

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities (CDC 57.219, Rev 2)

2 Pages

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*Facility ID#: Orchard	View	Manor	•				
*Vaccination type: COVID-19							
*Week of data collection (Monday – Sunday):/_/ –/_/			*Date Last M	*Date Last Modified: 6/18/21			
		Cumulati	ve Vaccination	Coverage			
	Healthcare Personnel (HCP) Categories						
	*All HCP (Total)	Ancillary services employees ^a	Nurse employees ^b	Aide, assistant, and technician employees ^c	Therapist employees ^d	Physician and licensed independent practitioner employees ^a	Other HCP ^f
Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	210						
2. Cumulative number of HCP	in Question #	1 who have re	ceived COVID-1	9 vaccine(s) at thi	is facility or else	where:	
2.1. * <u>Only</u> dose 1 of <i>Pfizer-</i> <i>BioNTech</i> COVID-19 vaccine	2						
2.2. *Dose 1 and dose 2 of Pfizer-BioNTech COVID- 19 vaccine	131						
2.3. *Only dose 1 of Moderna COVID-19 vaccine	6						
2.4. *Dose 1 and dose 2 of <i>Moderna</i> COVID-19 vaccine	/						
2.5. *Dose of <i>Janssen</i> COVID- 19 vaccine	/						
2.99. Complete COVID-19 vaccination series: unspecified manufacturer	Ø						
* Any completed COVID-19 vaccine series							
3. Cumulative number of HCP	in Question #	f1 with other co	nditions:		·		•
3.1. *Medical contraindication to COVID-19 vaccine							
3.2. Offered but declined COVID-19 vaccine							
3.3. Unknown COVID-19 vaccination status							
3.4. History of laboratory- confirmed SARS-CoV-2							





- ^a Environmental, laundry, maintenance, and dietary services
- ^b Registered nurses and licensed practical/vocational nurses
- ^o Certified nursing assistants, nurse aides, medication aides, and medication assistants
- d Therapists (such as respiratory, occupational, physical, speech, and music therapists) and therapy assistants
- ^e Physicians, residents, fellows, advanced practice nurses, physician assistants
- Persons not reported in the HCP categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees

COVID-19 Vaccine(s) Supply

Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.

- *4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's HCP:
 - 4.1 Is your facility enrolled as a COVID-19 vaccination provider? [Select Yes or No]
 - 4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer <u>all</u> HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]
 - 4.3. Did your facility have other arrangements sufficient to offer <u>all</u> HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacles for vaccination)? [Select Yes or No]
 - 4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility. [Optional]

Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html. To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

*5. Number of HCP with clinically significant COVID-19 vaccine adverse events identified this week

	*Total HCP with clinically significant vaccine adverse events this week	Total employees with clinically significant vaccine adverse events this week	Total non-employees with clinically significant vaccine adverse events this week
5.1. Pfizer-BioNTech COVID-19 vaccine	6		
5.2. Modema COVID-19 vaccine			
5.3. Janssen COVID-19 vaccine	0	The second of th	

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). CDC 57,219, Rev 2





Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev 2)

2 pages *required for saving

Facility ID#: Occhard View Manor	
Vaccination type: COVID-19	
Week of data collection (Monday – Sunday):/_/ –/_/	Date Last Modified:(p / \lambda / \lambda / \lambda /
Cumulative Vaccination Co	verage
1. *Number of residents staying in this facility for at least 1 day during the data collection	e week of
2. *Cumulative number of residents in Question #1 who have received	COVID-19 vaccine(s) at this facility or elsewhere:
2.1. Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	Ø
2.2. Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	94
2.3. Only dose 1 of Moderna COVID-19 vaccine	Ø
2.4. Dose 1 and dose 2 of Moderna COVID-19 vaccine	4
2.5. Dose of <i>Janssen</i> COVID-19 vaccine	
2.99. Complete COVID-19 vaccination series: unspecified manufacture	er Ø
Any completed COVID-19 vaccine series	
3. Cumulative number of residents in Question #1 with other conditions	:
3.1 *Medical contraindication to COVID-19 vaccine	Ø
3.2. Offered but declined COVID-19 vaccine	· resurf
3.3. Unknown COVID-19 vaccination status	
3.4. History of laboratory-confirmed SARS-CoV-2 infection	
COVID-19 Vaccine(s) Su	oply
Please contact your state or local health jurisdiction if there is insufficier facility is interested in becoming a COVID-	nt supply of COVID-19 vaccine available or if your 19 vaccine provider.
*4. For the current reporting week, please describe the availability of CO	VID-19 vaccine(s) for your facility's residents:
4.1 Is your facility enrolled as a COVID-19 vaccination provider? [Se	elect Yes or No]
4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s COVID-19 vaccine(s) from your facility in the current reporting week	
4.3. Did your facility have other arrangements sufficient to offer <u>all</u> revaccine(s) in the current reporting week (examples of other arrange or pharmacies for vaccination)? [Select Yes or No]	esidents the opportunity to receive COVID-19 ments include referring to the health department
4.4. Please describe any other COVID-19 vaccination supply-related	d issue(s) at your facility. [Optional]



Adverse Events following COVID-19 Vaccine(s)					
Clinically significant adverse events should be reported to the Vaccine Adverse Ever https://vaers.hhs.gov/reportevent.html . To help identify reports from NHSN sites, please of the VAERS form.					
Clinically significant adverse events include vaccine administration errors and serious at threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it caused the event.					
Other clinically significant adverse events may be described in the provider emergency sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers shorequirements described in EUAs or prescribing information.					
5. * Number of residents with clinically significant COVID-19 vaccine adverse events ide	entified this week				
5.1. Pfizer-BioNTech COVID-19 vaccine	\cap				
5.2. Moderna COVID-19 vaccine	\bigcirc				
5.3. Janssen COVID-19 vaccine	0				
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance sy any individual or institution is collected with a guarantee that it will be held in strict confidence, wil and will not otherwise be disclosed or released without the consent of the individual, or the institu 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). CDC 57.218, Rev 2	l be used only for the purposes stated,				