

Data Collection Elements for COVID-19 Vaccination Status on 2023-24 FluSurv-NET Cases

R. COVID-19 and RSV Vaccine History (Additional products will be listed in the database as FDA authorization/emergency use authorization received)		
<p>1. Vaccine registry</p> <input type="checkbox"/> Registry reviewed <input type="checkbox"/> Registry available but not reviewed (specify): _____ <input type="checkbox"/> Registry not available for review	<p>1a. Registry vaccination documentation</p> <input type="checkbox"/> Case-patient in registry with documented vaccine(s) <input type="checkbox"/> Case-patient in registry with no documented vaccine <input type="checkbox"/> Case-patient not found in registry <input type="checkbox"/> Case-patient not found in specific dataset	
<p>2. Medical chart</p> <input type="checkbox"/> Medical chart reviewed <input type="checkbox"/> Medical chart available but not reviewed (specify): _____ <input type="checkbox"/> Medical chart not available for review	<p>2a. Medical chart vaccination documentation:</p> <input type="checkbox"/> Documented vaccine, ≥ 1 date specified <input type="checkbox"/> Documented vaccine, no date specified <input type="checkbox"/> Chart indicates person is unvaccinated <input type="checkbox"/> No vaccination documentation	
<p>3. Were attempts made to use other sources for vaccination verification? (select all that apply)</p> <input type="checkbox"/> Yes, primary care provider (PCP) or Long Term Care Facility (LTCF) <input type="checkbox"/> Yes, pharmacy of record <input type="checkbox"/> Yes, case-patient interview <input type="checkbox"/> Yes, proxy interview <input type="checkbox"/> No	<p>3a. Primary Care Provider (PCP) or Long Term Care Facility (LTCF) contact and documentation"</p> <input type="checkbox"/> PCP/LTCF contacted and provided vaccination documentation <input type="checkbox"/> PCP/LTCF contacted but did not provide vaccination documentation <input type="checkbox"/> Attempted to contact PCP/LTCF but unsuccessful <input type="checkbox"/> PCP/LTCF not contacted	
<p>3b. Primary Care Provider (PCP) or Long Term Care Facility (LTCF) vaccine documentation</p> <input type="checkbox"/> PCP/LTCF indicated vaccine receipt, ≥ 1 date(s) specified <input type="checkbox"/> PCP/LTCF indicated vaccine receipt, no date(s) specified <input type="checkbox"/> PCP/LTCF indicated person is unvaccinated <input type="checkbox"/> Vaccination status not documented	<p>3c. Pharmacy of record vaccination contact and documentation:</p> <input type="checkbox"/> Pharmacy contacted and provided vaccination documentation <input type="checkbox"/> Pharmacy contacted but did not provide vaccination documentation <input type="checkbox"/> Attempted to contact pharmacy but unsuccessful <input type="checkbox"/> Pharmacy not contacted	
<p>3d. Pharmacy of record vaccine documentation:</p> <input type="checkbox"/> Pharmacy indicated vaccine receipt, ≥ 1 date(s) specified <input type="checkbox"/> Pharmacy indicated vaccine receipt, no date(s) specified <input type="checkbox"/> Vaccination status not documented	<p>3e. Case-patient or proxy vaccination contact and documentation:</p> <input type="checkbox"/> Case-patient/proxy contacted and provided vaccination documentation <input type="checkbox"/> Case-patient/proxy contacted but did not provide vaccination documentation <input type="checkbox"/> Attempted to contact Case-patient/proxy but unsuccessful <input type="checkbox"/> Case-patient/proxy not contacted	
<p>3f. Case-patient or proxy vaccine documentation:</p> <input type="checkbox"/> Case-patient/proxy indicated vaccine receipt, ≥ 1 date(s) specified <input type="checkbox"/> Case-patient/proxy indicated they are unvaccinated <input type="checkbox"/> Case-patient/proxy indicated vaccine receipt, no date(s) specified <input type="checkbox"/> Vaccination status not documented		
<p>4. COVID-19 vaccine doses received (For cases ≥ 6 years old, record all doses of COVID-19 vaccine received on/after August 31, 2022. For cases < 6 years old, record all available doses of COVID-19 vaccine)</p>		
<p>Dose Date</p> <p>____/____/____ Month Day Year <input type="checkbox"/> Unk. <input type="checkbox"/> Unk. <input type="checkbox"/> Unk.</p>	<p>Dose Product</p> <p>For COVID-NET case-patients ≥ 6 years old:</p> <input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine, Bivalent (COMIRNATY/ bivalent BNT162b2 -or- Original and Omicron BA.4/BA.6) <input type="checkbox"/> Moderna COVID-19 Vaccine, Bivalent (mRNA-1273.214) <input type="checkbox"/> Jansen Pharmaceuticals (JNJ-78436735) <input type="checkbox"/> Novavax COVID-19 Vaccine, Adjuvanted (NVX-CoV2373, Covovax) <input type="checkbox"/> AstraZeneca (AZD1222) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____ <p>Additional options for COVID-NET case-patients ≥ 6 months – < 6 years old:</p> <input type="checkbox"/> Moderna COVID-19 Vaccine, Monovalent (Spikevax, mRNA-1273) <input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine, Monovalent or (COMIRNATY/ Monovalent BNT162b2)	<p>Dose Source</p> <input type="checkbox"/> Registry <input type="checkbox"/> Medical Chart <input type="checkbox"/> PCP/LTCF <input type="checkbox"/> Pharmacy <input type="checkbox"/> Case-patient/proxy