



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

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Antonia C. Novello, M.D., M.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

November 2, 2006

Dear Chief Executive Officer:

This letter is written to advise facilities of new requirements pertaining to the immunization of hospital inpatients 65 years of age or older against influenza and pneumococcal disease. On July 26, 2006, Governor Pataki signed into law amendments to Public Health Law that will now require hospitals to offer vaccinations to patients 65 years of age or older who are admitted to the hospital (copy enclosed). The law becomes effective on October 24, 2006.

The law requires hospitals to adopt an immunization policy that meets the provisions outlined in this correspondence. In addition, the law authorizes hospitals to implement a non-patient specific standing order policy for eligible patients in accordance with the immunization policy approved by the hospital. Hospitals should take steps immediately to implement these requirements and to secure supplies necessary to meet patient needs. The provisions of the law are outlined below and it is not expected that separate regulations will be promulgated at this time.

### **Immunizations Required**

All immunizations given pursuant to this legislation should be in accord with the current recommendations of the Advisory Committee on Immunization Practices (ACIP). These current ACIP recommendations for pneumococcal vaccination date from 1997. Current ACIP recommendations for influenza vaccination are published each year prior to the start of influenza season.

- Influenza – Annually between September first and April first all patients age sixty-five or older should be considered as candidates for vaccination against the influenza virus. Current ACIP recommendations for influenza vaccination are found at <http://www.cdc.gov/mmwr/PDF/rr/rr5510.pdf>.
- Pneumococcal – All patients age sixty-five or older at any time of the year should be screened to identify those patients who are candidates for vaccination, including those patients who are candidates for a second dose. A second dose of pneumococcal vaccine is recommended if the patient received vaccine >5 years previously and was aged <65 years at

the time of vaccination. Current ACIP recommendations are found at:  
<http://www.cdc.gov/mmwr/PDF/rr/rr4608.pdf>.

### **Affected Individuals**

- The law specifies that all patients age 65 or older admitted to the hospital should be considered a potential candidate for immunization against influenza and pneumococcal disease.
- The law applies to hospital inpatients and as such would not mandate a similar program for hospital outpatients whose length of stay at the facility is less than 24 hours. Hospitals may, however, expand the program to identify other at-risk populations to whom immunizations may be offered.
- The hospital is expected to adopt an immunization policy that includes a clinical protocol for screening patients to identify those patients who are candidates for immunization. All candidates determined suitable for vaccination should be offered immunizations against influenza virus and pneumococcal disease.

### **Determination of Suitability for Vaccination**

All persons eligible for vaccination by virtue of age and vaccination history should be deemed to be suitable for vaccination and offered vaccination, unless:

- The specific immunization is medically contraindicated for that individual according to the contraindications set forth in the ACIP recommendations or in the vaccine package inset.
- The patient confirms that he/she has received such vaccinations or is not in need of a second dose of vaccine against pneumococcal disease.

No patients should be vaccinated if the patient refuses the vaccine after being fully informed of the health benefits and risks of vaccination.

Each patient's record should include evidence that he/she has been screened to determine if he/she is a candidate for immunization. For patients who are not candidates for immunization, each patient's record should document the reason the vaccine was not administered to the patient.

### **Immunization Policy**

Hospitals shall adopt an immunization policy for influenza and pneumococcal disease that includes but is not limited to:

- Procedures for the offering of immunizations against the influenza virus, between September first and April first, and pneumococcal disease during the admission or before discharge, to patients who are age sixty-five or older.
- A clinical protocol to identify those patients age sixty-five or older who are candidates for immunization. The protocol must include but is not limited to an assessment for contraindications to immunization. Facilities may expand the protocol to identify other at-risk populations to whom immunization should be offered.
- Provisions to notify all members of the hospital's medical staff of the immunization requirements, the option for a patient specific order for immunization, or, in the absence of a patient specific order, the hospital's non-patient specific standing order policy for vaccination against influenza virus and pneumococcal disease for each admitted patient age sixty-five or older.

