**Pneumococcal Vaccine Program**

**Policy and Procedure**

**Pneumococcal Vaccine Program**

# **Policy**

It is the policy of this facility that each resident will be offered immunization(s) against pneumococcal disease in accordance with current standards of practice and the Advisory Committee on Immunization Practices (ACIP) recommendations, unless contraindicated or already immunized. Pneumococcal disease is a serious illness that can cause sickness and even death.

# **Purpose**

To reduce the incidence of pneumococcal disease and the morbidity and mortality attributed to this infection. The Centers for Medicare & Medicaid Services indicates, “pneumococcal disease carries serious morbidity and mortality due to its major clinical syndromes of pneumonia, bacteremia, and meningitis. People 65 years or older are two to three times more likely than the younger population to get pneumococcal infections.”1

**Definitions – Centers for Medicare and Medicaid Services1:**

“**The Advisory Committee on Immunization Practices (ACIP)”:** refers to a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. ACIP’s recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products. See <http://www.cdc.gov/vaccines/acip/index.html> for further information.”

**“Medical contraindication”:** refers to a condition or risk that precludes the administration of a treatment or intervention because of the substantial probability that harm to the individual may occur.”

**“Precaution”:** refers to a condition in a potential recipient that might increase the risk for a serious adverse reaction or that might compromise the vaccine’s induction of immunity. For example, as a result of the resident’s condition, complications could result, or a person might experience a more severe reaction to the vaccine than would have otherwise been expected. However, the risk for this happening is less than expected with medical contraindications.”

**Pneumococcal Vaccines:**

* 20-Valent Pneumococcal Conjugate Vaccine (PCV20)
* 15-Valent Pneumococcal Conjugate Vaccine (PCV-15)
* Pneumococcal Polysaccharide Vaccine (PPSV23)

**Current ACIP Recommendations2:**

* “For Residents 65 years of age or older: 1 dose of PCV20 or 1 dose of PCV15 followed by a dose of PPSV23 ≥1 years later”2
  + “Adults with immunocompromising conditions, cochlear implant, or CSF leak might benefit from shorter intervals such as ≥8 weeks. These vaccine doses do not need to be repeated if given before age 65 years.”2
* For residents with underlying medical conditions or other risk factors between the ages of 19-64: “1 dose of PCV20 or 1 dose of PCV15 followed by a dose of PPSV23 ≥1 years later”2
  + “Adults with immunocompromising conditions, cochlear implant, or CSF leak might benefit from shorter intervals such as ≥8 weeks.”2
* For additional details, please see: Centers for Disease Control and Prevention, Vaccine Recommendations an d Guidelines of the ACIP, “Pneumococcal ACIP Vaccine Recommendations”, January 28, 2022: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>

**Procedure**

1. The facility’s Medical Director will annually review and approve the pneumococcal vaccine policy and procedure.
2. Upon admission, the resident’s record will be reviewed, and the facility will identify resident’s pneumococcal vaccination status
   1. Vaccine(s) received and date if known
3. An assessment will be conducted to identify potential medical contraindications
   1. In the event that a precaution exists, the physician will review the benefits and risks of receiving the vaccine and this will be discussed with the resident or resident representative
   2. If a decision is made to delay vaccination due a precaution, document in resident record
4. Residents in the end stages of a terminal illness on comfort or palliative care may refuse the vaccine
   1. Resident representative may refuse
5. A physician’s order for the pneumococcal vaccination must be obtained:
   1. (PCV20)
   2. (PCV15)
   3. (PPSV23)
6. Resident and/or resident representative will be provided with education on the benefits and potential risks of receiving the pneumococcal vaccine
   1. Documentation will include:
      1. Education provided
      2. Resident/resident representative decision to accept or refuse vaccination
7. Administration:
   1. Assess resident for fever and if sick
      1. Delay administration until resident is well
   2. “Never administer a pneumococcal conjugate vaccine (PCV13, PCV15, or PCV20) and PPSV23 during the same visit)”3
   3. Pneumococcal vaccines and influenza vaccines can be administered at the same visit
      1. Administer each with a separate syringe at a different injection site
   4. Check the expiration date on the label and inspect vaccine for appropriate color and to be sure that there is no particulate matter present
      1. Do not administer if there are any concerns with integrity of the vaccine
      2. Do not pre-draw vaccine. Open vial at time of administration
   5. PPSV23 can be administered “intramuscularly or subcutaneously”3
   6. Pneumococcal conjugate vaccines (i.e., PCV15, PCV20) should be administered intramuscularly.
   7. Documentation should include:
      1. Temperature and symptoms
      2. Date and time of administration
      3. Lot Number, Manufacturer, Expiration date
      4. Site of administration
   8. If the resident did not receive the influenza vaccine and the reason:
      1. Medical contraindication
      2. Refusal after education provided
8. Observe for any side effects
   1. Notify physician

**Resources**

* 1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* 2Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (*MMWR*) “Use of 15-Valent Pneumococcal Conjugate Vaccine and 20-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices – United States, 2022: <https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm?s_cid=mm7104a1_w>
* 3Centers for Disease Control and Prevention. Administering Pneumococcal Vaccines. January 24, 2022: <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/administering-vaccine.html>
* Centers for Disease Control and Prevention. Vaccine Recommendations and Guidelines of the ACIP. “Pneumococcal ACIP Vaccine Recommendations”. January 28, 2022: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>

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