

Instructions for Completion of the Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary Form for Non-Long-Term Care Facilities (CDC 57.211, Rev 2)

This form is used to collect information on weekly influenza vaccination counts among healthcare personnel (HCP) working at non-long-term care facilities.

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered.
Location	<i>Conditionally Required.</i> Facilities with CMS inpatient rehabilitation facility (IRF) units and/or inpatient psychiatric facility (IPF) units must specify if they are reporting data for their facility or their CMS IRF unit(s) and/or CMS IPF unit(s).
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.
Employee HCP (staff on facility payroll)	<p><i>Required.</i> Defined as all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact.</p> <p>Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.</p>
Non-Employee HCP: Licensed independent practitioners: Physicians, advanced practice nurses & physician assistants	<i>Required.</i> Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.
Non-Employee HCP: Adult students/trainees and volunteers	<i>Required.</i> Defined as adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

Influenza Vaccination Summary for Non-LTCF

Data Fields	Instructions for Completion
Non-Employee HCP: Other contract personnel	<i>Optional.</i> Defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any other denominator categories.
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	<p><i>Required.</i> Include all HCP who are eligible to have worked at the facility for at least 1 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.</p> <p>If a healthcare worker (HCW) was eligible to have worked in two or more facilities, each facility should include the HCW in their denominator. Count HCP as individuals rather than full-time equivalents.</p> <p>The HCP categories are mutually exclusive. Each HCW should be counted only once in the denominator (question #1).</p>
Questions #2-#6 (Numerator)	The numerator data (questions #2-#6) are mutually exclusive. The sum of the HCP in questions #2-#6 should equal the number of HCP in question #1 for each HCP category. Questions #2-#6 are to be reported separately for each of the three 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>
4. Number of HCP in question #1 that have a medical contraindication to the influenza vaccine	<p><i>Required.</i> Enter the total number of HCP in question #1 (the denominator) determined to have a medical contraindication to influenza vaccination. Documentation is not required for reporting a medical contraindication.</p> <p>Only the following HCP with the following should be counted in question #4: (1) a severe allergic reaction to any vaccine component(s) or</p>

Influenza Vaccination Summary for Non-LTCF

Data Fields	Instructions for Completion
	(2) a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.
5. Number of HCP in question #1 that declined to receive the influenza vaccine this season	<p><i>Required.</i> Enter the total number of HCP in question #1 (the denominator) that were offered influenza vaccination but declined to receive one. Documentation is not required for reporting a declination.</p> <p>The following individuals should be counted in this category:</p> <ul style="list-style-type: none"> • HCP that declined vaccination because of health conditions <u>other than</u> those included in question #4. • HCP that declined vaccination and did not provide any other information. • HCP that did not receive vaccination because of religious or philosophical objections.
6. Number of HCP in question #1 with unknown vaccination status (or criteria not met for questions #2-#5 above)	<i>Required.</i> Enter the total number of HCP in question #1 (the denominator) with unknown vaccination status (or who did not meet the criteria for questions #2-#5 above).
Questions #7-#8 (Vaccine Availability)	These questions assess influenza vaccine availability at the facility during the reporting week.
7. 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.
8. 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.

Influenza Vaccination Summary for Non-LTCF

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 occupational group or by unit/department.
Comments	<i>Optional.</i> Enter any additional information on the weekly HCP influenza vaccination summary data. This information will not be analyzed by CDC.