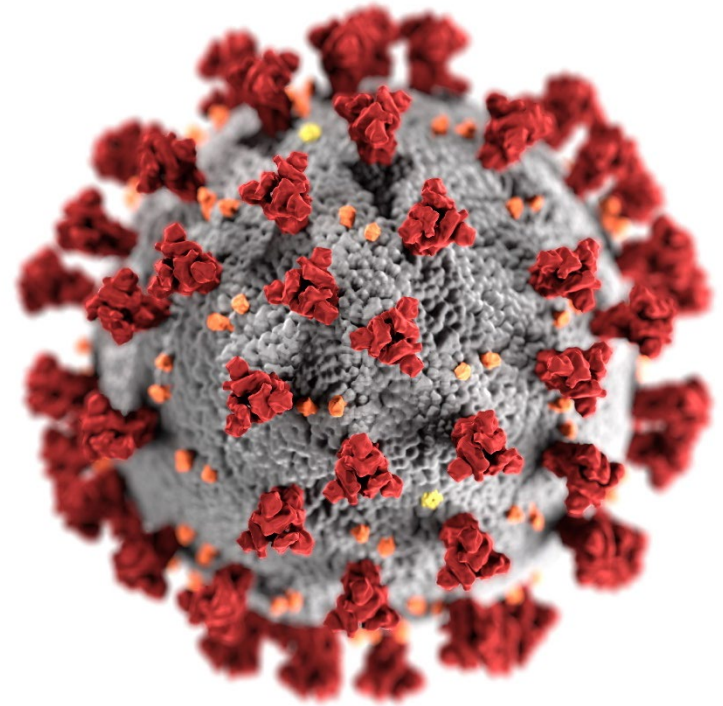


Updates to the Person-Level COVID-19 Vaccination Forms : Long-term Care Facilities

Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention (CDC) COVID-19

June 2023



cdc.gov/coronavirus

CMS Reporting Requirements for Long-term care facilities

- **May 11, 2023 - End of COVID-19 Public Health Emergency**
 - Long-term care facilities need to continue to report to the Healthcare Personnel and Resident Weekly LTCF **COVID-19 Vaccination Modules** of the LTCF component on a weekly basis
- **Reminder: Facilities can contact CMS with questions about reporting requirements and quality reporting:**
 - Long-term care facilities weekly reporting requirement questions: DNH_TriageTeam@cms.hhs.gov
 - Skilled nursing facilities quality reporting program questions: SNFQualityQuestions@cms.hhs.gov



Objectives

- **Simplification of the forms!**

- Highlight changes to **the Person-Level COVID-19 vaccination** reporting forms for LTCF Residents, and Healthcare Personnel

- **Review recent changes and updates:**

- Review form changes
- Review up to date definition changes
- Review example scenarios
- Discuss frequently asked questions

Note: Form changes will be implemented Quarter 3, June 26, 2023

Note: These slides will be posted to the NHSN COVID-19 Vaccination website



Background for Form Changes

- In April of 2023 the [Food and Drug Administration \(FDA\)](#) and the [CDC](#) announced changes to its Emergency Use Authorization for COVID-19 vaccines.
- Beginning on **June 26, 2023** (Q3 2023), residents and healthcare personnel are considered up to date with their COVID-19 vaccinations if they have **received an updated (bivalent) vaccine(s)**.



3 options to submit weekly COVID-19 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
 - 3. As of March 28, 2022, long-term care facilities also have the option to use the Person-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 these person-level COVID-19 vaccination forms and select the “view reporting summary and submit” button to submit these data to the Weekly Modules.



What are 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 Long-Term Care weekly Healthcare personnel and Resident vaccination modules
- Data on individual residents and HCP are entered line by line in the optional Person-Level COVID-19 Vaccination form
- **Advantages:**
 - The application calculates and enters the weekly totals for you
 - The application determines who is up to date based on vaccination dates
 - Helps users organize and manage their facility's data
 - **User feedback: makes reporting much easier and more efficient**



Person-Level Vaccination Form Updates - HCP & Residents



COVID-19 Vaccination Cumulative Summary Form for HCP

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities

Person-Level Form

Facility ID#:	
Vaccination type:	COVID19
Week of data collection first day (Monday):	
Week of data collection last day (Sunday):	

