

### Description

As part of CDC's ongoing COVID-19 response, long-term care facilities (LTCFs) enrolled in the National Healthcare Safety Network (NHSN) can report data using the LTCF COVID-19 Vaccination Module. Group and supergroup users can import resident and healthcare personnel (HCP) COVID-19 vaccination data on behalf of their member facilities who report to this module. The purpose of this guidance document is to provide important information and instructions for how groups and supergroups can import .CSV files and view summary data in the NHSN LTCF COVID-19 Vaccination Module.

Facilities can be members of several groups in NHSN. These groups can view facility data. Therefore, facilities should decide which group can import .CSV files. If data have been uploaded into NHSN for a facility by one group or supergroup via the .CSV bulk upload, these data can be overwritten by a second group uploading data for the facility at a later time or date. Therefore, NHSN recommends that facilities only grant access to one group/supergroup to upload data on their behalf. Groups or Supergroups can include health departments. It is also important to note that if a facility has entered its own data, it will not be overwritten by a bulk upload by a group/supergroup.

*Facilities choosing to upload their data by working directly with a vendor will need to work with the vendor to provide their NHSN OrgID and establish the process*. Vendors (e.g., EHR providers, EOC providers, etc.) intending to provide COVID-19 .CSV uploads on behalf of NHSN facilities should submit an inquiry to <u>NHSN@cdc.gov</u> with the title "Vendor Support for NHSN COVID-19 Long-term Care Facility (LTCF) Reporting." NHSN will follow up to confirm procedural details as the process may differ by vendor.

Please note: If accessing NHSN through different level of SAMS credentials, the interface will look slightly different as shown below but all functionality related to COVID-19 data reporting are the same.



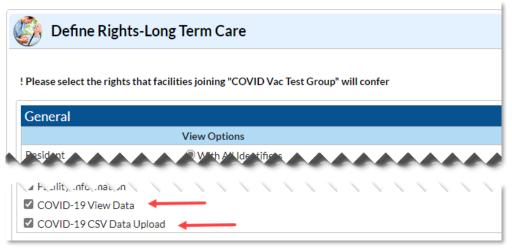


## Instructions for Groups and Supergroups: Defining and Conferring Rights

1. **Group** – After logging into an NHSN component, select Group from the menu bar and then select Define Rights.



 Group – After selecting Define Rights, the Define Rights options for the component will be displayed. Under General, there are new Rights for COVID-19 vaccination data. The new Rights allow viewing of COVID-19 Vaccination Module summary data for facilities that are a part of the group. Check "COVID-19 View Data" and "COVID-19 CSV Data Upload." By selecting "COVID-19 CSV Data Upload" the group will have the ability to import .CSV data files for facilities who accept the define rights. Select Save at the bottom of the page to Define the additional Rights.





3. **Group** – The **Facility** group member will need to confer rights (accept the newly defined right(s)) by clicking on Confer Rights Not Accepted under Action Items.

NHSN Long Term Care Facility Component Home Page						
Action Items						
COMPLETE THESE ITEMS						
Confer Rights						
Not						
Accepted						

4. **Group** – The **Facility** will see a Confer Rights Not Accepted List. From the list, select the group for which the facility would like to view the new Defined Rights.

0	Confer Rights Not Accepted List								
a	Define rights have been changed a ccept new rights.	ffecting the Group below.	You may accept new right	s or leave the group.	Click the Group Name to view and				
	Name 🚖	Group ID		Status	Status Date				
	LTCF Test Group	11260	N	ot Accepted	Apr 24 2020 4:43PM				



5. **Group** –The group will have added defined COVID-19 Rights if the boxes next to "COVID-19 View Data" and "COVID-19 CSV Data Upload" are checked. The **Facility** may select "Accept" to save the newly conferred Rights. The Facility must accept the newly defined Rights for its data to be viewable to the group.

炎 Confer Rights-Long Term Care		
Please review the data rights that "LTCF Test Group" is re-Verify locations		
Press "accept" button to confer rights or review current General	rights before accepting new rights	
Facility Information		
COVID-19 View Data		
COVID-19 CSV Data Upload		



## Instructions to Upload and Export .CSV Files for both Group and Supergroup Users

1. **Group/Super Group** – Select COVID-19 from the menu bar to view specific pathway data. Next, select "COVID-19 Vaccination".

NHSN Home	
Dashboard	
Reporting Plan	•
Event	•
Summary Data	•
COVID-19	•
Vaccination Summary	
Surveys	•

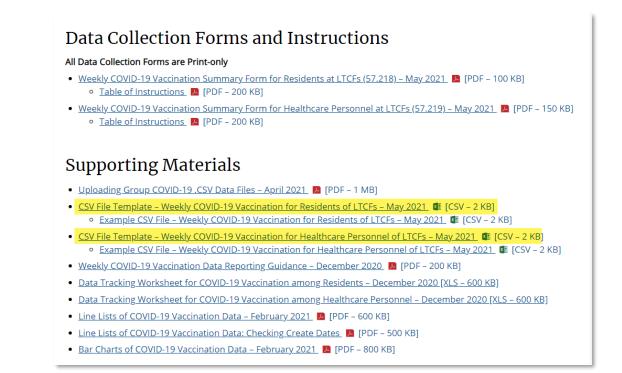
A list of facilities in your group or supergroup that have entered vaccination data by month will be displayed. Select the Facility ID/Month to view the data for that month. (All data in screenshots are for illustration only.)

	H H Page	e1 of 1 50 ¥	Viev	v 1 - 9 of 9
Facility ID 🐮	Facility Name	Vaccination Type	Month	Year
10563	Rikki's Hospital	COVID19	December	2020
10563	Rikki's Hospital	COVID19	January	2021
10563	Rikki's Hospital	COVID19	February	2021
10563	Rikki's Hospital	COVID19	March	2021
10563	Rikki's Hospital	COVID19	April	2021
10563	Rikki's Hospital	FLU	December	2020
14025	Lola LTCF	COVID19	February	2021
14025	Lola LTCF	COVID19	March	2021
14025	Lola LTCF	COVID19	April	2021
	Page	e 1 of 1 +> += 10 ¥	View	v1-9 of 9

ID-19	Vaccine: Re	sidents							
-									
ils	orgid	vacctype	survweekstart	survweekend	numres	numresmed	numresdec	numresunk	numresconfc1
	10563	COVID19	12/14/2020	12/20/2020	200	1	2	2	2
	10563	COVID19	12/07/2020	12/13/2020	8	0			
	10563	COVID19	12/21/2020	12/27/2020	323	0	1	3	7
-	10563	and the second se							



2. **Download Templates** –The .CSV templates for COVID-19 Weekly Vaccination Summary Data can be found at NHSN LTCF Weekly Healthcare Personnel (HCP) and Resident COVID-19 Vaccination webpage: <u>https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html</u>. Please note, these templates only include variables applicable for NHSN version 9.5.4 and forward.





