

High Risk Inpatient Influenza Vaccination Denominator Data Form – Method B

* required for saving

*Facility ID:	*Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
Ethnicity (specify):	Race (specify):
*Event Type: FLUVX	Vaccination type: Influenza
*Date of Admission:	

***High Risk Criteria (For patients not previously vaccinated only, check all that apply)**

- Adult aged > 49 years
 - Child aged 6 - 59 months
 - Residents of nursing homes or other chronic-care facilities
 - Pregnancy during the influenza season
 - Child/adolescent (aged 6 months-18 years) receiving long-term aspirin therapy
 - Adult or child over 6 months of age who has**:
 - chronic disorders of the pulmonary or cardiovascular systems, including asthma (hypertension is not considered a high-risk condition)
 - required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunodeficiency (including immunodeficiency caused by medications or by human immunodeficiency virus [HIV])
 - any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration
- (**See Table 1 for further information on high risk disease conditions)

*Vaccine Offered: Yes No (If Yes complete HRIIV Numerator Data Form - Method B, CDC 57.75QQ)

Table 1 - ICD9 codes associated with high risk disease conditions that may make patients candidates for influenza vaccination (may not be all inclusive). CHECK ALL THAT APPLY.

HIGH-risk category	HIGH-risk sub-category
Chronic pulmonary	<input type="checkbox"/> Acute rheumatic fever <input type="checkbox"/> Chronic rheumatic heart disease <input type="checkbox"/> Hypertensive heart disease <input type="checkbox"/> Ischemic heart disease <input type="checkbox"/> Diseases of pulmonary circulation <input type="checkbox"/> Other forms of heart disease* <input type="checkbox"/> Atherosclerosis, polyarteritis nodosa <input type="checkbox"/> Congenital anomalies <input type="checkbox"/> Surgical/device conditions (heart transplant, cardiac device in situ, aortocoronary bypass, angioplasty) <input type="checkbox"/> Cardiovascular syphilis <input type="checkbox"/> Candidal endocarditis <input type="checkbox"/> Myocarditis due to toxoplasmosis

Assurance of Confidentiality: The 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)).

Public reporting burden of this collection of information is estimated to average 5 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Chronic pulmonary	<input type="checkbox"/> Other metabolic and immunity disorders* <input type="checkbox"/> COPD and allied conditions <input type="checkbox"/> Pneumoconioses/other lung diseases due to external agents <input type="checkbox"/> Other diseases of respiratory system* <input type="checkbox"/> Congenital anomalies <input type="checkbox"/> Lung transplant <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diseases due to other mycobacteria <input type="checkbox"/> Sarcoidosis
Chronic renal disease	<input type="checkbox"/> Hypertensive renal disease <input type="checkbox"/> Nephritis, nephrotic syndrome, nephrosis <input type="checkbox"/> Chronic pyelonephritis <input type="checkbox"/> Other specified disorders of kidney and ureter* <input type="checkbox"/> Dialysis and transplant
Diabetes mellitus	<input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Complications of diabetes
Hemoglobinopathies	<input type="checkbox"/> Anemias
Immunosuppressive disorders	<input type="checkbox"/> HIV/retroviral disease <input type="checkbox"/> Disorders involving immune mechanism <input type="checkbox"/> Diseases of blood and blood-forming organs <input type="checkbox"/> Polyarteritis nodosa <input type="checkbox"/> Diseases of musculoskeletal system and connective tissue <input type="checkbox"/> Organ/tissue transplants <input type="checkbox"/> Radiation/chemotherapy <input type="checkbox"/> Malignancies
Other metabolic and immunity disorders	<input type="checkbox"/> Disorders of adrenal glands <input type="checkbox"/> Other disorders*
Liver diseases	<input type="checkbox"/> Chronic liver disease and cirrhosis <input type="checkbox"/> Liver abscess and sequelae of chronic liver disease
Neurological/musculoskeletal	<input type="checkbox"/> Psychotic conditions <input type="checkbox"/> Mental retardation <input type="checkbox"/> Hereditary and degenerative diseases of CNS <input type="checkbox"/> Other disorders of CNS* <input type="checkbox"/> Disorders of peripheral nervous system <input type="checkbox"/> Late effects of CVD <input type="checkbox"/> Chondrodystrophy
Other	<hr/> <hr/> <hr/>

*** See table 1 in the HRIIV Module for examples of ICD-9 codes consistent with a diagnosis for "other" in each high-risk sub-category**