Re-submit all changed weeks

Cumulative Vaccination Coverage	Healthcare Personnel (HCP) Categories					
	All Core HCP	All HCP	Employee HCP	Non-Employee HCP		
			Employees (staff on facility payroll)	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	Adult students/trainees & volunteers	Other Contract Personnel
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	5	5	5	0	0	0
2. * Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020:	5	5	5	0	0	0
3. Cumulative number of HCP in Question #1 with other conditions:						
3.1 *Medical contraindication or exclusion to COVID-19 vaccine	0	0	0	0	0	0
3.2. *Offered but declined COVID-19 vaccine	0	0	0	0	0	0
3.3. *Unknown/other COVID-19 vaccination status	0	0	0	0	0	0
Please review the current definition of up to date: Key Terms and Up to Date Vaccination.						
4. * Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines	3	3	3	0	0	0

- Not eligible for submission using the person-level form: Weeks already reported to the Weekly COVID-19 Vaccination Summary Modules using the weekly summary form or weekly summary CSV upload are not eligible for submission using the optional person-level form. Instead, please update those weeks by navigating to the Weekly COVID-19 Summary Module directly and updating the weekly summary form.
- Only save and submit data via the person-level form for weeks with complete person-level information for all individuals who were eligible to have worked at least one day during the reporting week. If you do not have complete person-level information on all individuals for a given reporting week, please update the person-level form prior to submission, or submit using the Weekly COVID-19 Vaccination Summary form instead.



**All data in the images presented are fictitious*

COVID-19 Vaccination Cumulative Summary for Residents

COVID-19 Vaccination Cumulative Summary for Long-Term Care Facility Residents	
Person-Level Form	
Facility ID#:	
Vaccination type:	COVID19
Week of data collection first day (Monday):	
Week of data collection last day (Sunday):	

Re-submit all changed weeks

Cumulative Vaccination Coverage	
	* All Patients (Total)
1. *Number of residents staying in this facility for at least 1 day during the week of data collection	1
2. *Cumulative number of residents in Question #1 who are up to date with COVID-19 vaccines. Please review the current definition of up to date	1
Please review the current definition of up to date: Key Terms and Up to Date Vaccination.	
3. Cumulative number of residents in Question #1 with other conditions:	
3.1 *Medical contraindication to COVID-19 vaccine	0
3.2 *Offered but declined COVID-19 vaccine	0
3.3 *Unknown/Other COVID-19 vaccination status	0

1. Not eligible for submission using the person-level form: Weeks already reported to the Weekly COVID-19 Vaccination Summary Modules using the weekly summary form or weekly summary CSV upload are not eligible for submission using the optional person-level form. Instead, please update those weeks by navigating to the Weekly COVID-19 Summary Module directly and updating the weekly summary form.
2. Only save and submit data via the person-level form for weeks with complete person-level information for all residents who occupied a bed at the facility for at least 1 day during the reporting week. If you do not have complete person-level information on all residents for a given reporting week, please update the person-level form prior to submission, or submit using the Weekly COVID-19 Vaccination Summary form instead.



**All data in the images presented are fictitious*

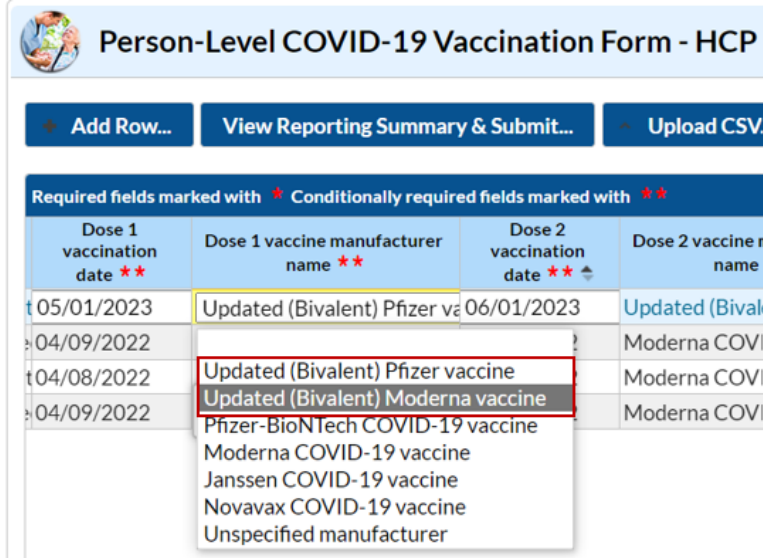
Person-Level COVID-19 Vaccination Form: HCP and Residents

- Please note that many of the updates to the Person-Level Vaccination Forms **are the same** for both Healthcare Personnel and Residents.
- The differences between the Healthcare Personnel and Resident Person-Level Vaccination Forms as a result of the updates will be highlighted and discussed in further detail in upcoming slides.
- Although the images on the following slides depict the Healthcare Personnel Person-Level Vaccination Form, the same update is also applicable to the Resident Person-Level Vaccination Form.



