Appendix D: Data Collection Forms, Part 2: CDC National Surveillance of Dialysis-Associated Diseases Forms

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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?
   - (0) No routine testing  (1) Monthly  (2) Bimonthly  (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) Yes  (38) No
   1.) If yes, how many were positive?
   - (39-40)
   c. Were all or almost all of these patients tested for hepatitis C antibody?
   - (41) Yes  (42) No
   1.) If yes, how many were positive?

**MANAGEMENT OF HBsAg-POSITIVE PATIENTS**

4. Does your facility provide dialysis for non-transient patients who are, or become, HBsAg-positive?
   - (45) Yes  (46) No
   a. Is there a separate room for these patients?
   - (47) Yes  (48) No
   b. Do you use a separate machine for these patients?
   - (49) Yes  (50) No

**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?
   - (48-50)
   a. During 1993, how many of these became hepatitis B surface ANTIGEN (HBsAg) positive?
   - (51-53)
   b. How many of these 1993 dialysis staff had EVER in their lives received all 3 doses of hepatitis B vaccine?
   - (54-56)
   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?
   - (59-62)
   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) Yes  (67) No
   1.) If yes, how many were positive?
   - (68-69)
   c. Were all or almost all of these staff tested for hepatitis C antibody?
   - (70) Yes  (71) No
   1.) If yes, how many were positive?

**SEPTICEMIA AND PYROGENIC REACTIONS RELATED ONLY TO DIALYSIS**

7. How many cases of dialysis-related septicaemia (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?
   - (a1) 1 None  (2) One  (3) 2-10  (4) More than 10

8. How many cases of pyrogenic reactions (onset of rigor or temperature > 100°F during dialysis) did you observe in patients during 1992?
   - (b1) 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)?
   - (c1) Yes  (c2) No
DIALYSIS POLICIES AND PRACTICES
5. Specify the dialyzer membranes used on your patients. (check all that apply)
   (92-109) 1 Cuprophane @ 2 Hemophan 3 Cellulose acetate (CA) 4 Regenerated cellulose (RC) 5 Cellulose triacetate:
   6 Polysulfone (PAN) 7 Polysulphone 8 PMMA 9 Other (Specify)________

10. During 1993, what PERCENT of your hemodialysis patients were treated with the following:
    a. Reused dialysers? (101-103) ________ percent
    b. High flux dialysis (dialyzer UFR ≥ 20)? (104-106) ________ percent
    c. High efficiency dialysis (dialyzer UFR 10-19)? (107-109) ________ percent
    d. Acetate dialysis? (110-112) ________ percent
    e. Bicarbonate dialysis? (113-115) ________ percent

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

If Yes,
   a. Do you reuse either the original or replacement dialyzer caps? (120) 1 Yes 2 No
   b. Are these dialyzers reprocessed by an: (121) 1 Automatic system or 2 Manual system or 3 Both
   c. What germicide is used to disinfect these dialyzers? CHOOSE ONE
      (122-123) 1 Formaldehyde 2 Glutaraldehyde (Didecylid, Sporicidin) 3 Renalin 4 Other (Specify)________
   d. If you use formaldehyde to disinfect dialyzers, specify:
      1) Percentage concentration: (124) 1 ≤1% 2 1.1-3.9% 3 >4.0%
      2) Storage temperature: (125) 1 Room temp 2 >40°C = 104°F 3 Other (specify)________
   e. What is the average number of times a dialyzer is reused in your facility? (126-128) ________
   f. What is the maximum number of times a dialyzer was ever reused in your facility in 1993? (129-131) ________

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 Ultraviolet (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) 1 Do Not Routinely Disinfect 2 Daily 3 Weekly 4 Monthly 5 Quarterly 6 Other (Specify)

17. During 1993, how many hemodialysis patients used a subclavian, supraclavicular or a jugular catheter as permanent (i.e., not only while awaiting grafts) vascular access for hemodialysis? (if non, answer 0) (142-144) ________

