TITLE
PNEUMOCOCCAL IMMUNIZATION

OBJECTIVES

- To reduce morbidity and mortality from invasive pneumococcal disease.
- To identify and immunize eligible patients who qualify for pneumococcal polysaccharide vaccine.

PRINCIPLES

Alberta Health Services supports providing pneumococcal polysaccharide vaccine to patients at high risk of or complications from invasive pneumococcal disease (IPD).

Pneumococcal polysaccharide vaccine shall be offered to all individuals in accordance with the current clinical guidelines surrounding eligibility, medically at risk patient populations and, high-risk settings as outlined in Immunization Program Standards Manual (IPSM), Pneumococcal Polysaccharide Vaccine Biological Page and Vaccine Package posted on the Alberta Health Services external webpage http://www.albertahealthservices.ca/info/Page12438.aspx

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).
ELEME,N,TS

1. Pneumococcal Immunization

1.1 Assessment and immunization of patients at high risk for invasive pneumococcal disease is a shared responsibility among all health care professionals.

1.2 Administration of pneumococcal polysaccharide vaccine shall be offered to all patients who meet the eligibility criteria set out in section 3 of this document.

1.3 Alberta Health Services settings shall have a process in place for management of anaphylaxis related to immunization, prior to any immunizations being provided.

2. Authorized Personnel

2.1 Pneumococcal vaccinations shall be administered by a health care professional who:

a) is a regulated member of a health profession body under the Health Professional Act (Alberta) or a registered member of a designated health discipline under the Health Disciplines Act (Alberta); and

b) is authorized under the respective statute and regulations to administer the vaccine.

2.2 Students of a health profession or discipline may administer pneumococcal vaccinations provided they meet the criteria and act in compliance with section 4 of Schedule 7.1 of the Government Organizations Act (Alberta).

2.3 Health care professionals who administer immunizations shall demonstrate competence in the advanced practice of pneumococcal vaccine administration and management of anaphylaxis related to immunization after receiving the appropriate didactic and clinical education and training including:

a) the online Pneumococcal Polysaccharide Vaccine Package including:
   (i) Pneumococcal Polysaccharide Vaccine Biological Page;
   (ii) Vaccine Storage and Handling Standard;
   (iii) Pneumococcal Polysaccharide (Pneumovax® 23) Vaccine Product Monograph;
   (iv) the Pneumococcal Polysaccharide Vaccine Information Sheet;
   (v) Pneumococcal Polysaccharide Vaccine Eligibility and Reporting Guidelines; and
   (vi) recognition of anaphylaxis.
3. **Assessment of Eligibility and Gathering Information**

3.1 All patients shall have their pneumococcal polysaccharide immunization history and eligibility assessed by their health care professional at point of care with public health or on admission to continuing care (e.g., long-term care) and provincial correctional facilities.

3.2 Assessment will include consideration of contraindications to immunization.

3.3 A patient is eligible for vaccine if they have no documented history of administration of pneumococcal polysaccharide vaccine and meet any one or more of the following vaccine eligibility criteria:

   a) 65 years of age and older;
   b) resident of a long term care facility or continuing care facility;
   c) homeless or living in a chronically disadvantaged situation without a permanent address; and
   d) medically at risk as outlined in the IPSM, *Pneumococcal Polysaccharide Vaccine Biological Page*.

3.4 All attempts will be made to access documented history of immunization, including electronic databases and medical records. This may require phone calls to family physicians, and/or public health centres.

3.5 If a patient has a history of administration of an initial dose of pneumococcal polysaccharide vaccine but qualifies for a single reinforcing dose as outlined in the IPSM, *Pneumococcal Polysaccharide Vaccine Biological Page* the spacing between doses will be as follows:

   a) Five (5) years after the initial dose of pneumococcal polysaccharide vaccine.

   **Note:** All individuals should receive one dose of pneumococcal polysaccharide vaccine at 65 years of age and older, (as long as five (5) years have passed since a previous dose of this vaccine), regardless of the number of doses received prior to 65 years of age.