Person-Level COVID-19 Vaccination Form: HCP and Residents (cont.)

- Can select **Updated (Bivalent) Pfizer vaccine** or **Updated (Bivalent) Moderna vaccine** from the drop-down box of **Dose 1 vaccine manufacturer name** and **Dose 2 vaccine manufacturer name** data fields.

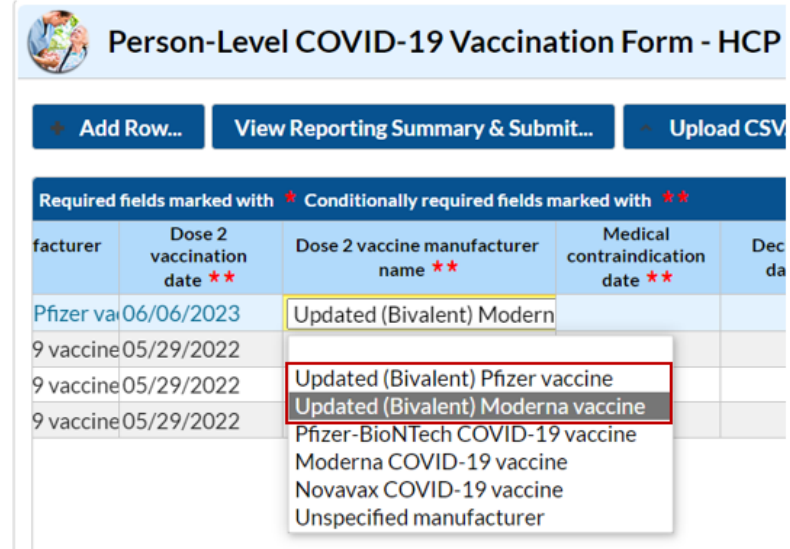


Person-Level COVID-19 Vaccination Form - HCP

← Add Row... View Reporting Summary & Submit... Upload CSV

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name
05/01/2023	Updated (Bivalent) Pfizer vaccine	06/01/2023	Updated (Bivalent) Moderna COVID-19 vaccine
04/09/2022			Moderna COVID-19 vaccine
04/08/2022	Updated (Bivalent) Pfizer vaccine		Moderna COVID-19 vaccine
04/09/2022	Updated (Bivalent) Moderna vaccine		Moderna COVID-19 vaccine
	Pfizer-BioNTech COVID-19 vaccine		
	Moderna COVID-19 vaccine		
	Janssen COVID-19 vaccine		
	Novavax COVID-19 vaccine		
	Unspecified manufacturer		



Person-Level COVID-19 Vaccination Form - HCP

← Add Row... View Reporting Summary & Submit... Upload CSV

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccine manufacturer	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **	Medical contraindication date **	Decision date
Pfizer vaccine	06/06/2023	Updated (Bivalent) Moderna COVID-19 vaccine		
9 vaccine	05/29/2022			
9 vaccine	05/29/2022	Updated (Bivalent) Pfizer vaccine		
9 vaccine	05/29/2022	Updated (Bivalent) Moderna vaccine		
		Pfizer-BioNTech COVID-19 vaccine		
		Moderna COVID-19 vaccine		
		Novavax COVID-19 vaccine		
		Unspecified manufacturer		



*All data in the images presented are fictitious

Person-Level COVID-19 Vaccination Form: HCP and Residents (cont.)

- Removal of the “Is vaccination series complete?” data field.

