

Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Dialysis Patients (57.509, Rev 6)

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-populated. This is your OrgID.
Facility CCN #	<i>Required.</i> The CMS Certification Number will be auto-populated.
Facility name:	<i>Required.</i> The name of the facility will be auto-populated.
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.
Question # 1 (Denominator)	
1. Number of patients receiving dialysis care from this facility during the current reporting week	<p><i>Required.</i> Defined as the total number of patients receiving dialysis care from this facility during the current reporting week.</p> <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. <p><i>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</i></p>
All Dialysis Patients (Total)	<i>Required.</i> Enter the total number of patients receiving dialysis care from the facility during the reporting week.

Data Fields	Instructions for Completion
	<p>Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</p>
<p>In-Center Dialysis Patients</p>	<p>Optional. Enter the number of in-center dialysis patients, defined as patients receiving dialysis services <u>at the facility</u>.</p>
<p>Home Dialysis Patients (Including hemodialysis and peritoneal dialysis patients)</p>	<p>Optional. Enter the number of in-center dialysis patients, defined as patients receiving dialysis services (including hemodialysis and peritoneal dialysis) <u>at home</u>.</p>
<p>Question #2 (Numerators)</p> <p>Question 2 asks about individuals' primary series COVID-19 vaccination status. If an individual in question 1 has not received primary series COVID-19 vaccine(s), the reasons why are documented in Question 3 (other conditions).</p>	<p>Required. Cumulative number of patients in question #1 (Number of patients receiving dialysis care from this facility during the current reporting week) who have received primary series COVID-19 vaccine(s) at this facility or elsewhere (for example, a pharmacy) since December 2020:</p> <ul style="list-style-type: none"> • This question asks about an initial (primary) 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: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html • Patients receiving vaccination elsewhere should provide documentation of vaccination. • 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. • If documentation was not provided, report these patients in question #3.3 ("Unknown COVID-19 vaccination status").



Data Fields	Instructions for Completion
<p>2.1 Only 1 dose of a two-dose Primary COVID-19 vaccine series</p>	<p><i>Required.</i> Of the patients in question #1, enter the number of patients (cumulative to date) who received only dose 1 of a two-dose primary COVID-19 vaccine series.</p> <p><u>Do not include patients who received more than one dose of the COVID-19 vaccine.</u></p>
<p>2.2 Any completed Primary COVID-19 vaccination series</p>	<p><i>Required.</i> Enter the number of patients (cumulative to date) who completed any primary COVID-19 vaccine series (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) at the dialysis facility or elsewhere (for example, a pharmacy).</p>
<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 (Number of patients receiving dialysis care from this facility during the current reporting week), enter the number of patients not receiving vaccination due to a medical contraindication to one or more COVID-19 vaccine(s).</p> <p>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 see the most up-to-date list of contraindications here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</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> as a contraindication are not considered medical contraindications for COVID-19 vaccination, instead report these under question 3.2 (“Offered but declined COVID-19 vaccine”). Conditions classified as “precautions” in the <i>Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States</i> are <u>not</u> considered medical contraindications for COVID-19 vaccination for the purpose of NHSN surveillance and reporting and should be reported under question 3.2 (“Offered but declined COVID-19 vaccine”).</p>



Data Fields	Instructions for Completion
<p>3.2. Offered but declined COVID-19 vaccine</p>	<p><i>Required.</i> Enter the total number of patients in question #1 (the number of patients receiving dialysis care from this facility during the current reporting week) 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. • 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.
<p>3.3. Unknown COVID-19 vaccination status</p>	<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. Patients receiving only 1 dose one of a two-dose primary COVID-19 vaccine series with an unspecified manufacturer are also classified as having unknown vaccination status.</p>
<p><i>Please note that the sum of the numerator categories (question 2) and other conditions (question 3) must be equal to the denominator (question 1).</i></p>	
<p>Question #4 (Patients receiving Additional Dose(s) or Booster(s))</p> <p>Add all additional doses or boosters of COVID-19 vaccines patients received</p>	<p>Required. Enter the cumulative number of patients with complete primary series vaccine in question #2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine at this facility or elsewhere since August 2021.</p> <p>Note: If a facility does not have any patients who received an additional dose or booster of COVID-19 vaccine, the facility should enter a zero ("0") for question #4. This will allow the form to save successfully.</p>
<p>Question #5 [Up to date Patients]</p>	<p>Of the patients in question #2, this question asks about individuals who are up to date with COVID-19 vaccination. Please review the current definition of up to date: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</p>



Data Fields	Instructions for Completion
	<p>Please review FAQs on additional and booster doses for examples on how to categories various individuals based on the number of doses they've received and when they received these doses: FAQs on Reporting COVID-19 Vaccination Data NHSN CDC</p>
<p>5. Cumulative number of patients in question #2 who are up to date with COVID-19 vaccines</p>	<p><i>Required.</i> Enter cumulative number of patients in question #2 who are up to date with COVID-19 vaccines according to the definition, found here: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</p>

