

O0250: Influenza Vaccine

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period

Enter Code

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A. Did the resident receive the influenza vaccine *in this facility* for this year's influenza vaccination season?

0. **No** → Skip to O0250C, If influenza vaccine not received, state reason
1. **Yes** → Continue to O0250B, Date influenza vaccine received

B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?

		-			-				
Month			Day			Year			

C. If influenza vaccine not received, state reason:

Enter Code

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1. **Resident not in this facility** during this year's influenza vaccination season
2. **Received outside of this facility**
3. **Not eligible** - medical contraindication
4. **Offered and declined**
5. **Not offered**
6. **Inability to obtain influenza vaccine** due to a declared shortage
9. **None of the above**

Item Rationale

Health-related Quality of Life

When infected with influenza, older adults and persons with underlying health problems are at increased risk for complications and are more likely than the general population to require hospitalization.

An institutional Influenza A outbreak can result in up to 60 percent of the population becoming ill, with 25 percent of those affected developing complications severe enough to result in hospitalization or death.

Influenza-associated mortality results not only from pneumonia, but also from subsequent events arising from cardiovascular, cerebrovascular, and other chronic or immunocompromising diseases that can be exacerbated by influenza.

Planning for Care

Influenza vaccines have been proven effective in preventing hospitalizations.

A vaccine, like any other medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so individuals cannot get influenza from the vaccine.

Mild problems: soreness, redness or swelling where the shot was given; hoarseness; sore, red or itchy eyes; cough; fever; aches; headache; itching; and/or fatigue. If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.

00250: Influenza Vaccine (cont.)

In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, influenza vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

People who are moderately or severely ill should usually wait until they recover before getting the influenza vaccine. People with mild illness can usually get the vaccine.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

The safety of vaccines is always being monitored. For more information, visit: Vaccine Safety Monitoring and Vaccine Safety Activities of the CDC:

<http://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/index.html>

Steps for Assessment

Review the resident's medical record to determine whether an influenza vaccine was received in the facility for this year's influenza vaccination season. If vaccination status is unknown, proceed to the next step.

Ask the resident if *they* received an influenza vaccine outside of the facility for this year's influenza vaccination season. If vaccination status is still unknown, proceed to the next step.

If the resident is unable to answer, then ask the same question of the responsible party/legal guardian and/or primary care physician. If influenza vaccination status is still unknown, proceed to the next step.

If influenza vaccination status cannot be determined, administer the influenza vaccine to the resident according to standards of clinical practice.

O0250: Influenza Vaccine (cont.)

Coding Instructions for O0250A, Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?

Code 0, no: if the resident **did NOT receive the influenza vaccine *in this facility*** during this year's influenza vaccination season. Proceed to **If influenza vaccine not received, state reason** (O0250C).

Code 1, yes: if the resident **did receive the influenza vaccine *in this facility*** during this year's influenza season. Continue to **Date influenza vaccine received** (O0250B).

Coding Instructions for O0250B, Date influenza vaccine received

Enter the date that the influenza vaccine was received. Do not leave any boxes blank.

If the month contains only a single digit, fill in the first box of the month with a "0".

For example, January 17, 2014 should be entered as 01-17-2014.

If the day only contains a single digit, then fill the first box of the day with the "0". For example, October 6, 2013 should be entered as 10-06-2013. A full 8 character date is required.

A full 8 character date is required. If the date is unknown or the information is not available, only a single dash needs to be entered in the first box.

Coding Instructions for O0250C, If influenza vaccine not received, state reason

If the resident has not received the influenza vaccine for this year's influenza vaccination season (i.e., O0250A=0), code the reason from the following list:

Code 1, Resident not in this facility during this year's influenza vaccination season: resident was not in this facility during this year's influenza vaccination season.

Code 2, Received outside of this facility: includes influenza vaccinations administered in any other setting (e.g., physician office, health fair, grocery store, hospital, fire station) during this year's influenza vaccination season.