Old Version:

Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV.](#)

Required fields marked with * Conditionally required fields marked with **

Dose 2 vaccine manufacturer name **	Is vaccination series complete?	Medical contraindication date **	D
Moderna COVID-19 vaccine	Yes		
Moderna COVID-19 vaccine	Yes		
Moderna COVID-19 vaccine	Yes		
Moderna COVID-19 vaccine	Yes		

New Version:

Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV.](#)

Required fields marked with * Conditionally required fields marked with **

Dose 2 vaccine manufacturer name **	Medical contraindication date **	Declination date **	Declination reas
Updated (Bivalent) Modern			
Moderna COVID-19 vaccine			
Moderna COVID-19 vaccin			
Moderna COVID-19 vaccine			



Person-Level COVID-19 Vaccination Form: HCP and Residents (cont.)

- Updating **Unknown COVID-19 vaccination status Date** data field to **Unknown/other vaccination status Date**.

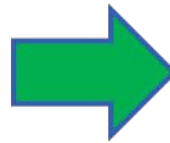
Old Version:

Person-Level COVID-19 Vaccination Form - HCP

➤ Add Row... View Reporting Summary & Submit... Upload CSV...

Required fields marked with * Conditionally required fields marked with **

Series	Medical contraindication date **	Declination date **	Declination reason	Unknown COVID-19 vaccination status Date **



New Version:

Person-Level COVID-19 Vaccination Form - HCP

➤ Add Row... View Reporting Summary & Submit... Upload CSV...

Required fields marked with * Conditionally required fields marked with **

Manufacturer	Medical contraindication date **	Declination date **	Declination reason	Unknown/other vaccination status Date **
Moderna				
9 vaccine				
9 vaccine				
9 vaccine				

Unknown/Other COVID-19 Vaccination Status Category for HCP

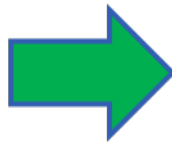
- If a healthcare worker has received only monovalent Moderna or monovalent Pfizer vaccine for dose 1, has not received other vaccines, and no medical contraindication, then the healthcare worker will be counted in the **Unknown/other COVID-19 vaccination status** category for reporting weeks beginning June 26, 2023.

Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)

Required fields marked with * Conditionally required fields marked with **

HCP Category *	Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **
Employees (staff on fa 03/26/2023)		Pfizer-BioNTech COVID-19	



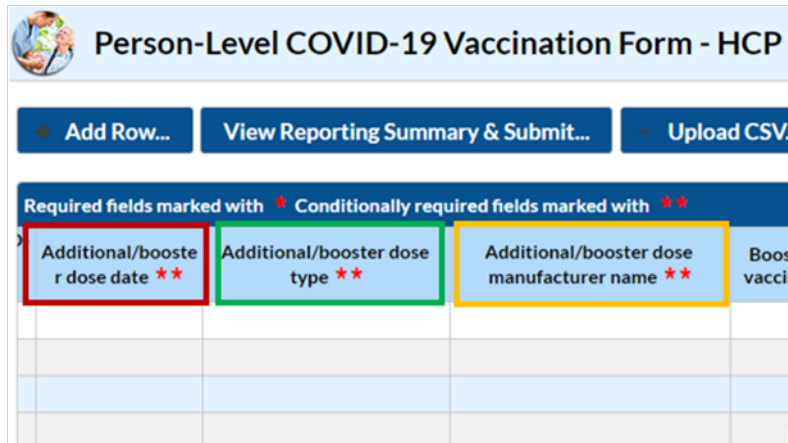
Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities						
Person-Level Form						
Facility ID#:						
Vaccination type:	COVID19					
Week of data collection first day (Monday):						Re-submit all changed weeks
Week of data collection last day (Sunday):						
Cumulative Vaccination Coverage	Healthcare Personnel (HCP) Categories					
	All Core HCP	All HCP	Employee HCP	Non-Employee HCP		
Employees (staff on facility payroll)			Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	Adult students/trainees & volunteers	Other Contract Personnel	
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	1	1	1	0	0	0
2. *Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020:	0	0	0	0	0	0
3. Cumulative number of HCP in Question #1 with other conditions:						
3.1 *Medical contraindication or exclusion to COVID-19 vaccine	0	0	0	0	0	0
3.2 *Offered but declined COVID-19 vaccine	0	0	0	0	0	0
3.3 *Unknown/other COVID-19 vaccination status	1	1	1	0	0	0
Please review the current definition of up to date: Key Terms and Up to Date Vaccination.						
4. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines	0	0	0	0	0	0



Person-Level COVID-19 Vaccination Form: HCP and Residents (cont.)

