

LTCF COVID-19 Vaccine Tracking Tools

Supplemental Guidance: Definitions and Notes

**updates are highlighted in blue below*

Field	Definition and Instructions
Healthcare Personnel (HCP) Denominators	
All Healthcare Personnel (HCP)	This number is the sum of employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel.
Employee HCP (staff on facility payroll)	Defined as all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.
Adult students/trainees & volunteers	Defined as medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
Other contract personnel	Defined as persons providing care, treatment, or services at the facility through a contract who do not meet the definition of any other required denominator category.
	<p>For reference on determining HCP counts: HCP are defined as those who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact. HCP eligible to have worked include employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel who are scheduled to work in the facility at least one day every week. Working any part of a day is considered as working 1 day. Include HCP even if they are on temporary leave during the week of data collection. Temporary leave is defined as less than or equal to 2 weeks in duration. Examples of temporary leave may include sick leave or vacation. In instances where temporary leave extends past 2 weeks, the healthcare worker should not be included in question #1 for the current week of data collection. Include persons who worked full-time and part-time.</p>

	<p>If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator. Count HCP as individuals rather than full-time equivalents.</p> <p>Data sources may include payroll or attendance records.</p>
<p>Vaccination and other conditions for HCP/residents</p>	
<p>Received any completed primary vaccine series</p>	<p>Include those who completed any primary COVID-19 vaccine series (dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion) at the facility or elsewhere (for example, a pharmacy).</p> <p>Data sources may include HCP/resident health records and paper and/or electronic documentation of vaccination given at the healthcare facility or elsewhere. Documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual’s name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered is considered acceptable for proof of vaccination.</p> <p>Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record.</p> <p>As of September 25, 2023, complete primary series is defined as receiving a 2-dose series of a monovalent COVID-19 vaccine OR a single dose of Janssen OR a single dose of bivalent vaccine OR a single dose of the 2023-2024 updated COVID-19 vaccine. Do not include information on additional or booster vaccine doses.</p>
<p>Medical contraindication to COVID-19 vaccine</p>	<p>Medical contraindications include severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine. Please see the most up-to-date list of contraindications here: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.</p> <p>For the purpose of COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States are not considered medical contraindications for COVID-19 vaccination; instead, count these under “Offered but declined COVID-19 vaccine”.</p>
<p>Offered but declined COVID-19 vaccine</p>	<p>The following HCP/residents should be counted in this category:</p> <ul style="list-style-type: none"> • HCP/residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine. • HCP/residents declining vaccination because of religious or philosophical objection. • HCP/residents declining vaccination and who did not provide any information about the reason why they declined.

<p>Unknown/other COVID-19 vaccination status</p>	<p>These are the HCP/residents whose COVID-19 vaccination status could not be determined or are not captured in the other vaccination questions. For example, a facility may not have vaccination documentation for certain HCP/residents, or an individual may have received the primary series but not the bivalent dose.</p>
<p>Up to Date</p>	<p>Include the cumulative counts of HCP/residents who are up to date based on the current surveillance definition. As of October 2023 an individual is considered up to date if they have received the 2023-2024 updated COVID-19 vaccine or the bivalent vaccine in the last two months. Note that the bivalent vaccine is no longer approved for use after September 12, 2023. Please review the current definition of up to date: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf</p>