18. 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) ________
    (145-146) 1 Computer database 2 Written records or log other than patient chart 3 No formal system

19. During 1993, how many of your chronic in-center hemodialysis patients had clinical SYMPTOMS of HIV infection, including AIDS? (153-154) ________

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? (155-156) ________

21. On ADMISSION, are all patients routinely tested for antibody to HIV? (157) 1 Yes 2 No

22. AFTER admission, are all patients periodically screened for antibody to HIV? (158) 1 Yes 2 No

COMMENTS:

______________________________________________________________________________

______________________________________________________________________________

PERSON TO CONTACT AT YOUR FACILITY REGARDING THIS SURVEY:

______________________________________________________________________________

Phone ( ) ____________________________________________________________________

FAX ( ) _____________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

PLE ASE PRINT

This questionnaire is authorized by law (Public Health Service Act, 42 USC 241). Public reporting burden for this collection of information is estimated to average 35 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; ATTN: PRA; 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 (0920-0032), 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?  
   - [ ] No routine testing  
   - [ ] Monthly  
   - [ ] Bimonthly  
   - [ ] Quarterly  
   - [ ] Semi-annually  
   - [ ] Other 

2. During 1994, 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 1994, how many of these patients became hepatitis B surface antigen (HBsAg) positive? 
   - [ ] Yes  
   - [ ] No  

   b. How many of these patients had ever in their lives received at least 3 doses of hepatitis B vaccine? 
   - [ ] Yes  
   - [ ] No  

   c. During 1994, how many of these patients were diagnosed as having ACUTE non-A, non-B hepatitis? 
   - [ ] Yes  
   - [ ] No 

   (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)

3. From December 5-11, 1994, how many chronic, non-transient in-center hemodialysis patients were dialyzed in your center (include only patients dialyzed for at least 1 month)? 

   a. How many of these patients were hepatitis B surface antigen (HBsAg) positive? 
   - [ ] Yes  
   - [ ] No  

   b. Were all or almost all of these patients tested for hepatitis B surface antibody (anti-HBs) during 1994? 
   - [ ] Yes  
   - [ ] No  

   1. If yes, how many were positive? 

   c. Were all or almost all of these patients tested for hepatitis C antibody during 1994? 

   NOTE - this is NOT antibody to hepatitis C core antigen 

   1. If yes, how many were positive? 

4. Does your facility provide dialysis for non-transient patients who are, or become, HBsAg-positive? 

   If Yes: 
   a. Is there a separate room for these HBsAg-positive patients? 
   - [ ] Yes  
   - [ ] No  

   b. Do you use a separate machine for these HBsAg-positive patients? 
   - [ ] Yes  
   - [ ] No  

   c. Do you have separate staff for these HBsAg-positive patients? 
   - [ ] Yes  
   - [ ] No  

## 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? 

   a. During 1994, how many of these staff became hepatitis B surface antigen (HBsAg) positive? 
   - [ ] Yes  
   - [ ] No  

   b. How many of these staff had ever in their lives received at least 3 doses of hepatitis B vaccine? 
   - [ ] Yes  
   - [ ] No  

   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 1/2 times upper limit of normal 1 week apart and excluding other causes of hepatitis)? 

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? 

   a. How many of these staff were hepatitis B surface antigen (HBsAg) positive? 
   - [ ] Yes  
   - [ ] No  

   b. Were all or almost all of these staff tested for hepatitis B surface antibody (anti-HBs) during 1994? 
   - [ ] Yes  
   - [ ] No  

   1. If yes, how many were positive? 

   c. Were all or almost all of these staff tested for hepatitis C antibody during 1994? 

