EQRS Vaccination Data Submission Requirements and Frequently Asked Questions (FAQ)

Dialysis facilities are required to document vaccinations received and not received for all patients when these events occur. The information below details requirements for vaccination data submission and frequently asked questions related to the Vaccinations module under "Manage Patient" in the End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS).

Data Submission Requirements

Event-based Submission

For event-based submissions, submitters are required to provide patient data regarding vaccinations only when a vaccination event occurs. Vaccination events include both a patient receiving or not receiving a vaccination. Qualifying events include:

- Patient received a vaccine dose administered by the reporting facility
- Patient received a vaccine dose by an outside provider with documentation
- Patient received a vaccine dose which is self-reported with or without documentation
- Patient did not receive a vaccine dose offered by the reporting facility

Included Vaccines

While additional vaccinations may be required in the future, patient data for the following three vaccinations are currently expected:

- Hepatitis B
- Pneumococcal
- Influenza

Timeframe for Data Submission

Vaccination data can be entered at any time following a patient admission to the submitting facility. However, we encourage submission of vaccination data as soon as possible and/or monthly in support of Network collection and analysis activities.

Level of Detail by Vaccination

It is expected that as much detail as practical is provided for all vaccinations. Facilities should be able to report full details of vaccination events that occurred at the facility. For vaccination events that occurred at another provider or via self-report, all available vaccination information should be submitted.

Hepatitis B

Hepatitis B Vaccination Dose Received

Question/Field Label	Possible Responses	Required or Optional Response
Did the patient receive the hepatitis B vaccination?	• Yes, Received at Facility • Yes, Received at Another Facility • No	Required
Is this dose a booster or part of a series?	• Booster Dose • Series Dose • Dose Type Unknown	Required
Vaccination Name	• Engerix-B • Hepislav-B • Recombivax HB • Unknown	Required
Vaccination Date	• Exact date (DD/MM/ YYYY) • Approximate date selected with (DD/MM/ YYYY) • Date Unknown	Required
Did the patient experience a serious adverse reaction to the vaccine?	• Yes • No • Unknown	Required
If "Yes" the patient experienced a serious adverse reaction to the vaccine:		
Was the serious adverse reaction reported to the FDA?	• Yes • No • Unknown	Required
Serious Adverse Reaction Description	Open text field, 500 characters maximum	Optional
Did the patient receive the hepatitis B surface antibody test?	• Yes • No • Unknown	Required
If "Yes," the patient did receive the hepatitis B surface antibody test:		
Hepatitis B Surface Antibody (Anti-HBs)	Numerical value	Required
Hepatitis B Surface Antibody (Anti-HBs) Test Date	• Exact date (DD/MM/ YYYY) • Date Unknown	Required

Hepatitis B Vaccination Dose NOT Received

Question/Field Label	Possible Responses	Required or Optional Response
Did the patient receive the hepatitis B vaccination?	• Yes, Received at Facility • Yes, Received at Another Facility • No	Required
Reason for Not Receiving Vaccination	• Series Completed Per Antibody Test Result • Medical Reason - Allergic or Adverse Reaction • Declined - Religious/ Philosophical • Declined - Without Explanation • Other	Required
Reason for Not Receiving Vaccination Description	Open text field, 500 characters maximum	Optional
Vaccination Offered but Not Received Date	• Exact date (DD/MM/ YYYY) • Approximate date selected with (DD/MM/ YYYY) • Date Unknown	Required
Did the patient receive the hepatitis B surface antibody test?	• Yes • No • Uknown	Required
If "Yes," the patient did receive the hepatitis B surface antibody test:		
Hepatitis B Surface Antibody (Anti-HBs)	Numerical value	Required
Hepatitis B Surface Antibody (Anti-HBs) Test Date	• Exact date (DD/MM/ YYYY) • Date Unknown	Required

Influenza

Influenza Vaccination Dose Received

Question/Field Label	Possible Responses	Required or Optional Response
Did the patient receive the influenza vaccination?	• Yes, Received at Facility • Yes, Received at Another Facility • No	Required
Vaccination Name	• Afluria (IIV3s) • Afluria Quad (IIV4) • Afluria (RIV3) • Fluad (aIIV3) • Fluad (IIV3s) • Fluad Quad(aIIV4) • Fluad (RIV3) • Fluarix (IIV3s) • Fluarix (IIV4) • Fluarix (RIV3) • Flublok (IIV3s) • Flublok (RIV3) • Flublok (RIV4) • Flucelvax (ccIIV4) • Flucelvax (IIV3s) • Flucelvax (RIV3) • FluLaval (IIV3s) • FluLaval (IIV4) • FluLaval (RIV3) • Flumist (LAIV3) • Fluzone High Dose (IIV3s) • Fluzone High Dose Quad (IIV4-HD • Fluzone High Dose (RIV3) • Fluzone (IIV3s) • Fluzone (IIV4) • Fluzone (RIV3) • Unknown	Required
Vaccination Date	• Exact date (DD/MM/ YYYY) • Approximate date selected with (DD/MM/ YYYY) • Date Unknown	Required
Did the patient experience a serious adverse reaction to the vaccine?	• Yes • No • Unknown	Required
If "Yes" the patient experienced a serious adverse reaction to the vaccine:		
Was the serious adverse reaction reported to the FDA?	• Yes • No • Unknown	Required