- Procedures for ensuring that individuals offered immunization or their representative receive information regarding the risks and benefits of vaccination. Vaccine Information Statements (VISs) developed by the Centers for Disease Control and Prevention (CDC), United States Health and Human Services are required for this use and are found at the following websites:  
<http://www.cdc.gov/nip/publications/VIS/vis-facts.htm>  
<http://www.immunize.org/vis/>
- A non-patient specific standing order policy authorized by the hospital's medical director or other responsible physician that provides for a nursing assessment by a registered professional nurse to determine the suitability of the patient for immunization, including, but not limited to, an assessment for contraindications to immunization.
- A system for documenting patient refusals, medical contraindications and any post-vaccination adverse events, in the patient's record.
- A system for documenting vaccine administration. A certificate of immunization should be provided to the patient with the following information documented for the patient and in the patient's medical record:
  - Which immunizing agent and VIS was given
  - Date of publication of VIS
  - Date VIS was given to the patient
  - Name and title of person administering vaccine
  - Date of administration
  - Vaccine manufacturer and lot number

This information may be incorporated in the patient's consent form (sample consent form enclosed).
- Provisions for ensuring that, in accordance with the New York State Education Department NYSED nursing practice regulations (<http://www.op.nysed.gov/immunguide.htm>), written consent is obtained whenever vaccination is administered utilizing non-patient specific orders.

### **Non-Patient Specific Standing Orders**

- In the absence of a patient specific order, the law authorizes facilities to utilize non-patient specific standing orders for patients who have been assessed by a registered professional nurse to determine the suitability of the patient for immunization, including, but not limited to, an assessment for contraindications to immunization.
- Non-patient specific standing orders for immunization should be used only with a clinical protocol implemented to identify those patients who are candidates for immunization. The policy for implementing non-patient specific standing orders and the clinical protocol must be authorized by the medical director or other responsible physician.
- Patient specific orders indicating that the patient should not be vaccinated due to valid medical contraindication would take precedence over the hospital's non-patient specific standing order policy.

### **Consent**

- A sample written consent form is enclosed that would document both consent and vaccine administration. Alternative formats may be adopted by the hospital to document consent

and document that the patient and/or the person legally responsible for the patient has been informed, both orally and in writing, of the risks and benefits of vaccination prior to administering the immunization. Each patient must receive a copy of the Vaccine Information Statements (VISs) developed by the Centers for Disease Control and Prevention (CDC), United States Health and Human Services.

- The patient and/or the patient's representative may refuse immunization upon being fully informed as to the risks and benefits of the immunizing agent(s). Any such refusal must be documented in the patient's record.

### **Vaccine Availability**

- The law allows the commissioner to waive these requirements if there is a shortage or delay in distribution of influenza and/or pneumococcal vaccine. If vaccines are not available due to shortages or unavailability, it should be noted in the patient's record why the vaccine was not offered.
- It is recognized that the influenza vaccine may not be readily available in early fall. In cases where the vaccine has not yet been received, the patient's record should note the reason the vaccine was not offered.

The requirements set forth in law support the recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP), which constitute the standard of medical care. By providing seniors with the opportunity to receive vaccinations as inpatients, the immunization rate in New York will increase, thus reducing the significant risks posed by influenza and pneumococcal disease to this population.

Any questions regarding this letter may be directed to the Department's Immunization Program at (518) 473-4437 or this office at (518) 402-1003.

Sincerely,



Guthrie S. Birkhead, M.D., M.P.H.  
Director  
Center for Community Health



Martin J. Conroy  
Director  
Division of Primary & Acute Care Services

**STATUS:****S5087-A HANNON**

Public Health Law

TITLE....Requires hospitals to offer vaccination against influenza and pneumococcal disease to persons 65 years of age or older who are admitted

04/18/05 REFERRED TO HEALTH

01/04/06 REFERRED TO HEALTH

05/16/06 AMEND AND RECOMMIT TO HEALTH

05/16/06 PRINT NUMBER 5087A

~~05/23/06 1ST REPORT CAL.1347~~

05/24/06 2ND REPORT CAL.

06/05/06 ADVANCED TO THIRD READING

06/15/06 SUBSTITUTED BY A11236

**A11236 Peoples (MS)**

05/08/06 referred to health

05/24/06 reported

06/01/06 advanced to third reading cal.575

06/07/06 passed assembly

06/07/06 delivered to senate

06/07/06 REFERRED TO RULES

06/15/06 SUBSTITUTED FOR S5087A

06/15/06 3RD READING CAL.1347

06/15/06 PASSED SENATE

06/15/06 RETURNED TO ASSEMBLY

07/14/06 delivered to governor

07/26/06 signed chap.266

**SUMMARY:**

HANNON

Amd S2805-h, Pub Health L

Requires hospitals to offer vaccination against influenza and pneumococcal disease to persons 65 years of age or older who are admitted into the hospital.