3. Enter Data – Using the provided .CSV templates for LTCF resident and LTCF healthcare personnel data, populate each variable with the appropriate data. Multiple facilities (those that are a part of the group and have conferred rights) may be included. A valid facility identifier is required. After entering all data, save each file to upload the .CSV file in NHSN.

For complete information on the variables included on the .CSV templates, refer to the tables at end of this document ("Table 1: NHSN Resident COVID-19 Vaccination Data Import File Format" and "Table 2: NHSN HCP COVID-19 Vaccination Data Import File Format"). Example .CSV files that include test data in required fields are available from NHSN's LTC Weekly Healthcare Personnel (HCP) and Resident COVID-19 Vaccination webpage: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html.

## Data Collection Forms and Instructions

#### All Data Collection Forms are Print-only

- Weekly COVID-19 Vaccination Summary Form for Residents at LTCFs (57,218) May 2021 [B [PDF 100 KB] • Table of Instructions 📕 [PDF – 200 KB]
- Weekly COVID-19 Vaccination Summary Form for Healthcare Personnel at LTCFs (57.219) May 2021 [PDF 150 KB] <u>Table of Instructions</u> [PDF – 200 KB]

# Supporting Materials

- Uploading Group COVID-19 .CSV Data Files April 2021 [PDF 1 MB]
- <u>CSV File Template Weekly COVID-19 Vaccination for Residents of LTCFs May 2021</u>
   [CSV 2 KB] • Example CSV File – Weekly COVID-19 Vaccination for Residents of LTCFs – May 2021 III [CSV – 2 KB]
- CSV File Template Weekly COVID-19 Vaccination for Healthcare Personnel of LTCFs May 2021 4 [CSV 2 KB] Example CSV File – Weekly COVID-19 Vaccination for Healthcare Personnel of LTCFs – May 2021 
   [I] [CSV – 2 KB
- Weekly COVID-19 Vaccination Data Reporting Guidance December 2020 🖪 [PDF 200 KB]
- Data Tracking Worksheet for COVID-19 Vaccination among Residents December 2020 [XLS 600 KB]
- Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel December 2020 [XLS 600 KB]
- Line Lists of COVID-19 Vaccination Data February 2021 [PDF 600 KB]
- Line Lists of COVID-19 Vaccination Data: Checking Create Dates [PDF 500 KB]
- Bar Charts of COVID-19 Vaccination Data February 2021 [PDF 800 KB]



August 2021

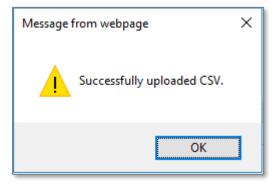
- August 2021
  - 4. **Upload .CSV** To upload the completed .CSV Data file, select the "COVID-19" tab from the menu bar. Next, select "COVID-19 Vaccination". A list of facilities by month will be displayed. Click on the "Upload CSV" button. A prompt will appear where a file must be provided for submission. Browse for the file location and then click "Upload CSV" to begin the import.

NHSN Home		Naccina	tion Summar	v Da	ta		
Dashboard		Vaccina	cion Summar	y Da	ta		
Reporting Plan							
Event		Facility ID 📚	Facility Name	age 1	of 2  is in 10  Vaccination Type	View 1 Month	- 10 of 11
Summany Data	14		and the second second		COVID19	December	Year 2020
Summary Data			ikki's Hospital	_			
COVID-19		Dashboard	s Hospital		COVID19	January	2021
	-	Pathway Data Reporti	s Hospital	_	COVID19	February	2021
Vaccination Summary			s Hospital		COVID19	March	2021
Surveys		COVID-19 Vaccinatio	n s Hospital		COVID19	April	2021
		<u>10563</u> R	ikki's Hospital		COVID19	May	2021
Analysis	•	10563 R	ikki's Hospital		FLU	December	2020
Users		14025 L	ola LTCF		COVID19	February	2021
		14025 L	ola LTCF		COVID19	March	2021
Group	•	14025 L	ola LTCF		COVID19	April	2021
Tools	•		ia ea P	age 1	of 2 🗭 🖬 🔟 💙	View 1	- 10 of 11
Logout		1					

	14.44	Page 1 of 2 +> + 10 ¥	View 1	- 10 of 11	
Facility ID 🐮	Facility Name	Vaccination Type	Month	Year	
10563	Rikki's Hospital	COVID19	December	2020	
10563	Rikki's Hospital	004040	lanunni	3034	
10563	Rikki's Hospital	Upload CSV file			
10563	Rikki's Hospital				
10563	Rikki's Hospital	Please select a CSV file cont	aining either		
10563	Rikki's Hospital				
10563	Rikki's Hospital	COVID-19 Vaccine: Resident Da	ta		
14025	Lola LTCF	COVID-19 Vaccine: HCW Data			
14025	Lola LTCF	Choose File No 2 en			
14025	Lola LTCF				
	14				



6. View Data – A message that indicates the upload was successful will be generated. The Vaccination Module will automatically populate the uploaded data. Users can then select a facility for which data were added to view the record.



If errors are found during upload, please review the alerts and refer to the tables at the end of this document ("Table 1: NHSN Resident COVID-19 Vaccination Data Import File Format" and "Table 2: NHSN HCP COVID-19 Vaccination Data Import File Format") for complete information on the variables included on .CSV templates. Questions can be submitted to <u>NHSN@CDC.GOV</u> with "Weekly COVID-19 Reporting CSV upload" in the subject line.

7. View and Export Line List Data Reports – Users are encouraged to utilize the analysis and reporting functionality built within NHSN to view and export line list data reports for COVID-19 vaccination data for healthcare personnel and residents. For more information, view our Quick Reference Guides on how to modify and export line lists available under the Supporting Materials section of NHSN's LTC Weekly Healthcare Personnel (HCP) and Resident COVID-19 Vaccination webpage: <u>https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html</u>



# Group - Importing via .csv file - *COVID-19 Weekly Vaccination Summary – Residents* - LTC Component - NHSN release 9.5.5.4 (August 2021)

## Table 1: NHSN Resident COVID-19 Vaccination Data Import File Format

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
orgid	Required	-	-	Must be a valid NHSN Facility ID (organization identifier)
vacctype	Required	COVID19	-	Vaccination Type
survweekstart	Required	MM/DD/YYYY ( <b>Monday</b> through Sunday reporting)	-	Week of data collection, start date (date must be a Monday; must be no later than current date)
survweekend	Required	MM/DD/YYYY (Monday through <b>Sunday</b> reporting)	-	Week of data collection, end date (date must be a Sunday; must be no later than current date)
numres	Required	0 – 3000 Must be ≤ 3,000 and ≥ sum of (numResVacc[0] + numResVacc[1] + numResVacc[2] numResVacc[3] + numResVacc[4] numResVacc[5] + numResVacc[6] numResVacc[7]+ numResMed + numResDec + numResUnk) Note: the sum of numResVacc[0] through numResVacc[7] = the variable numResVacc. NumResVacc is auto calculated on import.		Number of residents staying in this facility for at least 1 day during the week of data collection

