Subject line: Updated Excel Data Tracking Worksheet Available for COVID-19 Vaccination - Healthcare Personnel Safety Component

Dear NHSN Users,

The Excel Data Tracking Worksheet for facilities reporting COVID-19 vaccination data on healthcare personnel through the Healthcare Personnel Safety Component has been updated and is now <u>available</u>. **This version is dated October 2022**. The October 2022 version of the Excel Data Tracking Worksheet reflects changes to the weekly COVID-19 Vaccination Module, including updated (bivalent) booster doses and the updated up to date vaccination classification for all reporting weeks beginning October 2022.

The new October 2022 version of the Excel Data Tracking Worksheet should be used to enter COVID-19 vaccination data for the months of October 2022 – present. Please note that only the new October 2022 version contains the correct up to date definitions that incorporate the updated (bivalent) booster doses. To enter data for any weeks from October 2022 – present, please use this version. This version can also be used for June 2022 – present.

The '**Months Prior to June 2022'** version of the Data Tracking Worksheet can be used to enter COVID-19 vaccination data for all months prior to June 2022. When entering COVID-19 vaccination data for any months before June 2022, please continue to use the 'Months Prior to June 2022' version of the Data Tracking Worksheet.

## **Data Tracking Worksheets**

New! Excel Data Tracking Worksheet Reference Guide 📙 [PDF – 590 KB] – September 2022

New! Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel [XLS – 8 MB] – October 2022

Months Prior to June 2022! Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel [XLS – 7 MB]

Facilities can access both worksheets under the "<u>Data Tracking Worksheets</u>" heading on the Weekly HCP COVID-19 Vaccination webpage: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html#dtw

If you are currently using an Excel Data Tracking Worksheet dated June 2022 or prior and would like to use the updated version to enter data from October 2022 - present, then you will need to batch copy and paste your data into the updated October 2022 Excel Data Tracking Worksheet. Please make sure that your data are not altered outside of the original format of the Excel worksheet.

Please follow the instructions below to copy and paste your data into the updated worksheet:

1. Copy all rows and columns up to Column E, then copy and paste into the updated October 2022 Excel worksheet. (Please paste your data using the "Paste Values" option)



		-	0	5	6	6								
1	в	C	D	E	E F	G	н		J	K	L	M	N	0
2							*Facility ID#:				Enter your Facility ID Here			
3	Healthcare	Personnel (	COVID-19 Vacci	nation Cumulat	ive				Vaccination type:	COVID_19				
4	Summary T	FRACKING W	ORKSHEET					*First day of Report	ing Week (Monday):	1/2/2023	Select the Monday of the start of the week you are reporting			
5								Last day of the rep	orting week (Sunday):	1/8/2023	Last day of the reporting week automatically populated			
0	*HCP Start of	HCP End of	HCP Last Name	HCP First Name	*Date of Birth	Unique HCP	*Vaccinated with	*Dose 1 Vaccine	Vaccinated with	Dose 2 Vaccine	Is Primary Vaccination	*Contraindication	*Declined COVID	Additional
	Employment	Employment	(Enter name)	(Enter name)	(MM-DD-YYYY)	Identifier (Enter	Dose 1 (Enter date					or Exclusion Noted		Dose Vacci
7	Date (Enter Date)	Date (Enter Date)				DOB, License #, etc.)		Name (choose from drop-down)		Name (choose from drop-down)		(Enter date of Contra-Indication)	date of Declination)	Date? (enti
8														
9														
10														
11														
11 12														
9 10 11 12 13 14														

2. Copy and paste \*Date of Birth (MM-DD-YYY) in column F of the new worksheet

**Note**: \*Date of Birth must be entered on the Data Tracking Worksheet and is required to be entered to determine up-to-date vaccination status.

