
Non-Patient Specific Order for Administering Pneumococcal Vaccine to Adults

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

Policy: Under these standing orders, a licensed pharmacist with a certificate of administration issued by the New York State (NYS) Department of Education, where allowed under state law, may vaccinate patients who meet any of the criteria below. Pharmacists must follow all pertinent NYS laws and regulations. Regulations specific to pharmacist administration of vaccines can be found at www.op.nysed.gov/part63.htm.

Procedure:

1. *Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV) based on meeting any of the following criteria:*
 - a. Age 65 years or older with no or unknown history of prior receipt of PPSV
 - b. Age 64 years or younger with no or unknown history of prior receipt of PPSV and any of the following conditions:
 - i. Cigarette smoker
 - ii. Chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
 - iii. Chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)
 - iv. Diabetes, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks
 - v. Functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
 - vi. Immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
 - vii. Immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
 - viii. Organ or bone marrow transplantation
 - ix. Chronic renal failure or nephritic syndrome
 - x. Candidate for or recipient of cochlear implant
2. Identify adults in need of a second (and final) dose of PPSV if five or more years have elapsed since the previous dose of PPSV and the patient meets one of the following criteria:
 - a. Age 65 years or older and received prior PPSV vaccination before age 65 years
 - b. At highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories v.-ix. Above)
3. *Screen all patients for contraindications and precautions to PPSV vaccine:*
 - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPSV or to a vaccine component. For a list of vaccine components go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>
 - b. **Precautions:** 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) before administering the immunization:* You must document in the patient's medication profile, 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.
5. *Obtain consent for immunization:* You must inform each recipient of potential side effects and adverse reactions, orally and in writing, prior to immunization. You shall not administer the immunization unless the recipient is adequately informed and consents to the immunization. For recipients incapable of consenting to the administration of an immunization, before an immunization may be administered, either a person legally responsible for the recipient shall have given prior written consent to the immunization after having been informed in writing of potential side effects and adverse reactions, or a person legally responsible for the recipient is in attendance during the immunization and consents to the immunization after having been informed of potential side effects and adverse reactions.
6. *Advise on Adverse Events:* You must provide each patient with written instructions to call their primary care physician or seek care at the local emergency department if they have an adverse reaction to the vaccine.
7. *Administer Vaccine:* Inject 0.5mL of PPSV vaccine either intramuscularly (22-25g, 1-1.5" needle) in the deltoid muscle or subcutaneously (23-25g, 5/8" needle) in the posterolateral fat of the upper arm.

8. *Recommendations for Future Vaccines:* Notify the patient that the influenza vaccine must be taken annually. If the patient is in one of the recommended groups for the Influenza vaccine, suggest that they receive it. The recommended groups can be found at www.cdc.gov/vaccines/pubs/acip-list.htm.
9. *Document each patient's vaccine administration information and follow up in the following places:*
- a. **Patient medication profile:** Record the recipient's name, date, address of administration, administering pharmacist, immunization agent, manufacturer and lot number. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Certificate of Immunization:** You must provide a signed certificate of immunization with this information.
 - c. **Patient's primary care physician:** With the consent of the recipient or a person legally responsible when the recipient is incapable of consenting, communicate this information to the recipient's primary health care practitioner, if one exists, within one month of the administration of such immunization. Such communication may be transmitted in electronic format.
 - d. **New York State Department of Health (NYSDOH):**
 - i. You must report the administration, absent any individually identifiable information in aggregate to the NYSDOH annually.
 - ii. Identifying information must be submitted to NYS Immunization Information System (NYSIIS) or New York City Immunization Registry (CIR) if the patient is 18 years old. More information about NYSIIS is available at www.nyhealth.gov/prevention/immunization/information_system and CIR at www.nycwebsite.gov.
 - e. **Vaccine Adverse Event Reporting System (VAERS):** Report all adverse reactions to influenza vaccine to VAERS. Contact VAERS through www.Vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.
10. *Advise patient on importance of having a primary care provider:* More information can be found on the NYSDOH website, http://www.health.state.ny.us/prevention/immunization/having_a_medical_home.htm.
11. *Be prepared for management of a medical emergency related to the administration of vaccine:* Have a written emergency medical protocol available, as well as equipment and medications, including emergency anaphylaxis treatment agents, related syringes and needles available at the location at which immunizations will be administered.

If the pharmacist(s) are not identified but are identified as employed under contract with an entity that is legally authorized to employ or contract with pharmacists to provide pharmaceutical services:

The certified pharmacist(s) are limited to administering immunizations only in the course of such employment or pursuant to such contract with _____
[name of entity(s)]

This policy and procedure shall remain in effect for all the patients of _____ from the effective date stated below until rescinded or until _____
[end date] [name of entity(s)]

If the pharmacist(s) are identified:

This policy and procedure shall remain in effect for all the patients of the pharmacist(s) listed here from the effective date stated below until rescinded or until _____
[end date]

Pharmacist Name(s) and License Number(s)

Name of Issuing Physician or Certified Nurse Practitioner: _____
License Number: _____
Signature: _____ Effective date: _____