

Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev13)

1 page *required for saving

Facility ID#:	
Week of data collection (Monday – Sunday): / / – / /	Date Last Modified: / / / Date Completed: / / /
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 have received COVID-19 vaccine .	
2b. *Number of residents who have received this season's annual influenza vaccine (YYYY-YYYY)	
2c. *Number of residents who have received RSV vaccine	
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 COVID 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 (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 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 COVID 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 (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 14 days or more before the positive test	
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)). Public reporting burden of this collection of information is estimated to average 25 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 (0920-1317). CDC 57.218 v.13, October 2025	