CDC National Surveillance of Dialysis-Associated Diseases Form, 1993-2001*

Table of Contents

• CDC National Surveillance of Dialysis-Associated Diseases, 1993
• CDC National Surveillance of Dialysis-Associated Diseases, 1994
• CDC National Surveillance of Dialysis-Associated Diseases, 1995
• CDC National Surveillance of Dialysis-Associated Diseases, 1997
• CDC National Surveillance of Dialysis-Associated Diseases, 1998
• CDC National Surveillance of Dialysis-Associated Diseases, 1999
• CDC National Surveillance of Dialysis-Associated Diseases, 2000
• CDC National Surveillance of Dialysis-Associated Diseases, 2001

*Note: The 1996 CDC form is not available. The CDC did not conduct a study in 1998. Beginning with the 2005 Researcher's Guide, there are no more CDC National Surveillance surveys. All data for the CDC variables are missing from this date and beyond.
PATIENTS - SEROLOGIC TESTING AND CENSUS

1. How often does your facility routinely test seronegative (i.e., HBsAg and anti-HBs negative) patients for HBsAg?
   (16) 0 □ No routine testing 1 □ Monthly 2 □ Bi-monthly 3 □ Quarterly 4 □ Semi-annually 5 □ Other □

2. During 1993, how many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were dialyzed in your center for at least 1 month?
   (19-21) □
   a. During 1993, how many of these patients became hepatitis B surface ANTIGEN (HBsAg) positive?
      (22-24) □
   b. How many of these 1993 dialysis patients had EVER in their lives received all 3 doses of hepatitis B vaccine?
      (25-27) □
   c. During 1993, how many of these patients were diagnosed as having acute non-A, non-B hepatitis / hepatitis C
      (e.g., at least 2 sets of liver enzymes > 2.1/2 times upper limit of normal 1 week apart and excluding other causes of hepatitis)?
      (28-30) □

3. From December 6-12, 1993, how many CHRONIC, NON-TRANSIENT in-center hemodialysis
   PATIENTS were dialyzed in your center? (include only patients dialyzed for at least one month)
   (31-33) □
   a. How many of these patients were hepatitis B surface ANTIGEN (HBsAg) positive?
      (34-36) □
   b. Were all or almost all of these patients tested for hepatitis B surface ANTIBODY (anti-HBs)?
      (37) 1 □ Yes 2 □ No
      1.) If yes, how many were positive?
      (36-38) □
   c. Were all or almost all of these patients tested for hepatitis C antibody?
      (39) 1 □ Yes 2 □ No
      1.) If yes, how many were positive?
      (40-42) □

MANAGEMENT OF HBsAg-POSITIVE PATIENTS

4. Does your facility provide dialysis for non-transient patients who are, or become, HBsAg-positive?
   (43) □
   a. Is there a separate room for these patients?
      (44) □
   b. Do you use a separate machine for these patients?
      (45) □

STAFF - SEROLOGIC TESTING AND CENSUS

5. During 1993, how many full-time and part-time staff who had direct contact with patients or equipment were employed
   for at least one month?
   (46-50) □
   a. During 1993, how many of these became hepatitis B surface ANTIGEN (HBsAg) positive?
      (51-52) □
   b. How many of these 1993 dialysis staff had EVER in their lives received all 3 doses of hepatitis B vaccine?
      (53-56) □
   c. During 1993, how many of these staff were diagnosed as having acute non-A, non-B hepatitis / hepatitis C (e.g., at least
      2 sets of liver enzymes > 2.1/2 times upper limit of normal 1 week apart and excluding other causes of hepatitis)?
      (57-59) □

6. From December 6-12, 1993, how many full-time and part-time staff who had direct contact with patients or equipment
   were employed in your facility?
   (60-62) □
   a. How many of these were hepatitis B surface ANTIGEN (HBsAg) positive?
      (63-65) □
   b. Were all or almost all of these staff tested for hepatitis B surface ANTIBODY (anti-HBs)?
      (66) 1 □ Yes 2 □ No
      1.) If yes, how many were positive?
      (65-67) □
   c. Were all or almost all of these staff tested for hepatitis C antibody?
      (68) 1 □ Yes 2 □ No
      1.) If yes, how many were positive?
      (67-69) □

SEPTICEMIA AND PYROGENIC REACTIONS RELATED ONLY TO DIALYSIS

7. How many cases of dialysis-related sepsisemia (i.e., NO KNOWN infection at start of dialysis session, and positive blood
   cultures during or within 2 hours after dialysis) did you observe in patients in 1993? (81) 1 □ None 2 □ One 3 □ 2-10 4 □ More than 10

8. How many cases of pyrogenic reactions (onset of rigors or temperature > 100°F during dialysis) in the absence of sepsisemia
   did you observe in patients during 1992? (82) □
   a. If you observed more than one case, did any of these occur in clusters (i.e., 2 or more in a short period of time)?
      (83) □

DIALYSIS POLICIES AND PRACTICES

a. Specify the dialyzer membranes used on your patients. (check all that apply)
   - Cuprophane (1)
   - Hemophan (2)
   - Cellulose acetate (3)
   - Regenerated cellulose (4)
   - Cellulose triacetate (5)
   - Polysulfone (6)
   - Polycarbonate (7)
   - Polyamide (8)
   - Other (Specify) (9)

b. During 1993, what percent of your hemodialysis patients were treated with the following:
   - Reused dialyzers?
   - High flux dialysis (dialyzer UFR > 20)?
   - High efficiency dialysis (dialyzer UFR 10-20)?
   - Acetate dialysis?
   - Bicarbonate dialysis?

   (131-132) _______ _______ percent
   (134-135) _______ _______ percent
   (137-138) _______ _______ percent
   (139-140) _______ _______ percent

   (If none, fill in 0)

DIALYSIS TECHNIQUES AND DISEASE CONTROL MEASURES

11. During 1993, did any hemodialysis patients experience reactions that were attributed to the use of NEW dialyzers? (116) 1 Yes 2 No

12. Does your facility routinely reuse blood lines? (117) 1 Yes 2 No

13. Does your facility routinely reuse transducer filters? (118) 1 Yes 2 No

14. Does your facility reuse dialyzers for some patients? (119) 1 Yes 2 No

15. If Yes, a. Do you reuse either the original or replacement dialyzers? (120) 1 Yes 2 No
   b. Are these dialyzers reprocessed by an:
      - Automatic system (1)
      - Manual system (2)
      - Both (3)

16. What type of water treatment do you use? CHECK ALL THAT APPLY

   (122-123) 1 None 2 Softening 3 Deionization (DI) 4 Reverse Osmosis (RO)
   5 Ultraviolet (UV) 6 Submicron Filtration 7 Carbon Filtration 8 Other (Specify)

17. How often do you disinfest your water distribution system on a routine basis? (124) 0 Do Not Routinely Disinfest 1 Daily 2 Weekly 3 Monthly 4 Quarterly 5 Other (Specify)

18. During 1993, how many hemodialysis patients used a subclavian, supraclavicular or a jugular catheter as permanent vascular access for hemodialysis? (125-126)

19. Type of formal record-keeping system used to keep track of dialysis-associated diseases on patients: (check both 1 and 2 if used both) (127-128)
   - Computer database (1)
   - Written records or log other than patient chart (2)
   - No formal system (3)

20. If you have a formal record-keeping system, check all that are included.

   (129-130) 1 Pyrogenic reactions 2 Septicemia 3 Shunt infections 4 HBsAg 5 Anti-HBs 6 Hepatitis C antibody

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

19. During 1993, how many of your chronic in-center hemodialysis patients had clinical SYMPTOMS of HIV infection, including AIDS? (133-134)

20. During 1993, how many of your chronic in-center hemodialysis patients had NO SYMPTOMS, but were serologically positive for antibody to HIV by BOTH a screening and a confirmatory test such as Western Blot? (135-136)

21. On ADMISSION, are all patients routinely tested for antibody to HIV? (137) 1 Yes 2 No

22. AFTER admission, are all patients periodically screened for antibody to HIV? (138) 1 Yes 2 No

COMMENTS:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

PERSON TO CONTACT AT YOUR FACILITY REGARDING THIS SURVEY:

Phone (_______)

Fax (_______)

This questionnaire is submitted by law (Public Health Service Act, 42 USC 241). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, AIDSSA: PRA: HHS/Hubert H. Humphrey Bldg., Rm. 721-B, 200 Independence Ave., SW, Washington, DC 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0202), Washington, DC 20503.
NATIONAL SURVEILLANCE OF DIALYSIS-ASSOCIATED DISEASES, 1994
For the Time Period January 1, 1994-December 31, 1994

PATIENTS - SEROLOGIC TESTING AND CENSUS

1. How often does your facility routinely test seronegative (i.e., HBsAg and anti-HBs negative) patients for HBsAg?
   (9) No routine testing  1 Monthly  2 Bimonthly  3 Quarterly  4 Semi-annually  5 Other
   (19-21)
   a. During 1994, how many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were dialedyzed in your center (include only patients dialyzed for at least 1 month)?
   (22-24)
   b. How many of these patients had EVER in their lives received at least 3 doses of hepatitis B vaccine?
   (25-27)
   c. During 1994, how many of these patients were diagnosed as having ACUTE non-A, non-B hepatitis / hepatitis C (e.g., at least 2 sets of liver enzymes > 2.5 times upper limit of normal 1 week apart and excluding other causes of hepatitis)?
   (28-30)

3. From December 5-11, 1994, how many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were dialedyzed in your center (include only patients dialyzed for at least 1 month)?
   (31-33)
   a. How many of these patients were hepatitis B surface ANTIGEN (HBsAg) positive?
   (34-36)
   b. Were all or almost all of these patients tested for hepatitis B surface ANTIBODY (anti-HBs) during 1994?
      Yes 2 No
   (37-39)
   c. Were all or almost all of these patients tested for hepatitis C antibody during 1994?
      Yes 2 No
   (40-42)
   1.) If yes, how many were positive?
   (43-45)
   1.) If yes, how many were positive?
   (46-48)
   4. Does your facility provide dialysis for non-transient patients who are, or become, HBsAg-positive?
      Yes 2 No
   (49-51)
   a. Is there a separate room for these HBsAg-positive patients?
   (52-54)
   b. Do you use a separate machine for these HBsAg-positive patients?
   (55-57)
   c. Do you have separate staff for these HBsAg-positive patients?
   (58-60)
   STAFF - SEROLOGIC TESTING AND CENSUS

5. During 1994, how many full-time and part-time staff who had direct contact with patients or equipment were employed for at least one month?
   (61-63)
   a. During 1994, how many of these staff became hepatitis B surface ANTIGEN (HBsAg) positive?
   (64-66)
   b. How many of these staff had EVER in their lives received at least 3 doses of hepatitis B vaccine?
   (67-69)
   c. During 1994, how many of these staff were diagnosed as having ACUTE non-A, non-B hepatitis / hepatitis C (e.g., at least 2 sets of liver enzymes > 2.5 times upper limit of normal 1 week apart and excluding other causes of hepatitis)?
   (70-72)
   6. From December 5-11, 1994, how many full-time and part-time staff who had direct contact with patients or equipment were employed in your facility?
   (73-75)
   a. How many of these staff were hepatitis B surface ANTIGEN (HBsAg) positive?
   (76-78)
   b. Were all or almost all of these staff tested for hepatitis B surface ANTIBODY (anti-HBs) during 1994?
      Yes 2 No
   (79-81)
   c. Were all or almost all of these staff tested for hepatitis C antibody during 1994?
      Yes 2 No
   (82-84)
   1.) If yes, how many were positive?
   (85-87)
   SEPTICEMIA AND PYROGENIC REACTIONS RELATED ONLY TO DIALYSIS

7. How many cases of dialysis-related sepsisemia (i.e., NO KNOWN infection at start of dialysis session, and positive blood cultures during or within 2 hours after dialysis) did you observe in patients in 1994? (88) 1 None 2 One 3 2-10 4 More than 10
   a. How many cases of pyrogenic reactions (onset of rigors or temperature > 100°F during dialysis) in the absence of sepsisemia did you observe in patients in 1994?
      (89) 1 None 2 One 3 2-10 4 More than 10
   1.) If you observed more than one case, did any of these occur in clusters (i.e., 2 or more in a short period of time)? (90) 1 Yes 2 No

CDC 12 Rev 03-94
Specify the dialyzer membranes used on your patients. (check all that apply)

<table>
<thead>
<tr>
<th>Membrane Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuprophan</td>
<td>1</td>
</tr>
<tr>
<td>Hemopan</td>
<td>2</td>
</tr>
<tr>
<td>Cellulose acetate (CA)</td>
<td>3</td>
</tr>
<tr>
<td>Regenerated cellulose (RC)</td>
<td>4</td>
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<tr>
<td>Cellulose (Sieve)</td>
<td>5</td>
</tr>
<tr>
<td>Polyacrylonitrile (PAN)</td>
<td>6</td>
</tr>
<tr>
<td>Polysulfone</td>
<td>7</td>
</tr>
<tr>
<td>PMMA</td>
<td>8</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>9</td>
</tr>
</tbody>
</table>

During 1994, what PERCENT of your hemodialysis patients were treated with the following:

- Reused dialyzers? 
  - (107-109) 
  - (107-109) percent 

- High flux dialysis (dialyzer UFR > 20)? 
  - (105-107) 
  - (105-107) percent 

- High efficiency dialysis (dialyzer UFR 10-19)? 
  - (106-110) 
  - (106-110) percent 

- Acetate dialysis? 
  - (111-113) 
  - (111-113) percent 

- Bicarbonate dialysis? 
  - (114-116) 
  - (114-116) percent

DO NOT LEAVE BLANK IF NONE, FILL IN "0"

### DIALYSIS TECHNIQUES AND DISEASE CONTROL MEASURES

11. During 1994, did any hemodialysis patients experience reactions that were attributed to the use of NEW dialyzers? 
   - (117) Yes 2 No

12. Does your facility routinely reuse blood lines? 
   - (118) Yes 2 No

13. Does your facility routinely reuse transducer filters? 
   - (119) Yes 2 No

14. Does your facility reuse dialyzers for some patients? 
   - (120) Yes 2 No

   If Yes,
   a. Do you reuse either the original or replacement blood port dialyzer caps? 
      - (121) Yes 2 No
   b. Are these dialyzers reprocessed by air? 
      - (122) 1 Automatic system 2 Manual/semiautomatic system 3 Both
   c. What germicide is used to disinfect these dialyzers? 
      - CHOOSE ONE
      1 Formaldehyde 2 Glutaraldehyde 3 Rennin 4 Other (Specify)
   d. If you use formaldehyde to disinfect dialyzers, specify:
      1. Percentage concentration: 
         - (125) 1 <1% 2 1.1-3.5% 3 4.0%
   e. What is the average number of times a dialyzer is reused in your facility? 
      - (126-128)
   f. What is the number of times a dialyzer was ever reused in your facility? 
      - (128-129)

15. What type of water treatment do you use? 
   **CHECK ALL THAT APPLY**
   - (132-139) 1 None 2 Softening 3 Deionization (DI) 4 Reverse Osmosis (RO)
   5 UV 6 Submicron Filtration 7 Carbon Filtration 8 Other (Specify)

16. How often do you disinfect your water distribution system on a routine basis? 
   - (140) 0 Daily 2 Weekly 3 Monthly 4 Quarterly 5 Other (Specify)