#	В	С	D	E	F	G	Н	1	J	К	L	М	N	0
2									*Facility ID#:		Enter your Facility ID Here			
з	Healthcare	Personnel	COVID-19 Vacc	ination Cumulat	ive				Vaccination type:	COVID_19				
4	Summary 1	RACKING W	ORKSHEET				*First day of Reporting Week (Monday)			7/25/2022	Select the Monday of the start of the week you are reporting			
5							l	ast day of the reporti	ng week (Sunday):	7/31/2022	Last day of the reporting we	ek automatically pop	ulated	
6	*HCP Start of	HCP End of	HCP Last Name	HCP First Name	*Date of Birth	Unique HCP	*Vaccinated with	*Dose 1 Vaccine	*Vaccinated	*Dose 2 Vaccine	Is Primary Vaccination	*Contraindication	*Declined COVID	Additional/Boo
	Employment Date (Enter	Employment Date (Enter	(Enter name)	(Enter name)	(MM-DD-YYYY)	Identifier (Enter DOB, License #,	Dose 1 (Enter date of vaccination 1)		with Dose 2	Manufacturer Name (choose	Series Complete? (Please Enter YES/NO for Red Cells)	or Exclusion Noted (Enter date of	Vaccine (Enter date of	Dose Vaccination Date? (enter date
7	Date (Enter Date)	Date (Enter Date)				etc.)		Name (choose from drop-down)		from drop-down)	Enter TES/NO for Red Cells)		Declination)	Dater (enter da
8														
9 10														
11														
12														
14														
11 12 13 14 15 16 17 18														
17														
18														

3. Next, copy all rows and columns between columns F-O in the <u>old</u> worksheet, and paste in the highlighted columns G-K in the <u>updated</u> October 2022 Excel worksheet

1	В	С	D	E	F	G	н	1	J	К	L	М	N	0	
2									*Facility ID#:		Enter your Facility ID Here	Enter your Facility ID Here			
3	Healthcare	Personnel (	COVID-19 Vacci	ination Cumulat	ive				Vaccination type:	CO D_1					
4	Summary 1	RACKING W	ORKSHEET					*First day of Report	ing Week (Monday):	1/: 2023	Select the Monday of the s	tart of the week you a	re reporting		
5								Last day of the rep	orting week (Sunday):	1/1 2023	Last day of the reporting w	eek automatically pop	ulated		
6	*HCP Start of	HCP End of	HCP Last Name	HCP First Name	*Date of Birth	Unique HCP	*Vaccinated with	*Dose 1 Vaccine	*Vaccinated with	Dose 2 Vaccin	e Is Primary Vaccination	*Contraindication	*Declined COVID	Additional	
	Employment	Employment	(Enter name)	(Enter name)	(MM-DD-YYYY)	Identifier (Enter	Dose 1 (Enter date		Dose 2 (Enter date		Series Complete? (Please	or Exclusion Noted		Dose Vacci	
7	Date (Enter Date)	Date (Enter Date)				DOB, License #, etc.)	of vaccination 1)	Name (choose from drop-down)		Name (choose drop-down)	from Enter YES/NO for Red Cells	(Enter date of Contra-Indication)	date of	Date? (ent	
8	Datej	Datej				etc.j		arop-aown)		arop-aown)		Contra-Indication)	Declination		
9															
10															
10 11 12 13															
13															
14 15															
15	L														

4. **Column Q: Dose Type (Additional or Booster)** column will **automatically populate** to "Booster Dose" but **can be changed** to "Additional Dose" by using the drop-down box if you have specific documentation that an individual received an additional dose due to having a moderately to severe immunocompromising condition.

					U	V	W	X	Y	Z	AA	AB	
ditional/Booster	Dose Type	Booster Dose 2	Booster Dose 2	Booster Dose 3	Booster Dose 3	Booster Dose 4	Booster Dose 4	Booster Dose 5	Booster Dose 5	Up-To-Date	Vaccinated at	Employee or	*HCP Category (
		Date	Manufacturer	Date	Manufacturer	Date	Manufacturer	Date	Manufacturer	Vaccination	Another Location?	Non-Employee?	
	Booster)										Select: Yes/No		
	e Manufacturer		e Manufacturer (Additional or Date	e Manufacturer (Additional or Date Manufacturer	e Manufacturer (Additional or Date Manufacturer Date	e Manufacturer (Additional or Date Manufacturer Date Manufacturer	e Manufacturer (Additional or Date Manufacturer Date Manufacturer Date	e Manufacturer (Additional or Date Manufacturer Date Manufacturer Date Manufacturer	e Manufacturer (Additional or Date Manufacturer Date Manufacturer Date Manufacturer Date	e Manufacturer (Additional or Date Manufacturer Date Manufacturer Date Manufacturer Date Manufacturer	e Manufacturer (Additional or Date Manufacturer Date Manufacturer Date Manufacturer Date Manufacturer Vaccination	e Manufacturer (Additional or Date Manufacturer Date Manufacturer Date Manufacturer Date Manufacturer Vaccination Another Location?	e Manufacturer (Additional or Date Manufacturer Date Manufacturer Date Manufacturer Date Manufacturer Vaccination Another Location? Non-Employee?