   NOTE - this is NOT antibody to hepatitis C core antigen 

   1. If yes, how many were positive? 

## Septicemia and Pyrogenic Reactions Related Only to Dialysis

7. How many cases of dialysis-related septicemia (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? 

   a. None  
   b. One  
   c. 2-10  
   d. More than 10  

   How many cases of pyrogenic reactions (onset of rigors or temperature > 100°F during dialysis) in the absence of septicemia 

   a. None  
   b. One  
   c. 2-10  
   d. 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)? 
   - [ ] Yes  
   - [ ] No
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)  

22. AFTER admission, are all patients periodically screened for antibody to HIV? (158)  

COMMENTS:  

**PERSON TO CONTACT AT YOUR FACILITY REGARDING THIS SURVEY: (PLEASE PRINT)**  

**PHONE (___) ___-___**  

**FAX (___) ___-___**  

*This questionnaire is authorized by law (Public Health Service Act, 42 USC 2411). Public reporting burden for this collection of information is estimated to average 35 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 the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the burden to PHS Reports Clearance Officer: ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 725-B; 200 Independence Ave., SW, Washington, DC 20201; and to the Office of Management and Budget: Paperwork Reduction Project (0920-0033); Washington, DC 20503.*  

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**PATIENTS - SEROLOGIC TESTING AND CENSUS**

1. How often does your facility routinely test seronegative (i.e., HBsAg and anti-HBs negative) patients for HBsAg?
   - [ ] 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?
   
   c. Were all or almost all of these patients tested for hepatitis B core antibody during 1995?
   
   NOTE - this is NOT antibody to hepatitis B core antigen

4. Does your facility provide dialysis for non-transient patients who are, or become, HBsAg-positive?

   If Yes: a. Is there a separate room 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?
   
   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

7. Specify the dialyzer membranes used on your patients. (Check all that apply)

   - [ ] Cuprophan®
   - [ ] Hemophan
   - [ ] Cellulose acetate (CA)
   - [ ] Regenerated cellulose (RC)
   - [ ] Cellulose triacetate
   - [ ] Polycrylonitrile (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, 1995, what PERCENT of your hemodialysis patients were treated with:
   a. High flux dialysis (dialyser UFR ≥ 20) ........................................... (95-97) ___ %
   b. High efficiency dialysis (dialyser UFR 10-19) ................................ (96-99) ___ %
   c. Acetate dialysis ........................................................................... (91-93) ___ %
   d. Bicarbonate dialysis ..................................................................... (94-98) ___ %

10. During December 25-31, 1995, what PERCENT of your hemodialysis patients received hemodialysis through:
   a. AV graft .............................................................................. (97-99) ___ %
   b. AV fistula ............................................................................ (100-102) ___ %
   c. Central (subclavian or jugular) catheter .................................... (103-105) ___ %

11. In 1995 did you have a formal record-keeping system to keep track of:
   a. If yes, go to question 12. If no, answer a-f:
      - During December 25-31, 1995, what PERCENT of your hemodialysis patients were treated with reused dialyzers? (106) 1 □ Yes 2 □ No
      - Are these dialyzers reprocessed by an:
         - Automatic system or Manual/semi-automatic system (107-109) 1 □ Yes 2 □ No
      - c. What method is used to disinfect these dialyzers? CHOOSE ONE
         - Formaldehyde (formalin) 2 □ Glutaraldehyde (Diaclde) 3 □ Renalin 4 □ Heat 5 □ Other (Specify)
      - d. Is bleach also used to clean these dialyzers? (112) 1 □ Yes 2 □ No
      - e. What is the AVERAGE number of times a dialyzer was 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? (116-118) ___

12. What type of water treatment do you use? CHECK ALL THAT APPLY
   a. Softening 5 □ Deionization (DI) 4 □ Reverse Osmosis (RO) 2 □ Filtration 3 □ Submicron Filtration 6 □ 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 septemia 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:
   - Active tuberculosis requiring treatment? (130) 1 □ Yes 2 □ No
   - a positive culture for vancomycin-resistant enterococcus (VRE)? (131) 1 □ Yes 2 □ No
   - 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)
   - Computer database 1 □ 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.
      - Pyrogenic reactions 2 □ Septicemia 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 hemodialysis patients during 1995?
   - a. Septicemia ................................................... (144-146) ___
   - b. Vascular access infections without septicemia .................................. (147-149) ___