**BILL TEXT:****STATE OF NEW YORK**

5087--A

2005-2006 Regular Sessions

**IN SENATE**

April 18, 2005

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 --

committee discharged, bill amended, ordered reprinted as amended and  
recommitted to said committee

AN ACT to amend the public health law, in relation to the offering of  
immunization against influenza virus and pneumococcal disease

The People of the State of New York, represented in Senate and Assem-  
bly, do enact as follows:

1 Section 1. Section 2805-h of the public health law, as added by chap-  
2 ter 443 of the laws of 1979, is amended to read as follows:

3 § 2805-h. Immunizations ~~[against poliomyelitis, mumps, measles,~~  
4 ~~diphtheria and rubella]~~. 1. Immunizations against poliomyelitis, mumps,  
5 measles, diphtheria and rubella. (a) It shall be the duty of the admin-  
6 istrative officer or other person in charge of each hospital to inquire  
7 of each person in its care under the age of eighteen, or of a person in  
8 parental relation to such person, whether all necessary immunizations  
9 have been received for poliomyelitis, mumps, measles, diphtheria and  
10 rubella and, if not, to make available such immunizations and a certif-  
11 icate or certificates of such immunizations.

12 ~~[-]~~ (b) This ~~[section]~~ subdivision shall not apply to children whose  
13 parent, parents, or guardian are bona fide members of a recognized reli-  
14 gious organization whose teachings are contrary to the practices herein  
15 required.

16 ~~[-]~~ (c) If any physician licensed to practice medicine in this state  
17 certifies that such immunization may be detrimental to a child's health,  
18 the requirements of this section shall be inapplicable until such immun-  
19 ization is found no longer to be detrimental to the child's health.

20 2. Immunizations against influenza and pneumococcal. (a) Annually  
21 between September first and April first, it shall be the duty of the  
22 administrative officer or other person in charge of each general hospi-

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD11377-06-6

S. 5087--A

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1 tal to offer each admitted person age sixty-five or older vaccination  
2 against influenza virus. Such officer or person need not offer the  
3 vaccination to persons who have already received such vaccine or for  
4 whom it is otherwise inappropriate.

5 (b) It shall be the duty of the administrative officer or other person  
6 in charge of each general hospital to offer vaccination against pneumo-  
7 cocal disease to each admitted person age sixty-five or older in the  
8 hospital's care. Such officer or person need not offer the vaccination  
9 to people who have already received it, are not in need of a booster, or  
10 for whom it is otherwise inappropriate.

11 (c) Each general hospital shall adopt an influenza and pneumococcal  
12 immunization policy which shall include, but not be limited to, the  
13 following: procedures for identifying persons age sixty-five or older  
14 and at the discretion of the facility other individuals at risk; proce-  
15 dures for the offering of immunization against influenza virus, between  
16 September first and April first, and pneumococcal disease upon admission  
17 or discharge to persons age sixty-five or older; procedures for ensuring  
18 that individuals offered immunization or their guardian receive informa-  
19 tion regarding the risks and benefits of vaccination; a standing order  
20 policy approved by the medical director or other appropriate physician  
21 which shall include, but not be limited to, an assessment for contra-in-  
22 dications; and a system for documenting vaccine administration, medical  
23 contra-indications, patient refusals and any post-vaccination adverse  
24 events.

25 (d) The commissioner may waive the requirements of this subdivision  
26 due to a shortage of influenza and/or pneumococcal vaccine.

27 § 2. This act shall take effect on the ninetieth day after it shall  
28 have become a law.

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**SPONSORS MEMO:**

**NEW YORK STATE SENATE  
INTRODUCER'S MEMORANDUM IN SUPPORT  
submitted in accordance with Senate Rule VI. Sec 1**

**BILL NUMBER:** S5087A**SPONSOR:** PANNON**TITLE OF BILL:**

An act to amend the public health law, in relation to the offering of  
immunization against influenza virus and pneumococcal disease

**PURPOSE:**

To implement the Centers for Disease Control's recommendation that  
hospitals offer seniors who are hospitalized the opportunity to receive  
the influenza and pneumococcal vaccination.