17. During 1994, did any of your patients use a subclavian, supraclavicular, or a jugular catheter as permanent access for hemodialysis (DO NOT include temporary catheters)? 
   - (141) Yes 2 No
   a. If yes, how many patients used a permanent subclavian, supraclavicular, or jugular catheter? 
      - (142-144)

18. Type of formal record-keeping system used to keep track of dialysis-associated diseases on patients: 
   - (145-146) 1 Computer database 2 Written log other than patient chart 3 No formal system
   a. If you have a formal record-keeping system, check all that are included.
      - (147-152) 1 Pyrogenic reactions 2 Septicemia 3 Shunt infections 4 HBSAg 5 Anti-HBs 6 Hepatitis C antibody

### ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

19. During 1994, how many of your chronic in-center hemodialysis patients had clinical SYMPTOMS of HIV infection, including AIDS? 
   - (153-154)

20. During 1994, how many of your chronic in-center hemodialysis patients had NO SYMPTOMS, but were serologically positive for antibody to HIV by BOTH a screening and a confirmatory test such as Western Blot? 
   - (155-156)

21. On ADMISSION, are all patients routinely tested for antibody to HIV? 
   - (157) Yes 2 No

22. AFTER admission, are patients periodically screened for antibody to HIV? 
   - (158) Yes 2 No

**COMMENTS:**

**PERSON TO CONTACT AT YOUR FACILITY REGARDING THIS SURVEY:** 
(please print) Phone ( ) ( ) Fax ( ) ( )

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This questionnaire is authorized by law (Public Health Service Act 42 USC 2411) Public reporting burden for this collection or information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to the Bureau of Cancer Control Surveillance Officer, ATRN, FRA, Hyatt House, 721-9, 200 Independence Ave., SW, Washington, DC 20503, and to the Office of Management and Budget Clearance Reviewer, Paperwork Reduction Project (0920-0033), Washington, DC 20503.
PATIENTS - SEROLOGIC TESTING AND CENSUS

1. How often does your facility routinely test seronegative (i.e., HBsAg and anti-HBs negative) patients for HBsAg?
   (a) 0 [ ] No routine testing 1 [ ] Monthly 2 [ ] Every other month 3 [ ] Quarterly 4 [ ] Semi-annually 5 [ ] Other ____________

2. During 1995, how many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were dialyzed in your center (include only patients dialyzed for at least 1 month)? ____________
   a. During 1995, how many of these patients BECAME hepatitis B surface ANTIGEN (HBsAg) positive? ____________
   b. How many of these patients had EVER in their lives received at least 3 doses of hepatitis B vaccine? ____________
   c. During 1995, how many of these patients were diagnosed as having ACUTE non-A, non-B hepatitis / hepatitis C (e.g., at least 2 sets of liver enzymes > 2 1/2 times upper limit of normal 1 week apart and excluding other causes of hepatitis)? ____________
   NOTE: This diagnosis should not be based on the hepatitis C antibody test alone.

3. From December 25-31, 1995, how many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were dialyzed in your center (include only patients dialyzed for at least one month)? ____________
   a. How many of these patients were hepatitis B surface ANTIGEN (HBsAg) positive? ____________
   b. Were all or almost all of these patients tested for hepatitis B surface ANTIBODY (anti-HBs) during 1995? ____________
      1 [ ] Yes 2 [ ] No
      1. If yes, how many were positive? ____________
      2. If no, how many were positive? ____________
   c. Were all or almost all of these patients tested for hepatitis C antibody during 1995? ____________
      NOTE: This is NOT antibody to hepatitis B core antigen ____________
      1 [ ] Yes 2 [ ] No
      1. If yes, how many were positive? ____________
      2. If no, how many were positive? ____________

4. Does your facility provide dialysis for non-transient patients who are, or become, HBsAg-positive? ____________
   a. Is there a separate unit for these HBsAg-positive patients? ____________
   b. Do you use a separate machine for these HBsAg-positive patients? ____________
   c. Do you have separate staff for these HBsAg-positive patients? ____________

STAFF - SEROLOGIC TESTING AND CENSUS

5. During 1995, how many full-time and part-time staff who had direct contact with patients or equipment were employed for at least one month? ____________
   a. During 1995, how many of these staff BECAME hepatitis B surface ANTIGEN (HBsAg) positive? ____________
   b. How many of these staff had EVER in their lives received at least 3 doses of hepatitis B vaccine? ____________
   c. During 1995, how many of these staff were diagnosed as having ACUTE non-A, non-B hepatitis / hepatitis C (e.g., at least 2 sets of liver enzymes > 2 1/2 times upper limit of normal 1 week apart and excluding other causes of hepatitis)? ____________
   NOTE: This diagnosis should not be based on the hepatitis C antibody test alone.

6. From December 25-31, 1995, how many full-time and part-time staff who had direct contact with patients or equipment were employed in your facility? ____________
   a. How many of these were hepatitis B surface ANTIGEN (HBsAg) positive? ____________
   b. Were all or almost all of these staff tested for hepatitis B surface ANTIBODY (anti-HBs) during 1995? ____________
      1 [ ] Yes 2 [ ] No
      1. If yes, how many were positive? ____________
      2. If no, how many were positive? ____________
   c. Were all or almost all of these staff tested for hepatitis C antibody during 1995? ____________
      NOTE: This is NOT antibody to hepatitis B core antigen ____________
      1 [ ] Yes 2 [ ] No
      1. If yes, how many were positive? ____________
      2. If no, how many were positive? ____________

DIALYSIS POLICIES AND PRACTICES

7. Specify the dialyzer membranes used on your patients. (Check all that apply)
   (a-d) 1 [ ] Cuprophan® 2 [ ] Hemopan 3 [ ] Cellulose acetate (CA) 4 [ ] Regenerated cellulose (RC) 5 [ ] Cellulose triacetate
   6 [ ] Polycrylonitrile (PAN) 7 [ ] Polysulfone 8 [ ] PMMA 9 [ ] Other (Specify): ________________________

8. On the list above (question 7), CIRCLE the dialyzer membrane you use MOST COMMONLY. ____________________
### Dialysis Policies and Practices (continued)

9. During December 25-31, 1995, what PERCENT of your hemodialysis patients were treated with:
   
   a. High flux dialysis (dialyser UFR ≥ 20) ............................................. (86-97) %
   
   b. High efficiency dialysis (dialyser UFR 16-19) ............................................. (86-90) %
   
   c. Acetate dialysis .............................................................................. (91-93) %
   
   d. Bicarbonate dialysis ........................................................................ (84-86) %

10. During December 25-31, 1995, what PERCENT of your hemodialysis patients received hemodialysis through:
    
    a. AV graft ...................................................................................... (87-96) %
    
    b. AV fistula ................................................................................... (100-102) %
    
    c. Central (subclavian or jugular) catheter ........................................ (103-105) %

11. In 1995 did your facility reuse dialyzers for some or all patients?
    
    If NO, go to question 12.
    If YES, answer a-f:
    
    a. During December 25-31, 1995, what PERCENT of your hemodialysis patients were treated with reused dialyzers? ............................................. (107-109) %
    
    b. Are these dialyzers reprocessed by an:
       
       1 Automatic system  or  2 Manual/semiautomatic system  or  3 Both

    c. What method is used to disinfect these dialyzers? CHOOSE ONE
       
       1 Formaldehyde (formalin)  2 Glutaraldehyde (Diadece)  3 Renalin  4 Heat  5 Other (Specify)

    d. Is bleach also used to clean these dialyzers? ............................. (119-120) %
    
    e. What is the AVERAGE number of times a dialyzer is reused in your facility in 1995? ............................................. (113-115)
    
    f. What is the MAXIMUM number of times a dialyzer was ever reused in your facility in 1995? ............................................. (118-119)

12. What type of water treatment do you use? CHECK ALL THAT APPLY
    
    1 None  2 Softening  3 Deionization (DI)  4 Reverse Osmosis (RO)  5 Ultraviolet (UV)  6 Submicron Filtration  7 Carbon Filtration  8 Other (Specify)

### Other Diseases or Complications

13. During 1995, did any hemodialysis patients experience reactions that were attributed to the use of NEW dialyzers? ............................................. (127) 1 Yes  2 No

14. How many cases of pyrogenic reactions (onset of rigors or temperature >100°F during dialysis) in the absence of sepsis did you observe in patients during 1995? ............................................. (129) 1 None  2 One  3 2-10  4 More than 10

15. During 1995, did any of your hemodialysis patients have:
    
    a. Active tuberculosis requiring treatment? ............................................. (130) 1 Yes  2 No
    
    b. A positive culture for vancomycin-resistant enterococcus (VRE)? ............................................. (131) 1 Yes  2 No
    
    c. A positive culture for methicillin-resistant *Staphylococcus aureus* (MRSA)? ............................................. (132) 1 Yes  2 No

16. How many hemodialysis patients were treated with IV vancomycin during the month of December, 1995? ............................................. (133-135)

17. Type of formal record-keeping system used to keep track of dialysis-associated diseases on patients: (check both 1 and 2 if you used both)
    
    1 Computer database  2 Written records or log other than patient chart  3 No formal system

18. If you have a formal record-keeping system, check all that are included.
    
    (138-142) 1 Pyrogenic reactions  2 Septicemia  3 Vascular access infections  4 HBsAg  5 Anti-HBs  6 Hepatitis C antibody

19. Among your chronic in-center hemodialysis patients treated during 1995, how many were known positive for HIV antibody? ............................................. (150-151)

20. On ADMISSION, are all patients routinely tested for antibody to HIV? ............................................. (154) 1 Yes  2 No

21. AFTER admission, are all patients periodically screened for antibody to HIV? ............................................. (156) 1 Yes  2 No

### HIV and AIDS

22. Among your chronic in-center hemodialysis patients treated during 1995, how many were known positive for HIV antibody? ............................................. (158-159)

23. Of these HIV antibody-positive patients, how many were known to have AIDS? ............................................. (160-161)

24. On ADMISSION, are all patients routinely tested for antibody to HIV? ............................................. (164) 1 Yes  2 No

25. AFTER admission, are all patients periodically screened for antibody to HIV? ............................................. (166) 1 Yes  2 No

### Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### Name, Title of Person Who Completed This Survey:

Please Print

__________________________________________  _____________________________
Last Name (155-167)  First Name (158-170)

Title:  1 Nurse  2 Technician  3 MD  4 Administrator  8 Other (Specify)
**PATIENTS - SEROLOGIC TESTING AND CENSUS**

1. How often does your facility routinely test seronegative (i.e., HBsAg negative and anti-HBs negative) patients for HBsAg?
   - [ ] No routine testing  [ ] Monthly  [ ] Every other month  [ ] Quarterly  [ ] Semi-annually  [ ] Other

   **Note:** This diagnosis should not be based on the hepatitis C antibody test alone.

2. Answer a. and b. below about CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS treated by your center at any time during 1997:
   a. During 1997, how many of these patients converted from hepatitis B surface ANTIGEN (HBsAg) negative to positive (i.e., had newly acquired hepatitis B virus infection) and were antiviral positive before they were first dialyzed at your center?  
   b. During 1997, how many of these patients were not treated with hepatitis B virus antibody (anti-HBs) during 1997?  

3. Answer a.-d. below about CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS assigned to your center as of Dec. 25–31, 1997:
   a. How many of these patients had EVER in their lives received at least 3 doses of hepatitis B vaccine?  
   b. How many of these patients were hepatitis B surface ANTIGEN (HBsAg) positive?  
   c. Were all or almost all of these patients tested for hepatitis B surface antibody (anti-HBs) during 1997?  
   d. Were all or almost all of these patients tested for hepatitis C antibody during 1997?  

   **Note:** This is NOT hepatitis B core antibody.

4. Does your facility provide dialysis for chronic patients who are, or become, HBsAg-positive?
   - [ ] Yes  [ ] No

   **Note:** If yes, how many were treated?

5. STAFF - SEROLOGIC TESTING AND CENSUS
   - Questions 5–6: Include only staff who worked directly with hemodialysis patients or equipment (NOT dieticians, social workers, or physicians).

   5. During 1997, how many full-time and part-time staff who had direct contact with patients or equipment were employed at your center?  

   a. During 1997, how many of these staff converted from hepatitis B surface ANTIGEN (HBsAg) negative to positive?  
   b. During 1997, how many of these staff were antiviral positive before they were first dialyzed at your center?  

   **Note:** This diagnosis should not be based on the hepatitis C antibody test alone.

6. During December 25–31, 1997, how many full-time and part-time staff who had direct contact with hemodialysis patients or equipment were employed at your center (include all staff employed as of that week, even if they were vacationing or not working during the week)?

   a. How many of these staff had EVER in their lives received at least 3 doses of hepatitis B vaccine?  
   b. How many of these staff were hepatitis B surface ANTIGEN (HBsAg) positive?  
   c. Were all or almost all of these staff tested for hepatitis B surface antibody (anti-HBs) during 1997?  
   d. Were all or almost all of these staff tested for hepatitis C antibody during 1997?  

   **Note:** This is NOT hepatitis B core antibody.

   1. If yes, how many were treated?

**DIALYSIS POLICIES AND PRACTICES**

7. Specify the dialyzer membranes used on your patients. (Check all that apply)
   - [ ] Cuprophane®  [ ] Hemophan  [ ] Cellulose acetate (CA) or modified CA  [ ] Regenerated cellulose (RC)  [ ] Cellulose triacetate or dialysate
   - [ ] Polacyronitrile (PAN)  [ ] Polysulfone  [ ] PMMA  [ ] Other (Specify):

8. On the list above (question 7), circle the dialyzer membrane you use MOST COMMONLY.
DIALYSIS POLICIES AND PRACTICES (continued)

9. During December 25-31, 1997, what PERCENT of your hemodialysis patients were treated with:
   a. High flux dialysis (dialyzer UFR ≥ 20) .................................................... (76-78) — %
   b. High efficiency dialysis (dialyzer UFR 10-19) ........................................... (79-81) — %

10. During December 25-31, 1997, what PERCENT of your hemodialysis patients received hemodialysis through:
   a. AV graft ........................................................................................................... (82-84) — %
   b. AV fistula ........................................................................................................ (85-87) — %
   c. Central (subclavian or jugular) catheter ......................................................... (88-90) — %

11. In 1997 did your facility reuse dialyzers for some or all patients? ....................... (84) 1 ☐ Yes 2 ☐ No
    If Yes, answer a-d: If No, go to question 12.
    a. Are these dialyzers reprocessed by an: 1 ☐ Automatic system or 2 ☐ Manual/semiautomatic system or 3 ☐ Both
    b. What method is used to disinfect these dialyzers? (specify) 
       1 ☐ Formaldehyde (formalin) 2 ☐ Glutaraldehyde (Diacide) 3 ☐ Renalin 4 ☐ Heat 5 ☐ Other (Specify) ..............................................................
    c. What is the AVERAGE number of times a dialyzer is reused in your facility in 1997? .............. (87-89) —
    d. What is the MAXIMUM number of times a dialyzer was ever reused in your facility in 1997? ............... (90-92) —

12. What type of water treatment do you use? (109-110) CHECK ALL THAT APPLY
    1 ☐ None 2 ☐ Softening 3 ☐ Deionization (DI) 4 ☐ Reverse Osmosis (RO) 5 ☐ Ultraviolet (UV) 6 ☐ Submicron Filtration 7 ☐ Carbon Filtration 8 ☐ Other (Specify) ..........

OTHER DISEASES OR COMPLICATIONS

13. During 1997, did any hemodialysis patients experience reactions that were attributed to the use of NEW dialyzers? ............... (111) 1 ☐ Yes 2 ☐ No

14. How many cases of pyrogenic reactions (onset of rigors or temperature >100°F during dialysis) in the absence of bacteremia did you observe in patients during 1997? ....... (112) 1 ☐ None 2 ☐ One 3 ☐ 2-10 4 ☐ More than 10
    a. If you observed more than one case, did any of those occur in clusters (i.e., 2 or more within 48 hours)? ................. (113) 1 ☐ Yes 2 ☐ No

15. During 1997, did any of your hemodialysis patients have:
   a. Active tuberculosis requiring treatment? ...................................................... (114) 1 ☐ Yes 2 ☐ No
   b. A positive culture for vancomycin-resistant enterococcus (VRE)? .............. (115) 1 ☐ Yes 2 ☐ No
   c. A positive culture for methicillin-resistant Staphylococcus aureus (MRSA)? (116) 1 ☐ Yes 2 ☐ No

16. How many hemodialysis patients were treated with IV vancomycin during the MONTH of December, 1997? ........... (117)

17. Type of formal record-keeping system used to keep track of dialysis-associated diseases on patients: (120-121) (check both 1 and 2 if used both)
    1 ☐ Computer database 2 ☐ Written records or log other than patient chart 3 ☐ No formal system
    a. If you have a formal record-keeping system, check all that are included. (120-127)
       1 ☐ Pyrogenic reactions 2 ☐ Bacteremia 3 ☐ Vascular access infections 4 ☐ HBsAg 5 ☐ Anti-HBs 6 ☐ Hepatitis C antibody

18. If you have a formal system to track them, how many cases of the following occurred among chronic hemodialysis patients during the YEAR 1997?
    a. Bacteremia (positive blood culture) ....................................................... (128-130)
    b. Vascular access infections without bacteremia .................................(131-133)

HIV and AIDS

19. Among your chronic in-center hemodialysis patients treated during 1997, how many were known positive for HIV antibody? ......... (134-136)
    Include patients known positive for HIV antibody, whether or not they had AIDS.
    a. Of these HIV antibody-positive patients, how many were known to have AIDS? ............ (137-139)

20. On ADMISSION, are all patients routinely tested for antibody to HIV? ........ (140) 1 ☐ Yes 2 ☐ No

21. AFTER admission, are all patients periodically screened for antibody to HIV? ........ (141) 1 ☐ Yes 2 ☐ No

COMMENTS:

— THANK YOU FOR YOUR PARTICIPATION — PLEASE RETURN COMPLETED FORM TO YOUR ESRD NETWORK OFFICE. — KEEP COPY 2 FOR YOUR RECORDS. —
If you have questions, contact Elaine Miller at CDC, 1600 Clifton Rd. N.E.; M/S E-69; Atlanta, GA 30333 — Tel.: (404) 639-8422.

NAME, TITLE OF PERSON WHO COMPLETED THIS SURVEY

Please PRINT

LAST NAME (162-164)
FIRST NAME (164-166)
Title: 1 ☐ Nurse 2 ☐ Technician 3 ☐ MD 4 ☐ Administrator 8 ☐ Other (Specify) (166-168)
Phone: (170-172) FAX: (173-175)
### Appendix I

#### National Surveillance of Dialysis-Associated Diseases, 1999

For the Time Period January 1, 1999-December 31, 1999

If you did not treat chronic non-transient in-center hemodialysis patients in 1999, do not fill out this form.

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### Patient Data

1. How often does your facility routinely test seronegative (i.e., negative for hepatitis B surface antigen and hepatitis B surface antibody) patients for hepatitis B surface antigen (HBsAg)?
   - [ ] No routine testing
   - [ ] Every month
   - [ ] Every 2-6 months
   - [ ] Every 7-12 months
   - [ ] Other (specify)

2. Which of these best describes your center’s policy for hepatitis B vaccination of patients: (choose one)
   - [ ] Offer vaccine to patients
   - [ ] Vaccine is offered to patients at individual physician’s office
   - [ ] Do not offer vaccine to patients
   - [ ] Other, specify

3. During 1999 did your facility offer the pneumococcal pneumonia vaccine to chronic in-center hemodialysis patients?
   - [ ] Yes
   - [ ] No

   If Yes, how many of the chronic hemodialysis patients assigned to your center as of December 6-11, 1999, have in the last five years received the pneumococcal pneumonia vaccine?
   - [ ] lessthan25%
   - [ ] 25-49%
   - [ ] 50-74%
   - [ ] 75-100%
   - [ ] Unknown

4. During 1999 did your facility offer the influenza (flu) vaccine to chronic in-center hemodialysis patients?
   - [ ] Yes
   - [ ] No

   If Yes, what percent of the chronic hemodialysis patients assigned to your center as of December 6-11, 1999, received the influenza (flu) vaccine during 1999?
   - [ ] lessthan25%
   - [ ] 25-49%
   - [ ] 50-74%
   - [ ] 75-100%
   - [ ] Unknown

5. During 1999, how many of your CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS converted from hepatitis B surface ANTIHELICIT B (HBsAg) negative to positive (i.e., had newly acquired hepatitis B virus infection. Do not include patients who were antigen positive before they were first dialyzed in your center)?

6. How many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were assigned to your center as of December 6-11, 1999?
   - [ ] Yes
   - [ ] No

   If Yes, what percent of the chronic hemodialysis patients assigned to your center as of December 6-11, 1999, received the influenza (flu) vaccine during 1999?
   - [ ] lessthan25%
   - [ ] 25-49%
   - [ ] 50-74%
   - [ ] 75-100%
   - [ ] Unknown

7. Of the patients counted in question 6, were all or almost all tested for hepatitis C antibody during 1999?
   - [ ] Yes
   - [ ] No

   If Yes, how many were positive for hepatitis C antibody? (Note: this is NOT hepatitis B core antibody)
   - [ ] Yes
   - [ ] No

8. During December 6-11, 1999, how many of your chronic hemodialysis patients received hemodialysis through:
   - [ ] AV graft
   - [ ] AV fistula
   - [ ] Cuffed catheter
   - [ ] Non-cuffed catheter

9. Of the patients with catheters (questions 8c and 8d above), how many are in each of the following categories:
   - [ ] New hemodialysis patient, awaiting fistula/graff
   - [ ] Established patient, fistula/graff failed, new fistula/graff planned
   - [ ] Established patient, fistula/graff placement impossible–catheter is only available access
   - [ ] Other

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Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0033). Do not send the completed form to this address.
DIALYSIS POLICIES AND PRACTICES

10. During December 6-11, 1999, how many of your hemodialysis patients were treated with these dialyzer types: (write in the number of patients)
   a. High flux polysulphone (e.g. F60-F80)          (67-69)
   b. Regenerated cellulose, cuprophane (e.g. TerumoCL-CT, AsahiAM, BaxterCF, Gambro-Lundia) (70-72)
   c. Low flux polysulphone (e.g. F5-F8)           (73-75)
   d. Cellulose acetate (e.g. BaxterCA110-210, AlthinMCA) (76-78)
   e. Cellulose triacetate (e.g. BaxterCT)         (79-81)
   f. Hemophan (e.g. FoCus)                        (82-84)
   g. PMMA (e.g. Toray)                            (85-87)
   h. Other (specify)                              (88-90)

11. In 1999, did your facility reuse dialyzers for some or all patients? (91)
   1. Yes 2. No

If Yes:
   11a. What method is used to disinfect the majority of these dialyzers? (CHOOSE ONE) (92-93)
       1. Formaldehyde (formalin) 2. Glutaraldehyde (Diacide)
       3. Peracetic acid (e.g., Renalin, and others) 4. Heat
       5. Amuchina 6. Other (SPECIFY)

11b. Is bleach also used to clean the inside of these dialyzers? (94) 1. Yes 2. No

11c. Does your facility’s policy allow dialyzer reuse on patients who are positive for hepatitis C antibody (anti-HCV)? (95-96)
   1. Yes 2. No 3. Do not have any known anti-HCV positive patients

(Note: CDC guidelines permit dialyzer reuse for hepatitis C antibody-positive patients.)