### HIV and AIDS

19. Among your chronic in-center hemodialysis patients treated during 1995, how many were known positive for HIV antibody? (150-152) ___
   - a. Of these HIV antibody-positive patients, how many were known to have AIDS? (152-153) ___

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? (155) 1 □ Yes 2 □ No

### COMMENTS:

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### 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?
   - 0 Routine testing
   - 1 Monthly
   - 2 Every other month
   - 3 Quarterly
   - 4 Semi-annually
   - 5 Other

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. Do NOT include patients who were antigen positive before they were first dialyzed at your center)?
   - b. During 1997, how many of these patients were diagnosed as having NEWLY ACQUIRED non-A, non-B hepatitis / hepatitis C (e.g., at least 2 sets of liver enzymes > 2 1/2 times upper limit of normal at least 1 week apart and excluding other causes of hepatitis)?

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

3. Answer a. and b. 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?
   - a. Is there a separate room for these HBsAg-positive patients?
   - b. Do you use a separate machine for these HBsAg-positive patients?
   - c. Do the staff that care for your HBsAg-positive patients also care for HBsAg-negative patients during the same shift?

### 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. How many of these staff converted from hepatitis B surface ANTIGEN (HBsAg) negative to positive?
   - b. How many of these staff were hepatitis B surface ANTIGEN (HBsAg) positive?

   **NOTE:** Do NOT include staff who were positive before they first worked at your center.

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?

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

7. Specify the dialyzer membranes used on your patients. (check all that apply)
   - Cuprophan®
   - Hemofan
   - Cellulose acetate (CA) or modified CA
   - Regenerated cellulose (RC)
   - Cellulose triacetate or diacetate
   - Polycrionitrile (PAN)
   - Polysulfone
   - PMMA
   - Other (Specify): ___

8. On the list above (question 7), CIRCLE the dialyzer membrane you use MOST COMMONLY.
9. During December 25-31, 1997, what PERCENT of your hemodialysis patients were treated with:
   a. High flux dialysis (dialyser UFR ≥ 20) .................................................. (76-78) ___ ___ %
   b. High efficiency dialysis (dialyser UFR 10-19) ...................................... (70-81) ___ ___ %

10. During December 25-31, 1997, what PERCENT of your hemodialysis patients received hemodialysis through:
   a. AV graft ................................................................. (62-84) ___ ___ %
   b. AV fistula ............................................................... (65-87) ___ ___ %
   c. Central (subclavian or jugular) catheter ........................................... (58-90) ___ ___ %

11. In 1997 did your facility reuse dialyzers for some or all patients? ............... (94) 1 Yes 2 No
    If Yes, answer a-d: If No, go to question 12.
    a. Are these dialyzers reprocessed by an: (10) 1 Automatic system 2 Manual/semiautomatic system 3 Both
    b. What method is used to disinfect these dialyzers? (10) CHOOSE ONE
       1 Formaidehdy (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? (97-99) ___
    d. What is the MAXIMUM number of times a dialyzer was ever used in your facility in 1997? (100-102) ___

12. What type of water treatment do you use? (103-110) 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

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? (117-119) ___
17. Type of formal record-keeping system used to keep track of dialysis-associated diseases on patients: (120-123) (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: (122-127)
   1 Pyrogenic reactions 2 Bacteremia 3 Vascular access infections 4 HBeAg 5 Anti-HBs 6 Hepatitis C antibody

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

HIV and AIDS:

20. If you have questions, contact Elaine Miller at CDC, 1600 Clifton Rd. N.E.; M/S E-69; Atlanta, GA 30333 - Tel.: (404) 639-6422.