- Updating **Additional/Booster Dose Date**, **Additional/Booster Dose Type**, and **Additional/Booster Dose Manufacturer** data fields to **Dose 3 Date**, **Dose 3 Dose Type**, and **Dose 3 Manufacturer**, respectively.

Old Version:

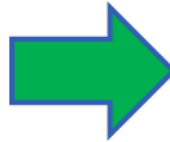


Person-Level COVID-19 Vaccination Form - HCP

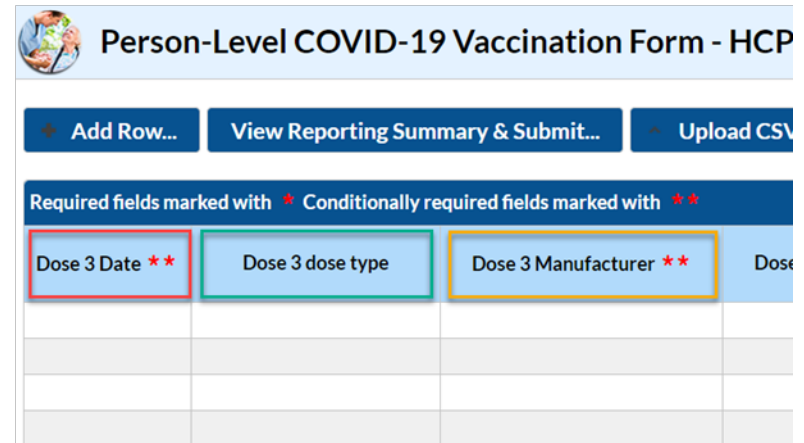
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Required fields marked with * Conditionally required fields marked with **

Additional/booster dose date **	Additional/booster dose type **	Additional/booster dose manufacturer name **	Boos vacci



New Version:



Person-Level COVID-19 Vaccination Form - HCP

➤ Add Row... View Reporting Summary & Submit... Upload CSV...

Required fields marked with * Conditionally required fields marked with **

Dose 3 Date **	Dose 3 dose type	Dose 3 Manufacturer **	Dose

Person-Level COVID-19 Vaccination Form: HCP and Residents (cont.)

Updating:

- Booster Dose 2 Vaccination Date → Dose 4 Date
- Booster Dose 2 Vaccine Manufacturer Name → Dose 4 Manufacturer
- Booster Dose 3 Vaccination Date → Dose 5 Date
- Booster Dose 3 Vaccine Manufacturer Name → Dose 5 Manufacturer

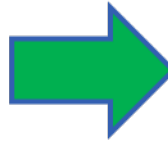
Old Version:

Person-Level COVID-19 Vaccination Form - HCP

➤ Add Row... View Reporting Summary & Submit... Upload CSV... Export...

Required fields marked with * Conditionally required fields marked with **

Booster dose 2 vaccination date	Booster dose 2 vaccine manufacturer name	Booster dose 3 vaccination date	Booster dose 3 vaccine manufacturer name



New Version:

Person-Level COVID-19 Vaccination Form - HCP

➤ Add Row... View Reporting Summary & Submit... Upload CSV... Export...

Required fields marked with * Conditionally required fields marked with **

Dose 4 Date	Dose 4 Manufacturer	Dose 5 Date	Dose 5 Manufacturer

Person-Level COVID-19 Vaccination Form: HCP and Residents (cont.)

■ Updating:

- Booster Dose 4 Vaccination Date → Dose 6 Date
- Booster Dose 4 Vaccine Manufacturer Name → Dose 6 Manufacturer
- Booster Dose 5 Vaccination Date → Dose 7 Date
- Booster Dose 5 Vaccine Manufacturer Name → Dose 7 Manufacturer

Old Version:

Person-Level COVID-19 Vaccination Form - HCP

➤ Add Row... View Reporting Summary & Submit... Upload CSV... Exp

Required fields marked with * Conditionally required fields marked with **

Booster dose 4 vaccination date	Booster dose 4 vaccine manufacturer name	Booster dose 5 vaccination date	Booster dose 5 vaccine manufacturer name

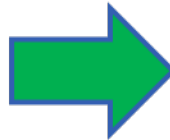
New Version:

