

Form Approved OMB No. 0920-1317 Exp. Date: 1/31/2028 www.cdc.gov/nhsn

## Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev11)

1 page \*required for saving

Equility ID#:		
Facility ID#:	Data Last Madified. I I	
Week of data collection (Monday – Sunday):////	Date Last Modified:/_/ Date Completed:/_/	
Flu / Respiratory Virus Season: YYYY-YYYY		
1. * Number of residents staying in this facility	for at least 1 day during the week of data collection	
Cumulative Vaccination Coverage		
2. Resident Vaccination: Among residents in Question #1:		
2a. *Number of residents who are up to date with COVID-19 vaccines		
2b. *Number of residents who have received this season's annual influenza vaccine (YYYY-YYYY)		
2c. *Number of residents who have receive	ed RSV vaccine	
New Resident Cases (Positive Tests) and Hospitalizations During the Week of Data Collection		
3. Resident Cases (Positive Tests):		
· · · · · · · · · · · · · · · · · · ·		
3a. *COVID-19: Residents with a Positive	Test	
3ai. **Number of residents in Question #3a who received the up to date COVID-19 vaccine 14		
days or more before the positive test		
3b. *Influenza: Residents with a Positive Test		
<b>3bi.</b> **Number of residents in Question #3b who received this season's annual influenza		
vaccine (YYYY-YYYY) 14 days or more before the positive test		
3c. *RSV: Residents with a Positive Test		
3ci. **Number of residents in Question #3c who received RSV vaccine 14 days or more		
before the positive test		
4. Residents Hospitalized with a Positive 1	est	
4a. *COVID-19: Residents hospitalized th	is week, and had a positive test in the last 10 days	
Tui Gotto ioi residente nospitalizza al	is wook, and had a positive took in the last to days	
4ai. **Number of residents in Question #4a who received the up to date COVID-19 vaccine 14		
days or more before the positive test		
<b>4b. *Influenza:</b> Residents hospitalized this week, and had a positive test in the last 10 days		
To initionizal Residente Respiration	o wook, and had a positive toot in the last to days	
4bi. **Number of residents in Question #4b who received this season's annual influenza		
vaccine (YYYY-YYYY) 14 days or more before the positive test		
4c. *RSV: Residents hospitalized this week, and had a positive test in the last 10 days		
10. 110 11. 10. 10. 110 Hospitalized the Hospitalia a positive teet in the last 10 days		
4ci. ** Number of residents in Question #4c who received RSV vaccine 14 days or more		
before the positive test		
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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, 242b, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 25 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.11 January 2025