**SUMMARY OF PROVISIONS:**

This bill would add a new subdivision 2 under section 2805-h of the  
Public Health Law. The new subdivision would require hospitals to offer

immunization against influenza and pneumococcal to individuals aged 65 years or older. The new subdivision would also require hospitals to adopt an influenza and pneumococcal immunization policy, which would include the adoption of a standing order program for influenza and pneumococcal immunization.

**JUSTIFICATION:**

This bill would increase New York's immunization rate by providing seniors with the opportunity to receive vaccination, if they so choose, in the hospital setting. CDC's Advisory Committee on Immunization Practices (ACIP) recommended hospital-based immunization for influenza in 1986 and pneumococcal in 1989. In its most recent guidance on the prevention and control of influenza, the CDC stated "persons of all ages (including children) with high-risk conditions and persons aged more than 50 years who are hospitalized at any time during September-March should be offered and strongly encouraged to receive influenza vaccine before they are discharged. In addition to the CDC, hospital based immunization has been recommended or the practice adopted by CMS, the National Coalition for Adult Immunization, the American College of Physicians, the National Vaccine Advisory Committee and the General Accounting Office. The highly respected Rand Corporation emphasized the practice in a report prepared for CMS.

See 67 Fed. Reg. 191 (Oct. 2, 2002). Despite the utility and widespread endorsement of hospital-based immunization efforts, studies suggest that immunization is rarely offered in the hospital setting. See Bratzler DW et al. Failure to vaccinate Medicare inpatients: a missed opportunity Arch Intern Med 163:2349-56 (2002) (1.9 percent of Medicare recipients offered immunization during hospitalization).

This bill would also increase New York's immunization rate by implementing standing order procedures in hospitals. Standing orders "authorize licensed practitioners, where allowed by State law, to administer vaccinations, after assessment for contraindications, according to a physician-approved facility or agency policy without the need for a physician's order." See 67 Fed. Reg. 191 (Oct. 2, 2002). According to CMS, "among successful programs for hospital-based influenza and pneumococcal vaccinations, a standing order is probably the most important feature." Id. Due to the success of standing orders, CMS has adopted their use for purposes of influenza and pneumococcal immunization. CDC has also recommended the use of standing orders by institutional providers such as hospitals and nursing homes. See CDC, Use of standing orders programs to increase adult vaccination rates (ACIP) MMWR (March 24, 2000).

Despite coverage by Medicare and the CDC recommendations, immunization rates remain well below the Healthy 2010 goal of a 90 percent immunization rate amongst the elderly aged 65 and older. Pursuant to a 2002 survey conducted by the CDC, the estimated national immunization rate was 66.4 percent for individuals aged 65 and older. See CDC Public health and aging: influenza vaccination coverage among adults aged >50 years and pneumococcal vaccination coverage among adults aged >65 years - United States 2002 MMWR (October 17, 2003). While New York has made significant strides in recent years toward increasing the level of immunization for seniors, the State's estimated immunization rate in 2002 was 64.7 percent, slightly below the national average. Id. The national survey also showed a significant racial disparity in the rates of immunization: rates for influenza and pneumococcal immunization for non-Hispanic whites was 69.0 and 64.8 percent respectively compared to 50.6 and 44.5 percent for African-Americans and 54.8 percent and 44.4

percent for Hispanics. The CDC's survey is consistent with an earlier IPRO study of 1997 immunization rates in New York. That study found immunizations rates for African-Americans half that of the larger population and significantly lower immunization rates in New York City, Westchester and Long Island. This bill would improve New York's immunization rate by providing seniors with an additional and valuable opportunity to receive vaccination.

Influenza and pneumococcal disease present serious and significant risks to seniors. Between 1990 and 1999, influenza infection led to the death of approximately 36,000 people annually and of that amount 90 percent occurred in adults aged 65 or older. See CDC Prevention and control of influenza: recommendations of the advisory committee (ACIP) MMWR (April 25, 2003). Pneumococcal disease causes approximately 3,000 cases of meningitis, 50,000 cases of bacteremia, and 500,000 cases of pneumonia each year and is responsible for more deaths than any other vaccine-preventable bacterial disease. See CDC, Use outstanding orders programs to increase adult vaccination rates (ACIP) MMWR (March 24, 2000). Because of the significant health threat posed by influenza and pneumococcal disease to seniors, the CDC recommends influenza and pneumococcal immunization for persons aged 65 years and older. See CDC, Recommended adult immunization schedule United States, 2002-2003 (ACIP). Medicare also reimburses providers for the influenza and pneumococcal vaccines and the cost of administration.

