**Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev10)**

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|  | 1 page \*required for saving | | |
| Facility ID#: | | | |
| Week of data collection (Monday – Sunday): \_\_/\_\_/\_\_\_\_ – \_\_/\_\_/\_\_\_\_ | | Date Last Modified: \_\_/\_\_/\_\_\_\_ | |
| Flu / Respiratory Virus Season: **YYYY-YYYY** | | | |
| **1.** \* Number of residents staying in this facility for at least 1 day during the week of data collection | | |  |
| **Cumulative Vaccination Coverage** | | | |
| **2.** **Resident Vaccination: Among residents in Question #1**: | | | |
| **2a.** \*Number of residents who are [up to date](https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf) with COVID-19 vaccines | | |  |
| **2b.** Number of residents who have received this season’s [annual influenza vaccine](https://www.cdc.gov/nhsn/pdfs/up-to-date-guidance-influenza-rsv-508.pdf) **(YYYY-YYYY)** | | |  |
| **2c.** Number of residents who have received [RSV vaccine](https://www.cdc.gov/nhsn/pdfs/up-to-date-guidance-influenza-rsv-508.pdf) | | |  |
| **New Resident Cases (Positive Tests) and Hospitalizations During the Week of Data Collection** | | | |
| **3. Resident Cases (Positive Tests):** | | | |
| **3a.** \***COVID-19:** Residents with a Positive Test | | |  |
| **3ai.** \*\*Number of residents in Question #3a who received the [up to date](https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf) COVID-19 vaccine 14 days or more before the positive test | | |  |
| **3b.** **Influenza:** Residents with a Positive Test | | |  |
| **3bi.** \*\*Number of residents in Question #3b who received this season’s [annual influenza vaccine](https://www.cdc.gov/nhsn/pdfs/up-to-date-guidance-influenza-rsv-508.pdf) (**YYYY-YYYY)** 14 days or more before the positive test | | |  |
| **3c.** **RSV:** Residents with a Positive Test | | |  |
| **3ci.** \*\*Number of residents in Question #3c who received [RSV vaccine](https://www.cdc.gov/nhsn/pdfs/up-to-date-guidance-influenza-rsv-508.pdf) 14 days or more before the positive test | | |  |
| **4. Residents Hospitalized with a Positive Test** | | | |
| **4a.** \***COVID-19:** Residents hospitalized this week, and had a positive test in the last 10 days | | |  |
| **4ai.** \*\*Number of residents in Question #4a who received the [up to date](https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf) COVID-19 vaccine 14 days or more before the positive test | | |  |
| **4b.** **Influenza:** Residents hospitalized this week, and had a positive test in the last 10 days | | |  |
| **4bi.** \*\*Number of residents in Question #4b who received this season’s [annual influenza vaccine](https://www.cdc.gov/nhsn/pdfs/up-to-date-guidance-influenza-rsv-508.pdf) (**YYYY-YYYY)** 14 days or more before the positive test | | |  |
| **4c.** **RSV:** Residents hospitalized this week, and had a positive test in the last 10 days | | |  |
| **4ci.** \*\* Number of residents in Question #4c who received [RSV vaccine](https://www.cdc.gov/nhsn/pdfs/up-to-date-guidance-influenza-rsv-508.pdf) 14 days or more before the positive test | | |  |
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