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
numresmed	Required	-	Must be a whole number	Cumulative number of residents, from numres, with a medical contraindication or exclusion to COVID-19 vaccine and did not receive COVID-19 vaccine
numresdec	Optional	-	Must be a whole number	Cumulative number of residents, from numres, who were offered but declined to receive COVID-19 vaccine
numresunk	Optional	-	Must be a whole number	Cumulative number of residents, from numres, with an unknown COVID-19 vaccination status
vaccprovider	Required	Y for Yes N for No	-	Is your facility enrolled as a COVID-19 vaccination provider?
Applicable for records with version ≥ 9.5.2				
vaccsuffsupplyoffer Applicable for records with version ≥ 9.5.2	Conditionally Required Required if vaccProvider = Y	Y for Yes N for No		Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week?
vaccOthSuffSupplyoffer Applicable for records with version ≥ 9.5.2	Conditionally Required Required if vaccProvider = N or vaccSuffSupply = N	Y for Yes N for No	-	Did your facility have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week?
Vaccsupplyissue Applicable for records with version ≥ 9.5.2	Optional	-	Alpha numeric up to 200 characters	Describe any other COVID-19 vaccination supply- related issue(s) at your facility
vacC19VOs[0].covid19vaccinename	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19	PFIZBION	-	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech COVID-19 vaccine

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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[0].covid19vaccine	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	PFIZBION1	-	COVID-19 Vaccine – PFIZBION1 (only dose 1 of Pfizer- BioNTech COVID-19 vaccine
vacC19VOs[0].numresvacc	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	Must be ≤ numres	-	Cumulative number of residents, from numres, who have received PFIZBION1 (only dose 1 of Pfizer- BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[1].covid19vaccinename	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	PFIZBION	-	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[1].covid19vaccine	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	PFIZBION	-	COVID-19 Vaccine - PFIZBION (dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[1].numresvacc	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	Must be ≤ numres	-	Cumulative number of residents, from numres, who have received dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[2].covid19vaccinename	Conditionally Required Required if reporting Moderna COVID-19 vaccine	MODERNA	-	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)

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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[2].covid19vaccine	Conditionally Required Required if reporting Moderna COVID-19 vaccine	MODERNA1	-	COVID-19 Vaccine (MODERNA1 – only dose one of MODERNA COVID-19 vaccine)
vacC19VOs[2].numresvacc	Conditionally Required Required if reporting Moderna COVID-19 vaccine	Must be ≤ numres	-	Cumulative number of residents, from numres, who have received only dose one of MODERNA COVID-19 vaccine at this facility or elsewhere
vacC19VOs[3].covid19vaccinename	Conditionally Required Required if reporting Moderna COVID-19 vaccine	MODERNA	Must be a whole number	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
vacC19VOs[3].covid19vaccine	Conditionally Required Required if reporting Moderna COVID-19 vaccine	MODERNA	Must be a whole number	COVID-19 Vaccine (MODERNA – dose 1 and dose 2 of MODERNA COVID-19 vaccine)
vacC19VOs[3].numresvacc	Conditionally Required Required if reporting Moderna COVID-19 vaccine	Must be ≤ numres	-	Cumulative number of residents, from numres, who have received dose 1 and dose 2 of MODERNA COVID-19 vaccine at this facility or elsewhere
vacC19VOs[4].covid19vaccinename Note: JANSSEN can be reported starting 3/3/2021 and going forward	Conditionally Required Required if reporting Janssen COVID-19 vaccine	JANSSEN	-	COVID-19 Vaccine Name (JANSSEN –Janssen COVID- 19 vaccine)

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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[4].covid19vaccine	Conditionally Required	JANSSEN	-	COVID-19 Vaccine (JANSSEN – one dose of Janssen COVID-19 vaccine)
Note: JANSSEN can be reported starting 3/3/2021 and going forward	Required if reporting Janssen COVID-19 vaccine			
vacC19VOs[4]. numresvacc	Conditionally Required	Must be ≤ numpat	Must be a whole number	Cumulative number of residents, from numres, who have received JANSSEN COVID-19 vaccine at this
	Required if reporting Janssen COVID-19 vaccine		number	facility or elsewhere
vacC19VOs[5].covid19vaccinename	Conditionally Required	UNSPECIFIED	-	COVID-19 Vaccine Name (UNSPECIFIED –COVID-19 vaccine series: unspecified manufacturer)
Note: UNSPECIFIED can be reported starting 3/3/2021 and going forward	Required if reporting COVID-19 vaccine of unspecified manufacturer			
vacC19VOs[5].covid19vaccine		UNSPECIFIED		COVID-19 Vaccine (UNSPECIFIED – complete series of COVID-19 vaccine series: unspecified manufacturer)
Note: UNSPECIFIED can be reported starting 3/3/2021 and going forward	Required if reporting COVID-19 vaccine of unspecified manufacturer			
vacC19VOs[5]. numresvacc	Conditionally Required Required if reporting COVID-19 vaccine of unspecified manufacturer	Must be ≤ numpat	Must be a whole number	Cumulative number of patients, from numres, who have received a complete COVID-19 vaccine series: unspecified manufacturer at this facility or elsewhere
vacC19VOs[6].covid19vaccinename	-	-	-	Placeholder for additional vaccine
vacC19VOs[6].covid19vaccine	-	-	-	Placeholder for additional vaccine
vacC19VOs[6].numresvacc	-	-	 	Placeholder for additional vaccine
vacC19VOs[7].covid19vaccinename	-	-		Placeholder for additional vaccine

August 2021

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[7].covid19vaccine	-	-	-	Placeholder for additional vaccine
vacC19VOs[7].numresvacc	-	-	-	Placeholder for additional vaccine
numAllResEligAddtlDose	Required	Must be <= numResVacc	Must be a whole number	Number of residents that have received vaccine and are eligible to receive an additional dose or booster of COVID-19 vaccine
				Must be less than or equal to the total number of residents that received a <i>complete</i> a COVID-19 vaccine series <u>AND</u> must be greater than or equal to the total number of residents who received an additional dose or booster of COVID-19 vaccine
vacC19VOs[8].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID- 19 vaccine	PFIZBION	-	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[8].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID- 19 vaccine	PFIZBION3	-	COVID-19 Vaccine - PFIZBION (additional dose or booster of Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[8].numresvacc	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID- 19 vaccine	-	Must be a whole number	Cumulative number of eligible residents, from numAllResEligAddtlDose, who have received an additional dose or booster of Pfizer-BioNTech COVID- 19 vaccine