**LEGISLATIVE HISTORY:**  
S.5087 2005/2006

**FISCAL IMPLICATIONS:**

For individuals aged 65 or older the Medicare program reimburses providers for the administration and cost of the vaccine. Consequently, the bill will have no fiscal impact on the State or localities.

**EFFECTIVE DATE:**

This act shall take effect 90 days after it shall become law.

SAMPLE DOCUMENTATION/CONSENT FORM  
INFLUENZA & PNEUMOCOCCAL VACCINATION

*(Written consent must be obtained whenever nurses administer  
immunizations utilizing non-patient specific standing orders)*

New York State Public Health Law requires all hospitals to offer vaccination against pneumococcal disease to all admitted patients, age 65 years and older, throughout the year; and influenza vaccine to all admitted patients age 65 years and older annually from September 1<sup>st</sup> to April 1<sup>st</sup>. The Advisory Committee for Immunization Practices (ACIP) recommends pneumococcal and influenza vaccination for all persons age 65 years and older. The Influenza and/or pneumococcal Vaccine Information Statement (VIS), which explains the risks and benefits of the vaccine, must be provided to the patient prior to vaccination. The publication date of the VIS shared with you is indicated below:

Publication date of influenza VIS provided to patient: \_\_\_\_\_  
Publication date of pneumococcal VIS provided to patient: \_\_\_\_\_

**I give consent for vaccination against:**

\_\_\_\_\_ **Influenza**  
\_\_\_\_\_ **Pneumococcal disease**

**I have read the Vaccine Information Statement(s) and understand the risks and benefits of vaccination. I will be provided with a copy of this document.**

A record of this vaccination will be sent to my primary care provider (PCP):

PCP name: \_\_\_\_\_  
PCP address: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Influenza Vaccine 0.5 ml dose, IM  
Date of administration: \_\_\_\_\_ Site: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Administered by: \_\_\_\_\_ Title \_\_\_\_\_

Pneumococcal Vaccine 0.5 ml dose, IM  
Date of administration: \_\_\_\_\_ Site: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Administered by: \_\_\_\_\_ Title \_\_\_\_\_

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I refuse to be vaccinated against: \_\_\_\_\_ Influenza  
\_\_\_\_\_ Pneumococcal disease

Reason for refusing vaccination:  
\_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sample Clinical Protocol for Administering Influenza Vaccine to Adults

## Purpose

To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

## Policy

Utilizing this clinical protocol, the hospital has implemented a non-patient specific standing order policy that would allow eligible nurses to vaccinate patients who meet any of the criteria below.

## Procedure

1. Identify adults in need of influenza vaccination based on meeting any of the following criteria:
  - a. Age 50 years or older (all adults age 65 years and older admitted to the hospital between September 1<sup>st</sup> and April 1<sup>st</sup> must be considered candidates for influenza vaccine, as per New York State Public Health Law)
  - b. Have any of the following conditions:
    - chronic disorder of the pulmonary or cardiovascular system, including asthma
    - chronic metabolic disease (e.g., diabetes), renal dysfunction, hemoglobinopathy, or immunosuppression (e.g., caused by medications, HIV) that has required regular medical follow-up or hospitalization during the preceding year
    - any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder or other neuromuscular disorder)
    - will be pregnant during the influenza season
  - c. Residence in a nursing home or other chronic-care facility that houses persons of any age who have chronic medical conditions. NYS PHL mandates these patients be screened and vaccinated annually, therefore vaccination history should be obtained from the facility.
  - d. In an occupation or living situation that puts one in proximity to persons at high risk, including
    - a healthcare worker, caregiver, or household member in contact with person(s) at high risk of developing complications from influenza
    - a household contact or out-of-home caretaker of a child age 0–59 months
  - e. Wish to reduce the likelihood of becoming ill with influenza
2. Screen all patients for contraindications and precautions to influenza vaccine:
  - a. **Contraindications:** serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component. For a list of vaccine components, go to [www.cdc.gov/nip/publications/pink/appendices/b/excipient-table-2.pdf](http://www.cdc.gov/nip/publications/pink/appendices/b/excipient-table-2.pdf) Do not give live attenuated influenza vaccine (LAIV) to pregnant women, immunosuppressed persons, or anyone over the age of 49 years. Use of inactivated influenza vaccine is preferred over LAIV for close contacts of severely immunosuppressed persons during periods when the immunocompromised person requires a protective environment.
  - b. **Precautions:** moderate or severe acute illness with or without fever
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis)
4. Administer 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV) IM (22–25g, 1–1½" needle) in the deltoid muscle. Alternatively, healthy persons ages 5–49 years without contraindications may be given 0.5 mL of intranasal LAIV; 0.25 mL is sprayed into each nostril while the patient is in an upright position.