NAME, TITLE OF PERSON WHO COMPLETED THIS SURVEY:

Please PRINT

LAST NAME (142-153)

FIRST NAME (154-159)

Title: 1 Nurse 2 Technician 3 MD 4 Administrator 8 Other (Specify) (160-165)

Phone: (______) (170-178)

FAX: (______) (185-186)
### 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

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

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

#### 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)
   - [ ] No routine testing
   - [ ] Every month
   - [ ] Every 2 months
   - [ ] Every 3-6 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) (16-17)
   - [ ] 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? (18)
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

   a. If Yes, what percent 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?
      - [ ] less than 25%
      - [ ] 25-49%
      - [ ] 50-74%
      - [ ] 75-100%
      - [ ] Unknown

4. During 1999 did your facility offer the influenza (flu) vaccine to chronic in-center hemodialysis patients? (20)
   - [ ] Yes
   - [ ] No

   a. 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?
      - [ ] less than 25%
      - [ ] 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 ANTI-GEN (HBsAg) 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)? (22-24)

6. How many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were assigned to your center as of December 6-11, 1999? (25-27)
   - [ ] Established patient, fistula/graft placement impossible–catheter is only available access
   - [ ] Established patient, fistula/graft failed, new fistula/graft planned
   - [ ] New hemodialysis patient, awaiting fistula/graft
   - [ ] Other (specify)

7. Of the patients counted in question 6, were all or almost all tested for hepatitis B surface antigen (HBsAg) positive during 1999? (31)
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

   a. If Yes, how many were positive for hepatitis C antibody? (39-41)
   - [ ] 25-49%
   - [ ] 50-74%
   - [ ] 75-100%
   - [ ] Unknown

8. During December 6-11, 1999, how many of your chronic hemodialysis PATIENTS received hemodialysis through:
   (Note: these numbers should add up to the number of patients in #6)
   - [ ] 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
   - Established patient, fistula/graft failed, new fistula/graft planned
   - Established patient, fistula/graft placement impossible–catheter is only available access
   - Other (specify)

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: OMB, Clearing Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0033). Do not send the completed form to this address.
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 polysulfone (e.g. F60-F80) ............................... (67-69)
   b. Regenerated cellulose, cuprophane (e.g. Terumo CL-CT, AsahiAM, BaxterCF, Gambro-Lundia) .............................. (70-72)
   c. Low flux polysulfone (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) ..............................

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

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) ____________________________

17. At your center, 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) ____________________________
    18a. 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? (125) 1 □ Yes 2 □ No
    (Note this is not hepatitis B core antibody)

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

Comments:

NAME OF PERSON WHO COMPLETED THIS SURVEY

Please PRINT: ____________________________ ____________________________

Phone: ( _______ ) _______ - _______ - _______ Fax: ( _______ ) _______ - _______ - _______

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

3a. 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

4a. 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)?
   - (22-24)

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

6c. Of the patients counted in question 6, how many were hepatitis B surface antigen (HBsAg) positive?
   - (32-34)

7. Of the patients counted in question 6, were all or almost all tested for hepatitis C antibody during 2000? (Note: this is NOT hepatitis B core antibody)
   - [ ] Yes
   - [ ] No

7a. If Yes, how many were positive for hepatitis C antibody?
   - (39-40)

7b. If Yes, how many tested positive for hepatitis C antibody in 2000 who had previously tested negative?
   - (42-44)

8. During December 4-9, 2000, how many of your chronic hemodialysis PATIENTS received hemodialysis through?
   - (Note: these numbers should add up to the number of patients in #6)
     - [ ] AV graft
     - [ ] AV fistula
     - [ ] Cuffed catheter
     - [ ] Non-cuffed catheter

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 #6a and #6b 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