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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[9].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	MODERNA	-	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
vacC19VOs[9].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	MODERNA3	-	COVID-19 Vaccine (MODERNA – additional dose or booster of MODERNA COVID-19 vaccine)
vacC19VOs[9].numresvacc	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	_	Must be a whole number	Cumulative number of eligible residents, from numAllResEligAddtlDose, who have received an additional dose or booster of Moderna COVID-19 vaccine
vacC19VOs[10].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of Janssen COVID-19 vaccine	JANSSEN	-	COVID-19 Vaccine Name (JANSSEN COVID-19 vaccine)
vacC19VOs[10].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of Janssen COVID-19 vaccine	JANSSEN2	-	COVID-19 Vaccine (JANSSEN – additional dose or booster of JANSSEN COVID-19 vaccine)

Values Field Requirement Format<sup>†</sup> **Description of Field Conditionally Required** Cumulative number of eligible residents, from vacC19VOs[10].numresvacc Must be a whole numAllResEligAddtlDose, who have received an Required if reporting number additional dose or booster of Janssen COVID-19 additional dose or booster vaccine of Janssen COVID-19 vaccine **Conditionally Required** vacC19VOs[11].covid19vaccinename UNSPECIFIED COVID-19 Vaccine Name (UNSPECIFIED - unspecified manufacturer) Required if reporting additional dose or booster of COVID-19 vaccine of unspecified manufacturer vacC19VOs[11].covid19vaccine **Conditionally Required** UNSPECIFIED2 COVID-19 Vaccine (UNSPECIFIED – additional dose or booster of COVID-19 vaccine series: unspecified Required if reporting manufacturer) additional dose or booster of COVID-19 vaccine of unspecified manufacturer **Conditionally Required** Cumulative number of eligible residents, from vacC19VOs[11].numresvacc Must be a whole numAllResEligAddtlDose, who have received an Required if reporting number additional dose or booster of COVID-19 vaccine: unspecified manufacturer additional dose or booster of COVID-19 vaccine of unspecified manufacturer

# Group – Importing via .csv file - *COVID-19 Weekly Vaccination Summary – Healthcare Personnel -* LTC Component - NHSN release 9.5.5.4(August 2021)

## Table 2: NHSN Healthcare Personnel COVID-19 Vaccination Data File Format

Field	Requirement	Values	Format <sup>+</sup>	Description of Field
orgid	Required	-	-	Must be a valid NHSN Facility ID (organization identifier)
vacctype	Required	-	-	Vaccination Type
survweekstart	-	MM/DD/YYYY ( <b>Monday</b> through Sunday reporting)		Week of data collection, start date (date must be a Monday; must be no later than current date)
survweekend	-	MM/DD/YYYY (Monday through <b>Sunday</b> reporting)		Week of data collection, end date (date must be a Sunday; must be no later than current date)

August 2021

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
numallhcp	Required	Must be ≤ 50,000 and ≤ total of 6 "HCP"         categories (numancilhcp + numnursehcp         + numaidehcp + numtherhcp +         numphyshcp + numothhcp) if at least         one value entered and         must be ≥ sum of         (vacC19VOs[0].numallvacc +         vacC19VOs[1].numallvacc +         vacC19VOs[2].numallvacc +         vacC19VOs[3].numallvacc         + vacC19VOs[3].numallvacc         + vacC19VOs[5].numallvacc         + vacC19VOs[6].numallvacc         + vacC19VOs[6].numallvacc         + vacC19VOs[6].numallvacc         + vacC19VOs[7].numallvacc         + vacC19VOs[7].numallvacc         + vacC19VOs[7].numallvacc         + vacC19VOs[7].numallvacc         + vacC19VOs[7].numallvacc         + vacC19VOs[1].numallvacc         + numAllMed)         Note: The sum of         vacC19VOs[7].numallvacc through         vacC19VOs[7].numallvacc = the variable         TotAllVacc is auto-calculated on import.	Must be a	Number of All workers that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection
numancilhcp	Optional	If entered, must be ≤ numAllHCP and ≥ (totAncilVacc + numAncilMed + numAncilDec + numAncilUnk)	Must be a whole number	Number of Ancillary services employees that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection
numnursehcp	Optional	If entered, must be ≤ numAlIHCP and ≥ (totNurseVacc + numNurseMed + numNurseDec + numNurseUnk)	Must be a whole number	Number of Nurse employees that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection
numaidehcp	Optional	If entered, must be ≤ numAlIHCP and ≥ (totAideVacc + numAideMed + numAideDec + numAideUnk)	Must be a whole number	Number of Aide, assistant, and technician employees that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection
numtherhcp	Optional	If entered, must be ≤ numAllHCP and ≥ (totTherVacc + numTherMed + numTherDec + numTherUnk)	Must be a whole number	Number of Therapist employees that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection

Field Requirement Values Format<sup>†</sup> **Description of Field** Optional If entered, must be  $\leq$  numAllHCP and  $\geq$ Must be a Number of Physician and licensed independent numphyshcp (totPhysVacc + numPhysMed + whole practitioner employees that were eligible to have worked numPhysDec + numPhysUnk) number at this healthcare facility for at least 1 day during the week of data collection numothhcp If entered.must be ≤ numAllHCP and ≥ Must be a Number of Other workers that were eligible to have Optional (totOthVacc + numOthMed + whole worked at this healthcare facility for at least 1 day during numOthDec + numOthUnk) number the week of data collection Required 0 to ≤ sum of (numancilmed + Must be a Cumulative number of all workers with a medical numallmed Must be  $\leq$  numallhcp numnursemed + numaidemed + whole contraindication or exclusion to COVID-19 vaccine and did numthermed + numphysmed + number not receive COVID-19 vaccine numothmed) If provided) Cumulative number of ancillary services employees with a Must be ≤ numAncilHCP Must be a numancilmed Optional whole medical contraindication or exclusion reason to not number receive COVID-19 vaccine Optional Must be < numNurseHCP Must be a Cumulative number of nurse employees with a medical numnursemed whole contraindication or exclusion reason to not receive number COVID-19 vaccine Optional Must be ≤ numAideHCP Must be a Cumulative number of aide, assistant, and technician numaidemed whole employees with a medical contraindication or exclusion number reason to not receive COVID-19 vaccine numthermed Optional Must be a Cumulative number of therapist employees with a Must be ≤ numTherHCP whole medical contraindication or exclusion reason to not number receive COVID-19 vaccine numphysmed Optional Must be a Cumulative number of physician and licensed Must be ≤ numPhysHCP whole independent practitioner employees with a medical number contraindication or exclusion reason to not receive COVID-19 vaccine numothmed Optional Must be  $\leq$  numOthHCP Must be a Cumulative number of other workers with medical whole contraindication or exclusion reason to not receive COVID-19 vaccine number

