Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Dialysis Patients (57.509, Rev 7)

This form is used to collect information on weekly COVID-19 vaccination counts among dialysis patients. Please note that this guidance applies to data beginning June 28, 2023.

Data Fields	Instructions for Completion
Facility ID #	*Required.* The NHSN-assigned facility ID will be auto-populated. This is your OrgID
Facility CCN #	*Required.* The CMS Certification Number will be auto-entered.
Facility name:	*Required.* The name of the facility will be auto-entered.
Vaccination Type	*Required.* COVID-19 is the default and only current choice.
Week of Data Collection	*Required.* Select the week that data are being collected (Wednesday – Tuesday).
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) ***Number of patients receiving dialysis care from this facility during the current reporting week**	*Required.* Defined as the total number of patients receiving dialysis care from this facility during the current reporting week. • Include all patients receiving dialysis care from the facility during the week of reporting, whether they were in-center or home dialysis. • The total number of dialysis patients is required. • Entering dialysis patients by the type of dialysis care received (in-center versus home dialysis) is optional. • If entered, the categories for patients receiving different types of dialysis care should be mutually exclusive. Each dialysis patient should be counted only once in the denominator. For patients receiving more than one type of dialysis care during the week of data collection, classify the patient according to the type of dialysis care they received first. *Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.*
All Dialysis Patients (Total)	*Required*. Enter the total number of patients receiving dialysis care from the facility during the reporting week. *Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.*
In-Center Dialysis Patients	*Optional.* Enter the number of in-center dialysis patients, defined as patients receiving dialysis services <u>at the facility</u>.

Data Fields	Instructions for Completion
Home Dialysis Patients (Including hemodialysis and peritoneal dialysis patients)	*Optional.* Enter the number of in-center dialysis patients, defined as patients receiving dialysis services (including hemodialysis and peritoneal dialysis) <u>at home</u>.
Question #2 (Numerators) **Question 2 asks about the number of patients in Question #1 who are up to date with COVID-19 vaccines**	*Required*. **Cumulative number** of dialysis patients in question #1 (the denominator) who are up to date with COVID-19 vaccines. Please review the current definition of up to date: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf
Question #3 (Other Conditions) **Question #3 asks about the number of patients in Question #1 with other conditions related to COVID-19 vaccination such that they are not up to date**	*Required*. **Cumulative number** of patients in question #1 with other conditions:
3.1. Medical contraindication to COVID-19 vaccine	*Required.* Of the patients in question #1 (the denominator), enter the number of patients who are not up to date with COVID-19 vaccination due to having a medical contraindication to one or more COVID-19 vaccine(s) such that they are unable to receive the vaccines required to be up to date. Medical contraindications include history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, and history of a known diagnosed allergy to a component of the COVID-19 vaccine. Please refer to the following CDC webpage for more information on medical contraindications: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#contraindications
3.2. Offered but declined COVID-19 vaccine	*Required.* Enter the total number of patients in question #1 (the denominator) that were offered COVID-19 vaccination but declined. The following patients should be counted in this category:

Data Fields	Instructions for Completion
	• Patients declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine. • Patients declining vaccination because of religious or philosophical objection. • Patients declining vaccination and who did not provide any information about the reason why they declined. • Patients who have received any monovalent COVID-19 vaccine(s) and refuse the most recent updated bivalent COVID-19 vaccine.
3.3. Unknown/other COVID-19 vaccination status	*Required.* Of the patients in question #1, enter the number of patients whose COVID-19 vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example, a dialysis facility may not have vaccination documentation for certain patients. Another example, an individual previously declined monovalent or bivalent vaccine, but has not been offered the most recent updated COVID-19 vaccine (and therefore has not received or declined it).