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| **Infection Prevention and Control Policy and Procedure** | **Subject: Pneumococcal Immunizations** |
| **Approved by:** |  |
| **Effective:**  **Reviewed:** | **Revised:** |

**BACKGROUND**

Pneumonia (PNA) is an infection of the lungs that can cause mild to severe illness in people of all ages, especially people older than age 65 and people with health problems or weakened immune systems. The air sacs of the lungs may become filled with fluid or pus, causing chest pain when you cough or breathe, cough which may produce phlegm, fever, chills, and difficulty breathing. A variety of organisms, including bacteria, viruses and fungi, can cause PNA.

**POLICY**

In order to prevent pneumonia/pneumococcal infections and to decrease the morbidity and mortality associated with pneumonia, this facility will closely monitor all residents and offer pneumococcal vaccines, as recommended by the Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP), to all residents. Residents and/or health care representative(s) will be provided with education (ex: by physician or licensed nurse and via the Vaccination Information Sheet) regarding pneumococcal immunizations upon admission and as recommended. \*The decision of whether to administer the Prevnar 13 vaccine is a decision to be made by the resident/health care representative and the physician (see recommendations #8).

**PROCEDURE**

**Residents:**

1. Upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility, unless medically contraindicated or the resident has already been fully vaccinated.
2. Before receiving a pneumococcal vaccine, the resident or healthcare representative will be provided with information and education regarding the benefits and potential side effects of the pneumococcal vaccine (see current VIS)
3. Consent/declination pneumococcal immunization form will be kept in resident’s chart and will be documented in the Immunization Care Plan.

* Residents who refuse pneumococcal immunizations will be re-offered at each care plan meeting and upon re-admission to facility, if applicable.

1. Licensed nurse will administer the vaccine as ordered and document administration on the electronic Medication Administration Record (MAR).
   1. Documentation will include name of vaccine, manufacturer information, lot #, expiration date (this can be found within the order itself), site, and date of administration.
   2. The charge nurse/unit manager is responsible for updating the immunization record on the chart screen (acceptance/declination) and the immunization care plan (acceptance/declination).
2. After administration, the nurse will observe the resident for 3 days for potential side/adverse effects of the vaccine. Any side/adverse effects will be documented in the medical record with MD notification.
3. All pneumococcal vaccines that have been administered will be reported to NYSIIS or CIR, as applicable, within 24 hours of administration.
4. Administration of the pneumococcal vaccines (PPSV23 and PCV13) or re-vaccinations will be made in accordance with current CDC recommendations at the time of the vaccination.
5. Current recommendations from ACIP (as of 6/25/2020):

**Adults age ≥65 (without an immunocompromising condition, CSF leak, or cochlea implant)**

* 1. For those who have not received any pneumococcal vaccines, or those with unknown vaccination history
  + If a patient and provider decide PCV13 is **not** to be given
* Administer 1 dose of PPSV23
  + If patient and provider decide PCV13 is to be given
* Administer 1 dose of PCV13
* Administer 1 dose of PPSV23 **at least 1 year** later
  1. For those who have previously received 1 dose of PPSV23 at ≥65 years and no doses of PCV13:
  + If a patient and provider decide PCV13 is not to be given
* Series complete; no additional doses indicated
  + If patient and provider decide PCV13 is to be given
* Administer 1 dose of PCV13 **at least 1 year** after the dose of PPSV23 for all adults, regardless of medical conditions

**Indicated to receive 1 dose of PPSV23 at 19 through 64 years with no history of pneumococcal vaccination or unknown history**

* 1. Adults 19 through 64 years with chronic heart, lung or liver disease; diabetes; alcoholism; cigarette smokers**:**
  + Unless the patient and provider decide (through shared clinical decision-making) **PCV13 is not to be given at age ≥65**.
  + Administer 1 dose of PPSV23 at age 19 – 64
  + Administer 1 final dose of PPSV23 at age ≥65 (to be given at least 5 years apart from the most recent dose of PPSV23)
  1. If the patient and provider decide (through shared clinical decision-making) PCV13 is to be given at age ≥65:
* Administer 1 dose of PPSV23 at age 19 – 64
* Administer 1 dose of PCV13 at age ≥65 (to be given **at least 1 year** after PPSV23)
* Administer 1 final dose of PPSV23 at age ≥65 (to be given **at least 1 year** after PCV13 and at least 5 years after the most recent dose of PPSV23).

**Indicated to receive 1 dose of PCV13 at ≥19 years and 1 or 2 doses of PPSV23 at 19 – 64 years with certain \*medical conditions**

1. For those who have **not** received any pneumococcal vaccines or those with unknown vaccination history:

* Administer 1 dose of PCV13
* Administer 1 dose of PPSV23 **at least 8 weeks** later
* Administer a second dose of PPSV23 at least 5 years after the previous dose (*not indicated for those with CSF leaks or cochlear implants*)
* Administer 1 final dose of PPSV at age ≥65. This dose should be given **at least 5 years** after the most recent dose of PPSV23.

\*\*Includes adults with CSF leaks, cochlear implant, sickle cell disease, congenital or acquired asplenia, congenital or acquired immunodeficiencies, HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hidgkin disease, generalized malignancy, iatrogenic immunosuppression, solid organ transplant, and multiple myeloma

\*\*Please note: ACIP voted to remove the recommendation for routine PCV13 use among adults aged ≥65 years and to recommend administration of PCV13 based on shared clinical decision-making for adults aged ≥65 years who do not have an immunocompromising condition, cerebrospinal fluid (CSF) leak, or cochlear implant, and who have not previously received PCV13.

**Staff:**

1. The facility will provide or arrange for pneumococcal vaccination for all employees for whom the vaccine is recommended per guidelines issued by the Advisory Committee on Immunization Practices (***refer to #8 above***).
2. Provide education and obtain consent or declination for the administration of pneumococcal vaccine(s)
3. Maintain consent/declination record in the employee health folder
4. Document the distributor of pneumococcal vaccine administered, lot number, expiration date and vaccination date
5. All pneumococcal vaccines that have been administered will be reported to NYSIIS or CIR, as applicable, within 24 hours of administration.

**REFERENCES**

CDC (3/9/2020). Pneumonia. <https://www.cdc.gov/pneumonia/index.html>

CDC (10/30/2019). Pneumococcal Polysaccharide (PPSV23) VIS <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.pdf>

CDC (10/30/2019) Pneumococcal Conjugate (PCV13) VIS

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv13.pdf>

CDC (6/25/2020). Pneumococcal Vaccine Timing for Adults. <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

MMWR (11/22/2019). Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged ≥65 Years: Updated Recommendations of the Advisory Committee on Immunization Practices.

<https://www.cdc.gov/mmwr/volumes/68/wr/mm6846a5.htm>

NYSDOH (3/2011). Summary of the LTC Resident and Employee Immunization Act. <https://health.ny.gov/prevention/immunization/ltc_act/summary.htm>