Person-Level COVID-19 Vaccination Form - HCP

➤ Add Row... View Reporting Summary & Submit... Upload CSV... Exp

Required fields marked with * Conditionally required fields marked with **

Dose 6 Date	Dose 6 Manufacturer	Dose 7 Date	Dose 7 Manufacturer



Person-Level Vaccination Form Additional Updates - HCP & Residents



Overview of Question 3.1 to 3.3 – Person-Level Vaccination Summary Form

3. Cumulative number of residents in Question #1 with other conditions:
3.1 *Medical contraindication to COVID-19 vaccine
3.2 *Offered but declined COVID-19 vaccine
3.3 *Unknown/Other COVID-19 vaccination status

Person-level vaccination summary form	Person-Level HCP	Person-Level Resident
Who is classified in Q 3.1, 3.2, 3.3?	HCP that have not completed primary vaccine series	Residents that are not up to date
Q 3.1- Medical contraindication to COVID-19 vaccine	No change	Allows entry to have Date of Medical Contraindication to be greater than date of prior doses



Q 3.1- Medical contraindication to COVID-19 vaccine (cont.)

- For the Person-Level Vaccination Form for Residents, allows Date of Medical Contraindication **to be greater** than Date of prior vaccine doses.
 - Note: Previously, we could only have medical contraindication only after first vaccine dose.



Person-Level COVID-19 Vaccination Form - Residents

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Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **	Medical contraindication date **
06/13/2022	Pfizer-BioNTech COVID-19	08/23/2022	Moderna COVID-19 vaccine	06/27/2023




Overview of Question 3.1 to 3.3 – Person-Level Vaccination Summary Form (cont.)

Person-level vaccination summary form	Person-Level HCP	Person-Level Resident
<p>Q 3.2- Offered but declined COVID-19 vaccine</p>	<p>No change</p>	<p>Declined date may be greater than prior doses dates</p> <p>If no bivalent boosters have been received and declined date is greater than prior dose date, an alert will pop up asking you to confirm.</p>



Q 3.2- Offered but declined COVID-19 vaccine (cont.)

- For the Person-Level Vaccination Form for Residents, If no bivalent boosters have been received and declined date **to be greater** prior dose date, alert will appear.

 Person-Level COVID-19 Vaccination Form - Residents

[Add Row...](#) [View Reporting Summary & Submit...](#) [Upload CSV...](#) [Export CSV...](#) [Export SQL...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **	Medical contraindication date **	Declination date **	Declination reason
06/14/2022	Moderna COVID-19 vaccine	06/30/2022	Pfizer-BioNTech COVID-19		06/27/2023	Other


Alert

This individual has already received prior vaccine(s). Please confirm that this individual declined the most recent dose needed to be up to date.

OK

Q 3.2- Offered but declined COVID-19 vaccine

- For the Person-Level Vaccination Form for Residents, If resident is NOT up to date, and declined date is the ONLY date entered, then it is counted in declined category.

 Person-Level COVID-19 Vaccination Form - Residents

[Add Row...](#) [View Reporting Summary & Submit...](#) [Upload CSV...](#) [Export CSV...](#) [Export SQL...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **	Medical contraindication date **	Declination date **	Declination reason
					06/28/2023	Other

Overview of Question 3.1 to 3.3 - Person level vaccination summary form

Person-level vaccination summary form	Person-Level HCP	Person-Level Residents
Q 3.3 Unknown/Other COVID-19 vaccination status	If someone has only monovalent Moderna or monovalent Pfizer for dose 1, and no other vaccines and no medical contraindication, they are counted in the Unknown/other vaccination status category for reporting weeks beginning June 26, 2023 (for earlier weeks, they are counted as partial primary series).	If prior doses received, but no bivalent vaccine and no medical contraindication or declined date, they are counted as unknown/other



Up to Date Definition Change (Quarter 3 - beginning June 26, 2023)



Definition for Up to Date COVID-19 Vaccination Status

- In April of 2023 [Food and Drug Administration \(FDA\)](#) and the [CDC](#) announced changes to its Emergency Use Authorization for COVID-19 vaccines.
- Beginning on **June 26, 2023** (Q3 2023), residents and healthcare personnel are considered up to date with their COVID-19 vaccinations if they have **received an updated (bivalent) vaccine(s)**.
- An individual is considered up to date once they received 1 updated bivalent Pfizer-BioNTech or bivalent Moderna COVID-19 vaccine. This up to date definition is the same for all individuals, regardless of age and immunocompromised status.



Scenarios


**These scenarios apply to the Up to Date
definition change
(beginning Quarter 3 - June 26, 2023)**



Scenario: Is this individual considered up to date with COVID-19 vaccines for Quarter 3, 2023?



