

Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev 9)

1 page *required for saving

Facility ID#:	
Vaccination type: COVID-19	
Week of data collection (Monday – Sunday): <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>	Date Last Modified: <u> </u> / <u> </u> / <u> </u>
Cumulative Vaccination Coverage	
<p>Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022, facilities also have the option to use the Person-Level COVID-19 Vaccination Forms and select the “view reporting summary and submit” to submit these data. Using the person-level forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates.</p>	
1. *Number of residents staying in this facility for at least 1 day during the week of data collection	
2. *Cumulative number of residents in Question #1 who are up to date with COVID-19 vaccines.	
<p>Please review the current definition of up to date: Key Terms and Up to Date Vaccination</p>	
3. *Cumulative number of residents in Question #1 with other conditions:	
3.1. *Medical contraindication to COVID-19 vaccine	
3.2. *Offered but declined COVID-19 vaccine	
3.3. *Unknown/other COVID-19 vaccination status	
<p>Adverse Events following COVID-19 Vaccine(s)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><small>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)).</small></p> <p><small>Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).</small></p>	

October 2023

Optional Weekly RSV/Influenza Vaccination Cumulative Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev 9)

1 page *required for saving

Facility ID#:	
Vaccination Type: Respiratory	
Week of data collection (Monday – Sunday): __/__/____ - __/__/____	Date Last Modified: __/__/____
Cumulative Vaccination Coverage	
Optional Reporting: These data are NOT required.	
Total Residents	1. *Number of residents staying in this facility for at least 1 day during the week of data collection (auto-populated from question 1 on the COVID-19 residents form).
Influenza Vaccination	2. Number of residents in question #1 who are up to date with Influenza vaccination for current influenza season
	Among those not in Question #2, reason not up to date:
	2.1. Medical contraindication to influenza vaccine
	2.2. Offered but declined influenza vaccine
	2.3. Other/unknown influenza vaccination status
RSV Vaccination	3. Number of residents in question #1 who are up to date with RSV vaccination
	Among those not in Question #3, reason not up to date:
	3.1. Medical contraindication to RSV vaccine
	3.2. Offered but declined RSV vaccine
	3.3. Other/unknown RSV vaccination status
Adverse Events following Vaccine(s)	
<p>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.</p>	
<p>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.</p> <p>Other clinically significant adverse events may be described in the Vaccine Information Statements (VIS) or prescribing information for the vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in VISs or prescribing information.</p>	
