

## Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Dialysis Patients (57.509, Rev 5)

This form is used to collect information on weekly COVID-19 vaccination counts among dialysis patients.

| Data Fields   | Instructions for Completion  |
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| Facility ID #   | <i>Required.</i> The NHSN-assigned facility ID will be auto-entered.   |
| Facility CCN #  | <i>Required.</i> The CMS Certification Number will be auto-entered.  |
| Facility name:  | <i>Required.</i> The name of the facility will be auto-entered.  |
| Vaccination Type  | <i>Required.</i> COVID-19 is the default and only current choice.  |
| Week of Data Collection   | <i>Required.</i> Select the week that data are being collected (Wednesday – Tuesday).  |
| Date Last Modified  | The date last modified will be auto populated and indicate the date that these data were last changed by a user.   |
| <b>Question #1 (Denominator)</b><br><b>*Number of patients receiving dialysis care from this facility during the current reporting week</b> | <ul style="list-style-type: none"> <li>• Include all patients receiving dialysis care from the facility during the week of reporting, whether they were in-center or home dialysis.</li> <li>• The total number of dialysis patients is required.</li> <li>• Entering dialysis patients by the type of dialysis care received (in-center versus home dialysis) is optional.</li> <li>• 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.</li> </ul> <p><i>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</i></p> |
| <b>All Dialysis Patients (Total)</b>  | <i>Required.</i> Enter the total number of patients receiving dialysis care from the facility during the reporting week.<br><br><i>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</i>   |
| <b>In-Center Dialysis Patients</b>  | <i>Optional.</i> Enter the number of in-center dialysis patients, defined as patients receiving dialysis services <u>at the facility</u> .   |

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| <b>Home Dialysis Patients<br/>(Including hemodialysis and peritoneal dialysis patients)</b> | <i>Optional.</i> Enter the number of in-center dialysis patients, defined as patients receiving dialysis services (including hemodialysis and peritoneal dialysis) <u>at home</u> .  |
| <b>Question #2 (Numerators)</b>   | <p><b>Cumulative number</b> of patients in question #1 (the denominator) who have received COVID-19 vaccines at <u>this facility or elsewhere</u> (for example, a pharmacy).</p> <ul style="list-style-type: none"> <li>• This question asks about an initial completed vaccine series. An initial completed series includes dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion. Do not include information on additional or booster vaccine doses in question 2. For more information on what is considered fully vaccinated please visit: <a href="https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html">https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</a></li> <li>• Data sources may include patient health records and paper and/or electronic documentation of vaccination administered by the dialysis facility or elsewhere.</li> <li>• Patients receiving vaccination elsewhere should provide documentation of vaccination.</li> <li>• Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the patient indicating when and where they received the COVID-19 vaccine. A note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the patient received the COVID-19 vaccine at that location is also permitted. Verbal statements are not acceptable to document vaccination outside the facility for the purposes of NHSN COVID-19 vaccination summary data reporting.</li> <li>• If documentation was not provided, report these patients in question #3.3 ("Unknown COVID-19 vaccination status").</li> </ul> |
| Add <b>all</b> COVID-19 vaccine(s) patients received  | <p><i>Required.</i> Select all specific COVID-19 vaccine(s) which dialysis patients received, using the drop-down box on the data entry screen. Patients may have received different types of COVID-19 vaccines; therefore, facilities can select more than one type of COVID-19 vaccine. If a COVID-19 vaccine requires two doses, two questions will appear on the data entry screen:</p> <ul style="list-style-type: none"> <li>• Of the patients in question #1, enter the number of patients (cumulative to date) who received <b>only dose 1</b> of COVID-19 vaccine. Do not include patients who received more than one dose of the COVID-19 vaccine.</li> </ul>  |

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|  | <ul style="list-style-type: none"> <li>Of the patients in question #1, enter the number of patients (cumulative to date) who received <b>dose 1 and dose 2</b> of COVID-19 vaccine. Do not include patients who received only one dose of COVID-19 vaccine.</li> </ul> <p>If a COVID-19 vaccine requires only one dose, one question will appear on the data entry screen:</p> <ul style="list-style-type: none"> <li>Of the patients in question #1, enter the number of patients (cumulative to date) who received <b>one dose</b> of COVID-19 vaccine.</li> </ul>  |
| Complete COVID-19 vaccination series: unspecified manufacturer | <p>Of the patients in question #1 (the denominator), enter the number of patients (cumulative to date) with following vaccination status:</p> <ul style="list-style-type: none"> <li>Patients who received complete COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable.</li> <li>Patients who received complete COVID-19 two-dose vaccination series and had documentation of different manufacturers for each dose received.</li> <li>Patients who received complete COVID-19 vaccination by a vaccine manufacturer not listed in question #2 but listed for emergency use by the World Health Organization (WHO) and had documentation of complete vaccination. Additional information on vaccines listed for emergency use by WHO is available here: <a href="https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html">https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</a></li> <li>Patients who received complete COVID-19 vaccination through a clinical trial by a vaccine manufacturer not listed in question #2 and had documentation of complete vaccination.</li> </ul> <p>Note: If the COVID-19 vaccine manufacturer is known for both doses, the vaccination manufacturer should be reported by specific vaccine type in question #2.</p> |
| <b>Any</b> completed COVID-19 vaccination series               | <p>This field will be auto-populated by NHSN using data entered for question #2 to determine the number of patients (cumulative to date) who <b>completed</b> any COVID-19 vaccine series at the dialysis facility or elsewhere (for example, a pharmacy):</p> <ul style="list-style-type: none"> <li>Dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion; or</li> <li>One dose of COVID-19 vaccine requiring only one dose for completion.</li> </ul>  |

