



# Healthcare Personnel Safety Component (HPS) Person-Level COVID-19 Vaccination Form: A How-To Guide

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## Purpose

Acute care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term acute care hospitals, ambulatory surgery centers (referred to throughout this document as inpatient Facilities/Ambulatory Surgery Centers facilities) are required to submit COVID-19 vaccination data via the Weekly COVID-19 Vaccination Module for at least one week per month to fulfill CMS reporting requirements, using the Healthcare Personnel Safety (HPS) component in NHSN. Data can be reported to this module in three ways, and this guide focuses on #3:

1. Directly into the data entry screens of the Weekly COVID-19 Vaccination Module.
2. Through .CSV upload into the Weekly COVID-19 Vaccination Module.
3. As of September 2023, Inpatient Facilities/Ambulatory Surgery Centers have the option to use the **Person-Level Vaccination Form** to enter vaccination information on individual Healthcare workers and click the “view reporting summary and submit” to auto-calculate the totals and submit these data to the Weekly COVID-19 Vaccination Module.

### What will be covered in this guide?

This guide covers how to enter a new record and update an existing record in the optional Person-Level COVID-19 Vaccination Form. This guide will also provide instructions for exporting and importing .CSV data. Please note that all examples in this guide use test data. These data are fictitious and are for educational purposes only.

### Who should use the Person-Level COVID-19 Vaccination Form?

We recommend that all **Inpatient Facilities/Ambulatory Surgery Centers** use the optional Person-Level COVID-19 Vaccination Form to ensure accurate summary of data when submitting Healthcare Personnel (HCP) data to the Weekly COVID-19 Vaccination Module.

### What are the advantages of the Person-Level COVID-19 Vaccination Form?

Use of this form simplifies reporting summary data. The NHSN application automatically **calculates** the weekly summary totals based on the person-level data. This means those who use the Person-Level COVID-19 Vaccination Form will no longer need to manually calculate and enter totals in the summary form. The Person-Level COVID-19 Vaccination Form automatically classify individuals’ up to date vaccination status for each reporting week of interest. Users enter/update the person-level data and click ‘View Reporting Summary and Submit’ to review the totals and submit their weekly data. The Person-Level COVID-19 Vaccination Form also help facilities organize and manage data on all HCP and capture changes in individuals’ vaccination status over time.

## Accessing the Person-Level COVID-19 Vaccination Form

The optional Person-Level COVID-19 Vaccination Form is available in the Healthcare Personnel Safety (HPS) component of the NHSN application.

Select Person-Level COVID-19 Vaccination Form for HCP as seen in the image below.

NHSN - National Healthcare Safety Network (hps1150-86bctf66db-pzx4l:80)

NHSN Home

NHSN Healthcare Personnel Safety Component Home Page

Alerts

Reporting Plan

HCW

Lab Test

Exposure

Prophyl/Treat

Import/Export

COVID-19

Vaccination Summary

Surveys

Action Items

COMPLETE THESE ITEMS

Person-Level COVID-19 Vaccination Form for HCP

This will take you to the data entry screen where person-level vaccination data can be entered, modified, or uploaded via .CSV file. This is the first step for any person-level data entry, upload, or modification.

## User Rights

To enter person-level vaccination data for healthcare workers, the user must have the 'Administrator' or 'All Rights' box(s) checked under the Healthcare Personnel Safety column as seen in the image below to submit person-level data. Facility Administrators automatically have access to these data.

Rights	Healthcare Personnel Safety
Administrator	<input checked="" type="checkbox"/>
All Rights	<input checked="" type="checkbox"/>
Analyze Data	<input type="checkbox"/>
Add, Edit, Delete	<input type="checkbox"/>
View Data	<input type="checkbox"/>
Staff/Visitor - Add, Edit, Delete	
Staff/Visitor - View	
Customize Rights	<input type="checkbox"/>

Effective Rights Save Back

A Facility Administrator or a user with administrator rights can grant these additional rights to users. The steps to grant these rights to additional users are as follows:

When you are on the NHSN Healthcare Personnel Safety Component Home Page:

- Navigate down to the "User" tab on the left-hand navigation bar.
- Hover over the tab and select "Add."
- Enter user information (an asterisk indicates required data for that field)
- Click "Save" at the bottom of the page.
- You should now be on the "Add User Rights" page.
- Check the appropriate Rights box(s) under the **Healthcare Personnel Safety** column.
- Click "Save" at the bottom of the screen once Rights are checked.

**Add User Rights**

✓ User saved successfully. Please add rights for the new user.

User ID:

Facility List:

Rights	Healthcare Personnel Safety
Administrator	<input type="checkbox"/>
All Rights	<input checked="" type="checkbox"/>
Analyze Data	<input checked="" type="checkbox"/>
Add, Edit, Delete	<input checked="" type="checkbox"/>
View Data	<input checked="" type="checkbox"/>
Staff/Visitor - Add, Edit, Delete	<input type="checkbox"/>
Staff/Visitor - View	<input type="checkbox"/>

Customize Rights  **Advanced**

**Effective Rights** **Save** **Back**

- After you have selected “Save” look for the “Users rights save successfully” in the upper right-hand corner

**Add User Rights**

✓ Users rights saved successfully.

