

### AGE24

Calculated field (01/01/24 - BIRTHDT).

#### IMMCOMP (PI)

At any time in the patient's history through (computer to display stdyend) is there documentation of any of the following in the medical record?

- Immunocompromising conditions
- Anatomic or functional asplenia
- Sickle cell disease and HB-S disease
- · Cerebrospinal fluid leak(s)
- Cochlear implant(s)
- 1. Yes
- 2. No

# PPSVVAC23 (PI)

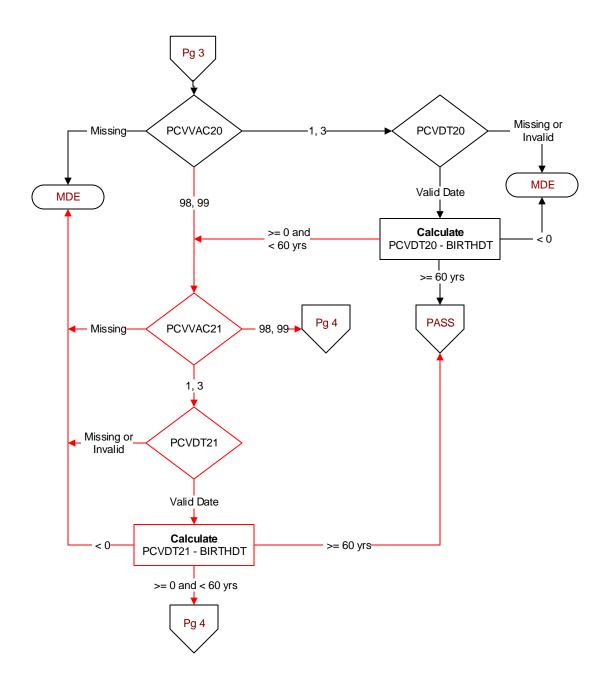
At any time, not later than the study end date, did the veteran receive the PPSV23 (Pneumovax 23®, Pnu-Imune 23®) or Pneumovax vaccination, either as an inpatient or outpatient?

- received PPSV23 (Pneumovax 23<sup>®</sup>, Pnu-Imune 23®) or Pneumovax vaccination from VHA
- received PPSV23 (Pneumovax 23<sup>®</sup>, Pnu-Imune 23®) or Pneumovax vaccination from private sector provider
- 98. patient refused **PPSV23** (Pneumovax 23<sup>®</sup>, Pnu-Imune 23<sup>®</sup>) or Pneumovax vaccination
- 99. no documentation patient received **PPSV23** (Pneumovax 23<sup>®</sup>, Pnulmune 23<sup>®</sup>) or Pneumovax vaccination

## PPSV23DT (PI)

Enter the date of the **PPSV23** (Pneumovax 23<sup>®</sup>, Pnu-Imune 23<sup>®</sup>) or Pneumovax vaccination.

**BIRTHDT** (rcvd on pull list) Patient date of birth



## PCVVAC20 (PI)

On or after 6/08/2021 and not later than the study end date, did the veteran receive the **pneumococcal conjugate 20** (PCV20 or PREVNAR 20™) vaccination, either as an inpatient or outpatient?

- received PCV20 or PREVNAR 20<sup>™</sup> vaccination from VHA
- received PCV20 or PREVNAR 20<sup>™</sup> vaccination from private sector provider
- 98. patient refused PCV20 or PREVNAR  $20^{™}$  vaccination 99. no documentation patient received PCV20 or PREVNAR  $20^{™}$  vaccination

# PCVDT20 (PI)

Enter the date of the PCV20 or PREVNAR 20™ vaccination.

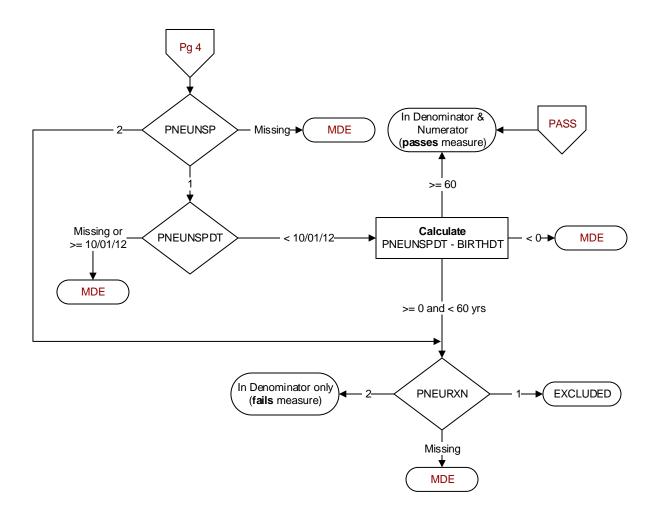
#### PCVVAC21 (PI)

On or after 06/17/2024 and not later than the study end date, did the veteran receive the **pneumococcal conjugate 21** (PCV21 or CAPVAXIVETM) vaccination, either as an inpatient or outpatient?

- 1. received PCV21 or CAPVAXIVE ™ vaccination from VHA 3. received PCV21 or CAPVAXIVE ™ vaccination from
- private sector provider
- 98. patient refused PCV21 or CAPVAXIVE™ vaccination 99. no documentation patient received PCV21 or CAPVAXIVE™ vaccination

# PCVDT21 (PI)

Enter the date of the PCV21 or CAPVAXIVE™ vaccination



### PNEUNSP (PI)

Prior to 10/01/2012, is there documentation in the medical record of an unspecified pneumococcal vaccination?

1. Yes

2. No

## PNEUNSPDT (PI)

Enter the date that the unspecified pneumococcal vaccination was given.

### PNEURXN (PI)

Is there documentation in the medical record of a prior anaphylactic reaction to a pneumococcal vaccine?

1. Yes

2. No