5 Document each patient's vaccine administration information and follow up in the following places:

- a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). According to New York State Education Department (NYSED) nursing practice regulations (<http://www.op.nysed.gov/immunguide.htm>), written consent must be obtained whenever vaccination is administered utilizing non-patient specific standing orders.
- b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
- c. **Patient's primary care provider:** According to the NYSED regulations referenced above, documentation of the patient's vaccination must be shared with the patient's primary care provider.

6 Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

7 Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov)

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_  
(name of practice or clinic) until rescinded or until \_\_\_\_\_ (date).

Medical Director's signature: \_\_\_\_\_ Effective date: \_\_\_\_\_

# Sample Clinical Protocol for Administering Pneumococcal Vaccine to Adults

## Purpose

To reduce morbidity and mortality from pneumococcal disease by vaccinating all patients who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

## Policy

Utilizing this clinical protocol, the hospital has implemented a non-patient specific standing order policy that would allow eligible nurses to vaccinate patients who meet any of the criteria below.

## Procedure

1. Identify adults in need of vaccination with 23-valent pneumococcal polysaccharide vaccine (PPV23) based on the following criteria:

Age 65 years or older with no or unknown history of prior receipt of PPV23

- a. Age 18–64 years with no or unknown history of prior receipt of PPV23 and any of the following conditions:
  - i. chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
  - ii. chronic pulmonary disease (e.g., emphysema or chronic obstructive pulmonary disease [not asthma])
  - iii. diabetes mellitus, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks
  - iv. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
  - v. immunosuppressive conditions (e.g., HIV infection, leukemia, congenital immunodeficiency, Hodgkin's disease, lymphoma, multiple myeloma, generalized malignancy) \*
  - vi. immunosuppressive chemotherapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids) \*
  - vii. organ or bone marrow transplantation \*
  - viii. chronic renal failure or nephrotic syndrome
  - ix. candidate for or recipient of cochlear implant

2. Identify adults in need of a second and final dose of PPV23 if five or more years have elapsed since the previous vaccination and the patient is:

Age 65 years or older and received prior PPV23 vaccination when less than age 65 years

- a. At highest risk for serious pneumococcal infection and/or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories iv. - viii. above)

3. Screen all patients for contraindications and precautions to PPV23 vaccine.

**Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPV23 or to a vaccine component. For a list of vaccine components, go to [www.cdc.gov/nip/publications/pink/appendices/a/excipient.pdf](http://www.cdc.gov/nip/publications/pink/appendices/a/excipient.pdf)

- a. **Precautions:** a moderate or severe acute illness with or without fever

4. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available. These can be found at [www.immunize.org/vis](http://www.immunize.org/vis)

5. Administer 0.5 mL PPV23 vaccine either IM (22–25g, 1–2" needle) or SC (23–25g, 5/8–3/4" needle).

6. Document each patient's vaccine administration information and follow up in the following places:

- a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). According to New York State Education Department NYSED nursing practice regulations (<http://www.op.nysed.gov/immunguide.htm>), written consent must be obtained whenever vaccination is administered utilizing non-patient specific orders.
- b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
- c. **Patient's primary care provider:** According to NYSED regulations referenced above, documentation of the patient's vaccination must be shared with the patient's primary care provider.

7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

8. Report all adverse reactions to PPV23 to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.org](http://www.vaers.org) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.org](http://www.vaers.org)

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ clinic until rescinded or until \_\_\_\_\_ (date).

Medical Director's signature: \_\_\_\_\_ Effective date: \_\_\_\_\_

\* Guidance regarding vaccination of individuals with altered immunocompetence can be found in the Centers for Disease Control and Prevention. General Recommendations on Immunization: recommendations of the Advisory Committee on Immunization Practices and the American Academy of Family Physicians. MMWR 2002; 51 (No.RR-2): page 22. Also available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm>