

PNEUMOCOCCAL VACCINE INFORMED CONSENT

Pneumococcal disease is any illness caused by a type of bacteria that can lead to serious infections such as pneumococcal pneumonia (lung), pneumococcal meningitis (brain covering), pneumococcal bacteremia (bloodstream) and otitis media (middle ear). Pneumococcal bacteria are the most common causes of pneumonia. There are currently two types of pneumococcal vaccines: pneumococcal conjugates (PCV13, PCV15 and PCV20) and pneumococcal polysaccharides (PPSV23).

CLINICAL SYMPTOMS

The symptoms of pneumococcal pneumonia include fever, cough, shortness of breath and chest pain. The symptoms of pneumococcal meningitis include stiff neck, fever, mental confusion, disorientation and visual sensitivity to light (photophobia). The symptoms of pneumococcal bacteremia (a bloodstream infection) may be similar to some of the symptoms of pneumonia and meningitis, along with joint pain and chills.

POPULATIONS THAT SHOULD RECEIVE THE PCV13 VACCINE

- Infants and young children starting age 2 (4 doses)
- Older children through age 59 months
- Children and adolescents 6-18 years of age with certain medical conditions
- Not routinely recommended for adults ≥ 65 years of age

POPULATIONS THAT SHOULD RECEIVE THE PCV15 OR PCV20 VACCINE

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

NOTE: PCV-naïve adults ≥ 65 years or aged 19-64 years with certain underlying conditions should receive either the PCV15 or PCV20 vaccine. When PCV15 is used, it should be followed by a dose of PPSV23 ≥ 1 year later.

POPULATIONS THAT SHOULD RECEIVE THE PPSV23 VACCINE

- All adults ≥ 65 years should receive 1 dose of PPSV23
- Adults ≥ 65 years who received ≥ 1 dose of PPSV23 before age 65 should receive 1 additional dose at age ≥ 65 years, at least 5 years after the previous PPSV23 dose
- (Age 2-64) Long-term health problem such as heart disease, lung disease, sickle cell disease, diabetes, alcoholism, cirrhosis, cerebrospinal fluid leaks or cochlear implant
- (Age 2-64) Weakened immune systems such as Hodgkin's disease, lymphoma, leukemia, kidney failure, multiple myeloma, nephrotic syndrome, HIV, AIDS, damaged spleen or no spleen, organ transplant
- (Age 2-64) Drug treatment that lowers the body's resistance to infection such as long-term steroids, certain cancer drugs, radiation therapy
- (Ages 19-64) Smoker or has asthma

WHO SHOULD NOT RECEIVE PNEUMOCOCCAL VACCINE OR SHOULD WAIT

WAIT:

- Anyone who is moderately or severely ill should wait until he/she recovers

NOT TAKE/TELL YOUR PROVIDER:

- Anyone who has had an allergic reaction after a previous dose of any type of pneumococcal vaccine or
- Anyone who has had an allergic reaction to any vaccine containing diphtheria toxoid (i.e., DTaP) or
- Anyone who has severe, life-threatening allergies

CLINICAL SIDE EFFECTS OF PNEUMOCOCCAL VACCINE

- Redness, swelling, tenderness or pain at injection site
- Fever, loss of appetite, irritability, muscle aches, headaches, chills, joint pain, fatigue, rash
- Severe reaction (i.e., hives, fast heartbeat, swelling of face and throat, difficulty breathing) is rare

NAME-Last

First

Middle

MR #

PNEUMOCOCCAL VACCINE INFORMED CONSENT

VACCINE INFORMATION STATEMENT (VIS) PROVIDED/REVIEWED

- ☐ **Pneumococcal Polysaccharide (PPSV23)** <http://www.immunize.org/vis/ppsv.pdf>
- ☐ **Pneumococcal Conjugate (PCV13)** <http://www.immunize.org/vis/pcv.pdf>
- ☐ **Pneumococcal Conjugate (PCV15)** <http://www.immunize.org/vis/pcv.pdf>
- ☐ **Pneumococcal Conjugate (PCV20)** <http://www.immunize.org/vis/pcv.pdf>

- ☐ I have received the information for the pneumococcal vaccine identified above and I have been educated on the benefits and risks associated with that vaccine. I hereby **give my permission** and request the vaccine to be administered to me or the person named for whom I am authorized to sign.

Patient/Resident/Representative Signature

Date Signed

Witness Signature/Title

Date Signed

- ☐ I have received the information for the pneumococcal vaccine identified above and I have been educated on the benefits and risks associated with that vaccine. I hereby **decline my permission** to receive the vaccine for the following reason(s):

A. Medical Contraindication(s): Check all that apply. Inform Physician of medical condition.

- ☐ Previous history of severe reaction to vaccine
- ☐ Febrile illness (fever) at this time (Temp >101.5°F / 38.6°C)
- ☐ Other medical conditions

Specify: _____

B. Personal Reason(s): Check all that apply. Inform Physician of personal reasons.

- ☐ Perceived vaccine ineffectiveness
- ☐ Fear of needles/injections
- ☐ Fear of side effects
- ☐ Other personal reasons

Specify: _____

Patient/Resident/Representative Signature

Date Signed

Witness Signature/Title

Date Signed

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed