**Pneumonia Vaccine Program**

# Date Implemented:

**Review/Update Dates:**

# Policy

It is the policy of this nursing home that upon admission residents are offered immunization against Pneumonia. The current recommendations of the Center for Disease Control and Prevention (CDC) shall be followed. The policy is based on current recommendations of the CDC’s Advisory Committee on Immunization Practice (ACIP) and the medical staff of this facility.

# Purpose

To reduce the incidence of pneumonia and the morbidity and mortality attributed to this infection.

**Defninitions:**

“**The Advisory Committee on Immunization Practices (ACIP)”:** 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”:** 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”:** 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.

**Procedure**

**General Procedure for Pneumonia Immunization Program**

1. Pnuemonia vaccines should be administered for children less than 5 years and adults aged 50 years and older. Booster vaccines should be administered based on the primary care physician’s recommendations but are generally not indicated.
2. On admission, each resident will be screened for pneumonia vaccination status. The resident and/or their responsible party will be provided with a Vaccine Information Statement for the available and appropriate vaccine and a consent/declination form.
3. The CDC and ACIP recommendations will be followed based on previous vaccination history. If the resident and/or their responsible party are unsure if the resident has been vaccinated the provider will make efforts to attempt to locate vaccination history. All vaccination history will be included in the resident’s records.
4. As of October 26, 2024, the current recommendations for all children less than 5 years and adults 50 years of age and older include:
   1. Not previously vaccinated or history is unknown:
      1. Receive PCV15, PCV20, or PCV21.
   2. If PCV15 is used a dose of PPSV23 is recommended one year later. If PPSV23 is not available, a PCV20 or PCV21 may be substituted.
   3. If previously vaccinated with PCV20 or PCV21, no additional vaccines are indicated.
   4. Shared clinical decision-making shall be used for individuals previously vaccinated with PCV13 at any age or PPSV23 at or after the age of 65.
      1. Consult with the resident and the physician to determine if vaccination with PCV20 or PCV21 is indicated.
      2. A shared clinical decision-making job aid is available from the CDC (<https://www.cdc.gov/vaccines/hcp/admin/downloads/job-aid-SCDM-pneumococcal-508.pdf>) to assist discussions with residents and physicians.
   5. In certain situations, adults under the age of 65 may be recommended to receive pneumococcal vaccines. Risk-based indications for pneumococcal vaccination vary by patient age and can be located at <https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/risk-indications.html>.
5. Examples of vaccine education will be provided to State Survey Agencies to prove compliance with rules and regulations. Consents obtained to administer pneumococcal vaccines will be filed in the individual resident’s record.
6. Each resident will be assessed for contraindications according to the current Vaccine Information Statement (VIS) prior to administering the vaccine. Any questions on possible contraindications will be discussed with the resident’s primary physician.

**Nursing Procedure**

1. Check to see if medical contraindications exist for the resident to receive the pneumonia vaccine.
2. Consult the primary care physician if contraindications are present.
3. Take the resident’s temperature and evaluate for symptoms of illness
4. If a resident is afebrile and has no moderate to severe acute illness, give vaccine via the intramuscular (IM) route.
5. Documentation in the resident’s medical record will include:
   1. That the resident or the resident’s representative was provided education regarding the benefits and potential side effects of the pneumonia vaccine and
   2. The resident received the pneumonia vaccine:
      1. Temperature and symptoms
      2. Date and time of administration
      3. Lot Number, Manufacturer, Expiration date
      4. Site of administration
6. Observe for side effects.
   1. Common side effects include redness, swelling, pain, or tenderness at the administration site, fever, loss of appetite, irritability, feeling tired, headache, muscle aches, joint pain and chills.
7. Notify the primary physician if more serious complications occur such as an allergic reaction. Adverse reactions to vaccines should also be reported to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967.

**Resources**

CDC. (2024. Oct, 26). *Pneumococcal Vaccine Recommendations*. <https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html>

CDC. (2023. May 12). *Pneumococcal Conjugate VIS* <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv.html>

CDC. (2019. Oct, 30). *Pneumoccal Polysaccharide VIS* <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.html>