

# Pneumococcal Vaccine Confusion

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# Objectives



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- Discuss importance of vaccination of nursing home residents
- Review Advisory Committee on Immunization Practices (ACIP) June 2019 guidance on pneumococcal vaccine
  - Investigate changes in comparison to 2019 updates
- Review decision factors for vaccine selection for residents
- Investigate the PneumoRecs VaxAdvisor Mobile App for Vaccine Providers
- Provide overview of regulatory pneumococcal vaccine compliance
- Discuss factors for consideration related to Minimum Data Set (MDS) documentation of pneumococcal vaccine assessment & administration

# Why Vaccinate?

# Why Vaccinate ?

- *Streptococcus pneumoniae* is a bacteria which causes pneumococcal disease. The bacteria can cause serious health risks; which can result in death.
- The statistics below are shocking, especially since we have a vaccine to help prevent the illness.
  - Pneumonia - which kills about 1 in 20 people infected
  - Meningitis - which kills about 1 in 7 people infected
  - Bacteremia - which kills about 1 in 7 people infected

*Streptococcus pneumoniae* can cause other less serious illness as well such as: middle ear infections and sinus infections.

## CDC Pneumonia Data for the United States

### Vaccination (2006-2018)

Percent of adults aged 65 and over who had ever received a pneumococcal vaccination: **68.9%**

[Early release of selected estimates based on data from the 2018 National Health Interview Survey, data table for figure 5.1](#)

### Emergency Department Visits (2018)

Number of visits to ED with pneumonia as the primary diagnosis: **1.5 million**

[2018 NHAMCS Public Use File](#)

### Mortality (1999-2019)

Number of deaths: **43,881**

Deaths per 100,000 population: **13.4**

[National Vital Statistics System - Mortality Data \(2019\) via CDC WONDER](#)

# Why Vaccinate?

- Pneumonia is the second most common cause of death in nursing home residents
- In congregate settings like long term care facilities, infections can spread fast and the results can be disastrous
- *Streptococcus pneumoniae* is spread via respiratory droplets. Residents can spread the illness with coughing and sneezing
- The most common organism to cause pneumonia is *Streptococcus pneumoniae*
- This is why it is important to vaccinate any person who is eligible at admission to a facility.

**Source: Mills,, K., Winslow, B. T., & Springer, K. L. (2009, June 1). Treatment of Nursing Home-Acquired Pneumonia. Retrieved from <https://www.aafp.org/afp/2009/0601/p976.html>**

# Why Vaccinate?

## Department of Health and Human Services Video

### [Your Best Shot – Pneumococcal Vaccines - Bing video](#)



# What Has Changed with Pneumococcal Vaccines?



# What Has Changed with Pneumococcal Vaccines?



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- ACIP recommended a change in how the pneumococcal vaccines are given to those age 65 and older in June, 2019.
- One dose of 23-valent pneumococcal polysaccharide vaccine aka Pneumovax ® 23 is still recommended for all adults over the age of 65
- 13- valent pneumococcal conjugate vaccine aka Prevnar13 ® is to be considered as a “shared clinical decision” for those over the age of 65.
- Shared clinical decision: When patient and provider who administer vaccines discuss whether or not the vaccine is appropriate for the patient.

## Shared Clinical Decision Making to Administer PCV 13

### Consider risk of resident

- Residents with the following issues should receive the vaccine if they have never received it:
  - Cochlear implants
  - CSF Leaks
  - Persons with functional or anatomic asplenia (congenital or acquired asplenia, sickle cell disease/other hemoglobinopathies),
  - Immunocompromised persons (Chronic renal failure, congenital or acquired immunodeficiency, generalized malignancy, HIV infection, Hodgkin disease, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant).

# Rules for Vaccine Choice



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- Persons residing in nursing homes or other long-term care facilities are potentially at risk
- Incidence of PCV13-type invasive pneumococcal disease and pneumonia increases with increasing age and is higher among persons with chronic heart, lung, or liver disease, diabetes, or alcoholism, and those who smoke cigarettes or who have more than one chronic medical condition.

*Source: Matanock A, Lee G, Gierke R, Kobayashi M, Leidner A, Pilishvili T. Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged  $\geq 65$  Years: Updated Recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep* 2019;68:1069–1075.  
DOI: <http://dx.doi.org/10.15585/mmwr.mm6846a5external> icon.*

# Quick Tips for Vaccination

**Ensure a thorough assessment of previous vaccinations has been completed.**

**Now let's think about next steps for the following scenarios:**

- Resident has received PCV13 after the age of 18, there is no need to revaccinate.
- Resident has not received the PCV13 and a shared clinical decision determined that the vaccine is appropriate.
- Resident needs both the PCV 13 and PPSV23. Do not give at the same time. PCV13 should be given first and wait a year for PPSV23.
- Resident is appropriate for both pneumococcal vaccines. Give PCV13 first and wait a year to give PPSV23.
- Resident needs only PPSV23. Ensure it has been at least five years from a dose given before the age of 65.

