

# Influenza Vaccination Coverage of Long-Term Care Facility Residents

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\*required for saving, ^conditionally required for saving

*Vaccination type: Influenza	*Influenza subtype <sup>a</sup> : <input type="checkbox"/> Seasonal	*Influenza Season <sup>b</sup> :	
Week of data collection: __/__/____ - __/__/____		Date Last Modified: __/__/____	
Vaccination Coverage			
1. Number of residents staying in this facility for at least 1 day during the week of data collection <sup>c</sup>			
2. Number of residents in row #1 who received influenza vaccination (either at the facility or outside of the facility) since vaccine became available this season			
3. Number of residents in row #1 with a medical contraindication to influenza vaccination			
4. Number of residents in row #1 offered but declined influenza vaccination			
5. Number of residents in row #1 not offered influenza vaccination by the facility			
6. Number of residents in row #1 with an unknown influenza vaccination status or did not meet criteria for other categories for questions 2-5 above			
Vaccine Availability			
7. Has your facility received its supply of influenza vaccine for the current influenza season? [Yes, or Only a portion of the supply was received, or No]			
8. Is your facility currently experiencing a shortage of influenza vaccine for the current influenza season? [Yes or No]			
Custom Fields			
Label		Label	
_____	__/__/____	_____	__/__/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Comments			
<p><sup>a</sup> For the purposes of NHSN, influenza subtype refers to whether seasonal or non-seasonal vaccine is used. Seasonal is the default and only current choice.</p> <p><sup>b</sup> For the purposes of NHSN, a flu season is defined as July 1 to June 30.</p> <p><sup>c</sup> Questions 2-6 are mutually exclusive. The sum of the residents reported in rows 2-6 should equal the number of residents reported in row 1.</p> <p>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)). CDC 57.214 v2, R8.2</p>			