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
numalldec	Optional	0 to ≤ sum of (numancildec + numnursedec + numaidedec + numtherdec + numphysdec + numothdec If provided)	Must be a whole number	Cumulative number of all workers who were offered but declined to receive COVID-19 vaccine
numancildec	Optional	Must be ≤ numAncilHCP	Must be a whole number	Cumulative number of ancillary services employees who were offered but declined to receive COVID-19 vaccine
numnursedec	Optional	Must be ≤ numNurseHCP	Must be a whole number	Cumulative number of nurse employees who were offered but declined to receive COVID-19 vaccine
numaidedec	Optional	Must be ≤ numAideHCP	Must be a whole number	Cumulative number of aide, assistant, and technician employees who were offered but declined to receive COVID-19 vaccine
numtherdec	Optional	Must be ≤ numTherHCP	Must be a whole number	Cumulative number of therapist employees who were offered but declined to receive COVID-19 vaccine
numphysdec	Optional	Must be ≤ numPhysHCP	Must be a whole number	Cumulative number of physician and licensed independent practitioner employees who were offered but declined to receive COVID-19 vaccine
numothdec	Optional	Must be ≤ numOthHCP	Must be a whole number	Cumulative number of other employees who were offered but declined to receive COVID-19 vaccine
numallunk	Optional	0 to ≤ sum of (numancilunk + numnurseunk + numaideunk + numtherunk + numphysunk + numothunk If provided)	Must be a whole number	Cumulative number of all workers with an unknown COVID-19 vaccination status
numancilunk	Optional	Must be ≤ numAncilHCP	Must be a whole number	Cumulative number of all workers with an unknown COVID-19 vaccination status

August	2021
, wgust	2021

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
numnurseunk	Optional	Must be ≤ numNurseHCP	Must be a whole number	Cumulative number of nurse employees with an unknown COVID-19 vaccination status
numaideunk	Optional	Must be ≤ numAideHCP	Must be a whole number	Cumulative number of aide, assistant, and technician employees with an unknown COVID-19 vaccination status
numtherunk	Optional	Must be ≤ numTherHCP	Must be a whole number	Cumulative number of therapist employees with an unknown COVID-19 vaccination status
numphysunk	Optional	Must be ≤ numPhysHCP	Must be a whole number	Cumulative number of physician and licensed independent practitioner employees with an unknown COVID-19 vaccination status
numothunk	Optional	Must be ≤ numOthHCP	Must be a whole number	Cumulative number of other employees with an unknown COVID-19 vaccination status
vaccprovider	Required	Y for Yes N for No	-	Is your facility enrolled as a COVID-19 vaccination provider?
Applicable for records with version $\ge$ 9.5.2				
vaccsuffsupplyoffer Applicable for records with version $\ge 9.5.2$	· · ·	Y for Yes N for No	-	Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all staff the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week?
vaccOthSuffSupplyoffer	· · ·	Y for Yes N for No	-	Did your facility have other arrangements sufficient to offer all staff the opportunity to receive COVID-19
Applicable for records with version $\ge$ 9.5.2	Required if vaccProvider = N or vaccSuffSupply = N			vaccine(s) in the current reporting week?
Vaccsupplyissue Applicable for records with version $\ge 9.5.2$	Optional	-	Alpha numeric up to 200 characters	Describe any other COVID-19 vaccination supply-related issue(s) at your facility

August	2021
nugust	2021

Field	Requirement	Values	<b>Format</b> <sup>†</sup>	Description of Field
vacC19VOs[0].covid19vaccinename	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	PFIZBION	-	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech COVID-19 vaccine
vacC19VOs[0].covid19vaccine	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	PFIZBION1	-	COVID-19 Vaccine – PFIZBION1 (only dose 1 of Pfizer- BioNTech COVID-19 vaccine)
vacC19VOs[0].numallvacc	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	-	Must be a whole number	Cumulative number of all workers who have received only dose 1 of Pfizer-BioNTech COVID-19 vaccine
vacC19VOs[0].numancilvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of ancillary services employees who have received only dose 1 of Pfizer-BioNTech COVID-19 vaccine
vacC19VOs[0].numnursevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of nurse employees who have received only dose 1 of Pfizer-BioNTech COVID-19 vaccine
vacC19VOs[0].numaidevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category		Must be a whole number	Cumulative number of aide, assistant, and technician employees who have received only dose 1 of Pfizer- BioNTech COVID-19 vaccine

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[0].numthervacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of therapist employees who have received only dose 1 of Pfizer-BioNTech COVID-19 vaccine
vacC19VOs[0].numphysvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of physician and licensed independent practitioner employees who have received only dose 1 of Pfizer-BioNTech COVID-19 vaccine
vacC19VOs[0].numothvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of other workers who have received only dose 1 of Pfizer-BioNTech COVID-19 vaccine
vacC19VOs[1].covid19vaccinename	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	PFIZBION	-	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[1].covid19vaccine	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	PFIZBION	-	COVID-19 Vaccine - PFIZBION (dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[1].numallvacc	Conditionally Required Required if reporting Pfizer-BioNTech COVID-19 vaccine	-	Must be a whole number	Cumulative number of all workers who have received dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[1].numancilvacc	Optional but if valued the numbers for all vaccines	-	Must be a whole	Cumulative number of ancillary services employees who have received dose 1 and dose 2 of Pfizer-BioNTech
	combined must not be		number	COVID-19 vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[1].numnursevacc	Optional but if valued the	-	Must be a	Cumulative number of nurse employees who have
	numbers for all vaccines		whole	received dose 1 and dose 2 of Pfizer-BioNTech COVID-19
	combined must not be		number	vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[1].numaidevacc	Optional but if valued the	-	Must be a	Cumulative number of aide, assistant, and technician
	numbers for all vaccines		whole	employees who have received dose 1 and dose 2 of
	combined must not be		number	Pfizer-BioNTech COVID-19 vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[1].numthervacc	Optional but if valued the	-	Must be a	Cumulative number of therapist employees who have
	numbers for all vaccines		whole	received dose 1 and dose 2 of Pfizer-BioNTech COVID-19
	combined must not be		number	vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[1].numphysvacc	Optional but if valued the	-	Must be a	Cumulative number of physician and licensed
	numbers for all vaccines		whole	independent practitioner employees who have received
	combined must not be		number	dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[1].numothvacc	Optional but if valued the	-	Must be a	Cumulative number of other workers who have received
	numbers for all vaccines		whole	dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine
	combined must not be		number	
	more than the cumulative			
	number for this category			