# What Has Changed with Pneumococcal Vaccines?



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[Pneumococcal Vaccine Timing for Adults-June 25, 2020 \(cdc.gov\)](https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html)

<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html>

IPRO is developing a quick learning You Tube video to help you navigate the CDC Tool

# Pneumococcal Vaccine Regulatory Compliance

# Influenza and Pneumococcal Immunizations



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## **Pneumococcal Disease. The facility must develop policies and procedures that ensure that:**

- i. Before offering the pneumococcal immunization, each resident or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;
- ii. Each resident is offered an pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
- iii. The resident or the resident's legal representative has the opportunity to refuse immunization; and
- iv. The resident's medical record includes documentation that indicates, at a minimum, the following:
  - i. (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
  - ii. (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
- v. Exception. As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization

## Flu & Pneumonia Prevention Measures – Short-stay Residents

*Percentage of short-stay residents who needed and got a flu shot for the current flu season (Higher percentages are better)*

Your facility: 90.2%  
National average: 82.7%  
New York average: 82%

*Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia (Higher percentages are better)*

Your facility: 88.8%  
National average: 83.7%  
New York average: 77.3%



## Flu & Pneumonia Prevention Measures - Long-stay Residents

*Percentage of long-stay residents who needed and got a flu shot for the current flu season (higher percentages are better )*      Your facility:      98.1%

National average: 96.1%

New York average: 97%

*Percentage of long -stay residents who needed and got a vaccine to prevent pneumonia (Higher percentages are better )*      Your facility:      98.7%

National average: 94.1%

New York average: 92.5%

# Pneumococcal Vaccination Rates by State



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**Pneumococcal Vaccination Rates by States on Compare Care (3/10/21)**

State	Short Stay	Long Stay
New York	77.30%	92.50%
Ohio	83.50%	93.80%
New Jersey	89.60%	96.50%
Connecticut	77.20%	92.50%
Massachusetts	78.30%	90.10%
Maine	82.60%	96%
New Hampshire	87.50%	97.20%
Rhode Island	82.30%	94.40%
Vermont	83.10%	97.70%
District of Columbia	69.30%	91.50%
Maryland	83%	93.80%
Delaware	86.70%	96.20%

# Factors for Consideration Related to MDS Documentation



# Work With Our IPRO Team



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## Vaccination also Impacts the Quality Measures and Reputation for a Facility



# Documentation in Medical Record

- Upon entry to facility it is important to **ASSESS** if the resident/patient is appropriate for a vaccine and **DOCUMENT** the determination in the medical record
  - **Rationale NOT to vaccinate:**
    - Offered and declined
    - Medically contraindicated
    - Already received (obtain date)

*\* for the influenza vaccine, make sure it is for the current season*

# MDS and Pneumococcal Vaccine

- The choices on the MDS for ALL residents are the following:

O0300. Pneumococcal Vaccine	
Enter Code <input type="checkbox"/>	<b>A. Is the resident's Pneumococcal vaccination up to date?</b> 0. <b>No</b> → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. <b>Yes</b> → Skip to O0400, Therapies
Enter Code <input type="checkbox"/>	<b>B. If Pneumococcal vaccine not received, state reason:</b> 1. <b>Not eligible</b> - medical contraindication 2. <b>Offered and declined</b> 3. <b>Not offered</b>

- If resident received historically, ensure the date is documented in medical record if MDS is being coded "YES"

# MDS and Pneumococcal Vaccine

## If the Pneumococcal Vaccination is NOT up to date

- A. Is the resident's Pneumococcal vaccination up to date?
0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason
  1. Yes → Skip to O0400, Therapies

**You NEED to follow-up on any “NO” answer**

# MDS and Pneumococcal Vaccine

**B. If Pneumococcal vaccine not received, state reason:**

1. **Not eligible** - medical contraindication
2. **Offered and declined**
3. **Not offered**

## If resident/patient has not received vaccine:

- Speak to family, document consent and schedule for immunization within first 5 days of admission
- If resident/patient/family was offered and declined vaccine, make sure conversation and education is documented in medical record
- If resident is end of life or has medical contraindications for immunization, documentation must be in medical record
- If there is no documentation in the medical record that resident/patient/family received vaccine, was offered and declined, or that it is medically contraindicated, the MDS must be coded as “NOT OFFERED”.

**NOT OFFERED impacts the facility rating and quality measures.**



# Points to Consider

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- **Education = Vaccination!**
- Have a concrete process to obtain information on admission and address need for vaccine
- You offered the vaccine but the resident/family declined...
  - Within your organization decide on how to best handle this situation
  - Who does the resident trust?
  - Readdress with the quarterly MDS
  - Provide the written educational material to show the importance of the vaccine
- IPRO has a comprehensive library of educational tools to assist you in training your staff, residents and/or families.
  - [Immunizations and Vaccines – IPRO QIN-QIO](#)

# Resources



- Healthcentric Advisors
- Qlarant

- [Find Healthcare Providers: Compare Care Near You | Medicare](#)
- [Your Best Shot – Pneumococcal Vaccines - Bing video](#)
- [Pneumococcal Vaccine Timing for Adults-June 25, 2020\(cdc.gov\)](#)
- [PneumoRecs VaxAdvisor: Vaccine Provider App | CDC](#)
- [Immunizations and Vaccines – IPRO QIN-QIO](#)

## **For More Information**

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