

Healthcare Personnel COVID-19 Vaccination Cumulative Summary (CDC 57.219, Rev 9)

(Note: This form is used for the Long-term Care Facility and Healthcare Personnel Safety Components.)

2 Pages

*required for saving

| *Facility ID#: | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------|
| *Vaccination type: COVID-19 | | | | | | |
| *Week of data collection (Monday – Sunday): __/__/____ – __/__/____ | | | | | *Date Last Modified: __/__/____ | |
| Cumulative Vaccination Coverage | | | | | | |
| | Healthcare Personnel (HCP) Categories | | | | | |
| | All Core HCP ^a | All HCP ^b | Employee HCP | Non-Employee HCP | | |
| | | | *Employees (staff on facility payroll) ^c | *Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants ^d | *Adult students/trainees & volunteers ^e | *Other Contract Personnel ^f |
| 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 | | | | | | |
| 2. *Cumulative number of HCP in Question #1 who are up to date with COVID-19 vaccines. Please review the current definition of up to date: Key Terms and Up to Date Vaccination | | | | | | |
| 3. *Cumulative number of HCP 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 | | | | | | |
| <p>a. Sum of Employees (staff on facility payroll), Licensed independent practitioners: Physicians, advanced practice nurses & physician assistants, and Adult students/trainees & volunteers.</p> <p>b. Sum of Employees (staff on facility payroll), Licensed independent practitioners: Physicians, advanced practice nurses & physician assistants, Adult students/trainees & volunteers, and Other contract personnel.</p> <p>c. All persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.</p> <p>d. Physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.</p> <p>e. Adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.</p> | | | | | | |

f. Persons providing care, treatment, or services at the facility through a contract who do not fall into any other HCP (denominator) categories.

Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html>. To help identify reports from NHSN sites, please enter your **NHSN orgID** in **Box 26** of the **VAERS form**.

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
CDC 57.219, Rev 9