2. Offered but declined COVID-19 vaccine	<i>Required.</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.



Data Fields	Instructions for Completion
	<p>The following residents should be counted in this category:</p> <ul style="list-style-type: none"> <li>• Residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine.</li> <li>• Residents declining vaccination because of religious or philosophical objection.</li> <li>• Residents declining vaccination and who did not provide any information about the reason why they declined.</li> <li>• Residents declining vaccination for reasons other than an acceptable medical contraindication to the COVID-19 vaccine, or those who did not provide any information about the reason why they declined.</li> </ul>
<p>3.3. Unknown COVID-19 vaccination status</p>	<p><i>Required.</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. Residents receiving only 1 dose one of a two-dose primary COVID-19 vaccine series with an unspecified manufacturer are also classified as having unknown vaccination status.</p>
<p><i>Please note that the sum of the numerator categories (question 2) and other conditions (question 3) must be equal to the denominator (question 1).</i></p>	
<p><b>Questions 4 asks about both <u>additional and booster</u> dose(s) of COVID-19 vaccine among those with complete Primary COVID-19 vaccine series in Question 2.2. Questions 4.1 and 4.2 ask only about <u>booster</u> dose(s) of COVID-19 vaccine. If it is not clear whether a dose was an additional dose or a booster dose, assume it was a booster dose for the purpose of NHSN surveillance.</b></p> <p>Booster dose: A subsequent dose of vaccine administered to enhance or restore protection which might have waned over time after primary series vaccination.</p> <p>Additional dose: A subsequent dose of vaccine administered to people who were less likely to mount a protective immune response after initial vaccination.</p> <p>Please review FAQs on additional and booster doses for examples on how to categories various individuals based on the number of doses they've received and when they received these doses: <a href="#">FAQs on Reporting COVID-19 Vaccination Data   NHSN   CDC</a></p>	
<p><b>Question #4 (Residents receiving Additional Dose(s) or Booster(s))</b></p> <p>Add <b>all</b> additional doses or boosters of COVID-19 vaccines residents received</p>	<p><i>Required.</i> Cumulative number of residents with complete primary series vaccine in question #2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine at this facility or elsewhere since August 2021.</p>



Data Fields	Instructions for Completion
	<p>Note: If a facility does not have any individuals who received an additional dose or booster of COVID-19 vaccine, the facility should enter a zero (“0”) for question #4, this will allow the form to save successfully.</p>
<p><b>4.1 Cumulative</b> number of residents in Question #4 who have received <b>only one booster dose</b> of COVID-19 vaccine since August 2021</p>	<p>Enter the cumulative number of residents in Question #4 who have received (cumulative to date) <b>only one booster dose</b> of COVID-19 vaccine since August 2021.</p> <p>Do not include residents receiving two or more booster doses; instead, count these individuals in Question #4.2.</p> <p>Do not include those who only received an additional dose but no booster dose.</p> <p>If it is not clear whether a dose was an additional dose or a booster dose, assume it was a booster dose for the purpose of NHSN surveillance.</p>
<p><b>4.2 Cumulative</b> number of residents in Question #4 who received <b>two or more booster doses</b> of COVID-19 vaccine, and the most recent dose was received since March 29, 2022</p>	<p>Enter the <b>cumulative</b> number of residents in Question #4 who received <b>two or more booster doses</b> of COVID-19 vaccine, and the most recent dose was received since March 29, 2022.</p> <p>Do not include those who only received additional dose(s) but no booster doses. If it is not clear whether a dose was an additional dose or a booster dose, assume it was a booster dose for the purpose of NHSN surveillance.</p> <p>Do not include those who received <b>only one booster dose</b>; count these individuals in Question #4.1.</p>
<p><b>Question 5 (Up-to-date Residents)</b></p>	<p>Of the residents in question #2, this question asks about individuals who are up to date with COVID-19 vaccination.</p> <p>Please review the current definition of up to date:  <a href="https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf">https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</a></p> <p>Please review FAQs on additional and booster doses for examples on how to categorize various individuals based on the number of doses they’ve received and when they received these doses: <a href="#">FAQs on Reporting COVID-19 Vaccination Data   NHSN   CDC</a></p>



Data Fields	Instructions for Completion
5. * <b>Cumulative number</b> of residents in question #2 who are up to date with COVID-19 vaccines	<i>Required.</i> Enter <b>Cumulative number</b> of residents in question #2 who are up to date with COVID-19 vaccines according to the definition, found here: <a href="https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf">https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</a> .