12. At your center, where are medications from multidose vials most commonly drawn into syringes to prepare for patient administration? (CHOOSE ONLY ONE)
   1. In a separate medication room or in a medication area separate from the dialysis stations (97-98)
   2. At the dialysis stations
   3. On a medication cart which is wheeled from patient dialysis station to dialysis station

DISEASES OR COMPLICATIONS

13. During the year 1999, how many of your hemodialysis patients were known to have a positive culture for vancomycin-resistant enterococcus (VRE)? (99)
   0. None 1. 1-4 2. 5-9 3. $10

13a. If you treated VRE-positive patients, do you treat them in a room separate from VRE-negative patients? (100)
   0. Never 1. Sometimes 2. Always

14. During 1999 did you perform rectal swabs or stool cultures on some patients to check for VRE at your center? (Do not include cultures done while a patient was hospitalized) (101)
   1. Yes 2. No

15. During the year 1999 did any of your hemodialysis patients have a positive culture for methicillin-resistant Staphylococcus aureus (MRSA)? (102)
   1. Yes 2. No

16. How many hemodialysis patients were treated with IV vancomycin during the MONTH of December 1999? (Write in number of patients treated, NOT number of doses of vancomycin) (103-105)

   If Yes, has there been an attempt to insure that antibiotics are used appropriately? (106)
   1. Yes 2. No

   If Yes, circle all measures that have been implemented: (107-112)
   1. A written policy on antibiotic use
   2. Reason for antibiotic must be recorded in chart or on order form
   3. Automatic stop order (antibiotic must be reordered at intervals)
   4. Approval needed for use of certain antibiotics
   5. Formulary restriction (only selected antibiotics are available)
   6. Other, specify

18. Among the chronic hemodialysis patients assigned to your center as of December 6-11, 1999, how many were known positive for HIV antibody? Include only chronic in-center hemodialysis patients (113-115)
   1. Yes 2. No

19a. Of these HIV antibody positive patients, how many were known to have AIDS? (116-118)

STAFF MEMBERS

19. How many full-time and part-time staff were employed in your facility the week of December 6-11, 1999? Include only staff who had direct contact with hemodialysis patients or equipment (119-121)

19a. How many of these staff had ever in their lives received at least 3 doses of hepatitis B vaccine? (122-124)

19b. Were all or almost all of these staff tested for hepatitis C antibody (anti-HCV) during 1999? (Note-this is not hepatitis B core antibody) (125)
   1. Yes 2. No

   19b1) If Yes, how many were positive for hepatitis C antibody? (126-128)

Comments:

NAME OF PERSON WHO COMPLETED THIS SURVEY

Please PRINT: LAST NAME (129-139) FIRST NAME (140-150)

Phone: (_______) _______ _______ _______ Fax: (_______) _______ _______ _______ _______ _______ _______ \n
Send Copy 1 of the completed form to your ESRD Network office. Keep Copy 2 for your own records. DO NOT SEND FORM TO CDC.

Call Elaine Miller (404-639-6422) with questions. Use of trade names is for identification only and does not constitute endorsement by the Public Health Service or the U.S. Department of Health and Human Services.
### National Surveillance of Dialysis-Associated Diseases, 2000
For the Time Period January 1, 2000-December 31, 2000

If you did not treat chronic non-transient in-center hemodialysis patients in 2000, do not fill out this form.

OMB No. 0920-0033 Exp Date: 09/30/2002

<table>
<thead>
<tr>
<th>[5-10] Provider Number</th>
<th>Name of Facility</th>
</tr>
</thead>
</table>

#### PATIENT DATA

1. How often does your facility routinely test seronegative (i.e., negative for hepatitis B surface antigen and hepatitis B surface antibody) patients for hepatitis B surface antigen (HBsAg)?
   - [ ] No routine testing
   - [ ] Every month
   - [ ] Every 3-6 months
   - [ ] Every 7-12 months
   - [ ] Other (specify)

2. Which of these best describes your center's practice for hepatitis B vaccination of patients? (Choose one)
   - [ ] Offer vaccine to patients
   - [ ] Vaccine is offered to patients at individual physician's office
   - [ ] Do not offer vaccine to patients

3. During 2000 did your facility offer the pneumococcal pneumonia vaccine to chronic in-center hemodialysis patients?
   - [ ] Yes
   - [ ] No

   If Yes, what percent of the chronic hemodialysis patients assigned to your center as of December 4-9, 2000, have in the last five years received the pneumococcal pneumonia vaccine?
   - [ ] less than 25%
   - [ ] 25-49%
   - [ ] 50-74%
   - [ ] 75-100%
   - [ ] Unknown

4. During 2000 did your facility offer the influenza (flu) vaccine to chronic in-center hemodialysis patients?
   - [ ] Yes
   - [ ] No

   If Yes, what percent of the chronic hemodialysis patients assigned to your center as of December 4-9, 2000, received the influenza (flu) vaccine during 2000?
   - [ ] less than 25%
   - [ ] 25-49%
   - [ ] 50-74%
   - [ ] 75-100%
   - [ ] Unknown

5. During 2000, how many of your CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS converted from hepatitis B surface ANTIGEN (HBsAg) negative to positive (i.e., had newly acquired hepatitis B virus infection. Do not include patients who were antigen positive before they were first dialyzed in your center)?

6. How many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were assigned to your center as of December 4-9, 2000?
   - [ ] Yes
   - [ ] No

   a. Of the patients counted in question 6, how many had ever in their lives received at least 3 doses of hepatitis B vaccine?

   b. Of the patients counted in question 6, were all or almost all tested for hepatitis B surface ANTIBODY (anti-HBs) during 2000?

   c. If Yes, how many were positive?

   d. If Yes, how many were hepatitis B surface antigen (HBsAg) positive?

7. Of the patients counted in question 6, were all or almost all tested for hepatitis C antibody during 2000?
   - [ ] Yes
   - [ ] No

8. During December 4-9, 2000, how many of your chronic hemodialysis PATIENTS received hemodialysis through:
   - [ ] AV graft
   - [ ] AV fistula
   - [ ] Cuffed catheter
   - [ ] Non-cuffed catheter

9. Of the patients with catheters (questions 8c and 8d above), how many are in each of the following categories:

   - (Total should be the same as the number of catheter patients reported in 8c and 8d above)
     - New hemodialysis patient, awaiting fistula/graft insertion or maturity
     - Established patient, fistula/graft failed, new fistula/graft planned or not yet mature
     - Established patient, fistula/graft placement impossible—catheter is only available access
     - Other, specify
DIALYSIS POLICIES AND PRACTICES

10. In 2000, did your facility reuse dialyzers for some or all patients? (80) 1 □ Yes 2 □ No
   If Yes:
   10a. What method is used to disinfect the majority of these dialyzers? (CHOOSE ONE) (81-82)
       1 □ Formaldehyde (formalin) 2 □ Glutaraldehyde (Dialcide)
       3 □ Peracetic acid (e.g., Renalin, and others) 4 □ Heat
       5 □ Amuchina 6 □ Other (SPECIFY)