1. Mary a nursing home **resident** who completed her primary COVID-19 vaccine series in May 2021, an original monovalent booster in October 2021, and an updated (bivalent) dose on Nov 3, 2022. Is Mary up to date?

 Person-Level COVID-19 Vaccination Form - Residents

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)

Required fields marked with *				Conditionally required fields marked with **			
Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **				
04/12/2021	Pfizer-BioNTech COVID-19	05/26/2021	Moderna COVID-19 vaccine				

 Person-Level COVID-19 Vaccination Form - Residents

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)
[Export SCV...](#)

Required fields marked with *					Conditionally required fields marked with **				
Dose 3 Date **	Dose 3 dose type	Dose 3 Manufacturer **	Dose 4 Date	Dose 4 Manufacturer					
10/19/2021	Booster Dose	Moderna COVID-19 vaccine	11/03/2022	Updated (Bivalent) Moderna					



1. Mary a nursing home **resident** who completed her primary COVID-19 vaccine series in May 2021, an original monovalent booster in October 2021, and an updated (bivalent) dose on Nov 3, 2022. Is Mary up to date?

Person-Level COVID-19 Vaccination Form - Residents

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **
04/12/2021	Pfizer-BioNTech COVID-19 vaccine	05/26/2021	Moderna COVID-19 vaccine

Answer:

Yes. Mary is considered up to date for weeks during quarter 3 of 2023 since she received an updated (bivalent) vaccine

Person-Level COVID-19 Vaccination Form - Residents


[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)
[Export SCV...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 3 Date **	Dose 3 dose type	Dose 3 Manufacturer **	Dose 4 Date	Dose 4 Manufacturer
10/19/2021	Booster Dose	Moderna COVID-19 vaccine	11/03/2022	Updated (Bivalent) Moderna COVID-19 vaccine




2. Healthcare worker Marc completed his primary vaccine series on January 18, 2021 and received an additional dose in June 2021 and an updated (bivalent) dose in October 2022.

 Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **
12/07/2020	Pfizer-BioNTech COVID-19	01/18/2021	Pfizer-BioNTech COVID-19

 Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)
[Export SCV...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 3 Date **	Dose 3 dose type	Dose 3 Manufacturer **	Dose 4 Date	Dose 4 Manufacturer
06/22/2021	Additional Dose	Moderna COVID-19 vaccine	10/18/2022	Updated (Bivalent) Moderna



2. Healthcare worker Marc completed his primary vaccine series on January 18, 2021 and received an additional dose in June 2021 and an updated (bivalent) dose in October 2022.

Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **
12/07/2020	Pfizer-BioNTech COVID-19	01/18/2021	Pfizer-BioNTech COVID-19

Answer:

Yes. He is considered up to date with COVID-19 vaccines for weeks during quarter 3 of 2023 since he has received the most recent recommended updated bivalent dose.

Person-Level COVID-19 Vaccination Form - HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)
[Export SC...](#)

Required fields marked with * Conditionally required fields marked with **

Dose 3 Date **	Dose 3 dose type	Dose 3 Manufacturer **	Dose 4 Date	Dose 4 Manufacturer
06/22/2021	Additional Dose	Moderna COVID-19 vaccin	10/18/2022	Updated (Bivalent) Moderna



Frequently Asked Questions



Question #1

When do the new form changes take effect?

- Beginning on **June 26, 2023 (Q3 2023)**, the updated Person-Level form changes will take effect
- When using the Person-Level form, the application automatically considers the new [up to date](#) definition and will categorize data in the vaccination summary form.



Question #2

With the PHE ending, do long-term care facilities need to continue reporting COVID-19 vaccination data? If so, how often?

- Yes. As mentioned earlier, **weekly reporting** of COVID-19 vaccination data for HCP and residents through the LTCF COVID-19 Vaccination Modules will remain required for CMS-certified facilities following the ending of the PHE on May 11, 2023.
- Please note that COVID-19 vaccination data should continue to be reported weekly for residents and HCP.



Question #3

Is a 66-year-old who has received a recommended bivalent dose in September of 2022, but no other bivalent doses, considered up to date?


- Yes, this individual is considered up to date

Note: Individuals who are 65 years of age and older or immunocompromised are eligible to receive additional COVID-19 vaccine doses because of the clinical benefit but it is not mandatory. Whether or not the individual receives additional updated bivalent doses, they are still up to date after receiving a single (updated) bivalent dose.