- User rights are immediately granted, and the Person-Level COVID-19 Vaccination Form is ready for use.

Note: if the user cannot see the Person-Level COVID-19 Vaccination Form immediately, then log out of NHSN and log back in.

## Entering a New Person-Level Vaccination Record

There are other forms in NHSN that collect data on individual healthcare workers (e.g., Laboratory Testing, Exposure Information, Prophylaxis/Treatment). All individuals entered on these forms are stored in the NHSN Healthcare worker list. The NHSN person-level vaccination records are linked to the NHSN Healthcare worker list to provide consistency and integration across NHSN collection forms.

### Tips for creating Unique HCP Identifier

- Ensure that you are using the ID used for the same individual entered on other forms in NHSN.
- Avoid starting the ID with a 0 (zero) because if you ever decide to import a .CSV file, the .CSV drops the leading 0 (zero) and this changes the ID. This will result in duplicate rows for the same person with two different IDs.
- Avoid using birthday, first name, or last name only as the ID because this type of identification can be shared by more than one individual, so this will eventually create duplicates.



The text below will display when you hover over the Find button.

After you click the **Find** button, the NHSN Healthcare worker list will appear on the screen.

Change the **view** from 10 to 100 records.

Scan the list to see if the individual you are looking for has a record. You can also type the first or last name in the boxes below the corresponding headers.

Example 1: The person you are looking for already has a corresponding record on the NHSN Healthcare Worker list

Say you are looking for a record for an individual named Stormie Nyte with a birthday of 1/2/1970. She already has a record on the NHSN Healthcare worker list, so click on her row, then click the **Select** button.

Clicking the Select button will automatically fill in the name, gender, sex at birth (if available), DOB, ethnicity, and race from her record on the NHSN Healthcare worker list. Although the row has auto-filled with the individual’s known demographics; information with an asterisk(s) will need to be entered prior to saving the row for that individual.

Example 2: The Individual you are entering vaccination data for does not already have a corresponding record on the NHSN Healthcare Worker list

Click + Add Row button. If you do not know if this person has a record on the NHSN list, click the **Find** button indicated by the #1 in the image below. Next, change the **view** from 10 to 100 records as shown in the image below with #2 and scan the list to see if the person you are looking for has a record.

**Person-Level COVID-19 Vaccination Form for HCP**

Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity	Date of Birth **
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Find..."/>						

Save Row

**Required fields marked with an asterisk (\*)**

Find. If the individual you are adding was previously entered on another event-level form, please use this feature to select this individual. This will auto-fill the following fields: identifier, first name, last name, gender, date of birth, ethnicity, and race. If the individual does not already have a record entered, a new record will be created when you enter these fields using the +Add Row button and click save row.

Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity
		Flintstone	Male		Male-to-female transgender
		Flintstone	Female		Female-to-male transgender, Male, Other
		Flintstone	Female	Female	Male
6	Michelle K.	Flintstone	Female	Male	Asked but unknown

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Facility ID	HCW ID	Last Name	First Name	Middle Name	Date of Birth
	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x
10563	ABCD	Boy	Astro		09/20/1999
10563	FCDA	Flintstone	XYZ		04/21/1960
10563	2238	Freeman	Judy		07/13/1962
10563	ABC	Man	JKL		03/26/1996
10563	8568	rllast	rlfirst		01/01/1955
10563	5555	Road	Rocky		05/06/1970
10563	222	tt	pp		09/10/1980
10563	HCW01	Worker	DEF		01/01/1955
10563	12345	XYZ	ABC	mtest	02/09/1977

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100

If the individual does not have a record, click **cancel** as indicated by the #3 below.



Facility ID	HCP ID	Last Name	First Name	Middle Name	Date of Birth
10563	ABCD	Boy	Astro		09/20/1999
10563	FCDA	Flinstone	XYZ		04/21/1960
10563	2238	Freeman	Judy		07/13/1962
10563	ABC	Man	JKL		03/26/1996
10563	8568	rllast	rlfirst		01/01/1955
10563	5555	Road	Rocky		05/06/1970
10563	222	tt	pp		09/10/1980
10563	HCW01	Worker	DEF		01/01/1955
10563	12345	XYZ	ABC	mtest	02/09/1977

3
Select
Cancel

Since this individual does not have a corresponding record, type in a new, unique HCP identifier. An alert will appear indicating this is a new ID. Click OK to continue entering the data on this row.

**Person-Level COVID-19 Vaccination Form for HCP**

Add Row...
View Reporting Summary
Export CSV...
Export SQL...

Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender
BL8956			

Save Row
Cancel

**Alert**

Could not find HCP. You can directly enter a new HCP from this screen.

OK

Enter the individuals' vaccination information including vaccination location type, start of employment date, dose dates and vaccine manufacturers (or date of declining or medical contraindication) and click Save Row. If you do not know their vaccination status, you can enter an unknown vaccination status that is the same day as their admission or start date.

**Person-Level COVID-19 Vaccination Form for HCP**

Add Row...
View Reporting Summary & Submit...
Upload CSV...
Export CSV...
Hide all HCP with an end date
Export SQL...

Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity	Date of Birth **
BL8956	Blue	Lagoon	Female	Female	Male, Female	01/02/1970

Save Row
Cancel

Entering and saving a record for this new individual adds them to the NHSN Healthcare Worker list.

*Note: If you are unable to obtain information on gender, sex at birth, gender identity, ethnicity, and/or race, you may select the 'Unknown' option.*

### Example 3: Adding demographic information for a new HCP record

Click the + Add Row button. Enter Unique HCP Identifier, available demographic information (First name, Last name, Gender, Sex at Birth, Gender Identity, DOB, Ethnicity, Race), HCP Start of Employment date, Vaccination location type, HCP Category, and Vaccination information.

For gender identity, you must scroll down to see all checkbox options. *Note: You can select more than 1 gender identity. If you select **Asked but Unknown**, you cannot check more than 1 value.*

Please note: Sex at birth and gender identity are **optional** data fields. You will still be able to save and submit person-level data without having data entered in the gender identity and sex at birth fields.

Use the dropdown box to see the ethnicity options.

For race, scroll down to see all checkbox options. *Note: You can select more than 1 race. If you select **Declined to respond** or **Unknown**, you cannot check more than 1 value.*

**Note\***

In April 2024, a new feature became available for the Person-Level forms. New buttons were added which give the user the ability to “Hide all HCP with an end date.” As seen in the screen shot below, there are some HCP who have an end date. The same feature and function is available in the LTC person-level forms with a button saying “Hide all discharged residents”.

Person-Level COVID-19 Vaccination Form for HCP

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

Birth	Gender Identity	Date of Birth **	Ethnicity **	Race **	HCP Start of Employment Date *	HCP End of Employment Date	Vaccination location type *
		10/24/1981	Declined to respond	Declined to respond	04/25/2023		Hospital
	Female	10/24/1982	Declined to respond	Declined to respond	04/25/2023		Hospital
	Identifies as non-conforming	10/24/1982	Declined to respond	Declined to respond	04/25/2023		Hospital
		09/01/1953	Hispanic or Latino	White	01/01/2017	07/10/2022	Hospital
	Female	09/01/1977	Hispanic or Latino	White	01/01/2017	02/10/2020	Hospital
	Asked but unknown	09/01/1977	Hispanic or Latino	White	01/01/2017		Hospital
	Female, Male	07/13/1955	Declined to respond	Black or African American, American Indian/	10/13/2009		Hospital
	Asked but unknown	04/02/1975	Hispanic or Latino	Native Hawaiian/Other Pacific Islander	10/13/2009	02/06/2023	Hospital

When you click on the highlighted box above the column labeled “Hide all HCP with an end date,” the HCPs are hidden from the list view and the button changes to “Unhide all HCP with an end date.” This was added to simplify use of the person-level vaccination forms.

Person-Level COVID-19 Vaccination Form for HCP

[Add Row...](#)
[View Reporting Summary & Submit...](#)
[Upload CSV...](#)
[Export CSV...](#)
[Unhide all HCP with an end date](#)
[Export SQL...](#)

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

id	Gender Identity	Date of Birth **	Ethnicity **	Race **	HCP Start of Employment Date *	HCP End of Employment Date	Vaccination location type *
		10/24/1981	Declined to respond	Declined to respond	04/25/2023		Hospital
	Female	10/24/1982	Declined to respond	Declined to respond	04/25/2023		Hospital
	Identifies as non-conforming	10/24/1982	Declined to respond	Declined to respond	04/25/2023		Hospital
	Asked but unknown	09/01/1977	Hispanic or Latino	White	01/01/2017		Hospital
	Female, Male	07/13/1955	Declined to respond	Black or African American, American Indian/	10/13/2009		Hospital

Please note that data rows for hidden HCPs still exist and are included in the appropriate counts when submitting summary data. Therefore, if you try to add a new row with the same ID as one HCP who has been hidden, you will receive a message that the HCP already exists, and their profile will appear on the screen.

### Step 2. Enter Vaccination Information

The vaccination information will need to be entered after the individuals' ID and demographics are entered (prior to saving the row). See illustration below, highlighted in green.

Enter the vaccine information for the administered COVID-19 vaccines. Enter the dose date and manufacturer name for each COVID-19 vaccination received by the healthcare worker.

*Note: Bivalent Moderna and Bivalent Pfizer are not valid prior to 9/1/2022. Novavax is not valid prior to 6/1/2022 & Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is after 4/19/2023.*

Once all demographics and vaccination data are entered for that row, click the Save Row button.

### Example 1: A Healthcare worker who works in the Hospital and IPF Unit locations and declines COVID-19 vaccination

A healthcare worker Rocky Road works three shifts in the **Hospital** and one shift in the **IPF unit** each week. Since Blu works in two different locations at least one day each week, then both the Hospital and IPF Unit(s) locations should be selected from the drop-down box.

