

Medical Review Board Statement Influenza Vaccination Tracking

1. The Medical Review Board (MRB) of ESRD Network 18 endorses the Centers for Disease Control recommendations regarding influenza vaccination for dialysis patients.
2. The MRB also recommends that all facilities in Network 18 maintain an influenza vaccination tracking system, to ensure that all dialysis patients have either been given the vaccine in-center, or been referred for vaccination to a clinic, doctor's office, HMO or other outside provider.
3. All patients scheduled to receive an influenza vaccination are required to receive a formal "Vaccine Information Statement" from the Centers for Disease Control, to be given out by the appropriate provider at the time of vaccination (copies available from the Network).
4. Once a year, at the end of the influenza season (approximately March), facility staff should query all dialysis patients about their influenza vaccination status, and document responses in the individual patient record and/or on a summary log sheet.
5. The MRB suggests that facilities interested in providing in-center influenza vaccinations contact their local health department regarding vaccine availability.

Medical Review Board Statement Hepatitis B Vaccinations for Pre-ESRD, Transplant and Dialysis Patients

1. The Medical Review Board (MRB) of ESRD Network 18 supports the practice of vaccinating all ESRD patients against Hepatitis B (HBV). The MRB recognizes that some patients will have variable responses to the vaccine. However, infection control/disease prevention is a major responsibility of dialysis and transplant facilities, and HBV vaccination is an integral part of a quality improvement program.
2. The MRB supports the goal of a 100% patient vaccination rate. Patients should be immunized, unless one of the following is documented in the medical record:
 - a. The patient has already received a complete course of vaccine (including boosters), but has failed to seroconvert.
 - b. The patient has positive antibodies from a prior HBV infection.
 - c. The patient persistently remains HBsAg+.
 - d. The patient refuses the vaccine.
3. Following CDC protocol, the MRB recommends that patients who received the full vaccine series be tested for anti-HBs 1-2 months after the last vaccine does. If patients do not respond to the vaccine (defined as anti-HBs >10 mIU/ml) should be revaccinated with three (3) additional doses, and retested for response. No additional doses of vaccine are warranted for those not responding to the second series. If patients who initially responded to a vaccine series, but their anti-HBs drop below 10mIU/mL, administer one booster dose and continue annual retesting.
4. The MRB recommends that immunization begin during the early stages of renal disease, before the immune system becomes impaired.
5. The MRB recommends that the FDA-approved guidelines (product package inserts) be explicitly followed to insure that the patients are receiving the correct dosage of vaccine, based on the product used.
6. The MRB recommends that all pre-ESRD and pre-transplant patients receive HBV vaccinations as early as possible.