

## O0300. Pneumococcal Vaccine

Enter Code

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**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

Enter Code

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

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

## Item Rationale

### Health-related Quality of Life

- Pneumococcus is one of the leading causes of community-acquired infections in the United States, with the highest disease burden among the elderly.
- Adults 65 years of age and older and those with chronic medical conditions are at increased risk for invasive pneumococcal disease and have higher case-fatality rates.
- Pneumococcal vaccines can help reduce the risk of invasive pneumococcal disease and pneumonia.

### Planning for Care

- Early detection of outbreaks is essential to control outbreaks of pneumococcal disease in long-term care facilities.
- Individuals living in nursing homes and other long-term care facilities with an identified increased risk of invasive pneumococcal disease or its complications, i.e., those 65 years of age and older with certain medical conditions, should receive pneumococcal vaccination.
- Conditions that increase the risk of invasive pneumococcal disease include decreased immune function; damaged or no spleen; sickle cell and other hemoglobinopathies; cerebrospinal fluid (CSF) leak; cochlear implants; and chronic diseases of the heart, lungs, liver, and kidneys, including dialysis, diabetes, alcoholism, and smoking.

## Steps for Assessment

1. Review the resident's medical record to determine whether any pneumococcal vaccines have been received. If vaccination status is unknown, proceed to the next step.
2. Ask the resident if *they* received any pneumococcal vaccines outside of the facility. If vaccination status is still unknown, proceed to the next step.
3. If the resident is unable to answer, ask the same question of the responsible party/legal guardian and/or primary care physician. If vaccination status is still unknown, proceed to the next step.

## O0300: Pneumococcal Vaccine (cont.)

4. If pneumococcal vaccination status cannot be determined, administer the recommended vaccine(s) to the resident, according to the standards of clinical practice.
  - If the resident has had a severe allergic reaction to a pneumococcal vaccine or its components, the vaccine should not be administered.
  - If the resident has a moderate to severe acute illness, the vaccine should be administered after the illness.
  - If the resident has a minor illness (e.g., a cold) check with the resident's physician before administering the vaccine.

### Coding Instructions O0300A, Is the Resident's Pneumococcal Vaccination Up to Date?

- **Code 0, no:** if the resident's pneumococcal vaccination status is not up to date or cannot be determined. Proceed to item O0300B, **If Pneumococcal vaccine not received, state reason.**
- **Code 1, yes:** if the resident's pneumococcal vaccination status is up to date. Skip to O0400, **Therapies.**

### Coding Instructions O0300B, If Pneumococcal Vaccine Not Received, State Reason

*If the resident has not received a pneumococcal vaccine, code the reason from the following list:*

- **Code 1, Not eligible:** if the resident is not eligible due to medical contraindications, including a life-threatening allergic reaction to the pneumococcal vaccine or any vaccine component(s) or a physician order not to immunize.
- **Code 2, Offered and declined:** resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine.
- **Code 3, Not offered:** resident or responsible party/legal guardian not offered the pneumococcal vaccine.

### Coding Tips

- Specific guidance about pneumococcal vaccine recommendations and timing for adults can be found at <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>.
- "Up to date" in item O0300A means in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.

For up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations available at

- <https://www.cdc.gov/vaccines/schedules/hcp/index.html>
- <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- <https://www.cdc.gov/pneumococcal/vaccination.html>

## O0300: Pneumococcal Vaccine (cont.)

- If a resident has received one or more pneumococcal vaccinations and is indicated to get an additional pneumococcal vaccination but is not yet eligible for the next vaccination because the recommended time interval between vaccines has not lapsed, O0300A is coded 1, yes, indicating the resident's pneumococcal vaccination is up to date.

### Examples

1. *Resident* L, who is 72 years old, received the PCV13 pneumococcal vaccine at *their* physician's office last year. *They* had previously been vaccinated with PPSV23 at age 66.  
**Coding:** O0300A would be **coded 1, yes**; skip to O0400, Therapies.  
**Rationale:** *Resident* L, who is over 65 years old, has received the recommended PCV13 and PPSV23 vaccines.
2. *Resident* B, who is 95 years old, has never received a pneumococcal vaccine. *Their* physician has an order stating that *they are* NOT to be immunized.  
**Coding:** O0300A would be **coded 0, no**; and O0300B would be **coded 1, not eligible**.  
**Rationale:** *Resident* B has never received the pneumococcal vaccine; therefore, *their* vaccine is not up to date. *Their* physician has written an order for *them* not to receive a pneumococcal vaccine, thus *they are* not eligible for the vaccine.
3. *Resident* A, who has congestive heart failure, received PPSV23 vaccine at age 62 when *they were* hospitalized for a broken hip. *They are* now 78 years old and *were* admitted to the nursing home one week ago for rehabilitation. *They were* offered and given PCV13 on admission.  
**Coding:** O0300A would be **coded 1, yes**; skip to O0400, Therapies.  
**Rationale:** *Resident* A received PPSV23 before age 65 years because *they have* a chronic heart disease and received PCV13 at the facility because *they are* age 65 years or older. *They* should receive another dose of PPSV23 at least 1 year after PCV13 and 5 years after the last PPSV23 dose (i.e., *Resident* A should receive 1 dose of PPSV23 at age 79 years, but is currently up to date because *they* must wait at least 1 year since *they* received PCV13).
4. *Resident* T, who has a long history of smoking cigarettes, received the pneumococcal vaccine at age 62 when *they were* living in a congregate care community. *They are* now 64 years old and *are* being admitted to the nursing home for chemotherapy and respite care. *They have* not been offered any additional pneumococcal vaccines.  
**Coding:** O0300A would be **coded 0, no**; and O0300B would be **coded 3, Not offered**.  
**Rationale:** *Resident* T received 1 dose of PPSV23 vaccine prior to 65 years of age because *they are* a smoker. Because *Resident* T is now immunocompromised, *they* should receive PCV13 for this indication. *They* will also need 1 dose of PPSV23 8 weeks after PCV13 and at least 5 years after *their* last dose of PPSV23 (i.e., *Resident* T is eligible to receive PCV13 now and 1 dose of PPSV23 at age 67).

