

## 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): <u>  </u> / <u>  </u> / <u>  </u> – <u>  </u> / <u>  </u> / <u>  </u>	Date Last Modified: <u>  </u> / <u>  </u> / <u>  </u> Date Completed: <u>  </u> / <u>  </u> / <u>  </u>
Flu / Respiratory Virus Season: <b>YYYY-YYYY</b>	
<b>1. * Number of residents staying in this facility for at least 1 day during the week of data collection</b>	
<b>Cumulative Vaccination Coverage</b>	
<b>2. Resident Vaccination: Among residents in Question #1:</b>	
<b>2a. *Number of residents who are <u>up to date</u> with COVID-19 vaccines.</b>	
<b>2b. *Number of residents who have received this season's <u>annual influenza vaccine</u> (YYYY-YYYY)</b>	
<b>2c. *Number of residents who have received <u>RSV vaccine</u></b>	
<b>New Resident Cases (Positive Tests) and Hospitalizations During the Week of Data Collection</b>	
<b>3. Resident Cases (Positive Tests):</b>	
<b>3a. *COVID-19: Residents with a Positive Test</b>	
<b>3ai. **Number of residents in Question #3a who received the <u>up to date</u> COVID-19 vaccine 14 days or more before the positive test.</b>	
<b>3b. *Influenza: Residents with a Positive Test</b>	
<b>3bi. **Number of residents in Question #3b who received this season's <u>annual influenza vaccine</u> (YYYY-YYYY) 14 days or more before the positive test</b>	
<b>3c. *RSV: Residents with a Positive Test</b>	
<b>3ci. **Number of residents in Question #3c who received <u>RSV vaccine</u> 14 days or more before the positive test</b>	
<b>4. Residents Hospitalized with a Positive Test</b>	
<b>4a. *COVID-19: Residents hospitalized this week, and had a positive test in the last 10 days</b>	
<b>4ai. **Number of residents in Question #4a who received the <u>up to date</u> COVID-19 vaccine 14 days or more before the positive test.</b>	
<b>4b. *Influenza: Residents hospitalized this week, and had a positive test in the last 10 days</b>	
<b>4bi. **Number of residents in Question #4b who received this season's <u>annual influenza vaccine</u> (YYYY-YYYY) 14 days or more before the positive test</b>	
<b>4c. *RSV: Residents hospitalized this week, and had a positive test in the last 10 days</b>	
<b>4ci. **Number of residents in Question #4c who received <u>RSV vaccine</u> 14 days or more before the positive test</b>	

**Optional Reporting: These data are NOT required.**

<b>Therapeutics Administered to Residents During the Week of Data Collection</b> For each therapeutic listed, enter number of residents who received the therapeutic(s) at this facility during the reporting week	
<b>5. Residents who Received Therapeutics</b>	
<b>5a. Did not administer any therapeutics</b>	<input type="checkbox"/>
<b>5b. COVID-19:</b> Number of residents who have received treatment during the week of data collection	
<b>5bi. **Nirmatrelvir (Paxlovid)</b>	
<b>5bii. **Remdesivir (Veklury)</b>	
<b>5biii. **Molnupiravir (Lagevrio)</b>	
<b>5c. Influenza:</b> Number of residents who have received treatment during the week of data collection	
<b>5ci. **Oseltamivir (Tamiflu)</b>	
<b>5cii. **Zanamivir</b>	
<b>5ciii. **Peramivir (Rapivab)</b>	
<b>5civ. **Baloxavir Marboxil (Xofluza)</b>	
<b>5d. RSV:</b> Number of residents who have received treatment during the week of data collection	
<b>5di. **Ribavirin</b>	
<b>5dii. **Palivizumab (Synagis)</b>	
<b>5diii. **Nirsevimab (Beyfortus)</b>	
<b>5div. **Clesrovimab (Enflonsia)</b>	
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 40 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 57.128 v.13, January 2026	