

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

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

Data Fields	Instructions for Completion
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-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	<ul style="list-style-type: none"> • 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.
All Dialysis Patients (Total)	<i>Required.</i> Enter the total number of patients receiving dialysis care from the facility during the reporting week.
In-Center Dialysis Patients	<i>Optional.</i> Enter the number of in-center dialysis patients, defined as patients receiving dialysis services <u>at the facility</u> .
Home Dialysis Patients (Including hemodialysis and peritoneal dialysis patients)	<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> .

Data Fields	Instructions for Completion
<p>Question #2 (Numerators)</p>	<p>Cumulative number 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"> • Data sources may include patient health records and paper and/or electronic documentation of vaccination administered by the dialysis facility or elsewhere. • Patients receiving vaccination elsewhere should provide documentation of vaccination. If documentation was not provided, report these patients in question #3.3 (“Unknown COVID-19 vaccination status”).
<p>Add all COVID-19 vaccine(s) patients received</p>	<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"> • Of the patients in question #1, enter the number of patients (cumulative to date) who received only dose 1 of COVID-19 vaccine. Do not include patients who received more than one dose of the COVID-19 vaccine. • Of the patients in question #1, enter the number of patients (cumulative to date) who received dose 1 and dose 2 of COVID-19 vaccine. Do not include patients who received only one dose of COVID-19 vaccine. <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"> • Of the patients in question #1, enter the number of patients (cumulative to date) who received one dose of COVID-19 vaccine.
<p>Complete COVID-19 vaccination series: unspecified manufacturer</p>	<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"> • Patients who received complete COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable. • Patients who received complete COVID-19 two-dose vaccination series, and had documentation of different manufacturers for each dose received.



Data Fields	Instructions for Completion
	<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>
<p>Any completed COVID-19 vaccination series</p>	<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 completed any COVID-19 vaccine series at the dialysis facility or elsewhere (for example, a pharmacy):</p> <ul style="list-style-type: none"> • 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.
<p>Question #3 (Other Conditions)</p>	<p>Cumulative number of patients in question #1 with other conditions:</p>
<p>3.1. Medical contraindication to COVID-19 vaccine</p>	<p><i>Required.</i> Of the patients in question #1 (the denominator), enter the number of patients determined to have a medical contraindication to one or more COVID-19 vaccine(s). Please refer to the following CDC webpage for more information on medical contraindications: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Contraindications</p>
<p>3.2. Offered but declined COVID-19 vaccine</p>	<p><i>Optional.</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"> • 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.
<p>3.3. Unknown COVID-19 vaccination status</p>	<p><i>Optional.</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>
<p>3.4. History of laboratory-confirmed SARS-CoV-2 infection</p>	<p><i>Optional.</i> Of the patients in question #1, enter the number of patients who have tested positive for SARS-CoV-2 infection.</p>



Data Fields	Instructions for Completion
<p>Question #4 [COVID-19 Vaccine(s) Supply]</p> <p>4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for patients receiving dialysis from your facility:</p>	<p><i>Required.</i> These questions assess COVID-19 vaccine supply at the facility each week.</p> <p>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.</p> <p>More information about the CDC COVID-19 Vaccination Program and how to become a COVID-19 vaccination providers: https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html).</p>
<p>4.1. Is your facility enrolled as a COVID-19 vaccination provider?</p>	<p><i>Required.</i> Select 'Yes' 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. If yes, answer question 4.2.</p> <p>Select 'No' if the facility is not currently enrolled as any type of COVID-19 vaccination provider. If no, answer question 4.3.</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>
<p>4.2. 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>	<p><i>Required if answered "yes" to question 4.1.</i></p> <p>Select 'Yes' 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 'No' 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>
<p>4.3. 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</p>	<p><i>Required if answered "no" to question 4.1.</i></p> <p>Select 'Yes' 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</p>



Data Fields	Instructions for Completion
health department or pharmacies for vaccination)?	<p>in place for patients to receive COVID-19 vaccination at a health department or pharmacies.</p> <p>Select 'No' 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>
4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility.	<p><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.</p>
<p>Reminder for reporting to Vaccine Adverse Event Reporting System (VAERS)</p>	<p>Facilities are encouraged to use the Vaccine Adverse Event Reporting System (VAERS). Adverse events should be reported to VAERS at https://vaers.hhs.gov/reportevent.html. To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.</p> <p>Facilities should report clinically significant COVID-19 vaccine adverse events to <u>any doses</u> of the specific COVID-19 vaccine, <u>given at this dialysis facility or outside this facility</u>.</p> <p>Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event. Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s).</p> <p>Healthcare providers should comply with the VAERS reporting requirements described in EUAs or prescribing information.</p>