5. Booster Dose 2 Date, Booster Dose 2 Manufacturer, Booster Dose 3 Date, Booster Dose 3, Booster Dose 4, and Booster dose 5 can be entered in columns R-Y of the updated October 2022 Excel worksheet.

A	Р	Q	R	S	Т	U	V	W	Х	Y	Z	AA	AB	
2														
3														
4														
6	Additional/Booster	Dose Type	Booster Dose 2	Booster Dose 2	Booster Dose 3	Booster Dose 3	Booster Dose 4	Booster Dose 4	Booster Dose 5	Booster Dose 5	Up-To-Date	Vaccinated at	Employee or	*HCP Category (
	Dose Manufacturer	(Additional or Booster)		Manufacturer	Date	Manufacturer		Manufacturer	Date	Manufacturer	Vaccination	Another Location? Select: Yes/No		
7		boostery										Select. Tesyno		
8														
9 10														
11														
12 13														
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6. **Column Z: Up-to-date vaccination** column that will **automatically populate** a YES/NO from the vaccination data entered for the healthcare worker. If column Z auto-fills with **YES**, do not change this value.

A	Q	R	s	T	U	V	W	х	¥	Z	AA	AB	AC
1													
1													
	Dose Type (Additional or		Booster Dose 2 Manufacturer		Booster Dose 3 Manufacturer	Booster Dose 4 Date	Booster Dose 4 Manufacturer		Booster Dose 5 Manufacturer		Vaccinated at Another Location?	Employee or Non-Employee?	*HCP Category (choose from drop-d
	Booster)										Select: Yes/No		
T													
I.													
I.													
										_			

7. Next, copy all rows and columns between P-T in the <u>old</u> worksheet, and paste it in the highlighted columns AA-AE in the <u>updated</u> October 2022 Excel worksheet.

**Note:** Please ensure an **HCP category is entered** in the **drop-down box** in Column Y. If this column is empty, the HCP will not be counted in the "Reporting Summary" tab.

.d.A	U	V	W	х	Y	Z	AA	A8	AC	AD	AE
2											
3											
4											
5											
	Booster Dose 3 Manufacturer	Booster Dose 4 Date	Booster Dose 4 Manufacturer	Booster Dose 5 Date	Booster Dose 5 Manufacturer	Vaccination		Employee or Non-Employee?	*HCP Category (choose from drop-down)		Vaccination Education Provided (Enter date)
7		-									
1.2											
13											
15											
16		-									
18											
19											
21											
11 12 13 14 15 16 17 18 19 20 21 22 23 24											
24											

8. **The updated October 2022 Excel worksheet is now ready to use!** After you have moved your data to the updated Excel worksheet, click the "Reporting Summary" tab to view the summary totals in "Healthcare Personnel COVID-19 Vaccination Cumulative.

TRACKING WORKSHEET	
Facility ID#:	0
Vaccination type: COVID-19	COVID_19
Week of data collection first day (Monday):	1/2/2023
Week of data collection last day (Sunday):	1/8/2023
Date Last Modified:	

Cumulative Vaccination Coverage	Healthcare Personnel (HCP) Categories								
			Employee HCP	Nor	-Employee HC	P			
	All Core HCP	All нср	Employees (staff on facility payroll)	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	Adult students/trainee s & volunteers	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	0	0	0	o	0	0			

Please contact <u>NHSN@cdc.gov</u> with any questions related to the Data Tracking Worksheet. Please include '*Weekly COVID-19 Vaccination*' in the subject line of the e-mail along with your facility type.

Thank you for your efforts reporting COVID-19 vaccination data in NHSN.

Sincerely,

NHSN Vaccination Team