



Instructions for Completion of the Weekly Influenza Vaccination Summary Form for Residents at Long-Term Care Facilities (CDC 57.148)

This form is used to collect information on weekly influenza vaccination counts among residents of long-term care facilities.

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered.
Vaccination Type	<i>Required.</i> Influenza is the default and only current choice.
Influenza Subtype	<i>Required.</i> Seasonal is the default and only current choice.
Influenza Season	<i>Required.</i> Select the influenza season years for which data were collected (for example, 2020/2021).
Week of Data Collection	<i>Required.</i> Enter the day, month, and year of the beginning and end dates for the week data are being collected.
Date Last Modified	The Date Last Modified will be auto-entered and indicate the date that these data were last changed by a user.
Question 1 (Denominator)	
1. Number of residents staying in this facility for at least 1 day during the week of data collection	<i>Required.</i> Defined as the total number of residents occupying a bed at this facility for at least 1 day (at least 24 hours) during the week of data collection.
Questions 2-6 (Numerator)	The numerator categories are mutually exclusive. The sum of the numerator categories for questions 2-6 should equal the number listed for the denominator.
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	<p><i>Required.</i> Enter the total number of residents in question 1 who have received an influenza vaccination at any point during this influenza season.</p> <p>This comprises the following:</p> <ul style="list-style-type: none"> • Influenza vaccination <u>received at this long-term care facility</u> since the influenza vaccine became available this season. • Influenza vaccination <u>received from an outside entity</u> since the influenza vaccine became available this season. <p>Outside entities include but are not limited to pharmacies, medical facilities that are not part of the long-term care facility reporting these data (such as outpatient clinics, physician offices, and acute care hospitals), health fairs, grocery stores, and fire stations.</p>





Data Fields	Instructions for Completion
	<p>Note: Count influenza vaccination given to persons during a clinic visit or during hospitalization. Documentation of influenza vaccination is not required.</p> <p>Note: This variable combines two variables that appear in the MDS 3.0 Nursing Home Comprehensive Item Set (variables 00250A and 00250C-2.) There may be staff member at the long-term care facility who is already collecting these data.</p>
<p>3. Number of residents in row #1 with a medical contraindication to influenza vaccination</p>	<p><i>Required.</i> Enter the total number of residents in question 1 who have a medical contraindication to influenza vaccination.</p> <p>For inactivated influenza vaccine, accepted contraindications include: (1) Severe reactions (e.g., respiratory distress) after a previous influenza vaccine dose or to a vaccine component.</p> <p>Precautions for influenza vaccine include: (1) Moderate to severe acute illness with or without fever (influenza vaccine can be administered after the acute illness) and; (2) History of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.</p> <p>Note: This variable appears in the MDS 3.0 Nursing Home Comprehensive Item Set (variable 00250C-3).</p>
<p>4. Number of residents in row #1 offered but declined influenza vaccination</p>	<p><i>Required.</i> Enter the total number of residents in question 1 who were offered influenza vaccination but declined it.</p> <p>The following residents should be counted in this category:</p> <ul style="list-style-type: none"> • Residents declining influenza vaccination because of health conditions that are not considered accepted medical contraindications. • Residents declining influenza vaccination because of religious or philosophical objections. • Residents declining influenza vaccination who did not provide any other information. <p>Note: This variable appears in the MDS 3.0 Nursing Home Comprehensive Item Set (variable 00250C-4).</p>
<p>5. Number of residents in row #1 not offered influenza vaccination by the facility</p>	<p><i>Required.</i> Enter the total number of residents in question 1 who were eligible for influenza vaccination but not offered influenza vaccination by the long-term care facility.</p>





Data Fields	Instructions for Completion
	Note: This variable appears in the MDS 3.0 Nursing Home Comprehensive Item Set (variable 00250C-5).
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	<i>Required.</i> Enter the total number of residents in question 1 who have an unknown influenza vaccination status (or did not meet the criteria for questions 2-5 above).
Questions 7-8 (Vaccine Availability)	These questions assess influenza vaccine availability at the facility each week.
7. Has your facility received its supply of influenza vaccine for the current influenza season?	<i>Required.</i> Select only one of the following three response options. <ul style="list-style-type: none"> • Indicate ‘Yes’ if the facility received its influenza vaccine supply for the current influenza season. • Indicate ‘Only a portion of the supply was received’ if the facility has received part of its total influenza vaccine supply for the current influenza season. This also includes if a facility ordered additional vaccine doses after receiving the initial supply and is still waiting to receive these additional doses. • Indicate ‘No’ if the facility has not received any of its influenza vaccine supply for the current influenza season.
8. Is your facility currently experiencing a shortage of influenza vaccine for the current influenza season?	<i>Required.</i> Select only one of the following two response options. <ul style="list-style-type: none"> • Indicate ‘Yes’ if the facility has enough influenza vaccine for administration to all residents desiring vaccination for the current influenza season. • Indicate ‘No’ if the facility does not have enough influenza vaccine for administration to all residents desiring vaccination for the current influenza season.

Custom Fields & Comments	Instructions for Completion
Custom fields	<i>Optional.</i> This can be used to fulfill other reporting requirements not supported by the categories above; for example, reporting vaccination rates by unit/floor.
Comments	<i>Optional.</i> Enter any additional information on the weekly resident influenza vaccination summary data. This information will not be analyzed by CDC.