Code 3, Not eligible—medical contraindication: if influenza vaccine not received due to medical contraindications. Influenza vaccine is contraindicated for a resident with severe reaction (e.g., respiratory distress) to a previous dose of influenza vaccine or to a vaccine component. Precautions for influenza vaccine include moderate to severe acute illness with or without fever (influenza vaccine can be administered after the acute illness) and history of Guillain-Barré Syndrome within six weeks after previous influenza vaccination.

Code 4, Offered and declined: resident or responsible party/legal guardian has been informed of the risks and benefits of receiving the influenza vaccine and chooses not to accept vaccination.

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Code 5, Not offered: resident or responsible party/legal guardian not offered the influenza vaccine.

Code 6, Inability to obtain influenza vaccine due to a declared shortage: vaccine is unavailable at this facility due to a declared influenza vaccine shortage.

Code 9, None of the above: if none of the listed reasons describe why the influenza vaccine was not administered. This code is also used if the answer is unknown.

Coding Tips and Special Populations

Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins.

Influenza can occur at any time, but most influenza occurs from October through May.

However, residents should be immunized as soon as the vaccine becomes available. *More information about when facilities must offer residents the influenza vaccine is available in 42 CFR 483.80(d), Influenza and pneumococcal immunizations, which can be found in Appendix PP of the State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf#page=708.*

Information about the current influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website. This website provides information on influenza activity and has an interactive map that shows geographic spread of influenza:

<http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>,
<http://www.cdc.gov/flu/weekly/usmap.htm>.

Facilities can also contact their local health department website for local influenza surveillance information.

The annual supply of inactivated influenza vaccine and the timing of its distribution cannot be guaranteed in any year. Therefore, in the event that a declared influenza vaccine shortage occurs in your geographical area, residents should still be vaccinated once the facility receives the influenza vaccine.

A “high dose” inactivated influenza vaccine is available for people 65 years of age and older. Consult with the resident’s primary care physician (or nurse practitioner) to determine if this high dose is appropriate for the resident.

00250: Influenza Vaccine (cont.)

Examples

Resident J received the influenza vaccine in the facility during this year's influenza vaccination season, on January 7, 2014.

Coding: 00250A would be **coded 1, yes**; 00250B would be **coded 01-07-2014**, and 00250C would be skipped.

Rationale: *Resident* J received the vaccine in the facility on January 7, 2014, during this year's influenza vaccination season.

Resident R did not receive the influenza vaccine in the facility during this year's influenza vaccination season due to *their* known allergy to egg protein.

Coding: 00250A would be **coded 0, no**; 00250B is skipped, and 00250C would be **coded 3, not eligible-medical contraindication**.

Rationale: Allergies to egg protein is a medical contraindication to receiving the influenza vaccine, therefore, *Resident* R did not receive the vaccine.

Resident T received the influenza vaccine at *their* doctor's office during this year's influenza vaccination season. *Their* doctor provided documentation of receipt of the vaccine to the facility to place in *Resident* T's medical record. *They* also provided documentation that *Resident* T was explained the benefits and risks of the influenza vaccine prior to administration.

Coding: 00250A would be **coded 0, no**; and 00250C would be **coded 2, received outside of this facility**.

Rationale: *Resident* T received the influenza vaccine at *their* doctor's office during this year's influenza vaccination season.

Resident K wanted to receive the influenza vaccine if it arrived prior to *their* scheduled discharge on October 5th. *Resident* K was discharged prior to the facility receiving their annual shipment of influenza vaccine, and therefore, *Resident* K did not receive the influenza vaccine in the facility.

Resident K was encouraged to receive the influenza vaccine at *their* next scheduled physician visit.

Coding: 00250A would be **coded 0, no**; 00250B is skipped, and 00250C would be **coded 9, none of the above**.

Rationale: *Resident* K was unable to receive the influenza vaccine in the facility due to the fact that the facility did not receive its shipment of influenza vaccine until after *their* discharge. None of the codes in 00250C, **Influenza vaccine not received, state reason**, are applicable.