   - (57-59)
   - (60-62)
   - (63-65)
   - (66-68)
DIALYSIS POLICIES AND PRACTICES

10 In 2000, did your facility reuse dialyzers for some or all patients? (CHOOSE ONE) [81-82]
- [ ] Yes 2 [ ] No

10a. What method is used to disinfect the majority of these dialyzers? (CHOOSE ONE) [81-82]
- [ ] Formaldehyde (formalin) 2 [ ] Glutaraldehyde (Diacide)
- [ ] Peracetic acid (e.g., Renalin, and others) 4 [ ] Heat
- [ ] Other (SPECIFY) 6

10b. Is bleach also used to clean the inside of these dialyzers? [83] [ ] Yes [ ] No

10c. Does your facility’s policy allow dialyzer reuse on patients who are positive for hepatitis C antibody (anti-HCV)? [84-85]
- [ ] Yes [ ] 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? [86]
- [ ] Dialyzers are reprocessed at your facility 2 [ ] Dialyzers are transported to an off-site facility for reprocessing
- [ ] 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]
- [ ] In a separate medication room or in a medication area separate from the treatment area
- [ ] At the dialysis stations
- [ ] 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]
- [ ] 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]
- [ ] 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]
- [ ] 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]
- [ ] Yes 2 [ ] No

15. At your center, was there an attempt during the year 2000 to insure that antibiotics are used appropriately? [93]
- [ ] A written policy on antibiotic use 2 [ ] Reason for antibiotic must be recorded in chart or on order form
- [ ] Automatic stop order (antibiotic must be reordered at intervals) 4 [ ] Approval needed for use of certain antibiotics
- [ ] 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. [102-103]

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 C core antibody) [115]

17b1. If Yes, how many were positive for hepatitis C antibody? [118-119]

Comments:

NAME OF PERSON WHO COMPLETED THIS SURVEY

Please PRINT: ............................................................ LAST NAME (113-129)
Phone: (_______) _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
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

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<th>Provider Number</th>
<th>Name of Facility</th>
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<th>Present Address</th>
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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)?
   - 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) (15-17)
   - 0 Offer vaccine to patients
   - 1 Vaccine is offered to patients at individual physician's office
   - 2 Do not offer vaccine to patients
   - 3 Other, specify _____________________________________________________________

3. During 2001 did your facility offer the pneumococcal pneumonia vaccine to chronic in-center hemodialysis patients? (23-24)
   - 0 Yes
   - 1 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? (22-24)
   - 0 less than 25%
   - 1 25-49%
   - 2 50-74%
   - 3 75-100%
   - 4 Unknown

3b. Of the patients counted in question 6, how many had ever in their lives received at least 3 doses of hepatitis B vaccine? (31-33)
   - 0 Yes
   - 1 No

4. During 2001 did your facility offer the influenza (flu) vaccine to chronic in-center hemodialysis patients? (20)
   - 0 Yes
   - 1 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? (19)
   - 0 less than 25%
   - 1 25-49%
   - 2 50-74%
   - 3 75-100%
   - 4 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 dialyzed in your center? (25-27)

6. How many CHRONIC, NON-TRANSIENT in-center hemodialysis PATIENTS were assigned to your center as of December 3-8, 2001? (that is, what was your chronic non-transient in-center hemodialysis patient census for the week of December 3-8, 2001?)
   - 0 No patients
   - 1 1-2 patients
   - 2 3-9 patients
   - 3 10-49 patients
   - 4 50-99 patients
   - 5 100 or more patients

6a. Of the patients counted in question 6, how many had ever in their lives received at least 3 doses of hepatitis B vaccine? (29-31)
   - 0 Yes
   - 1 No

6b. Of the patients counted in question 6, how many were hepatitis B surface antigen (HBsAg) positive during 2001? (30-32)
   - 0 Yes
   - 1 No

6c. Of the patients counted in question 6, how many were hepatitis B surface antibody (anti-HBs) positive during 2001? (35-37)
   - 0 Yes
   - 1 No

7. Of the patients counted in question 6, how many were hepatitis C antibody positive during 2001? (Note: this is NOT hepatitis B core antibody) (38)
   - 0 Yes
   - 1 No

7a. If Yes, how many were positive for hepatitis C antibody? (41-43)

7b. If Yes, how many tested positive for hepatitis C antibody in 2001 who had previously tested negative? (44-46)
   - 0 Yes
   - 1 No

8. During December 3-8, 2001, how many of your chronic hemodialysis PATIENTS received hemodialysis through:
   - 0 AV graft
   - 1 AV fistula
   - 2 Cuffed catheter
   - 3 Non-cuffed catheter

8a. AV graft ____________________________________________________________
8b. AV fistula ___________________________________________________________
8c. Cuffed catheter ______________________________________________________
8d. Non-cuffed catheter __________________________________________________

9. Of the patients with catheters (questions 8a and 8b above), how many are in each of the following categories:
   (Total should be the same as the number of catheter patients reported in 8a and 8b above:
   - New hemodialysis patient, awaiting fistula/graft insertion or malfunction
   - Established patient, fistula/graft failure, new fistula/graft planned or not yet ready
   - Established patient, fistula/graft placement impossible—catheter is only available access
   - Other, specify _________________________________________________________

9a. New hemodialysis patient, awaiting fistula/graft insertion or malfunction (47-49)
9b. Established patient, fistula/graft failure, new fistula/graft planned or not yet ready (51-53)
9c. Established patient, fistula/graft placement impossible—catheter is only available access (55-57)
9d. Other, specify _________________________________________________________

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DIALYSIS POLICIES AND PRACTICES

10. In 2001, did your facility reuse dialyzers for some or all patients? (CHOOSE ONE) 
   Yes __ No ___
   1a. What method is used to disinfect the majority of these dialyzers? (CHOOSE ONE) 
      1  Formaldehyde (formalin) 
      2  Glutaraldehyde (Diacide) 
      3  Peroxide 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? 
       Yes __ No ___
   10c. Does your facility’s policy allow dialyzer reuse on patients who are positive for hepatitis C antibody (anti-HCV)? 
       Yes __ No ___
   10d. Where are dialyzers reprocessed? 
      Dialyzers are reprocessed at your facility _ No ___
      Dialyzers are transported to an off-site facility for reprocessing ___

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)? 
   (CHOOSE ONE) 
   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? 
    Never ___ Sometimes ___ Always ___
12b. Where are most of these dialyzers transported for reprocessing? (CHOOSE ONE) 
    Dialyzers are transported to an off-site facility for reprocessing ___

13. During the year 2001 did you perform rectal swabs or stool cultures on some patients to check for VRE at your center? 
   (Do not exclude cultures done while a patient was hospitalized) 
   Never ___ Sometimes ___ Always ___

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

15. At your center, was there an attempt during the year 2001 to ensure that antibiotics are used appropriately? 
   Yes ___ No ___
   1a. If Yes, circle all measures that were used during 2001: (CHOOSE ONE) 
      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 3-8, 2001, how many were known positive for HIV antibody? 
   Include only chronic in-center hemodialysis patients ___
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? (CHOOSE ONE) 
   1  None ___ 2 1-4 ___ 3 5-9 ___ 4 10+ ___
   17a. How many of these staff had ever in their lives received at least 3 doses of hepatitis B vaccine? 
      Never ___ Sometimes ___ Always ___
17b. Were all or almost all of these staff tested for hepatitis C antibody (anti-HCV) during 2001? 
   Yes ___ No ___
   (Note: CDC guidelines permit dialyzer reuse for hepatitis C antibody-positive patients.)

Comments: __________

NAME OF PERSON WHO COMPLETED THIS SURVEY

Please PRINT: ___________________________ LAST NAME (130-139) ___________________________ FIRST NAME (139-148) ___________________________
Phone: ___________________________ Ext: ___________________________ 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.
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 (anti-HBs) 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 is 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/µL 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.