Nursing Home Residents and Employee Requirements for Influenza and Pneumococcal Vaccine Administration

POLICY:

The Arkansas Department of Health (ADH) will provide annual influenza vaccine to uninsured nursing home residents and employees and pneumococcal vaccine to uninsured nursing home residents.

I. PROCEDURES:

- **ADH only provides influenza vaccine for uninsured nursing home residents and employees and pneumococcal vaccine for uninsured nursing home residents**. All influenza vaccines received will be preservative free, quadrivalent and in pre-filled syringes. ADH will not provide the safety needles.
- COVID-19 Vaccine and other vaccines including influenza vaccines can be co-administered at different anatomical sites. Follow the current ACIP recommendation for COVID-19 vaccine administration. Currently only Pfizer-BioNTech or COMIRNATY® vaccine may be administered to persons who are 12 through 17 years of age.
    - Persons who have acute illness with suspected or laboratory-confirmed COVID-19, clinicians can consider delaying influenza vaccination until the patients are no longer acutely ill. If influenza vaccination is delayed, patients should be reminded to return for influenza vaccination once they have recovered from their acute illness or complete their isolation period.
    - Person who are a contact to a suspected or laboratory-confirmed COVID-19 should defer influenza vaccination until they meet the criteria to be released from quarantine.
- Nursing home staff who administer vaccine should read the package inserts for full prescribing information before administering the influenza and pneumococcal vaccine.
- **Updated Pneumococcal Recommendations: Adults aged ≥65 years.** Adults aged ≥65 years who have not previously received PCV or whose previous vaccination history is unknown should receive 1 dose of PCV (either PCV20 or PCV15). When PCV15 is used, it should be followed by a dose of PPSV23.
- **PCV20 will be provided to Nursing Homes in place of PPSV23.**
- For the 2022-2023 flu season, there are three flu vaccines that are preferentially recommended for people 65 years and older. These are Fluzone High-Dose Quadrivalent vaccine, Flublok Quadrivalent recombinant flu vaccine or Fluad Quadrivalent adjuvanted flu vaccine
- Nursing homes may order influenza vaccine for uninsured residents and employees and pneumococcal only for uninsured residents by faxing a completed Nursing Home Annual Provider Profile and Order Form to the Immunization Section (501-661-2300) or by emailing the Immunization Section at immunization.section@arkansas.gov.
- Upon request only, the ADH may provide nursing staff to administer influenza vaccine for nursing home residents and/or staff.
- If the nursing home administers ADH supplied vaccine, they cannot bill for the vaccine.
- The resident, employee, or guardian must receive a copy of the most current Influenza and/or Pneumococcal Vaccine Information Statement (VIS) or have the VIS available for them to read before the resident or employee receives the influenza or pneumococcal vaccine. https://www.cdc.gov/vaccines/hcp/vis/current-vis.html
- Permission to administer influenza and/or pneumococcal vaccine to the residents and influenza vaccine to employees is the responsibility of each nursing home and must be initiated during admission to the facility.
- Consent for vaccination must be in writing and signed by either the resident and/or responsible party.