NOTE: HCW will be counted at each work location separately

### Example 2: A Healthcare Worker who declined COVID-19 vaccination

A healthcare worker can decline COVID-19 vaccination for numerous reasons. The Person-Level COVID-19 Vaccination Form allows users to specify a healthcare workers’ reason for declining vaccine (Received official religious exemption, Other, or Unknown) listed in the drop-down box.

For example, a healthcare worker who works two shifts per week on the IRF unit, started work as a new employee on 6/15/2023 and that date was entered indicated by #1 in the screenshot below. He was offered the COVID-19 vaccine but declined. To enter the declination date, click on the cell labeled declination date and enter the date that the healthcare worker declined indicated by #2 below. Once the declination reason is determined, you can select one of the three options from the drop-down box as shown below on #3.

Note: The process is similar for specifying medical contraindication and unknown vaccination status. For medical contraindication, enter the date the medical contraindication occurred or was recorded. For unknown vaccination status, enter the date the individual was admitted or started working in the facility.

### Example 3: A Healthcare Workers’ vaccination status changes over time

Over time, a healthcare workers’ vaccination status may change. The Person-Level COVID-19 Vaccination Form was designed to capture these changes.

For example, suppose a healthcare worker who works at a free-standing IRF, started as a new employee on 05/04/2023 and their vaccination status was unknown at that time. Enter the healthcare workers’ unique identifier, vaccination location type, and demographics. Next, since the vaccination status is unknown, enter an unknown vaccination status date of 5/04/2023 (the employees start date), as shown with box with the #1 below.

Note: Since the facility is a free-standing IRF, the Vaccination location type is Hospital.

Person-Level COVID-19 Vaccination Form for HCP

Buttons: Add Row..., View Reporting Summary & Submit..., Upload CSV..., Export CSV..., Export SQL...

Unique HCP Identifier *	Vaccination location type *	HCP First Name *	HCP	HCP Start of Employment Date *	HCP End of Employment Date	Unknown/other vaccination status Date **	Dose 3 Date **	Dose 3 Manufacturer
5546578	Hospital	Sun	Shyne	05/04/2023		05/04/2023		

Callout 1: Unknown/other vaccination status Date \*\*

Over the course of their first week at your facility, you learn the HCW is unvaccinated and offer vaccine. The HCW decline vaccination on 5/13/2023. You would update this record as indicated by box # 2 below by entering a declination date of 5/13/2023. Do **not** delete the unknown vaccination status date.

As time goes on, the healthcare worker changes her mind and on 6/02/2023 they agree to receive their first dose of COVID-19 vaccine. This can also be updated in the same way. Click on the cells corresponding to dose 1 and provide the dose 1 date and vaccine manufacturer name as shown with box 3 below. Do not delete the unknown vaccination status date or the declination date. You would maintain all three dates on this person’s row. You would repeat this process again once the individual receives more doses of COVID-19 vaccine.

Person-Level COVID-19 Vaccination Form for HCP

Buttons: Add Row..., View Reporting Summary & Submit..., Upload CSV..., Export CSV..., Export SQL...

Unique HCP Identifier *	Vaccination location type *	HCP First Name *	Dose 1 vaccination date **	Dose 1 vaccine manufacturer name **	Declination date **	Declination reason	Unknown/other vaccination status Date **	Dose 3 Date **
5546578	Hospital	Sun	06/02/2023	Updated (Bivalent) Pfizer va	05/13/2023	Other	05/04/2023	

Callout 3: Dose 1 vaccination date \*\* and Dose 1 vaccine manufacturer name \*\*

Callout 2: Declination date \*\* and Declination reason

Callout 1: Unknown/other vaccination status Date \*\*

Example 4: A Healthcare worker received 1 dose of a monovalent COVID-19 vaccine and 1 dose of a bivalent COVID-19 vaccine.

The Person-Level COVID-19 Vaccination Form were designed to capture and apply the up to date COVID-19 vaccination definition.

If a healthcare worker received 1 dose of a monovalent Moderna COVID-19 vaccine on 6/01/2022 as indicated by #1 below and later decided to receive 1 dose of a Pfizer COVID-19 vaccine as indicated by #2 below, you will enter the bivalent vaccine and the up to date definition will be auto-calculated for each week in the reporting summary.

Person-Level COVID-19 Vaccination Form for HCP

Buttons: Add Row..., View Reporting Summary & Submit..., Upload CSV..., Export CSV..., Export SQL...

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	Unknown/other vaccination status Date **
06/01/2022	Moderna COVID-19 vaccine	05/11/2023	Updated (Bivalent) Pfizer va				

Callout 1: Dose 1 vaccination date \*\*

Callout 2: Dose 2 vaccination date \*\*

Example 5: A Healthcare Worker only received a bivalent COVID-19 vaccine

A healthcare worker who was hired at the Hospital full time on 12/03/2020 and declined vaccination at that time. Time passed and in May 2023, the healthcare worker decided to receive a bivalent Moderna COVID-19 vaccine.



