Pneumococcal / Influenza Vaccination FACT sheet

**Pneumococcal infection** causes an estimated 5,000 deaths from invasive disease annually in the United States. All pneumococcal infections, including invasive and noninvasive disease, result in 2.4 million days of hospitalization (CDC statistics). Currently in the United States, pneumococcal vaccination coverage is suboptimal and hospitalization is an underutilized opportunity to vaccinate and protect patients.

- **All patients between the ages of 6 and 64** who are inpatients at SBUMC should be screened using the electronic screening tool. If there are no contraindications and the patient consents to vaccination, they can and should be given the vaccination at some point in their hospitalization prior to discharge.
- The order generated from the screening tool is a **formal** electronic order. It is ordered and signed by the hospital CMO, Todd Griffin, MD. Failure to carry out this order is a medication error of omission. If another physician wants to cancel the order, there must be a note in the chart indicating one of the following reasons. Please do not put a cancelation reason on the eMAR. Those reasons are not acceptable to CMS. The only reasons that are acceptable under the CMS guidelines for failure to vaccinate a patient are as follows:

  1. Patient refuses vaccination
  2. Patient is pregnant
  3. Patient has had the vaccination in the past
  4. The patient has an allergy to the vaccine
  5. Bone marrow transplant within the past 12 months
  6. Chemotherapy or radiation therapy during this hospitalization or less than 2 weeks prior to this hospitalization
  7. The patient has received the shingles vaccine within the last 4 weeks
  8. Patients that are 6 years old and have received a conjugate vaccine within the past 8 weeks. (effective 1/1/2012)
  9. All patients with an organ transplant during the current hospitalization. (effective 1/1/2012)
**Fact Sheet cont.**

**Influenza** is an acute, contagious viral infection of the nose, throat and lungs caused by the influenza virus. Up to 1 in 5 people in the United States get influenza every season. Each year an average of approximately 226,000 people in the US are hospitalized with complications from influenza and between 3,000 and 49,000 die from the disease and its complications. (Thompson WW, JAMA). Combined with Pneumonia, influenza is the nation’s 8th leading cause of death. (Minino, 2004).

- All patients > or = to 6months old **discharged** from SBUMC in the months of October through March should be screened using the electronic screening tool. If there are no contraindications and the patient consents to vaccination, they can and should be given the vaccination at some point in their hospitalization prior to discharge. **Note: if the patient was admitted in September but is discharged in October they will be counted in the group that SHOULD be screened and vaccinated.**
- The order generated from the screening tool is a **formal** electronic order. It is ordered and signed by the hospital CMO, Todd Griffin, MD. Failure to carry out this order is a medication error of omission. If another physician wants to cancel the order, there must be a note in the chart indicating one of the following reasons. Please do not put a cancelation reason on the eMAR. Those reasons are not acceptable to CMS. The only reasons that are acceptable under the CMS guidelines for failure to vaccinate a patient are as follows:

1. Patients who have already been vaccinated for the current season- “current season” or month and year need to be documented.
2. The patient refuses vaccination
3. The patient has an allergy to the vaccine or an anaphylactic allergy to eggs
4. History of Guillain-Barre Syndrome with 6 weeks after previous vaccination
5. Bone Marrow transplant within the past 6 months- In this case “the vaccine will not likely be effective due to bone marrow transplant in the past 6 months.”
6. Anaphylactic latex allergy
7. Patients with an organ transplant during the current hospitalization (effective 1/1/2012)