



## Instructions for the Dialysis Patient Influenza Vaccination form (CDC 57.505)

\*Indicates a required field.

^Indicates a conditionally required field.

Data Field	Instructions for Data Collection
*Facility ID	<b>Required.</b> The NHSN-assigned facility ID number will auto-populate in this field.
*Event #	<b>Required.</b> Event ID number will auto-populate in this field.
*Patient ID	<b>Required.</b> Enter the alphanumeric patient ID number. This is the patient identifier assigned by the dialysis center and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient name	Optional. Enter the last, first, and middle name of the patient.
*Gender	<b>Required.</b> Select the gender of the patient.
*Date of Birth	<b>Required.</b> Record the patient's date of birth using this format: MM/DD/YYYY
Ethnicity	Optional. Specify whether the patient's ethnicity is Hispanic or Latino.
Race	Optional. Specify the following that identify the patient's race: <ul style="list-style-type: none"> <li>• American Indian/Alaska Native</li> <li>• Asian</li> <li>• Black or African American</li> <li>• Native Hawaiian/Other Pacific Islander</li> <li>• White.</li> </ul>
*Event Type	<b>Required.</b> Select "FLUVAXDP – Influenza Vaccination Dialysis Patient."
*Influenza subtype	<b>Required.</b> Check one: <ul style="list-style-type: none"> <li>• Seasonal</li> <li>• Non-Seasonal</li> </ul> If patient received both vaccines, complete two separate event forms (one for information regarding the seasonal vaccine and one for information regarding the non-seasonal vaccine).
*Event Date	<b>Required.</b> Select the date of the influenza vaccination event using this format: MM/DD/YYYY
*Flu Season	<b>Required.</b> The flu season will auto-populate in this field once the event date is entered.
*Patient Dialysis Modality	<b>Required.</b> Select one: <ul style="list-style-type: none"> <li>• In-center hemodialysis</li> <li>• Home hemodialysis</li> <li>• Peritoneal dialysis</li> </ul>
*Was vaccine administered:	<b>Required.</b> Select one: <ul style="list-style-type: none"> <li>• Onsite – patient vaccinated in this facility (complete "Facility</li> </ul>



	<p>Vaccination Administration Information” section)</p> <ul style="list-style-type: none"> <li>• Offsite – patient previously vaccinated elsewhere for this flu season</li> <li>• Declined – patient declined vaccine (complete “Reason(s) Vaccine Declined” section)</li> </ul>
^Reason(s) vaccine declined (complete either section A or B, but not both)	<p><b>Conditionally required.</b> If answered “Declined - patient declined vaccine,” to previous question (“Was vaccine administered?”), complete either section A, to describe medical contraindications <u>or</u> section B, to indicate personal reasons for declining vaccination. Do not complete both sections. If both sections are applicable to the patient, only complete section A.</p> <p>Check all options that apply when completing section A or B.</p>
^Type of influenza vaccine administered	<p><b>Conditionally required.</b> If answered “Onsite – patient vaccinated in this facility” to previous question (“Was vaccine administered?”), enter the type of vaccine administered.</p> <p>Complete information pertinent to the influenza subtype selected under the “Influenza subtype” field at the top of the form (i.e., seasonal or non-seasonal).</p> <p>If the patient received both seasonal and non-seasonal influenza vaccines, complete two separate vaccination forms and complete this field in correspondence with the vaccine subtype selected on each form.</p>
^Product	<p><b>Conditionally required.</b> Select the product administered.</p>
^Product specify	<p><b>Conditionally required.</b> Enter the brand name of the product in this field if selected “Other – Other” in the “Product” field.</p>
Manufacturer	<p>Optional. Enter the name of the vaccine manufacturer.</p>
Lot number	<p>Optional. Enter the vaccine’s lot number.</p>
^Route of administration	<p><b>Conditionally required.</b> If answered “Onsite – patient vaccinated in this facility” to previous question (“Was vaccine administered?”), check one of the options:</p> <ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Subcutaneous</li> </ul>
Vaccine Information Statement (VIS) provided to patient	<p>Optional. Indicate whether the Vaccine Information Statement (VIS) was provided to the patient.</p>
Edition Date	<p>Optional. Enter the edition date of the vaccine information statement provided to patient. Enter date in the format: MM/DD/YYYY</p>
Vaccinator ID	<p>Optional. If vaccine was administered onsite, indicate the vaccinator’s</p>



	identifier. This is an identifier assigned by the facility and may consist of any combinations of numbers and/or letters.
Title	Optional. If vaccine was administered onsite, indicate the vaccinator's professional title.
Name	Optional. If vaccine was administered onsite, indicate the last, first, and middle name of the staff member who administered the vaccine.
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use. CDC does not typically analyze these data.
Comments	Optional. Use this field to add any additional information about this influenza vaccination that would help you to interpret your surveillance data. CDC typically does not analyze these data.