

Instructions for Completion of the Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary Form for Long-Term Care Facilities (CDC 57.149, Rev 2)

This form is used to collect information on weekly influenza vaccination counts among healthcare personnel (HCP) working at 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. Weeks begin on a Monday and end on a Sunday.
Date Last Modified	The Date Last Modified will be auto-entered and indicate the date that these data were last changed by a user.
Ancillary Services Employees (environmental, laundry, maintenance, and dietary services)	<i>Required.</i> Defined as all persons who perform ancillary services and who receive a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact. Specifically, this consists of employees providing environmental, laundry, maintenance, and dietary/nutrition services.
Nurse Employees (registered nurses and licensed practical/vocational nurses)	<i>Required.</i> Defined as all registered nurses and licensed practical or licensed vocational nurses who receive a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
Aide, Assistant and Technician Employees (certified nursing assistants, nurse aides, medication aides, and medication technicians)	<i>Required.</i> Defined as aides, assistants, and technicians who receive a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact. Specifically, this consists of employees who are certified nursing assistants, nurse aides, medication aides, and medication technicians.
Therapist Employees (therapists, such as respiratory, occupational, physical, speech, and music therapists, and therapy assistants)	<i>Required.</i> Defined as therapists receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact. This consists of employees who are therapists (such as respiratory, occupational, physical, speech, and music therapists) and therapy assistants.

Data Fields	Instructions for Completion
Physician and Licensed Independent Practitioner Employees (physicians, residents, fellows, advanced practice nurses, physician assistants)	<i>Required.</i> Defined as all physicians and licensed independent practitioners receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact. This consists of employees who are physicians, residents, fellows, advanced practice nurses, or physician assistants.
Other HCP Persons not included in the employee categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees.	<i>Optional.</i> Defined as persons providing care, treatment, or services at the facility through a contract, regardless of clinical responsibility or patient contact, who do not fall into any other denominator categories. This includes contracted staff, students, and other non-employee personnel.
Question #1 (Denominator)	The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.
1. Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<i>Required.</i> Include all HCP who are eligible to have worked at the facility for at least 1 working day during the week of data collection, regardless of clinical responsibility or patient contact. Include workers on sick leave, maternity leave, vacation, etc. Include both full-time and part-time persons. The HCP categories are mutually exclusive. Each individual should be counted only once in the denominator (question #1).
Questions #2-#3 (Numerator)	The numerator data (questions #2-#3) are mutually exclusive. The sum of HCP in questions 2 and 3 should not exceed the number of HCP in question 1. Questions #2-#3 are to be reported separately for each of the HCP categories.
2. Cumulative number of HCP in question #1 that received an influenza vaccination at this healthcare facility since influenza vaccine became available this season	<i>Required.</i> Enter the total number of HCP in question #1 (the denominator) that received an influenza vaccination at this healthcare facility since the influenza vaccine became available this season.
3. Cumulative number of HCP in question #1 that provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	<i>Required.</i> Enter the total number of HCP in question #1 (the denominator) that reported in writing (paper or electronic) or provided documentation of influenza vaccination outside this healthcare facility since the influenza vaccine became available this season. <u>For the purposes of this reporting measure, verbal statements of vaccine receipt outside the facility are not acceptable.</u>
Questions #4-#5 (Vaccine Availability)	These questions assess influenza vaccine availability at the facility during the reporting week.

Data Fields	Instructions for Completion
4. Has your facility received its supply of influenza vaccine for the current influenza season?	<p><i>Required.</i> Select only one of the following three response options.</p> <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.
5. Is your facility currently experiencing a shortage of influenza vaccine for the current influenza season?	<p><i>Required.</i> Select only one of the following two response options.</p> <ul style="list-style-type: none"> • Indicate 'Yes' if the facility does not have enough influenza vaccine for administration to all HCP desiring vaccination for the current influenza season. • Indicate 'No' if the facility has enough influenza vaccine for administration to all HCP desiring vaccination for the current influenza season.

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