

## Weekly COVID-19 Vaccination Cumulative Summary for Dialysis Patients (CDC 57.509, Rev 7)

2 pages  
\*required for saving

Facility ID # (OrgID#):	Facility CCN #:		
Facility name:			
Vaccination type: COVID-19			
Week of data collection (Wednesday – Tuesday):		Date last modified: __/__/__	
Cumulative Vaccination Coverage			
	*All Patients (Total)	In-Center Dialysis Patients	Home Dialysis Patients
1. *Number of patients receiving dialysis care from this facility during the current reporting week			
2. *Cumulative number of patients in Question #1 who are <b>up to date</b> with COVID-19 vaccines.  <b>Please review the current definition of up to date: <a href="#">Key Terms and Up to Date Vaccination</a></b>			
3. *Cumulative number of patients in Question #1 with other conditions:			
3.1 *Medical contraindication to COVID-19 vaccine			
3.2. *Offered but declined COVID-19 vaccine			
3.3. *Unknown/other COVID-19 vaccination status			
Reminder for reporting to Vaccine Adverse Event Reporting System (VAERS)			
<p>Please note that clinically significant adverse events following COVID-19 vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <a href="https://vaers.hhs.gov/reportevent.html">https://vaers.hhs.gov/reportevent.html</a>. To help identify reports from NHSN sites, please enter your <b>NHSN orgID</b> in <b>Box 26</b> of the <b>VAERS form</b>.</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.</p> <p>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). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.</p>			
<p>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>CDC 57.509, Rev 7</p>			