4. **Vaccine Storage and Handling**

4.1 Follow provincial vaccine cold chain and handling standards as outlined in the IPSM, *Vaccine Storage and Handling Standard*.

5. **Informed Consent**

5.1 Prior to immunization, the **most responsible health practitioner** shall ensure that there is valid and informed consent, in accordance with the Alberta Health Services *Consent to Treatment/Procedure(s)* Policy and procedures.
6. Administration

6.1 Follow Alberta Health Services setting local practice guidelines for intramuscular injection.

7. Documentation

7.1 The immunization shall be documented in the patient’s health record by the health care professional who administered the vaccine.

7.2 Reason coding must be documented to report why the patient has received vaccine. There are three reason codes for pneumococcal polysaccharide vaccine and patients receiving vaccine must be categorized into one of these three groups:

   a) Code 50 – routine recommended immunization;
   b) Code 55 – medically at risk; or
   c) Code 57 – high risk setting.

7.3 Document the immunization in patient’s health record and local electronic database (if applicable). Documentation must include:

   a) patient’s full name;
   b) Personal Health Number (PHN) or Unique Lifetime Identifier (ULI);
   c) date of birth;
   d) gender;
   e) postal code;
   f) vaccine name (brand name);
   g) manufacturer lot number;
   h) dosage administered;
   i) reason code;
   j) date and time of immunization;
   k) site of injection;
   l) route of administration; and,
   m) name and professional designation of health care professional administering the vaccine.
7.4 Information regarding doses administered will be sent to the zone vaccine depot or public/community health centre as per directions provided when vaccine was shipped.

7.5 Patient will receive a written or electronic immunization record of vaccine administered.

8. Adverse event following immunization (AEFI) reporting

8.1 Prior to any immunizations being provided, all Alberta Health Services settings that provide immunizations shall have a process in place for management of anaphylaxis related to administration of immunization.

8.2 Health care professionals must be trained to be able to respond to any anaphylaxis following immunization in accordance with their process.

8.3 Anaphylaxis medical supplies shall be immediately available and prepared for usage prior to any immunizations being administered.

8.4 The health care professional shall report any adverse event following immunization (AEFI) that is disclosed or reported to them by a patient following pneumococcal polysaccharide immunization to an Alberta Health Services Public or Community Health Centre as outlined in the IPSM, Pneumococcal Polysaccharide Vaccine Biological Page.

DEFINITIONS

Adverse event following immunization (AEFI) means any untoward medical occurrence in a patient which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine. The adverse event following immunization may be any unfavourable and/or unintended sign, abnormal laboratory finding, symptom or disease.

Alberta Health Services setting means any environment where treatment/procedures and other health-care services are delivered by, on behalf of, or in conjunction with Alberta Health Services.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act (Alberta) or the Health Professions Act (Alberta), and who practises within scope and role.

Health record means the Alberta Health Services legal record of the patient’s diagnostic, treatment and care information.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.
**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**REFERENCES**

- Alberta Health Services Governance Documents:
  - Consent to Treatment/Procedure(s) Policy and procedures (# PRR-01)
- Alberta Health Services Resources:
  - Influenza Immunization Orientation PowerPoint
  - Pneumococcal Polysaccharide Immunization Biological Page (http://www.albertahealthservices.ca/influenza/Page12438.aspx)
  - Pneumococcal Polysaccharide Information Package
  - Vaccine Storage and Handling Standard
- Non-Alberta Health Services Documents:
  - Adverse Events Following Immunization (AEFI) Policy for Alberta Immunization Providers (Alberta Health)
  - Alberta Immunization Policy (Alberta Health)
  - Alberta Vaccine Cold Chain Policy (Alberta Health)
  - Government Organizations Act (Alberta)
  - Health Disciplines Act (Alberta)
  - Health Professions Act (Alberta)
  - Medication Guidelines (College and Association of Registered Nurses of Alberta)

**VERSION HISTORY**

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