Person-Level COVID-19 Vaccination Form for HCP

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

Duplicate Row Unique HCP Identifier \* Vaccination location type \* HCP First Name \*

HCP Start of Employment Date \* HCP End of Employment Date HCP Category \* Dose 1 vaccination date \*\* Dose 1 vaccine manufacturer name \*\*

WW6549 IPF Unit(s) Wynter Rainn 12/03/2020 Employees (staff on 05/12/2023 Updated (Bivalent) Moderna

Example 6: Healthcare worker goes on extended leave or stops working in the facility and later returns (after more than 2 weeks)

Person-Level COVID-19 Vaccination Form for HCP

Add Row... View Reporting Summary & Submit... Upload CSV... Export CSV... Hide all HCP with an end date Export SQL...

Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity	Date of Birth **
NS4799	Arthur	Fist	Other	Male	Identifies as non-conforming	10/24/1982

Save Row Cancel

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

Delete	Duplicate Row	Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity
<input type="checkbox"/>	<input type="checkbox"/>	NS478	John	Hotel	Male		
<input type="checkbox"/>	<input type="checkbox"/>	NS4789	Hannah	Montana	Female	Female	Female
<input type="checkbox"/>	<input type="checkbox"/>	NS4799	Arthur	Fist	Other	Male	Identifies as non-conforming
<input type="checkbox"/>	<input type="checkbox"/>			Echo	Male		
<input type="checkbox"/>	<input type="checkbox"/>			Born	Male	Female	Female
<input type="checkbox"/>	<input type="checkbox"/>			Doe	Female	Unknown	Asked but unknown
<input type="checkbox"/>	<input type="checkbox"/>			Bye	Male		Female, Male
<input type="checkbox"/>	<input type="checkbox"/>			Sake	Male	Unknown	Asked but unknown

Duplicate row. Use this feature if the HCP goes on extended leave for any reason for >2 weeks. When they return, duplicate their row, and enter a new start date, which is the day they return to work. On their prior row, enter an end date, which is the last day they worked before their leave.

If a healthcare worker stops working in the facility for an extended period (greater than 2 weeks) and later returns, you will create a new row for this individual when they return by using the + button next to their original row. This will autofill the information on in the yellow box below with the information from the original record. On the new row, add the new start date (the day they returned to working the facility), ensure the vaccine information is updated, and click save row. The original row will have an end date (the last day they worked in the facility). The new row will have a new start date, and this date must be at least 2 weeks after the original row end date.

### Step 3: View Reporting Summary & Submit

Once all data have been entered and updated, select the “View Reporting Summary & Submit” button.

If data are **added or modified** on the Person-Level COVID-19 Vaccination Form, you must select the ‘View Reporting Summary & Submit’ button to feed these data to the Vaccination Summary module. You submit data for the most recent week by clicking ‘View Reporting Summary & Submit’, selecting the most recent week, and clicking “Save and Submit” for each of your facility vaccination location types.

**Person-Level COVID-19 Vaccination Form for HCP**

1

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

Delete	Duplicate Row	Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity
<input type="checkbox"/>	<input type="button" value="+"/>	N5478	John	Hotel	Male		
<input type="checkbox"/>	<input type="button" value="+"/>	N54789	Hannah	Montana	Female	Female	Female
<input type="checkbox"/>	<input type="button" value="+"/>	N54799	Arthur	Fist	Other	Male	Identifies as non-conforming

**On the Reporting Summary screen:**

1. Select the week and vaccination location type you are interested in submitting data for using the drop-down menu next to the box that says, "Week of data collection first day (Monday)."

**View Reporting Summary & Submit...**

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

Person-Level Form

Facility ID#: \_\_\_\_\_

Vaccination type: **COVID19** Select the week and vaccination location type for submission

Week of data collection first day (Monday): **6/3/2024 - VACCHOSP (Never submitted)** Re-submit all changed weeks

Week of data collection last day (Sunday): **06/09/2024**

Cumulative Vaccination Coverage	Healthcare Personnel (HCP) Categories					
	All Core HCP	All HCP	Employee HCP	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	Non-Employee HCP	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	4	5	1	3	0	1
2. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines	4	5	1	3	0	1
3. Cumulative number of HCP in Question #1 with other conditions:						
3.1 *Medical contraindication 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	0	0	0	0	0	0

Review totals

2

Note: Up to date totals are calculated by the application! Users do not need to apply the up to date definition themselves

3

a. Select the location type. Please note that you will only see and be able to select the location type(s) associated with your facility ID.

2. Review the counts that are displayed for this week (based on location type(s) if more than one) to ensure accuracy. The totals you see here were auto-calculated from the person-level data you entered.

3. Click "Save and Submit Data." You will see a pop-up box that says, "Successfully saved." Click OK. Now, you can either select another vaccination location type and/or reporting week to submit or re-submit data for, or you can click "Done."

When you click the "Week of data collection first day" drop-down menu, you will see each reporting week and vaccination location type listed since the Person-Level COVID-19 Vaccination Form became available. You will also note that there is sometimes text next to the date with information about the data for that week. Additionally, when submitting data to the weekly summary form by clicking "view reporting summary and submit" you will have the option to select the corresponding reporting week(s) and location type(s) you want to update. A description of what each label means is below:



View Reporting Summary & Submit...