August 2021

August 2021	August	2021
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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[2].covid19vaccinename	Conditionally Required Required if reporting Moderna COVID-19	MODERNA	-	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
	vaccine			
vacC19VOs[2].covid19vaccine	Conditionally Required	MODERNA1	-	COVID-19 Vaccine (MODERNA1 – only dose one of MODERNA COVID-19 vaccine)
	Required if reporting Moderna COVID-19 vaccine			
vacC19VOs[2].numallvacc	Conditionally Required	-	Must be a whole	Cumulative number of all workers who have received only dose 1 of MODERNA COVID-19 vaccine
	Required if reporting Moderna COVID-19 vaccine		number	
vacC19VOs[2].numancilvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category		Must be a whole number	Cumulative number of ancillary services employees who have received only dose 1 of MODERNA COVID-19 vaccine
vacC19VOs[2].numnursevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category		Must be a whole number	Cumulative number of nurse employees who have received only dose 1 of MODERNA COVID-19 vaccine
vacC19VOs[2].numaidevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category		Must be a whole number	Cumulative number of aide, assistant, and technician employees who have received only dose 1 of MODERNA COVID-19 vaccine

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[2].numthervacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of therapist employees who have received only dose 1 of MODERNA COVID-19 vaccine
vacC19VOs[2].numphysvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of physician and licensed independent practitioner employees who have received only dose 1 of MODERNA COVID-19 vaccine
vacC19VOs[2].numothvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of other workers who have received only dose 1 of MODERNA COVID-19 vaccine
vacC19VOs[3].covid19vaccinename	Conditionally Required Required if reporting Moderna COVID-19 vaccine	MODERNA	Must be a whole number	COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
vacC19VOs[3].covid19vaccine	Conditionally Required Required if reporting Moderna COVID-19 vaccine	MODERNA	Must be a whole number	COVID-19 Vaccine (MODERNA – dose 1 and dose 2 of MODERNA COVID-19 vaccine)
vacC19VOs[3].numallvacc	Conditionally Required Required if reporting Moderna COVID-19 vaccine	-	Must be a whole number	Cumulative number of all workers who have received dose 1 and dose 2 of MODERNA COVID-19 vaccine

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[3].numancilvacc	Optional but if valued the	-	Must be a	Cumulative number of ancillary services employees who
	numbers for all vaccines		whole	have received dose 1 and dose 2 of MODERNA COVID-19
	combined must not be		number	vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[3].numnursevacc	Optional but if valued the	-	Must be a	Cumulative number of nurse employees who have
	numbers for all vaccines		whole	received dose 1 and dose 2 of MODERNA COVID-19
	combined must not be		number	vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[3].numaidevacc	Optional but if valued the	-	Must be a	Cumulative number of aide, assistant, and technician
	numbers for all vaccines		whole	employees who have received dose 1 and dose 2 of
	combined must not be		number	MODERNA COVID-19 vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[3].numthervacc	Optional but if valued the	-	Must be a	Cumulative number of therapist employees who have
	numbers for all vaccines		whole	received dose 1 and dose 2 of MODERNA COVID-19
	combined must not be		number	vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[3].numphysvacc	Optional but if valued the	-	Must be a	Cumulative number of physician and licensed
	numbers for all vaccines		whole	independent practitioner employees who have received
	combined must not be		number	dose 1 and dose 2 of MODERNA COVID-19 vaccine
	more than the cumulative			
	number for this category			
vacC19VOs[3].numothvacc	Optional but if valued the	-	Must be a	Cumulative number of other workers who have received
	numbers for all vaccines		whole	dose 1 and dose 2 of MODERNA COVID-19 vaccine
	combined must not be		number	
	more than the cumulative			
	number for this category			

August	2021
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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[4].covid19vaccinename	Conditionally Required	JANSSEN	-	COVID-19 Vaccine Name (JANSSEN COVID-19 vaccine)
Note: JANSSEN can be reported starting 3/3/2021 and going forward	Required if reporting Janssen COVID-19 vaccine			
vacC19VOs[4].covid19vaccine	Conditionally Required	JANSSEN	-	COVID-19 Vaccine (JANSSEN – one dose of JANSSEN
Note: JANSSEN can be reported starting 3/3/2021 and going forward	Required if reporting Janssen COVID-19 vaccine			COVID-19 vaccine)
vacC19VOs[4].numallvacc	Conditionally Required Required if reporting Janssen COVID-19 vaccine	-	Must be a whole number	Cumulative number of all workers, from numallhcp, who have received one dose of JANSSEN COVID-19 vaccine at this facility or elsewhere
vacC19VOs[4].numancilvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of ancillary services employees who have received one dose of JANSSEN COVID-19 vaccine at this facility or elsewhere
vacC19VOs[4].numnursevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	_	Must be a whole number	Cumulative number of nurse employees who have received one dose of JANSSEN COVID-19 vaccine at this facility or elsewhere
vacC19VOs[4].numaidevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	_	Must be a whole number	Cumulative number of aide, assistant, and technician employees who have received one dose of JANSSEN COVID-19 vaccine at this facility or elsewhere
vacC19VOs[4].numthervacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of therapist employees who have received one dose of JANSSEN COVID-19 vaccine at this facility or elsewhere

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[4].numphysvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of physician and licensed independent practitioner employees who have received one dose of JANSSEN COVID-19 vaccine at this facility or elsewhere
vacC19VOs[4].numothvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of other workers who have received one dose of JANSSEN COVID-19 vaccine at this facility or elsewhere
vacC19VOs[5].covid19vaccinename Note: UNSPECIFIED can be reported starting 3/3/2021 and going forward	Conditionally Required Required if reporting COVID-19 vaccine of unspecified manufacturer	UNSPECIFIED	-	COVID-19 Vaccine Name (UNSPECIFIED – complete COVID-19 vaccine series: unspecified manufacturer)
vacC19VOs[5].covid19vaccine Note: JANSSEN can be reported starting 3/3/2021 and going forward	Conditionally Required Required if reporting COVID-19 vaccine of unspecified manufacturer	UNSPECIFIED	-	COVID-19 Vaccine (UNSPECIFIED – complete COVID-19 vaccine series: unspecified manufacturer)
vacC19VOs[5].numallvacc	Conditionally Required Required if reporting COVID-19 vaccine of unspecified manufacturer	-	Must be a whole number	Cumulative number of all workers, from numallhcp, who have received (UNSPECIFIED – complete COVID-19 vaccine series: unspecified manufacturer) at this facility or elsewhere
vacC19VOs[5].numancilvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of ancillary services employees who have received a complete COVID-19 vaccine series: unspecified manufacturer at this facility or elsewhere

