

## IF8: INFLUENZA AND PNEUMOCOCCAL DISEASE PREVENTION

### Policy

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In order to reduce the disease- morbidity and mortality associated with influenza and pneumococcal disease, influenza and pneumococcal vaccines are offered to all residents. The influenza vaccine is also offered to all nursing facility personnel. The facility identifies outbreaks early and follows appropriate infection control and reporting procedures.

### Procedures

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- A. Before receiving any vaccine, the resident is screened for allergies and contraindications.
- B. Employees and residents, regardless of length of stay, should receive the seasonal influenza vaccine.
  - 1) Influenza immunizations are offered to all residents and facility personnel according to the time period provided by the Centers for Disease Control and Prevention (CDC). Facility staff should update the Minimum Data Set 3.0 appropriately for residents receiving influenza vaccine.
- C. Residents should receive a pneumococcal vaccine unless they can recall prior vaccination or provide a record of immunization.
  - 1) If 65 years of age or older, a one-time revaccination is indicated if the resident was vaccinated more than 5 years previously and was under 65 years at the time of primary vaccination, unless medically contraindicated or the resident and/or the resident's legal representative refuses the second immunization.
- D. Before offering the immunization, nursing facility personnel and each resident or the resident's legal representative receive education regarding the benefits and potential side effects of the immunization.
  - 1) **Vaccine Information Statements (VISs)** are information sheets produced by the CDC that explain to vaccine recipients, their parents, or their legal representatives both the benefits and risks of a vaccine. **Federal law** requires that VISs be handed out when every (before each dose) certain vaccinations are given.
  - 2) Nursing facility personnel and the resident and/or the resident's legal representative have the opportunity to refuse immunization.
- E. The resident's medical record includes:
  - 1) Documentation that the resident and/or resident's legal representative was provided education regarding the benefits and potential side effects of the influenza and/or pneumococcal immunization.
  - 2) Documentation of any refusals to be vaccinated.

- 3) Documentation that the resident either received the influenza and/or pneumococcal immunization or did not receive it due to medical contraindications or refusal.
- F. Epinephrine should be available whenever immunizations are conducted in the event it is needed to treat anaphylactic allergic reactions.
  - G. Any clinically significant adverse event that occurs after the administration of a vaccine should be reported to Vaccine Adverse Events Reporting (VAERS) (800-822-7967) or [http://vaers.hhs.gov/resources/vaers\\_form.pdf](http://vaers.hhs.gov/resources/vaers_form.pdf). A permanent vaccination record is placed in each resident's chart indicating the resident's immunization status from the time of admission until discharge. It should include any adverse events experienced within the first week of influenza and/or pneumococcal vaccination. The resident should be provided a copy of the immunization record upon discharge.
  - H. Health professionals administering vaccines receive education on immunizations prior to administration. The education should include, but is not limited to:
    - 1) An overview of the immunization policy.
    - 2) Vaccine recommendations, indications and contraindications, e.g., egg allergy, and permissible simultaneous administration of vaccines.
    - 3) Methods for obtaining consent, including how to address common questions from residents and family members.
    - 4) Record keeping requirements and how to obtain and fill out required forms.
    - 5) Adverse vaccine events, including locating and completing the VAERS forms for reporting any serious event following the receipt of a vaccine (vaers.hhs.gov).
  - I. The infection control nurse is responsible for ongoing surveillance for acute febrile respiratory illness (AFRI), pneumonia, and early detection of influenza and pneumococcal infections.
  - J. If detected, measures to control the spread of infection are promptly initiated.
    - 1) The infection control nurse reports the outbreak to local/state health department, as applicable. Monitor cases daily (resident and staff).
    - 2) Confine symptomatic residents until a definitive diagnosis is made.
    - 3) Place residents with symptoms on droplet precautions.
    - 4) Reinforce compliance with good infection control practices among staff and follow standard precautions.
    - 5) Test for new cases.
    - 6) Identify residents and staff who refused vaccination and offer again.
    - 7) Restrict ill visitors and personnel.
    - 8) In an influenza outbreak, administer antiviral medication per current CDC recommendations after receiving a physician's order.

- a. Exercise caution when administering rimantadine or amantadine to persons with decreased renal function, liver dysfunction, or seizure disorders.
  - b. Monitor for adverse reactions of antivirals in accordance with the policy on adverse consequence detection and prevention (See IIIB3: PREVENTING AND DETECTING ADVERSE CONSEQUENCES AND MEDICATION ERRORS).
- k. A pandemic preparedness plan is incorporated into the facility's emergency management planning and exercises.