Healthcare Personnel COVID-19 Vaccination Cumulative Summary

Person-Level Form

Facility ID#: [REDACTED]

Vaccination type: COVID19

Week of data collection first day (Monday): 8/14/2023 - VACCHOSP (Never submitted) Re-submit all changed weeks

Week of data collection last day (Sunday):

- 5/22/2023 - VACCHOSP (Never submitted)
- 5/29/2023 - VACCHOSP (Never submitted)
- 6/5/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 6/12/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 1 6/19/2023 - VACCHOSP (Never submitted)
- 2 6/26/2023 - VACCHOSP (Never submitted)
- 3 7/3/2023 - VACCHOSP (Not eligible for submission using the person-level form)
- 7/10/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 3 7/17/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 7/24/2023 - VACCHOSP (Never submitted)
- 4 7/31/2023 - VACCHOSP [REDACTED]
- 8/7/2023 - VACCHOSP (Changed since submitted using the person-level form)
- 8/14/2023 - VACCHOSP (Never submitted)

1. **Never submitted:** Data for that vaccination location/reporting week have never been submitted by any form or reporting mechanism. These vaccination location/reporting weeks are eligible to submit using the Person-Level Vaccination Form.
2. **Not eligible for submission using the Person-Level Form:** Specific vaccination location/Weeks already reported to the Weekly COVID-19 Vaccination Summary Modules using the weekly summary form or weekly summary .CSV upload (i.e., not the person-level form) are not eligible for submission using the Person-Level Vaccination Form. Instead, please update those weeks by navigating to the Weekly COVID-19 Summary Module directly and updating the weekly summary form.
3. **Changed since submitted using the Person-Level Form:** The summary counts for one or more questions for that vaccination location/reporting week have changed since that vaccination location/week was last submitted using the Person-Level Form. Please use the “Re-submit all changed weeks” button (next to the week of data collection drop down menu) to re-submit all vaccination location/weeks at the same time where the counts have changed.

Note: this does not submit for weeks that have never been previously submitted. For a week that has never been previously submitted, you still must click that week and click “Save and Submit Data” at the bottom of the screen.

After the user clicks the “Re-submit all changed weeks” button, you will see this pop-up screen to confirm that you want to re-submit for the weeks marked as changed since last submitted. Click “Yes, re-submit.”

**View Reporting Summary & Submit...**

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

Person-Level Form

Facility ID#: 10312

Vaccination type: COVID19

Week of data collection first day (Monday): 6/17/2024 - VACCHOSP (Changed since submitted using the person-level form) **Re-submit all changed weeks**

Week of data collection last day (Sunday): 06/23/2024

Cumulative Vaccination Coverage	Healthcare Personnel (HCP) Categories				
	Employee HCP (staff on 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 at least 1 day during the week of data collection		3	0	1	
2. *Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines		3	0	1	
3. *Cumulative number of HCP in Question #1 with other conditions:					
3.1. *Medical contraindication to COVID-19 vaccine	0	0	0	0	0
3.2. *Offered but declined COVID-19 vaccine	0	0	0	0	0
3.3. *Unknown/other COVID-19 vaccination status	0	0	0	0	0

**Confirm**

Please confirm the resubmission of all data for the following surveillance week(s) and vaccination location type(s):

8/7/2023-VACCHOSP, 8/14/2023-VACCHOSP, 8/14/2023-VACCIPIF, 11/27/2023-VACCHOSP, 11/27/2023-VACCIPIF and 6/17/2024-VACCHOSP

**Yes, re-submit** **No, cancel**

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 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.

**Save and Submit Data** **Done**

- Blank/no text next to date and vaccination location type:** Data have already been submitted for this vaccination location/reporting week using the Person-Level Form, and there have been no updates to the data for that week since submission; no action needed.

It is important to understand that the data submitted from the person-level Reporting Summary screen transfers to the Weekly COVID-19 Vaccination Summary Module form (i.e., the traditional, aggregate, facility-level form). You can see this in the image below.

→

After submitting these data on the reporting summary screen, if you want to confirm that the data were successfully submitted to the Weekly COVID-19 Vaccination Summary Module, please navigate to Vaccination Summary on the left-hand navigation bar and observe that the week of interest appears green, indicating that the data are complete for that week. You can also click on that week and confirm that the numbers match those that you submitted for the Reporting Summary.

**NHSN Home**

- Alerts
- Reporting Plan
- HCW
- Lab Test
- Exposure
- Prophy/Treat
- Import/Export
- COVID-19
- Vaccination Summary**
- Surveys
- Analysis

## COVID-19 Weekly Vaccination Summary Data

Click a cell to begin entering data for the week which counts are reported.

Reporting of medical events or health problems that occur after vaccination (possible side effects) is encouraged, even if you are not sure they are the result of vaccination, at <https://vaers.hhs.gov/reportevent.html>.

31 July 2023 - 10 September 2023

Record Complete Record Incomplete

### Weekly Vaccination Calendar

07/31/2023 (Monday) - 08/06/2023 (Sunday)

- Hospital
- IPF
- IRF

As a reminder, when reviewing Vaccination Summary data, a user can always review the Create and Modify dates as described here: [Quick Reference Guide: How to Check Create Dates \(cdc.gov\)](https://www.cdc.gov/nczod/cd/dpdx/COVID-19-vaccination-summary-data.html). The “Date Created” is auto-populated when data are initially entered and saved in the Weekly COVID-19 Vaccination Module. The “Date Last Modified” is auto-populated based on the most recent date that changes were made to previously submitted COVID-19 Vaccination Module data.