August 2021

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[5].numnursevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of nurse employees who have received a complete COVID-19 vaccine series: unspecified manufacturer at this facility or elsewhere
vacC19VOs[5].numaidevacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of aide, assistant, and technician employees who have received a complete COVID-19 vaccine series: unspecified manufacturer at this facility or elsewhere
vacC19VOs[5].numthervacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of therapist employees who have received a complete COVID-19 vaccine series: unspecified manufacturer at this facility or elsewhere
vacC19VOs[5].numphysvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of physician and licensed independent practitioner employees who have received a complete COVID-19 vaccine series: unspecified manufacturer at this facility or elsewhere
vacC19VOs[5].numothvacc	Optional but if valued the numbers for all vaccines combined must not be more than the cumulative number for this category	-	Must be a whole number	Cumulative number of other workers who received a complete COVID-19 vaccine series: unspecified manufacturer at this facility or elsewhere
vacC19VOs[6].covid19vaccinename	-	-	-	Placeholder for additional vaccine
vacC19VOs[6].covid19vaccine	-	-	-	Placeholder for additional vaccine
vacC19VOs[6].numallvacc	-	-	-	Placeholder for additional vaccine
vacC19VOs[6].numancilvacc	-	-	-	Placeholder for additional vaccine
vacC19VOs[6].numnursevacc	-	-	-	Placeholder for additional vaccine
vacC19VOs[6].numaidevacc	-	-	-	Placeholder for additional vaccine

Field Requirement Format<sup>†</sup> **Description of Field** Values vacC19VOs[6].numthervacc Placeholder for additional vaccine vacC19VOs[6].numphysvacc Placeholder for additional vaccine vacC19VOs[6].numothvacc Placeholder for additional vaccine vacC19VOs[7].covid19vaccinename Placeholder for additional vaccine vacC19VOs[7].covid19vaccine Placeholder for additional vaccine vacC19VOs[7].numallvacc Placeholder for additional vaccine vacC19VOs[7].numancilvacc Placeholder for additional vaccine vacC19VOs[7].numnursevacc Placeholder for additional vaccine Placeholder for additional vaccine vacC19VOs[7].numaidevacc vacC19VOs[7].numthervacc Placeholder for additional vaccine vacC19VOs[7].numphysvacc Placeholder for additional vaccine vacC19VOs[7].numothvacc Placeholder for additional vaccine numallhcpeligaddtldose Required Must be <=numAllHCP Must be a Number of All workers that received a complete series of whole COVID-19 vaccine and are eligible to receive an additional number dose or booster of COVID-19 vaccine Must be less than or equal to the total number of HCP that received a complete a COVID-19 vaccine series AND must be greater than or equal to the total number of HCP who received an additional dose or booster of COVID-19 vaccine

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
numancilhcpeligaddtldose	Optional	If entered, sum of 6 "HCP EligAddtIDose" counts must be <=numAlIHCPEligAddtIDose and <=numAnciIHCP	Must be a whole number	Number of ancillary services employees that received a complete series of COVID-19 vaccine and are eligible to receive an additional dose or booster of COVID-19 vaccine
				Must be less than or equal to the total number of ancillary services employees that received a complete a COVID-19 vaccine series AND must be greater than or equal to the total number of ancillary services employees who received an additional dose or booster of COVID-19 vaccine
numnursehcpeligaddtldose	Optional		Must be a whole number	Number of nurse employees that received a complete series of COVID-19 vaccine and are eligible to receive an additional dose or booster of COVID-19 vaccine Must be less than or equal to the total number of nurse employees that received a complete a COVID-19 vaccine series AND must be greater than or equal to the total number of nurse employees who received an additional dose or booster of COVID-19 vaccine
numaidehcpeligaddtldose	Optional	If entered, sum of 6 "HCP EligAddtlDose" counts must be <= numAllHCPEligAddtlDose and <= numAideHCP	Must be a whole number	Number of aide, assistant, and technician employees that received a complete series of COVID-19 vaccine and are eligible to receive an additional dose or booster of COVID- 19 vaccine Must be less than or equal to the total number of aide, assistant, and technician employees that received a complete a COVID-19 vaccine series AND must be greater than or equal to the total number of aide, assistant, and technician employees who received an additional dose or booster of COVID-19 vaccine

Field Requirement Values Format<sup>†</sup> **Description of Field** numtherhcpeligaddtldose Optional If entered, sum of 6 "HCP EligAddtlDose" Must be a Number of therapist employees that received a complete counts must be <= whole series of COVID-19 vaccine and are eligible to receive an numAllHCPEligAddtlDose and <= number additional dose or booster of COVID-19 vaccine numTherHCP Must be less than or equal to the total number of therapist employees that received a complete a COVID-19 vaccine series AND must be greater than or equal to the total number of therapist employees who received an additional dose or booster of COVID-19 vaccine numphyshcpeligaddtldose Optional If entered, sum of 6 "HCP EligAddtlDose" Must be a Number of physician and licensed independent counts must be <= whole practitioner employees that received a complete series of COVID-19 vaccine and are eligible to receive an additional numAllHCPEligAddtlDose and <= number numPhysHCP dose or booster of COVID-19 vaccine Must be less than or equal to the total number of physician and licensed independent practitioner employees that received a complete a COVID-19 vaccine series AND must be greater than or equal to the total number of physician and licensed independent practitioner employees who received an additional dose or booster of COVID-19 vaccine numothhcpeligaddtldose Optional If entered, sum of 6 "HCP EligAddtlDose" Must be a Number of other workers that received a complete series counts must be <= whole of COVID-19 vaccine and are eligible to receive an number numAllHCPEligAddtlDose and <= additional dose or booster of COVID-19 vaccine numOthHCP Must be less than or equal to the total number of other workers that received a complete a COVID-19 vaccine series AND must be greater than or equal to the total number of other workers who received an additional dose or booster of COVID-19 vaccine

	August	2021
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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[8].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID- 19 vaccine		_	COVID-19 Vaccine Name (PFIZBION – Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[8].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID- 19 vaccine		_	COVID-19 Vaccine - PFIZBION (additional dose or booster of Pfizer-BioNTech COVID-19 vaccine)
vacC19VOs[8].numallvacc	Conditionally Required Required if reporting additional dose or booster of Pfizer-BioNTech COVID- 19 vaccine		Must be a whole number	Cumulative number of all eligible HCP, from numallhcpeligaddtldose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[8].numancilvacc	Optional	_	Must be a whole number	Cumulative number of eligible ancillary services employees, from numancilhcpeligaddtldose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[8].numnursevacc	Optional	_	Must be a whole number	Cumulative number of eligible nurse employees, from numnursehcpeligaddtldose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[8].numaidevacc	Optional		Must be a whole number	Cumulative number of eligible aide, assistant, and technician employees, from numaidehcpeligaddtldose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere

August	2021
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Field	Requirement	Values	Format <sup>+</sup>	Description of Field
vacC19VOs[8].numthervacc	Optional	_	Must be a whole number	Cumulative number of eligible therapist employees, from numtherhcpeligaddtldose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[8].numphysvacc	Optional	_	Must be a whole number	Cumulative number of eligible physician and licensed independent practitioner employees, from numphyshcpeligaddtldose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[8].numothvacc	Optional	_	Must be a whole number	Cumulative number of eligible other workers, from numothhcpeligaddtldose, who have received an additional dose or booster of Pfizer-BioNTech COVID-19 vaccine at this facility or elsewhere
vacC19VOs[9].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	MODERNA		COVID-19 Vaccine Name (MODERNA COVID-19 vaccine)
vacC19VOs[9].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	MODERNA3	_	COVID-19 Vaccine (MODERNA – additional dose or booster of MODERNA COVID-19 vaccine)
vacC19VOs[9].numallvacc	Conditionally Required Required if reporting additional dose or booster of Moderna COVID-19 vaccine	-	Must be a whole number	Cumulative number of all eligible HCP, from numallhcpeligaddtldose, who have received an additional dose or booster of Moderna COVID-19 vaccine at this facility or elsewhere

August 2	021
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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[9].numancilvacc	Optional	_	Must be a whole number	Cumulative number of eligible ancillary services employees, from numancilhcpeligaddtldose, who have received an additional dose or booster of Moderna COVID-19 vaccine at this facility or elsewhere
vacC19VOs[9].numnursevacc	Optional	_	Must be a whole number	Cumulative number of eligible nurse employees, from numnursehcpeligaddtldose, who have received an additional dose or booster of Moderna COVID-19 vaccine at this facility or elsewhere
vacC19VOs[9].numaidevacc	Optional	_	Must be a whole number	Cumulative number of eligible aide, assistant, and technician employees, from numaidehcpeligaddtldose, who have received an additional dose or booster of Moderna COVID-19 vaccine at this facility or elsewhere
vacC19VOs[9].numthervacc	Optional	_	Must be a whole number	Cumulative number of eligible therapist employees, from numtherhcpeligaddtldose, who have received an additional dose or booster of Moderna COVID-19 vaccine at this facility or elsewhere
vacC19VOs[9].numphysvacc	Optional	_	Must be a whole number	Cumulative number of eligible physician and licensed independent practitioner employees, from numphyshcpeligaddtldose, who have received an additional dose or booster of Moderna COVID-19 vaccine at this facility or elsewhere
vacC19VOs[9].numothvacc	Optional	_	Must be a whole number	Cumulative number of eligible other workers, from numothhcpeligaddtldose, who have received an additional dose or booster of Moderna COVID-19 vaccine at this facility or elsewhere
vacC19VOs[10].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of Janssen COVID-19 vaccine	JANSSEN	_	COVID-19 Vaccine Name (JANSSEN COVID-19 vaccine)

August	2021
Augusi	2021

Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[10].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of Janssen COVID-19 vaccine	JANSSEN2	_	COVID-19 Vaccine (JANSSEN – additional dose or booster of JANSSEN COVID-19 vaccine)
vacC19VOs[10].numallvacc	Conditionally Required Required if reporting additional dose or booster of Janssen COVID-19 vaccine		Must be a whole number	Cumulative number of all eligible HCP, from numallhcpeligaddtldose, who have received an additional dose or booster of Janssen COVID-19 vaccine at this facility or elsewhere
vacC19VOs[10].numancilvacc	Optional		Must be a whole number	Cumulative number of eligible ancillary services employees, from numancilhcpeligaddtldose, who have received an additional dose or booster of Janssen COVID- 19 vaccine at this facility or elsewhere
vacC19VOs[10].numnursevacc	Optional	_	Must be a whole number	Cumulative number of eligible nurse employees, from numnursehcpeligaddtldose, who have received an additional dose or booster of Janssen COVID-19 vaccine at this facility or elsewhere
vacC19VOs[10].numaidevacc	Optional		Must be a whole number	Cumulative number of eligible aide, assistant, and technician employees, from numaidehcpeligaddtldose, who have received an additional dose or booster of Janssen COVID-19 vaccine at this facility or elsewhere
vacC19VOs[10].numthervacc	Optional		Must be a whole number	Cumulative number of eligible therapist employees, from numtherhcpeligaddtldose, who have received an additional dose or booster of Janssen COVID-19 vaccine at this facility or elsewhere
vacC19VOs[10].numphysvacc	Optional		Must be a whole number	Cumulative number of eligible physician and licensed independent practitioner employees, from numphyshcpeligaddtldose, who have received an additional dose or booster of Janssen COVID-19 vaccine at this facility or elsewhere

August	2021
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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[10].numothvacc	Optional	_	Must be a whole number	Cumulative number of eligible other workers, from numothhcpeligaddtldose, who have received an additional dose or booster of Janssen COVID-19 vaccine at this facility or elsewhere
vacC19VOs[11].covid19vaccinename	Conditionally Required Required if reporting additional dose or booster of COVID-19 vaccine of unspecified manufacturer	UNSPECIFIED	_	COVID-19 Vaccine Name (UNSPECIFIED - unspecified manufacturer)
vacC19VOs[11].covid19vaccine	Conditionally Required Required if reporting additional dose or booster of COVID-19 vaccine of unspecified manufacturer	UNSPECIFIED2	_	COVID-19 Vaccine (UNSPECIFIED – additional dose or booster of COVID-19 vaccine series: unspecified manufacturer)
vacC19VOs[11].numallvacc	Conditionally Required Required if reporting additional dose or booster of COVID-19 vaccine of unspecified manufacturer	_	Must be a whole number	Cumulative number of all eligible HCP, from numallhcpeligaddtldose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer at this facility or elsewhere
vacC19VOs[11].numancilvacc	Optional	_	Must be a whole number	Cumulative number of eligible ancillary services employees, from numancilhcpeligaddtldose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer at this facility or elsewhere
vacC19VOs[11].numnursevacc	Optional		Must be a whole number	Cumulative number of eligible nurse employees, from numnursehcpeligaddtldose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer at this facility or elsewhere

August	2021
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Field	Requirement	Values	Format <sup>†</sup>	Description of Field
vacC19VOs[11].numaidevacc	Optional	_	Must be a whole number	Cumulative number of eligible aide, assistant, and technician employees, from numaidehcpeligaddtldose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer at this facility or elsewhere
vacC19VOs[11].numthervacc	Optional		Must be a whole number	Cumulative number of eligible therapist employees, from numtherhcpeligaddtldose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer at this facility or elsewhere
vacC19VOs[11].numphysvacc	Optional	_	Must be a whole number	Cumulative number of eligible physician and licensed independent practitioner employees, from numphyshcpeligaddtldose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer at this facility or elsewhere
vacC19VOs[11].numothvacc	Optional		Must be a whole number	Cumulative number of eligible other workers, from numothhcpeligaddtldose, who have received an additional dose or booster of COVID-19 vaccine: unspecified manufacturer at this facility or elsewhere