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| <b>Question #3 (Other Conditions)</b>             | <b>Cumulative number</b> of patients in question #1 with other conditions:   |
| 3.1. Medical contraindication to COVID-19 vaccine | <p><i>Required.</i> Of the patients in question #1 (the denominator), enter the number of patients not receiving vaccination due to a medical contraindication to one or more COVID-19 vaccine (s). Medical contraindications include severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.</p> <p>Please see the most up-to-date list of contraindications here:<br/> <a href="https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html">https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</a></p> <p>For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the <i>Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States</i> are not considered medical contraindications for COVID-19 vaccination, instead report these under question 3.2 ("Offered but declined COVID-19 vaccine").</p> |
| 3.2. Offered but declined COVID-19 vaccine        | <p><i>Required.</i> Enter the total number of patients in question #1 (the denominator) that were offered COVID-19 vaccination but declined.</p> <p>The following patients should be counted in this category:</p> <ul style="list-style-type: none"> <li>• Patients declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine.</li> <li>• Patients declining vaccination because of religious or philosophical objection.</li> <li>• Patients declining vaccination and who did not provide any information about the reason why they declined.</li> <li>• Patients declining vaccination for reasons other than an acceptable medical contraindication to the COVID-19 vaccine, or those who did not provide any information about the reason why they declined.</li> </ul>  |
| 3.3. Unknown COVID-19 vaccination status          | <p><i>Required.</i> 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.</p>  |

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| Please note that the sum of the numerator categories (question 2) and other conditions (question 3) must be equal to the denominator (question 1).  |  |
| <b>Question #4 (Patients receiving Additional Dose or Booster)</b><br><br>Add <b>all</b> additional doses or boosters of COVID-19 vaccines patients received                                      | <p><i>Required.</i> Cumulative number of individuals with complete primary series vaccine in question #2 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021.</p> <p>Select all additional doses or boosters which patients received from a drop-down box on the data entry screen. Patients may have received different types of additional doses or boosters; therefore, facilities can select more than one type of COVID-19 vaccine.</p> <p>Note: If a facility does not have any individuals who received an additional dose or booster of COVID-19 vaccine, the facility should enter a zero ("0") for question #4 (select any manufacturer from the dropdown). This will allow the form to save successfully.</p> |
| <b>Additional dose or booster of unspecified manufacturer</b>   | Enter the number of patients (cumulative to date) who received an additional dose or booster elsewhere, but the information for the specific manufacturer of the vaccine was unavailable.  |
| <b>Any additional dose or booster of COVID-19 vaccine series</b>  | This field will be auto-populated by NHSN using data entered for question #4 to determine the number of patients (cumulative to date) who received any additional dose or booster of COVID-19 vaccine series.  |
| <b>Question #5 [COVID-19 Vaccine(s) Supply]</b><br>5. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for patients receiving dialysis from your facility: | <p><i>Required.</i> These questions assess COVID-19 vaccine supply at the facility each week.</p> <p><b>Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.</b></p> <p>More information about the CDC COVID-19 Vaccination Program and how to become a COVID-19 vaccination providers:<br/> <a href="https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html">https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html</a>. </p>  |

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| 5.1. Is your facility enrolled as a COVID-19 vaccination provider?   | <p><i>Required.</i> Select <b>'Yes'</b> if the facility is currently enrolled as a COVID-19 vaccination provider. A facility may be enrolled as a federal, state, or local COVID-19 vaccination provider. At this time, all COVID-19 vaccine in the United States has been purchased by the U.S. government for administration exclusively by providers enrolled in the CDC COVID-19 Vaccination Program. Only healthcare professionals enrolled as vaccination providers directly through a health practice or organization can legally store, handle, and administer COVID-19 vaccine in the United States. If yes, answer question 5.2.</p> <p>Select <b>'No'</b> if the facility is not currently enrolled as any type of COVID-19 vaccination provider. If no, answer question 5.3.</p> <p>Note: If the facility entered data for an earlier week, then the answer previously selected for this question will auto-populate on the data entry screen. Please adjust your answer according to your facility's enrollment status during the current reporting week.</p> |
| 5.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer <u>all</u> patients the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]  | <p><i>Required if answered "yes" to question 5.1.</i></p> <p>Select <b>'Yes'</b> if the facility had a sufficient supply of COVID-19 vaccine(s) to offer all patients the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week. This means the facility was able to provide COVID-19 vaccine this week to all patients requesting COVID-19 vaccination.</p> <p>Select <b>'No'</b> if the facility did not have a sufficient supply of COVID-19 vaccine(s) to offer all patients the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week.</p>  |
| 5.3. Did your facility have other arrangements sufficient to offer <u>all</u> patients the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)? | <p><i>Required if answered "no" to question 5.1.</i></p> <p>Select <b>'Yes'</b> if the facility had other arrangements sufficient to offer all patients the opportunity to receive COVID-19 vaccine(s) in the current reporting week. For example, the facility may have a referral system in place for patients to receive COVID-19 vaccination at a health department or pharmacies.</p> <p>Select <b>'No'</b> if the facility did not have other arrangements sufficient to offer all patients the opportunity to receive COVID-19 vaccine(s) in the current reporting week.</p>  |

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| 5.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility. | <i>Optional.</i> Describe any other COVID-19 vaccination supply-related issue(s) at your facility. For example, a facility may describe attempts they have made to secure COVID-19 vaccine(s) for patients. |