- The signed consent shall be kept in the resident's permanent record.
- Employee consent must be in writing and placed within the employee's personnel file.
- If ADH nursing staff administers the vaccine, the consent signature is mandatory.
- If ADH nursing staff administers the vaccine, the nursing home facility must provide an employee for resident identification.
- Residents may refuse to receive the vaccine. The refusal must be documented in the patient's nursing home chart on the TB: NH-26.
- Nursing home employees are allowed to have **medical exemptions only**. Exemptions must be applied for annually and the ADH Immunization Section will evaluate each request. Medical exemptions must be approved by the Arkansas Department of Health Medical Director, Immunizations. The exemption application may be obtained by emailing *immunization.section@arkansas.gov* or calling 501-537-8969.
- Nursing Homes administering their own vaccine will have their vaccine shipped directly to them. A copy of this policy, Immunization Reporting Form for Nursing Homes (NHIMM), the VIS, and the Influenza Declination Form for Residents and Employees will be provided to each facility. Each facility will be responsible for making copies of all forms.
- If the nursing home employee administers pneumococcal vaccine to a resident, the Immunization Reporting Form for Nursing Homes (NHIMM) should be used for documentation of vaccine. The nursing home shall retain a copy of the Immunization Reporting Form for Nursing Homes or a copy of the immunization record from the WebIZ on each resident If the Nursing home does not have access to WebIZ for their own data entry, The **original *(NHIMM)*** form will be sent to the ADH Immunization Section, 4815 West Markham, Slot 48, Little Rock, AR 72205, following administration f**or** data entry into the WebIZ.
- Nursing homes must maintain a current log or list of residents and employees in their facility and document that each has been immunized. The log must include, at a minimum, the individual's name, date of birth, type of vaccine, date administered, vaccine manufacturer, vaccine lot number, name of vaccine administrator, and date of the Vaccine Information Statement
- If a resident or employee is not immunized, the reason vaccine was not administered to the resident (including the right to refuse treatment) or employee must be documented on the log or list.
- A copy of this log or list must be reported to the Office of Long-Term Care by December 1 of each year. Nursing homes are required to retain a copy of the log for a period of fifteen (15) months after December 1 of the submission year.
- The resident and employee log forms may be obtained from the Arkansas Department of Health by calling 501-537-8969 or 1-800-574-4040 or visit www.healthy.arkansas.gov for a copy of the NH Policy and forms.
- Any unused or expired state influenza vaccine email and request a vaccine return form and instructions. Complete the vaccine return form and email the completed form to timothy.b.barnes@arkansas.gov or thomas.young@arkansas.gov. A vaccine return label will be sent to the nursing home. Pack the expired vaccine in a box with a copy of the vaccine return form, place the vaccine return label on the outside of the box, mark "Non-viable Vaccine Enclosed" on the box and send the vaccine back to McKesson via UPS.
- **Strict accountability of ADH vaccine doses administered is required.**

II. STORAGE AND HANDLING OF VACCINE

- Every nursing home is responsible for the proper storage and handling of influenza and pneumococcal vaccine.
- Storage temperatures are included in the package insert of the vaccine.
- Nursing Homes will be receiving the injectable, inactivated influenza vaccine Flucelvax and Afluria.
- Upon receipt, Flucelvax and Afluria should be stored at 36° F to 46° F (2° to 8° C) immediately and **should not be frozen**. Aim for the midpoint of 40°F to allow for temperature fluctuations.
- Vaccine that has been frozen should not be used.
- Protect vaccine from light at all times.
- Identify and isolate all potentially compromised vaccine. Label these "Do Not Use" and store separately

from good vaccine. A clearly labeled paper bag can be used for this purpose. Contact the ADH Vaccine Management Staff via the WebIZ Help Desk at 1-800-574-4040 for appropriate actions that should be followed for all potentially compromised vaccines.

- Stand-alone refrigerator units are preferred to store vaccine but household combination units with
- separate exterior doors for the refrigerator and the freezer and separate thermostats can be used for vaccine storage.
- Vaccines should never be stored in the door of the refrigerator. Store vaccine on the shelves away from the walls and vents in the part of the unit best able to maintain the required temperature.
- Dormitory-style refrigerators should never be used to store vaccine.
- Food and drinks should never be stored in the same unit with vaccines. If biologic specimens must be stored in the same unit, these should be stored on a lower shelf below the vaccine to prevent contamination.
- Log into the facility Vaccine Temperature Monitoring System to monitor the refrigerator and freezer temperatures at least twice each workday-- in the morning and before the end of the workday.
- Educate all facility staff about vaccine storage (including nonmedical staff). They should be aware that vaccine needs to be stored according to the manufacturer's guidelines immediately upon delivery.
- Prepare vaccines immediately prior to administration.
- If vaccine is placed in small hard-sided or (2" thick) Styrofoam coolers during influenza administration, **the** vaccine should be packaged as follows:
  - Place a layer (at least 2 inches) of **conditioned coolant packs or conditioned frozen water bottles** in the transport container.
    Note: To condition coolant packs and frozen water bottles, store at room temperature for 1-2 hours until the corners of the packs are defrosted, and the coolant pack looks like it is "sweating" or run the coolant packs or water bottles under warm water until the packs are slightly melted or the ice spins freely in the water bottle. A piece of **corrugated cardboard** (cut to fit the interior dimensions of the cooler) should be placed over the ice packs.
  - A layer of **insulating cushioning material** should be placed over the cardboard (bubble wrap, packing foam, or Styrofoam). A paper towel or any other thin material is not sufficient to use as an insulating material.
  - The **vaccine** should be placed on the insulating material. **Vaccines should never be placed directly on ice packs.**
  - Place a digital data logger with probe in buffered material in the middle with the vaccine. The temperature monitoring device display should be secured to the outside of the container so the temperature can be viewable without opening the container.
  - A layer of **insulating cushioning material** should then be placed over the vaccine.
  - A piece of **corrugated cardboard** should be placed over the insulating material.
  - A layer of **conditioned ice packs** or **conditioned frozen water bottles** should be placed on top of the piece of cardboard.
  - Record the temperature hourly while vaccine is in the cooler.

III. DOCUMENTATION FOR NURSING HOMES

Please select the appropriate scenario as follows for documentation in your facility:

Nursing Home WebIZ access:

- **Nursing home administering influenza vaccine to their residents and employees and**

pneumococcal vaccine to their residents and entering the data into the WebIZ

- When administering influenza vaccine to the employees, data entry in tothe WebIZ should be done in real time (at the time the vaccine is given).
- When administering the influenza vaccine or pneumococcal vaccine to the residents, the Immunization Reporting Form for Nursing Homes (NHIMM) should be used to record resident name and the shot information located at the bottom of the form. These forms should be used when entering data in to the WebIZ. All data must be entered in WebIZ within two weeks of administration. Once data entry is complete, you may destroy the paper copy of the Immunization Reporting Form unless your facility requires a signature. Retain per policy of the facility.
- Nursing homes administering any additional influenza to the employees after the mass influenza vaccination must enter the data into WebIZ in real time (at the time the vaccine is given).
- Nursing homes administering any additional influenza or pneumococcal vaccine to the residents after the first mass influenza immunization must document the vaccine administered by using the Immunization Reporting Form for Nursing Homes. These forms should be used when entering data in to the WebIZ. All data must be entered in WebIZ within two weeks of administration.
- When you have entered the shot information on a resident or employee in the WebIZ, print a copy of the immunization record and place in either the resident's chart or the employee's personnel folder.
- The Influenza/Pneumococcal Declination Form for Nursing Home Residents is used for the documentation for all residents who decline influenza or pneumococcal vaccine. Residents do not have to complete a Nursing Home Medical Exemption
- The Influenza Declination Form for Nursing Home Employees is used for the documentation for newly hired employees who receive a medical exemption for the influenza vaccine. Employees who require a medical exemption must complete the Medical Exemption-Influenza Vaccine Nursing Home Employees annually.
- **The line listings of those residents and employees not receiving influenza vaccine will be submitted to the Office of Long-Term Care by the nursing home**. A copy of the line listings shall be kept in the nursing home.

Nursing Home does not have access to WebIZ

- **Nursing home administering influenza vaccine to their residents and employees, and pneumococcal vaccine to their residents and not entering data intothe WebIZ**
  - Resident and employee immunizations should be documented on the ADH Immunization Reporting Form for Nursing Homes (NHIMM) which is revised annually. Forms should be completely filled out, checked for accuracy, and be legible. Each facility will need to document the appropriate manufacturer codes from the following: Merck as "MSD", Sanofi Pasteur as "PMC", MedImmune as "MED", GlaxoSmithKline as "SKB", Seqirus as "SEQ"., Medicaid, and private insurance numbers should be captured on the form when applicable.
  - If the nursing home staff administers the vaccine to their residents and their employees, they will determine if the signature is necessary for their facility.
  - When the initial mass immunization of the residents and employees is completed, the Immunization Reporting Forms for Nursing Homes must be forwarded to the ADH, Immunization Section, 4815 West Markham, Slot 48, Little Rock, AR 72205 by December 31st of each year.
  - Nursing homes administering any additional influenza or pneumococcal vaccine after the first mass influenza immunization must document vaccine administered by using the immunization
  - Reporting Form for Nursing Homes. The additional Immunization Reporting Forms for Nursing Homes (NHIMM) are to be submitted to ADH by June 30th of each year.
  - **The line listings of those residents and employees not receiving influenza vaccine will be submitted to the Office of Long-Term Care by the nursing home**. A copy of the line listings shall be kept in the nursing home.

- The Influenza/Pneumococcal Declination Form for Nursing Home Residents is used for the documentation for all residents who decline influenza or pneumococcal vaccine. Residents do not have to complete a Medical Exemption-Influenza Vaccine Nursing Home.
- The Influenza Declination Form for Nursing Home Employees is used for the documentation for newly hired employees who receive a medical exemption for the influenza vaccine. Employees who require a medical exemption must complete the Medical Exemption-Influenza Vaccine Nursing Home Employees annually.

- **Local Health Unit administering influenza vaccine to nursing home residents and employees**
  - Resident and employee immunizations are documented on the ADH Immunization Reporting Form for Nursing Homes (NHIMM) which is revised annually. Forms should be completely filled out, checked for accuracy and be legible. Medicare, Medicaid, and private insurance numbers must be captured on the form.
  - The Immunization Reporting Form for Nursing Homes (NHIMM) **must be signed if the ADH is administering the vaccine in a nursing home setting.** A guardian of the resident may sign the form for a resident who is unable to sign. Each employee must sign the form.
  - When the initial mass immunization of the residents and employees is completed, the nursing home should make a copy of the form to place in the resident's chart and the employee's personnel record. In addition, the LHU shall keep a copy of the Immunization Reporting Form for Nursing Homes according to agency policy. The original Immunization Reporting Forms for Nursing Homes are sent to ADH, Immunization Section, 4815 West Markham, Slot 48, Little Rock, AR 72205 by the LHU for data entry into the WebIZ.
  - Nursing homes administering any additional influenza or pneumococcal vaccine after the first mass influenza immunizations must document vaccine administered by using the Immunization Reporting Form for Nursing Homes (NHIMM). The additional Immunization Reporting Forms for Nursing Homes are to be submitted to ADH by June 30 of each year.
  - The Influenza/Pneumococcal Declination Form for Nursing Home Residents is used for the documentation for all residents who decline influenza or pneumococcal vaccine. Residents do not have to complete a Medical Exemption-Influenza Vaccine Nursing Home.
  - The Influenza Declination Form for Nursing Home Employees is used for the documentation for newly hired employees who receive a medical exemption for the influenza vaccine. Employees who require a medical exemption must be complete the Medical Exemption-Influenza Vaccine Nursing Home Employees annually.
  - **The line listings of those residents and employees not receiving influenza vaccine will be submitted to the Office of Long-Term Care by the nursing home**. A copy of the line listings shall be kept in the nursing home.

IV. FINAL DISPOSITION

- **All original reporting forms shall be sent to the ADH Immunization Section for data entry** unless the nursing home facility enters the influenza and pneumococcal vaccine into WebIZ.
- All original influenza and pneumococcal reporting forms that have been scanned (electronic record) by ADH will be discarded after 6 months
- All original influenza and pneumococcal reporting forms that are **not** scanned (electronic record), must be retained for 2 years.
- All reporting forms will be held for retention according to their agency policy.

Arkansas Department of Health Influenza/Pneumococcal Declination Form for Nursing Home Residents*

Name of Nursing: _____

Address: _____

Telephone Number: _____ *N.H. Clinic Code:* _____

Name/Title of contact person: _____

Date	***Name of Resident***	***DOB***	***Vaccine Declined***		***Reason for Declination***
			Flu	***Pneumo***	

When complete, send original to Office of Long-Term Care and keep a copy for your records.
3/2022

(ADH-38) (7/15)

NURSING HOME IMMUNIZATION REPORTING FORM

Note: Nursing home facilities with access to WebIZ should enter the administered influenza and pneumococcal vaccines in WebIZ. Those forms do NOT have to be sent to ADH. Retain a copy per the Nursing Home policy.