## CSV File Upload (Optional)

CSV upload is often a helpful for initial data entry, for facilities with large numbers of HCW or for weeks with numerous status changes.

Users **do not need to use CSV file** templates or upload CSV files to use the Person-Level COVID-19 Vaccination Form. This section is intended to assist facilities that choose to use the upload CSV file option.

Please make sure you are using the most recent CSV file template when uploading your person-level COVID-19 vaccination data. In addition, make sure that you are using the person-level CSV file, and not the summary data CSV file.

### To make sure that you are using the most recent CSV file template:

- Navigate to the [HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC](https://www.hhs.gov/healthcare/weekly-hcp-covid-19-vaccination-nhsn-cdc) webpage
- Scroll down to the ‘Person-Level COVID-19 Vaccination Data - CSV Data Import’ section
- Select the most recent CSV template for person-level COVID-19 vaccination data

## Person-Level COVID-19 Vaccination Form – Instructions and Guidance Documents

### Instructions for Reporting Person-Level Vaccination Data

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[Person-Level Vaccination Form Table of Instructions: Healthcare Personnel](#)  [PDF – 355 KB] — January 2024

[Person-Level COVID-19 Vaccination Forms: A How to Guide](#)  [PDF – 3 MB] — April 2024

[Person-Level Upload .CSV Instructions — HPS](#)  [PDF – 433 KB] — September 2023

## Person-Level COVID-19 Vaccination Data – CSV Data Import

### Variable Description and File Layout for Healthcare Personnel of In-patient Facilities/Ambulatory Surgery Centers

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[Variable Description and File Layout for Person-Level Vaccination Forms HPS – September 2023](#)  [PDF – 156 KB]

### CSV Templates and Example Files for Healthcare Personnel of In-Patient Facilities/Ambulatory Surgery Centers

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[.CSV File Template for HPS HCP](#)  [CSV – 522 B]

[.CSV File Example for HPS HCP](#)  [CSV – 799 B]

[Top of Page](#)

#### **Another option to obtain the CSV file template:**

User can export the data (or just the column headers if no data are entered) to a CSV file and use it as a template by clicking the “**Export CSV...**” button on the Person-Level Form.

Note: Remember to use the Variable description and file layout for Person-Level COVID-19 Vaccination Form PDF as a guide. Use this document to assist with defining each variable in the CSV template and entering data that are formatted correctly.

#### **Export CSV Option**

Once data have been entered into the Person-Level COVID-19 Vaccination Form, if you wish to export these data to a CSV file (or if you want to generate a CSV template), you can click ‘Export CSV’.

Person-Level COVID-19 Vaccination Form for HCP

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

Delete	Duplicate Row	Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity
<input type="checkbox"/>	<input type="button" value="+"/>	N5478	John	Hotel	Male		
<input type="checkbox"/>	<input type="button" value="+"/>	N54789	Hannah	Montana	Female	Female	Female
<input type="checkbox"/>	<input type="button" value="+"/>	N54799	Arthur	Fist	Other	Male	Identifies as non-conforming

Step 1. Once data have been entered HCP data into the Person-Level COVID-19 Vaccination Form, if you wish to export these data to a CSV file (or if you want to generate a CSV template), you can click 'Export CSV'.

- a. If you do not see a pop-up, check your downloads folder on your computer for the exported file.

### CSV File Upload Process

After you have transferred your data to the CSV file template, please follow the steps below to upload the CSV file to the Person-Level Form in NHSN

- A. Click "Upload CSV..." button
- B. Click "Choose File" to locate the saved file and select the .CSV file that you added your data
- C. Once the selected file is visible in the Browse box, you will then click the 'Upload CSV' button at the bottom of the page