   10b. Is bleach also used to clean the inside of these dialyzers? (83) 1 □ Yes 2 □ No
   10c. Does your facility’s policy allow dialyzer reuse on patients who are positive for hepatitis C antibody (anti-HCV)?
       (Note: CDC guidelines permit dialyzer reuse for hepatitis C antibody-positive patients.) (84-85) 1 □ Yes 2 □ No 3 □ Do not have any known anti-HCV positive patients 4 □ Other
   10d. Where are dialyzers reprocessed? (86)
       1 □ Dialyzers are reprocessed at your facility
       2 □ Dialyzers are transported to an off-site facility for reprocessing
       3 □ Both at your facility and off-site

   11. At your center, where are medications from multidose vials most commonly drawn into syringes to prepare for patient administration? (CHOOSE ONLY ONE) (87-88)
       1 □ In a separate medication room or in a medication area separate from the treatment area
       2 □ At the dialysis stations
       3 □ On a medication cart within the treatment area

DISEASES OR Complications

12. During the year 2000, how many of your hemodialysis patients were known to have a positive culture for vancomycin-resistant enterococcus (VRE)?
   (89) 0 □ None 1 □ 1-4 2 □ 5-9 3 □ ≥10

12a. If you treated VRE-positive patients, do you treat them in a room separate from VRE-negative patients?
   (90) 0 □ Never 1 □ Sometimes 2 □ Always

13. During 2000 did you perform rectal swabs or stool cultures on some patients to check for VRE at your center?
   (Do not include cultures done while a patient was hospitalized) (91) 1 □ Yes 2 □ No

14. During the year 2000 did any of your hemodialysis patients have a positive culture for methicillin-resistant Staphylococcus aureus (MRSA)?
   (92) 1 □ Yes 2 □ No

15. At your center, was there an attempt during the year 2000 to insure that antibiotics are used appropriately?
   If Yes, circle all measures that were used during 2000: (97-102)
   1 □ A written policy on antibiotic use 2 □ Reason for antibiotic must be recorded in chart or on order form
   3 □ Automatic stop order (antibiotic must be reordered at intervals) 4 □ Approval needed for use of certain antibiotics
   5 □ Formulary restriction (only selected antibiotics are available) 6 □ Other, specify

16. Among the chronic hemodialysis patients assigned to your center as of December 4-9, 2000, how many were known positive for HIV antibody?
   Include only chronic in-center hemodialysis patients (103-105)

16a. Of these HIV antibody positive patients, how many were known to have AIDS? (106-108)

STAFF MEMBERS

17. How many full-time and part-time staff were employed in your facility the week of December 4-9, 2000? Include only staff who had direct contact with hemodialysis patients or equipment (109-111)

17a. How many of these staff had ever in their lives received at least 3 doses of hepatitis B vaccine? (112-114)

17b. Were all or almost all of these staff tested for hepatitis C antibody (anti-HCV) during 2000? (Note: this is not hepatitis B core antibody) (115) 1 □ Yes 2 □ No

17b1. If Yes, how many were positive for hepatitis C antibody? (116-118)

Comments:

NAME OF PERSON WHO COMPLETED THIS SURVEY

Please PRINT: LAST NAME (119-123) PHONE: (_______) _____-______
FIRST NAME (130-140) FAX: (_______) _____-______

Send Copy 1 of the completed form to your ESRO Network office. Keep Copy 2 for your own records. DO NOT SEND FORM TO CDC.

Call Elaine Miller (404-639-6422) with questions. Use of trade names is for identification only and does not constitute endorsement by the Public Health Service or the U.S. Department of Health and Human Services.
National Surveillance of Dialysis-Associated Diseases, 2001
For the Time Period January 1, 2001-December 31, 2001
If you did not treat chronic non-transient in-center hemodialysis patients in 2001, do not fill out this form
OMB No. 0920-0013 Exp Date: 06/30/2002

<table>
<thead>
<tr>
<th>Provider Number</th>
<th>Name of Facility</th>
</tr>
</thead>
</table>

Present Address | City | State | Zip Code
---|---|---|---

**PATIENT DATA**

1. How often does your facility routinely test seronegative (i.e., negative for hepatitis B surface antigen and hepatitis B surface antibody) patients for hepatitis B surface antigen (HBsAg)? *(14-15)*
   - 0 □ No routine testing
   - 1 □ Every month
   - 2 □ Every 2 months
   - 3 □ Every 3-6 months
   - 4 □ Every 7-12 months
   - 5 □ Other (specify)

2. Which of these best describes your center’s practice for hepatitis B vaccination of patients: (choose one) *(16-17)*
   - 1 □ Offer vaccine to patients
   - 2 □ Vaccine is offered to patients at individual physician’s office
   - 3 □ Do not offer vaccine to patients
   - 4 □ Other, specify

3. During 2001 did your facility offer the pneumococcal pneumonia vaccine to chronic in-center hemodialysis patients? *(18)*
   - 1 □ Yes
   - 2 □ No
   - 3a. If Yes, what percent of the chronic hemodialysis patients assigned to your center as of December 3-8, 2001, have in the last five years received the pneumococcal pneumonia vaccine?
     - 1 □ less than 25%
     - 2 □ 25-49%
     - 3 □ 50-74%
     - 4 □ 75-100%
     - 5 □ Unknown

4. During 2001 did your facility offer the influenza (flu) vaccine to chronic in-center hemodialysis patients? *(19)*
   - 1 □ Yes
   - 2 □ No
   - 4a. If Yes, what percent of the chronic hemodialysis patients assigned to your center as of December 3-8, 2001, received the influenza (flu) vaccine during 2001?
     - 1 □ less than 25%
     - 2 □ 25-49%
     - 3 □ 50-74%
     - 4 □ 75-100%
     - 5 □ Unknown

5. During 2001, how many of your CHRONIC, NON-TRANSIENT in-center hemodialysis patients converted from hepatitis B surface ANTIGEN (HBsAg) negative to positive (i.e., had newly acquired hepatitis B virus infection)? Do not include patients who were antigen positive before they were first dialedyzed in your center? *(22-24)*

6. How many CHRONIC, NON-TRANSIENT in-center hemodialysis patients were assigned to your center as of December 3-8, 2001? *(25-27)*
   - 6a. Of the patients counted in question 6, how many had ever in their lives received at least 3 doses of hepatitis B vaccine? *(28-30)*
   - 6b. Of the patients counted in question 6, were all or almost all tested for hepatitis B surface ANTIBODY (anti-HBs) during 2001? *(31)*
     - 6b1) If Yes, how many were positive? *(32-34)*
     - 6b2) If No, how many were negative? *(35-37)*

7. Of the patients counted in question 6, were all or almost all tested for hepatitis C antibody during 2001? *(38)*
   - 1 □ Yes
   - 2 □ No
   - 7a. If Yes, how many were positive for hepatitis C antibody? *(39-41)*
   - 7b. If Yes, how many tested positive for hepatitis C antibody in 2001 who had previously tested negative? *(42-44)*
     - (i.e., many seroconverted from hepatitis C negative to positive during 2001?)