Serious Adverse Reaction Description	Open text field, 500 characters maximum	Optional

Influenza Vaccination Dose NOT Received

Question/Field Label	Possible Responses	Required or Optional Response
Did the patient receive the influenza vaccination?	• Yes, Received at Facility • Yes, Received at Another Facility • No	Required
Reason for Not Receiving Vaccination	• Medical Reason - Allergic or Adverse Reaction • Declined - Religious/ Philosophical • Declined - Without Explanation • Other	Required
Reason for Not Receiving Vaccination Description	Open text field, 500 characters maximum	Optional
Vaccination Offered but Not Received Date	• Exact date (DD/MM/ YYYY) • Approximate date selected with (DD/MM/ YYYY) • Date Unknown	Required

Pneumococcal

Pneumococcal Vaccination Dose Received

Question/Field Label	Possible Responses	Required or Optional Response
Did the patient receive the pneumococcal vaccination?	• Yes, Received at Facility • Yes, Received at Another Facility • No	Required
Vaccination Name	• Pneumovax 23 (PPSV23) • Prevnar13 (PCV13) • Prevnar 20 (PCV20) • Vaxneuvance (PCV15) • Unknown	Required
Vaccination Date	• Exact date (DD/MM/ YYYY) • Approximate date selected with (DD/MM/ YYYY) • Date Unknown	Required
Did the patient experience a serious adverse reaction to the vaccine?	• Yes • No • Unknown	Required
If "Yes" the patient experienced a serious adverse reaction to the vaccine:		
Was the serious adverse reaction reported to the FDA?	• Yes • No • Unknown	Required
Serious Adverse Reaction Description	Open text field, 500 characters maximum	Optional

Pneumococcal Vaccination Dose NOT Received

Question/Field Label	Possible Responses	Required or Optional Response
Did the patient receive the pneumococcal vaccination?	• Yes, Received at Facility • Yes, Received at Another Facility • No	Required
Reason for Not Receiving Vaccination	• Medical Reason - Allergic or Adverse Reaction • Declined - Religious/ Philosophical • Declined - Without Explanation • Other	Required
Reason for Not Receiving Vaccination Description	Open text field, 500 characters maximum	Optional
Vaccination Offered but Not Received Date	• Exact date (DD/MM/ YYYY) • Approximate date selected with (DD/MM/ YYYY) • Date Unknown	Required

Frequently Asked Questions

What is the purpose of the vaccination module?

The vaccination module aims to enhance continuity of patient care and to reduce redundant work for those submitting vaccination information by:

- Attaching vaccination records to the patient that follow the patient from facility to facility
- Requiring data entry only when a vaccination event occurs (e.g., log influenza administration one time per year)

Where is the patient vaccination module?

The patient vaccination module can now be found under the "Manage Patient" section of EQRS.

What has changed from when I submitted vaccination data under the "Manage Clinical" portion of EQRS?

Previously, when the vaccination data submission was under the "Manage Clinical" section of EQRS, users were expected to submit patient vaccination data on a monthly basis. As a result, these data were attached to the facility and would not follow the patient from facility to facility. Also, there are now additional data requirements for vaccinations including vaccination name and serious adverse reactions, when available.

How does event-based vaccination data submission work?

Every time a vaccine is offered (received or not received), it is expected that the event will be logged. This includes vaccination events at the reporting facility, those from outside providers, and those self-reported by patients. The level of expected detail varies for each of these scenarios.

In what time period can I submit and edit patient vaccination data?

Vaccination data can be entered at any time following a patient admission to the submitting facility. However, we encourage that data submission occur as soon as possible in support of Network collection and analysis activities.

How will sharing patient vaccination data work between facilities?

Vaccinations are in the patient module in EQRS. Any facility where the patient is admitted has access to view, edit, and add vaccination data for that patient. Therefore, as the patient moves from one facility to the next, the vaccination data entered by the previous facility will be accessible by the next facility.

Can other facilities modify the vaccination data I have submitted for a patient?

Yes. Vaccination data can be edited by any facility where the patient is currently admitted.

Does another facility modifying vaccination data I have submitted affect my facility's scores and payment?

No. Vaccination data are not used in the End Stage Renal Disease Quality Incentive Program (ESRD QIP) scoring. Accordingly, if vaccination data are updated by another facility, your facility's ESRD QIP score and payment will not be affected.

What will happen if I submit an updated record via Electronic Data Submission Modernization (EDSM)?

Data submitted via EDSM will update the patient's existing vaccination data.

Is there an easier way to add a hepatitis B series as someone who manually enters data through the EQRS online portal?

Yes. After the first dose is entered, it will appear on the patient vaccination summary dashboard. From the drop-down menu on that dose, you can select "Duplicate." This will duplicate the dose and allow you to add a new date and make any other changes necessary for the subsequent series doses.

How often will vaccination names be updated?

Vaccination names (e.g., Flucelvax) per vaccination type (e.g., influenza) are updated regularly. Updates can occur on a seasonal basis or event-basis as vaccination names receive FDA approval.