Person-Level COVID-19 Vaccination Form for HCP

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

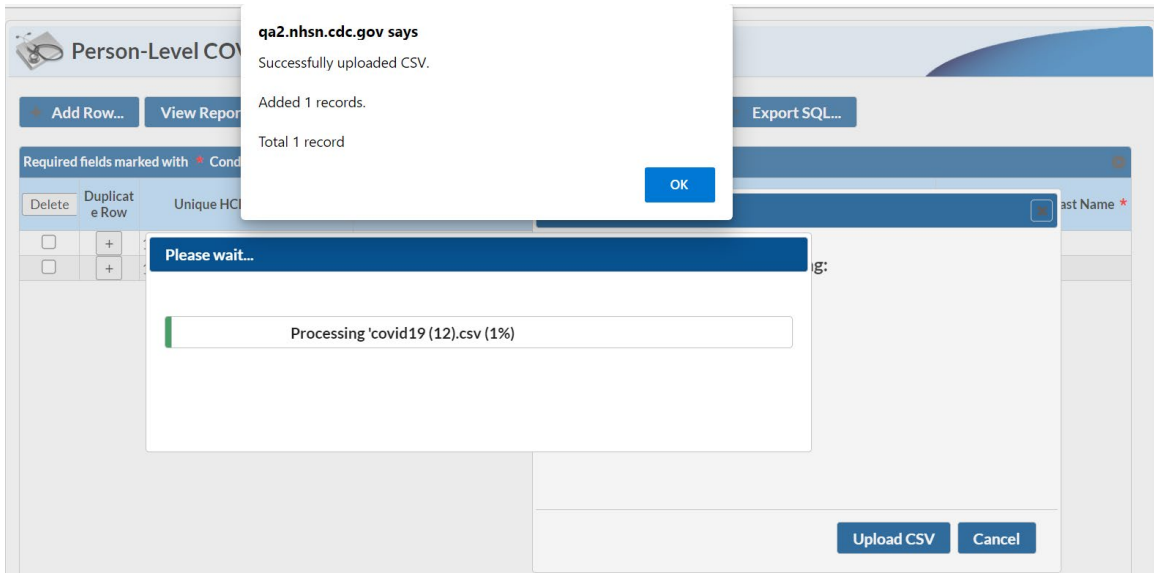
Delete	Duplicate Row	Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity
<input type="checkbox"/>	<input type="button" value="+"/>	N5478	John				
<input type="checkbox"/>	<input type="button" value="+"/>	N54789	Hannah				
<input type="checkbox"/>	<input type="button" value="+"/>	N54799	Arthur				
<input type="checkbox"/>	<input type="button" value="+"/>	Q2344	Zulu				
<input type="checkbox"/>	<input type="button" value="+"/>	Q23445	os				Female
<input type="checkbox"/>	<input type="button" value="+"/>	Q23455	oscar				Unknown
<input type="checkbox"/>	<input type="button" value="+"/>	TY4862	Hi				
<input type="checkbox"/>	<input type="button" value="+"/>	TY486266	dsd				Unknown

**Upload CSV file**

Please select a CSV file containing:

No file chosen

*Note: If any errors are found during upload, those will be described in the pop-up window. Please correct any rows with errors and re-upload.*



**Note:** A message will appear describing the number of records that were successfully uploaded. In this example, there was 1 record that was successfully uploaded.

- D. Submit the person-level data to the Weekly Summary Module using the “View Reporting Summary & Submit” button once the data have been uploaded. Please see the sections in this document above regarding saving and submitting data.

Person-Level COVID-19 Vaccination Form for HCP

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

Delete	Duplicate Row	Unique HCP Identifier *	HCP First Name *	HCP Last Name *	Gender **	Sex at Birth	Gender Identity
<input type="checkbox"/>	<input style="width: 20px;" type="button" value="+"/>	N5478	John	Hotel	Male		
<input type="checkbox"/>	<input style="width: 20px;" type="button" value="+"/>	N54789	Hannah	Montana	Female	Female	Female
<input type="checkbox"/>	<input style="width: 20px;" type="button" value="+"/>	N54799	Arthur	Fist	Other	Male	Identifies as non-conforming

- E. After submitting these data, navigate to Vaccination Summary on the left-hand navigation bar and observe that the “Record Complete” icon in the report key for the Vaccination Summary Data page will turn green indicating that the data have been successfully saved for the reporting week(s) as seen in the image below.

**NHSN Home**

- Alerts
- Reporting Plan
- HCW
- Lab Test
- Exposure
- Prophy/Treat
- Import/Export
- COVID-19
- Vaccination Summary

## COVID-19 Weekly Vaccination Summary Data

Click a cell to begin entering data for the week which counts are reported.

Reporting of medical events or health problems that occur after vaccination (possible side effects) is encouraged, even if you are not sure they are the result of vaccination, at <https://vaers.hhs.gov/reportevent.html>.

31 July 2023 - 10 September 2023

Record Complete Record Incomplete

**Weekly Vaccination Calendar**

07/31/2023 (Monday) - 08/06/2023 (Sunday)

Day	Hospital	IPF	IRF
07/31/2023 (Monday)			
08/01/2023 (Tuesday)			
08/02/2023 (Wednesday)			
08/03/2023 (Thursday)			
08/04/2023 (Friday)			
08/05/2023 (Saturday)			
08/06/2023 (Sunday)			

## Additional Resources:

- Weekly HCP COVID-19 Vaccination webpage (all the resources below can be found here): <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/>
- [Person-Level Trainings \(Recordings and Slide sets\)](#)
- [Person-Level Vaccination Form Table of Instructions: Instructions and Guidance Documents](#)
- [Person-Level COVID-19 Vaccination Data - CSV Data Import Materials](#)
- FAQs on Reporting COVID-19 Vaccination Data <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html>
- FAQs on Person-Level Vaccination Reporting: General [https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html#Event-level-\(Person-Level\)-Vaccination-Reporting:-General](https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html#Event-level-(Person-Level)-Vaccination-Reporting:-General)
- FAQs on Person-Level Vaccination Reporting: Data Entry <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html#Person-Level-Reporting:-Data-entry>
- Up to date COVID-19 Vaccination Guidance <https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf>