

Instructions for Completion of the Weekly Respiratory Pathogens Vaccination Module (COVID-19, Influenza, RSV): Cumulative Summary Forms for Residents of Long-Term Care Facilities (57.218, Rev 9)

These Cumulative Vaccination Summary Forms pertaining to the Respiratory Pathogens Vaccination Module are used to collect information on weekly COVID-19, Influenza, and RSV vaccination among residents of long-term care facilities. Please note that this guidance applies to data beginning on October 23, 2023.

Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on the **Resident COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities** form. Long-term care facilities also have the option to use the Person-Level COVID-19 Vaccination Forms 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. Learn more here: [Person-Level COVID-19 Vaccination Forms - Instructions and Guidance Documents](#)

Facilities can optionally submit Weekly Influenza/RSV Vaccination Cumulative Summary data by completing the questions on the **Resident Flu/RSV Cumulative Vaccination Summary for Long-Term Care Facilities** form.

Resident COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities Form

Data Fields	Instructions for Completion
Date Created	<i>Required.</i> The date created will be auto-populated. This is the date data is first entered and saved
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-populated. This is your OrgID.
Vaccination Type	<i>Required.</i> Auto-populated in the application as COVID-19
Facility CCN	<i>Required.</i> The Facility CCN will be auto-populated. This is the assigned facility CCN.
Week of Data Collection	<i>Required.</i> Auto-populated based on the reporting week selected in which data are being collected. Weeks begin on a Monday and end on a Sunday.
Date Last Modified	The Date Last Modified will be auto-populated and indicate the date that these data were last changed by a user.
Question #1	

<p>Number of residents staying in this facility for at least 1 day during the week of data collection</p>	<p><i>Required.</i> Defined as the total number of residents occupying a bed at this facility for at least 1 day (at least 24 hours) during the week of data collection.</p> <ul style="list-style-type: none"> • Each person should be counted only once in the denominator. • The total number of residents staying in this facility for at least 1 day during the week of data collection is required.
<p>Question #2</p> <p>Question 2 asks about the number of residents in Question #1 who are up to date with COVID-19 vaccines</p>	<p><i>Required.</i> Enter cumulative number of residents in Question #1 who are up to date with COVID-19 vaccine(s).</p> <p>Please review the current definition of up to date: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf</p>
<p>Question #3.1-3.3</p> <p>Among those not in Question #2, reason not up to date:</p>	<p><i>Required.</i> Questions #3.1 -3.3 asks about the number of residents in Question #1 who are not up to date with COVID-19 vaccination.</p>
<p>3.1. Medical contraindications to COVID-19 vaccine</p>	<p><i>Required.</i> Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the total number of residents who are not up to date with COVID-19 vaccination due to having a medical contraindication to one or more COVID-19 vaccine(s).</p> <p>Medical contraindications include history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, and history of a known diagnosed allergy 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>3.2. Offered but declined COVID-19 vaccine</p>	<p><i>Required.</i> Enter the total number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) that were offered COVID-19 vaccination but declined.</p> <p>The following residents should be counted in this category:</p> <ul style="list-style-type: none"> • Residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine. • Residents declining vaccination because of religious or philosophical objection.



	<ul style="list-style-type: none"> • Residents declining vaccination and who did not provide any information about the reason why they declined. • Residents who have received any monovalent COVID-19 vaccine(s) and refuse the most recent updated bivalent COVID-19 vaccine.
<p>3.3. Unknown/other COVID-19 vaccination status</p>	<p><i>Required.</i> Of the residents in question #1, enter the number of residents whose COVID-19 vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example:</p> <ul style="list-style-type: none"> - The facility could not determine an individual’s vaccination status. - The individual received vaccination outside of the healthcare facility but did not provide documentation of vaccination. - The individual is planning to obtain the most recently approved vaccines but has not yet done so. (For instance, the vaccine may not yet be available in a particular location.)
<p><i>Please note that the sum of Questions 2, 3.1, 3.2, and 3.3 must be equal to the total number of residents (question 1).</i></p>	
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Optional Resident Flu/RSV Cumulative Vaccination Summary for Long-Term Care Facilities Form

Note: Facilities choosing to report resident Influenza and RSV vaccination data must first complete the Resident COVID-19 Vaccination form. On this form, if a field is indicated as '*Conditionally Required*', it means that a numerical value is required to be entered to save the form *if you choose to enter these data*. Entering data on this form remains optional.

Data Fields	Instructions for Completion
Date Created	<i>Required.</i> The date created will be auto-populated. This is the date data is first entered and saved
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-populated. This is your OrgID.
Vaccination Type	<i>Required.</i> Auto-populated in the application as Respiratory
Facility CCN	<i>Required.</i> The Facility CCN will be auto-populated. This is the assigned facility CCN.
Week of Data Collection	<i>Required.</i> Auto-populated based on the reporting week selected in which data are being collected for.
Date Last Modified	<i>Required.</i> The Date Last Modified will be auto-populated and indicate the date that these data were last changed by a user.
Question #1 Number of residents staying in this facility for at least 1 day during the week of data collection	<i>Note: This field is auto-completed based on the number of residents entered for Question #1 for the corresponding week on the Resident COVID-19 vaccination form.</i>
Question #2 Question 2 asks about the number of residents in Question #1 who are up to date with Influenza vaccines	<i>Conditionally Required.</i> Enter cumulative number of residents in Question #1 who are up to date with Influenza vaccination for current season. Please review the current definition of up to date: Received an influenza vaccine any time from when it first became available in July of 2023.
Question #2.1-2.3 Among those not in Question #2, reason not up to date:	Questions #2.1-2.3 ask about the number of residents in Question #1 who are not up to date with Influenza vaccination for the current season.
2.1. Medical contraindication to Influenza vaccine	<i>Conditionally Required.</i> Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the total number of residents who are not

	<p>up to date with Influenza vaccination due to having a medical contraindication to the influenza vaccine(s).</p> <p>A medical contraindication to an influenza vaccination is defined as having a severe allergic reaction to eggs or other components of the influenza vaccine or a history of GBS within 6 weeks after a previous influenza vaccination. Please see the most up-to-date list of contraindications here: Who Should and Who Should NOT Get a Flu Vaccine CDC</p>
<p>2.2. Offered but declined Influenza vaccine</p>	<p><i>Conditionally Required.</i> Enter the total number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) that were offered Influenza vaccination but declined.</p> <p>The following residents should be counted in this category:</p> <ul style="list-style-type: none"> • Residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the influenza vaccine. • Residents declining vaccination because of religious or philosophical objection. • Residents declining vaccination and who did not provide any information about the reason why they declined. • Residents who have received any influenza vaccine(s) but refuse the most recent seasonal influenza vaccine.
<p>2.3. Unknown/other Influenza vaccination status</p>	<p><i>Conditionally Required.</i> Of the residents in question #1, enter the number of residents whose influenza vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example, a facility may not have vaccination documentation for certain residents, or the most recently approved vaccines are not yet available in a facility.</p>
<p>Question #3</p> <p>Question #3 asks about the number of residents in Question #1 who are up to date with RSV vaccination</p>	<p><i>Conditionally Required.</i> Enter cumulative number of residents in Question #1 who are up to date with RSV vaccination.</p> <p>Please review the current definition of up to date: Received RSV vaccination any time from when it first became available in August 2023.</p>
<p>Question #3.1-3.3</p> <p>Among those not in Question #3, reason not up to date:</p>	<p>Question #3.1 - 3.3 ask about the number of residents in Question #1 who are not up to date with RSV vaccination.</p>



<p>3.1. Medical contraindications to RSV vaccine</p>	<p><i>Conditionally Required.</i> Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the total number of residents who are not up to date with RSV vaccination due to having a medical contraindication to the vaccine.</p> <p>Medical contraindications include history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the RSV vaccine, and history of a known diagnosed allergy to a component of the RSV vaccine. Please see the most up-to-date list of contraindications here: RSV Vaccine Information Statement CDC</p>
<p>3.2. Offered but declined RSV vaccine</p>	<p><i>Conditionally Required.</i> Enter the total number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) that were offered RSV vaccination but declined.</p> <p>The following residents should be counted in this category:</p> <ul style="list-style-type: none"> • Residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the RSV vaccine. • Residents declining vaccination because of religious or philosophical objection. • Residents declining vaccination and who did not provide any information about the reason why they declined.
<p>3.3. Unknown/other RSV vaccination status</p>	<p><i>Conditionally Required.</i> Of the residents in question #1, enter the number of residents whose RSV vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example:</p> <ul style="list-style-type: none"> - The facility could not determine an individual’s vaccination status. - The individual received vaccination outside of the healthcare facility but did not provide documentation of vaccination. - The individual is planning to obtain the most recently approved vaccines but has not yet done so. (For instance, the vaccine may not yet be available in a particular location.)
<p><i>Please note that if you chose to report these data, the sum of the Questions 2, 2.1, 2.2, and 2.3 for influenza, and the sum of Questions 3, 3.1, 3.2, and 3.3 for RSV, must be equal to the total number of residents in question 1 (question 1 is auto-filled from the COVID-19 vaccination form). This only applies if you are entering these data. Since these fields are optional, they may remain blank.</i></p>	