Question #4

If a resident has **ONLY** monovalent vaccines for dose 1, dose 2 and had a medical contraindication after dose 2, how is this resident classified in vaccination summary form?

 Person-Level COVID-19 Vaccination Form - Residents

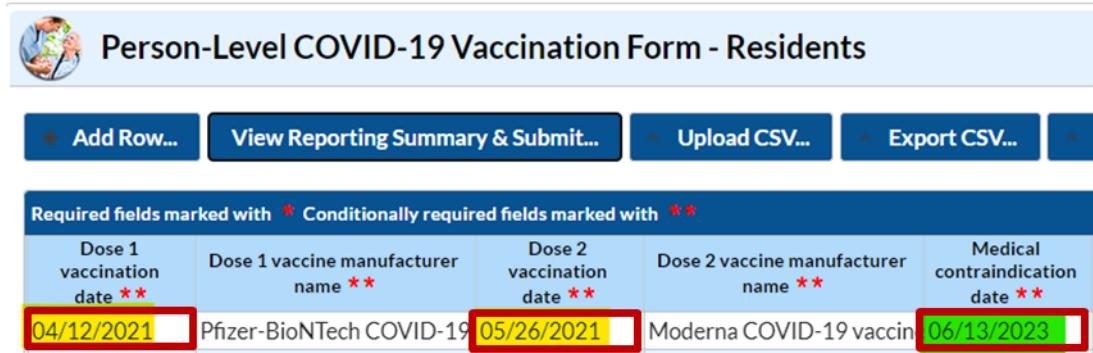
[Add Row...](#) [View Reporting Summary & Submit...](#) [Upload CSV...](#) [Export CSV...](#) [E](#)

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **	Medical contraindication date **
04/12/2021	Pfizer-BioNTech COVID-19	05/26/2021	Moderna COVID-19 vaccin	06/13/2023

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Person-Level COVID-19 Vaccination Form - Residents

➤ Add Row... View Reporting Summary & Submit... Upload CSV... Export CSV... E

Required fields marked with * Conditionally required fields marked with **

Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Dose 2 vaccination date **	Dose 2 vaccine manufacturer name **	Medical contraindication date **
04/12/2021	Pfizer-BioNTech COVID-19	05/26/2021	Moderna COVID-19 vaccin	06/13/2023

Answer: They would be classified under 3.1 “Medical contraindication to COVID-19 vaccine” of the vaccination summary form since the medical contraindication prevents them from being up to date with COVID-19 vaccine.

Note- one of the benefits of using person level form is that once data is submitted into the form, the application automatically categorizes individuals into the correct categories

Summary of Updates and Changes

- **Simplification of the forms!**
 - Highlighted changes to the **Person-Level COVID-19** vaccination reporting forms for LTCF residents, and Healthcare Personnel
- Reviewed recent changes and updates:
 - Up to date definition change for both residents and HCP
 - Example scenarios
 - Discussed frequently asked questions



Resources



Resource: The NHSN Website

Person-Level form resources:
<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

- **Training (Click to access link)**

Person-Level COVID-19 Vaccination Forms - Instructions and Guidance Documents

INSTRUCTIONS FOR REPORTING PERSON-LEVEL VACCINATION DATA

[Person-Level Group Upload CSV Instructions – LTC](#) 📄 [PDF – 985 KB] – May 2023

[Person-Level COVID-19 Vaccination Forms: A How-To Guide](#) 📄 [PDF – 1 MB] – February 2023

[1 Pager: NHSN COVID-19 \(Person-Level\) Forms](#) 📄 [PDF – 209 KB] – February 2023

[Person-Level Vaccination Form Table of Instructions: Healthcare Personnel](#) 📄 [PDF – 333 KB] – February 2023

[Person-Level Vaccination Form Table of Instructions: Residents](#) 📄 [PDF – 330 KB] – February 2023

[Quick Reference Guide, Re-Submitting COVID-19 Vaccination Data using the Person-Level Vaccination Forms](#) 📄 [PDF – 384 KB] – February 2023



Questions or Need Help?

E-mail user support at: NHSN@cdc.gov

Subject Line: Please write '*Person-Level COVID-19 Vaccination Form*' along with your facility type for a faster reply

For more information, please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636) / TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: 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.