Clinic Code for Providers ☐☐☐☐ **Nursing Home Clinic Code if ADH administers** ☐☐☐☐☐☐ **Date Vaccine Administered** ☐☐/☐☐/☐☐☐☐

Patient should be screened for contraindications prior to receiving any influenza or pneumococcal vaccine.
Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination (immunize.org)
Screening Checklist for Contraindications to Vaccines for Adults (immunize.org)

1. Patient Information: Last Name (apellido)_____ **First Name** (nombre)_____ **MI**___

Gender (género): ☐ Male ☐ Female **Date of Birth** (fecha de nacimiento): ☐☐ / ☐☐ / ☐☐☐☐

Race: (raza) ☐ Asian/PacificIslander ☐ Black/AfricanAmerican ☐ Native American/Alaskan Native ☐ White ☐ Other

Ethnicity: (origen étnico) ☐ Hispanic ☐ Non-Hispanic

Address: (dirección) (Omit address and phone number if nursing home resident) **Apt. No.** (número de apartamento)

City (ciudad) **State** (estado) **Zip Code** (código postal)

Phone Number (teléfono) ☐☐☐ - ☐☐☐ - ☐☐☐☐

2. Insurance Status

- Only Uninsured Nursing Home residents should receive the influenza and pneumococcal vaccines supplied by the Arkansas Department of Health (ADH). Only uninsured Nursing Home employees should receive the influenza vaccine supplied by the ADH.

3. **Release and Assignment** *(Publicar y Asignar)*

- I have read or had explained to me the Vaccine Information Statement (VIS) for the Inactivated Influenza Vaccine and for the Pneumococcal (PCV20) Vaccine as applicable and I understand the risks and benefits. To read the current VIS for each vaccine, visit the website https://www.cdc.gov/vaccines/hcp/vis/current-vis.html.
- I give consent to the State/Local Health Department or Nursing Home Facility and its staff for the individual named at the top of this form to be vaccinated with any of these vaccines.
- I hereby acknowledge that I have reviewed a copy of the Privacy Notice from the Arkansas Department of Health. (If ADH administers the vaccines)
- I understand that information about these vaccines will be included in the Arkansas Department of Health's Immunization Registry.

Signature of Patient/Guardian for **seasonal influenza** (Firma):_____ Date: _____

Signature of Patient/Guardian for **Pneumococcal (PCV20) vaccine** (Firma):_____ Date: _____

MFG Codes: PFR= Pfizer, SEQ = Seqirus, SKB = GlaxoSmithKline, PMC = Sanofi, MED = Medimmune, Merck = MSD	Site Codes: Right Deltoid = RD, Left Deltoid = LD, Right Arm = RA, Left Arm = RA, Right Leg = RL, Left Leg = LL

Seasonal Influenza (Preservative Free ≥ 3 years)

Seasonal Flu Vaccine	Route	Site Code	Dosage mL	MFG Code	Lot Number	Signature /Title of Vaccine Administrator
	IM		0.5			

Pneumococcal (PCV20) NH residents ≥ 65 years who have not previously received any pneumococcal vaccine or whose previous vaccination history is unknown

Pneumococcal Vaccine	Route	Site Code	Dosage mL	MFG Code	Lot Number	Signature /Title of Vaccine Administrator
	IM		0.5			

ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham St. SLOT # 48
Little Rock, AR 72205-3867
Tel: (501) 537-8969 Fax: (501) 661-2300

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/flu**.

VACCINE INFORMATION STATEMENT

Pneumococcal Conjugate Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent **pneumococcal disease.**

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)
- Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions or other risk factors, and adults 65 years or older are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are three pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20). The different vaccines are recommended for different people based on their age and medical status.

PCV13

- **Infants and young children** usually need 4 doses of PCV13, at ages 2, 4, 6, and 12–15 months.
- **Older children (through age 59 months)** may be vaccinated with PCV13 if they did not receive the recommended doses.
- **Children and adolescents 6–18 years of age** with certain medical conditions should receive a single dose of PCV13 if they did not already receive PCV13.

PCV15 or PCV20

- **Adults 19 through 64 years old** with certain medical conditions or other risk factors who have not already received a pneumococcal conjugate vaccine should receive either:
  - a single dose of PCV15 followed by a dose of pneumococcal polysaccharide vaccine (PPSV23), or
  - a single dose of PCV20.
- **Adults 65 years or older** who have not already received a pneumococcal conjugate vaccine should receive either:
  - a single dose of PCV15 followed by a dose of PPSV23, or
  - a single dose of PCV20.

Your health care provider can give you more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

the vaccine:

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone pneumococcal conjugate vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, muscle aches, joint pain, and chills can happen after pneumococcal conjugate vaccination.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

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- Call your local or state health department.
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  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at www.cdc.gov/vaccines.