

Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Residents of Long-Term Care Facilities (57.218, Rev 8)

This form is used to collect information on weekly COVID-19 vaccination counts among residents of long-term care facilities. Please note that this guidance applies to data beginning June 26, 2023.

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. Long-term care facilities also have the option to use the Person-Level COVID-19 Vaccination Forms to submit these data. Using the Person-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: Person-Level COVID-19 Vaccination Forms-Instructions and Guidance Documents

Data Fields	Instructions for Completion
Facility ID #	Required. The NHSN-assigned facility ID will be auto-populated. This
	is your OrgID.
Vaccination Type	Required. COVID-19 is the default and only current choice.
Week of Data Collection	Required. 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.
Question #1 (Denominator)	
1. Number of residents staying in this facility for at least 1 day during the week of data collection	 Required. 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. 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. Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.



Data Fields	Instructions for Completion
Question #2 (Numerators)	Required. Enter cumulative number of residents in Question #1 who
()))	are up to date with COVID-19 vaccine(s).
Question 2 asks about the number of	(4)
patients in Question #1 who are up to date	Please review the current definition of up to date:
with COVID-19 vaccines	https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-
	<u>508.pdf</u>
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	Required. Cumulative number of residents in question #1 with other
Question #3 (Other Conditions)	conditions:
Question #2 asks shout the sumbar of	
Question #3 asks about the number of residents in Question #1 with other	
conditions related to COVID-19 vaccination	
such that they are not up to date	
3.1. Medical contraindications to COVID-19	Required. Of the residents in question #1 (the number of residents
vaccine	staying in this facility for at least 1 day during the week of data
	collection), enter the total number of residents who are not up to
	date with COVID-19 vaccination due to having a medical
	contraindication to one or more COVID-19 vaccine(s).
	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:
	https://www.cdc.gov/vaccines/covid-19/clinical-
	considerations/interim-considerations-us.html#contraindications
3.2. Offered but declined COVID-19 vaccine	Optional. Enter the total number of residents in question #1 (the
5.2. Offered but declined COVID-13 vaccine	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.
	The following residents should be counted in this category:
	Residents declining vaccination because of health conditions
	that are not considered acceptable medical
	contraindications to the COVID-19 vaccine.



Data Fields	Instructions for Completion
	 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.
	 Residents who have received any monovalent COVID-19 vaccine(s) and refuse the most recent updated bivalent COVID-19 vaccine.
3.3. Unknown/other COVID-19 vaccination	Optional. Of the residents in question #1, enter the number of
status	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. Another example, an individual
	previously declined monovalent or bivalent vaccine, but has not
	been offered the most recent updated COVID-19 vaccine (and
	therefore has not received or declined it.
Please note that the sum of the numerator car	tegories (question 2) and other conditions (question 3) must be equal
to the denominator (question 1).	· · · · · · · · · · · · · · · · · · ·