8. During December 3-8, 2001, how many of your chronic hemodialysis patients received hemodialysis through:
   - 8a. AV graft *(45-47)*
   - 8b. AV fistula *(48-50)*
   - 8c. Cuffed catheter *(51-53)*
   - 8d. Non-cuffed catheter *(54-56)*

9. Of the patients with catheters (questions 8c and 8d above), how many are in each of the following categories:
   - (Total should be the same as the number of catheter patients reported in 8c and 8d above):
     - New hemodialysis patient, awaiting fistula/graft insertion or maturity *(57-59)*
     - Established patient, fistula/graft failed, new fistula/graft planned or not yet mature *(60-62)*
     - Established patient, fistula/graft placement impossible—catheter is only available access *(63-65)*
     - Other, specify *(66-68)*

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS-D-24, Atlanta, GA 30333; ATTN: PRA (0920-0033). Do not send the completed form to this address.
DIALYSIS POLICIES AND PRACTICES

10. In 2001, did your facility reuse dialyzers for some or all patients? (OPTION ONE) (58-62)
   1. Yes, (specify)
   2. No

10a. What method is used to disinfect the majority of these dialyzers? (OPTION ONE) (58-62)
   1. Formaldehyde (formalin)
   2. Glutaraldehyde (Diacide)
   3. Peroxyl acid (e.g., Renalin, and others)
   4. Heat
   5. Other (specify)

10b. Is bleach also used to clean the inside of these dialyzers? (OPTION ONE) (58-62)
   1. Yes
   2. No

10c. Does your facility's policy allow dialyzer reuse on patients who are positive for hepatitis C antibody (anti-HCV)?
   1. Yes
   2. No
   3. Do not have any known anti-HCV positive patients

(Note: CDC guidelines permit dialyzer reuse for hepatitis C antibody-positive patients.)

10d. Where are dialyzers reprocessed? (OPTION ONE) (58-62)
   1. Dialyzers are reprocessed at your facility
   2. Dialyzers are transported to an off-site facility for reprocessing
   3. Both at your facility and off-site

11. At your center, where are medications from multidose vials most commonly drawn into syringes to prepare for patient administration? (OPTION ONE) (58-62)
   1. In a separate medication room or in a medication area separate from the treatment area
   2. At the dialysis stations
   3. On a medication cart within the treatment area
   4. Other, specify

DISEASES OR COMPLICATIONS

12. During the year 2001, how many of your hemodialysis patients were known to have a positive culture for vancomycin-resistant enterococcus (VRE)? (OPTION ONE) (58-62)
   1. None
   2. 1-4
   3. 5-9
   4. 10 or more

12a. If you treated VRE-positive patients, do you treat them in a room separate from VRE-negative patients?
   1. Never
   2. Sometimes
   3. Always

13. During the year 2001 did you perform rectal swabs or stool cultures on some patients to check for VRE at your center?
   1. Yes
   2. No

14. During the year 2001 did any of your hemodialysis patients have a positive culture for methicillin-resistant Staphylococcus aureus (MRSA)? (OPTION ONE) (58-62)
   1. Yes
   2. No

15. At your center, was there an attempt during the year 2001 to insure that antibiotics are used appropriately? (OPTION ONE) (58-62)
   1. Yes
   2. No

   1a. A written policy on antibiotic use
   2. Reason for antibiotic must be recorded in chart or on order form
   3. Automatic stop order (antibiotic may be ordered at intervals)
   4. Approval needed for use of certain antibiotics
   5. Formulary restriction (only selected antibiotics are available)
   6. Other, specify

16. Among the chronic hemodialysis patients assigned to your center as of December 3-8, 2001, how many were known positive for HIV antibody? Include only chronic in-center hemodialysis patients
   1.0

16a. Of these HIV antibody positive patients, how many were known to have AIDS?

STAFF MEMBERS

17. How many full-time and part-time staff were employed in your facility the week of December 3-8, 2001? Include only staff who had direct contact with hemodialysis patients or equipment

17a. How many of these staff had ever in their lives received at least 3 doses of hepatitis B vaccine?

17b. Were all or almost all of these staff tested for hepatitis C antibody (anti-HCV) during 2001?
   1. Yes
   2. No

(Note: This is not hepatitis B core antibody)

17b1. If Yes, how many were positive for hepatitis C antibody?

Comments:

NAME OF PERSON WHO COMPLETED THIS SURVEY

Please PRINT: ............................................ LAST NAME (119-129)
............................................ FIRST NAME (130-140)

Phone: (_____) - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
Fax: (_____) - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Send Copy 1 of the completed form to your ESRD Network office. Keep Copy 2 for your own records. DO NOT SEND THE FORM TO CDC.

Call your ESRD Network office with questions. Use of trade names is for identification only and does not constitute endorsement by the Public Health Service or the U.S. Department of Health and Human Services.
This questionnaire should be completed only for Chronic In-Center Hemodialysis patients who were dialyzed in your facility in 2001. Do NOT complete this questionnaire if your facility only performs transplants or acute dialysis or if you have only peritoneal or home dialysis patients. When the questionnaire is completed, keep copy 2 for your records and return copy 1 to your ESRD Network office. For questions, please contact your ESRD Network office.

1. This question refers to your facility’s policy for hepatitis B surface ANTIGEN (HBsAg) screening of patients who have never been infected with hepatitis B or are not immune to hepatitis B.

3. If your facility does not offer pneumococcal pneumonia vaccine, respond “no” and omit question #3a. If your facility offers and tracks pneumococcal pneumonia vaccine status, report the total percent of patients who received the vaccine, NO MATTER WHERE THEY RECEIVED IT.

4. If your facility did not offer the influenza (flu) vaccine in 2001 respond “no” and omit question #4a. If your facility offers and tracks the influenza (flu) vaccine status, report the total percent of patients who received the vaccine, NO MATTER WHERE THEY RECEIVED IT.

5. How many of your chronic hemodialysis patients became newly INFECTED with the hepatitis B virus (seroconverted to hepatitis B surface ANTIGEN [HBsAg]) during 2001. This question does NOT refer to patients who seroconverted to hepatitis B surface ANTIBODY positive (anti-HBc) as a result of receiving the hepatitis B vaccination.

6a-c. These questions apply only to your chronic hemodialysis patients who were dialyzed Dec.3-8, 2001 (that is, to your patient census that week).

   6a. asks how many of the patients had EVER received at least 3 doses of hepatitis B vaccine.

   6b. asks if patients were tested for hepatitis B surface ANTIBODY during 2001.

   6b1. asks how many were hepatitis B surface ANTIBODY positive (regardless of whether they tested antibody positive due to vaccine or to resolved infection).

   6c. asks how many patients were hepatitis B surface ANTIGEN positive. Being hepatitis B surface ANTIGEN positive means that the patient is acutely or chronically infected with the hepatitis B virus.

7a-b. These questions apply only to your chronic hemodialysis patients who were dialyzed Dec.3-8, 2001.

8. This question refers to the access actually being used to dialyze chronic hemodialysis patients the week of Dec.3-8, 2001.

9. “New hemodialysis patient” refers to someone who has been on hemodialysis less than 90 days.
   “Awaiting fistula/graft insertion” means that a referral has been made to a surgeon with a plan to schedule the patient for a fistula or graft insertion.
   “Awaiting maturity” means that the fistula or graft has been inserted but is not yet mature enough for use.
   “Established patient, fistula/graft failed, new fistula/graft planned” means that a referral has been made to a surgeon with a plan to schedule the patient for a fistula or graft insertion since the previous fistula/graft failed.

10. If the answer to #10 is no, omit 10a-d.

11. Check the answer that best fits your practice, even if the answer it not worded exactly as your practice.

12-14. These questions refer to patients treated at any time during the year 2001.

16. If a screening test for HIV is positive, but the confirmatory test is negative, consider the patient HIV negative for this question.

   16a. For this question, include only those HIV positive patients who have AIDS. The 1993 AIDS definition for adolescents and adults includes patients with an AIDS-indicator condition and/or a CD4+ T-lymphocyte count <200/ML or a CD4+ percentage <14.

17. Refers only to staff who worked directly with hemodialysis patients or equipment. Do not include dieticians, social workers, or physicians.

When the questionnaire is completed, keep copy 2 for your records and RETURN COPY 1 TO YOUR ESRD NETWORK OFFICE

THANK YOU FOR YOUR PARTICIPATION – IT IS GREATLY APPRECIATED