

## Questions on the Vaccinations (January 23, 2021)

**Q: What value and intentions are there for reporting vaccination data? How will the information be used other than allocations? Additionally, will this data effect the facilities' vaccine allocations?**

A: HHS uses the vaccination data for situational awareness, understanding workplace risk for clinical staff, anticipating and modeling the effect of cases in different areas, and determining the need for potential federal assistance. We also use the data to understand the equity in facility-based vaccinations across different geographic regions. We do not use the vaccination reporting data for vaccine allocations.

**Q. For the weekly vaccination counts reporting, do the hospitals determine how they will define a week, or are to use a prescribed day range (Friday – Thursday, or Wednesday through Tuesday)?**

A: For COVID-19 Hospital Reporting for Vaccine Administration, the reporting week is Wednesday through Tuesday. For fields 41 – 47, vaccine administration data should be reported once weekly on Wednesday.

**Q: For the vaccination questions, how is patient defined? Is it just inpatient? Does it also include outpatient? People in the ED? People in clinics who only come in for vaccination?**

A: For COVID-19 Hospital Reporting, the term **“patient”** is defined as any individual that your facility vaccinated and is not currently a healthcare personnel serving in your facility. It includes any individual that is vaccinated in any setting in your facility, including inpatient, outpatient, and ED settings, and patients vaccinated in any other care setting in your facility. NB: This definition of **“patient”** is only for reporting data for fields 46 and 47.

**Q: We have set up a central site for all of our healthcare personnel to be vaccinated. It is not tied to a specific hospital, and it serves personnel from multiple sites. How should we record this?**

A: Response to Question 41 (doses administered) should include all doses administered by a site, regardless of whether the healthcare personnel works for that particular site. Response to Questions 42-45 should include all healthcare personnel who works at a specific facility. A facility should **count all vaccinated healthcare personnel**, regardless of where those healthcare personnel received their vaccination – at the facility or another location, e.g. another healthcare facility, a local health department ...etc.

**Q: Our healthcare personnel are being vaccinated at a site other than our hospital. How do we track whether employees have been vaccinated or not?**

A: Response to Question 41 (doses administered) should include all doses administered by a site, regardless of whether the healthcare personnel works for that particular site. Response to Questions 42-45 should include all healthcare personnel who work at a specific facility. A facility should **count all vaccinated healthcare personnel**, regardless of where those

healthcare personnel received their vaccination – at the facility or another location, e.g. another healthcare facility, a local health department ...etc.

**Q: Our personnel move between many sites in our health system and are not assigned to a specific location. How should we account for them in the count of which employees have been vaccinated?**

A: Individual health systems may determine the optimal way to keep track of which of their employees have been vaccinated. It is important that this information is provided at least at the facility level, and that employees are not missed.

**Q: We are a hospital system and our staff member may receive vaccine at one hospital within the system and then get the second dose at another. Which hospital should count that employee as a staff member that have being vaccinated? Does it matter where the vaccination was obtained?**

A: Individual health systems may determine the optimal way to keep track of which of their employees have been vaccinated. It is important that this information is provided at least at the facility level. If an employee regularly works at a primary hospital but on occasion will help at another hospital within the system, the information can be reported by the primary facility. This vaccination count should be counted in response to Questions 42 – 45, as they are for personnel of that health system regardless of where they are vaccinated.

**Q: We opened up our vaccination program to other non-affiliated and non-employed healthcare workers (HCW) in our community (dentists, nursing home employees, EMS workers, etc.). How should we account for these vaccinations?**

A: These vaccinations should be counted in response to Question 41, total vaccinations administered. However, you would not count these individuals in response to questions 42-45, as they are not personnel of that healthcare system.

**Q: We will start vaccinating community members at a location outside of our own hospital facilities, and the plan is not to put these vaccinations in our own medical records, but instead consider this as a service to the community. Should these vaccinations be included in the count?**

A: These vaccinations should be counted in response to Questions 46 and 47, in the previous week's patients counts, first dose administered in a multi-dose series and the final dose administered in a vaccination series. However, you would not count these individuals in response to questions 42-45, as they are not personnel of that healthcare system.

**Q: What are the specifications around “potential for direct or indirect exposure to patients or infectious materials”? Is the intention to exclude corporate, administration, accounting or HR staff?**

A: Any healthcare personnel (including corporate staff) who have potential for direct or indirect exposure should be counted. If the corporate, administrative, accounting or HR staff are **not** working in a healthcare setting where they have potential for direct or indirect exposure (e.g., an office building that is not where patient care is provided), they should not be counted.

**Q: What is considered in the definition of Total Current Healthcare Personnel? Should we include people like hospital/clinic employee or provider, contractors, nursing students, volunteers, and vendors? Should we include our physicians, nurse practitioner and physician assistants who are credentialed with us but not employed by us?**

A: We define “**healthcare personnel**” as paid and unpaid individuals who have the potential for direct or indirect exposure to patients or infectious materials. These **healthcare personnel** could be paid, unpaid, volunteer, intern, contractor, employee, can work in other facilities-- any healthcare personnel serving in your healthcare setting who has the potential for direct or indirect exposure to patients or infectious materials. **Healthcare personnel** such as physicians, nurse practitioners and physician assistants that serve your facility and are not patients.

**Q: Is healthcare personnel only employees of the hospital or does it also include external healthcare personnel who are not employees of the hospital system? Hospitals across our state have stepped up to assist with vaccinating healthcare workers who are not employed by their hospital system.**

A: Healthcare personnel should include all paid and unpaid individuals who have the potential for direct or indirect exposure to patients or infectious materials. The non-employed healthcare personnel vaccinations should be counted in response to Question 41, total vaccinations administered. However, you would not count these individuals in response to questions 42-45, as they are not personnel of that healthcare system.

**Q: Should the sum of responses to Question 42 (HCW with none), 43 (HCW with one), and 44 (HCW with full course) equal the total number in Question 45 (total personnel)?**

A: In general, the sum of questions 42-44 should equal the number for question 45. However, there is not hard limitation requiring that. If you believe you have a situation where that would not occur, please contact TeleTracking Technical Support at 1-877-570-6903, or via email at [hhs-protect@teletracking.com](mailto:hhs-protect@teletracking.com).

**Q: There is a note on #46 that says for the first week of reporting, include all doses given up to that date. But it is not noted for #47 – should it be?**

A: The Guidance does not specify that the total doses given up to that date in the previous week should be included for #47, do not include the cumulative to that point for your response to Question 47.

**Q: We will be turning the vaccine administration responsibility to other Public Health agency. We will not have access to the vaccine administration data. What are the values to be reported in the fields 41- 47 at our facility level when vaccine administration data becomes mandatory?**

A: Questions 41, 46, and 47 would no longer be applicable if vaccine is not being administered by your facility. For these Questions, “0” (zero) can be entered when vaccine administration data becomes mandatory. Other Questions 42, 43, 44, and 45 would be applicable and healthcare personnel vaccinated counts should be provided for these fields.

**Q: How do you define “last week”?**

A: We define **previous week** as the last seven days (Wednesday through Tuesday) before you report your hospital data on Wednesday.