

**REVSTAT**  
 REVIEW STATUS (not abstracted)  
 0. Abstraction has not begun  
 1. Abstraction in progress  
 2. Abstraction completed w/o errors  
 3. TVG failure (exclusion)  
 4. Record contains missing required answers (error record)  
 5. Administrative exclusion from all measures

**HOSPICE**  
 During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?  
 1. Yes  
 2. No

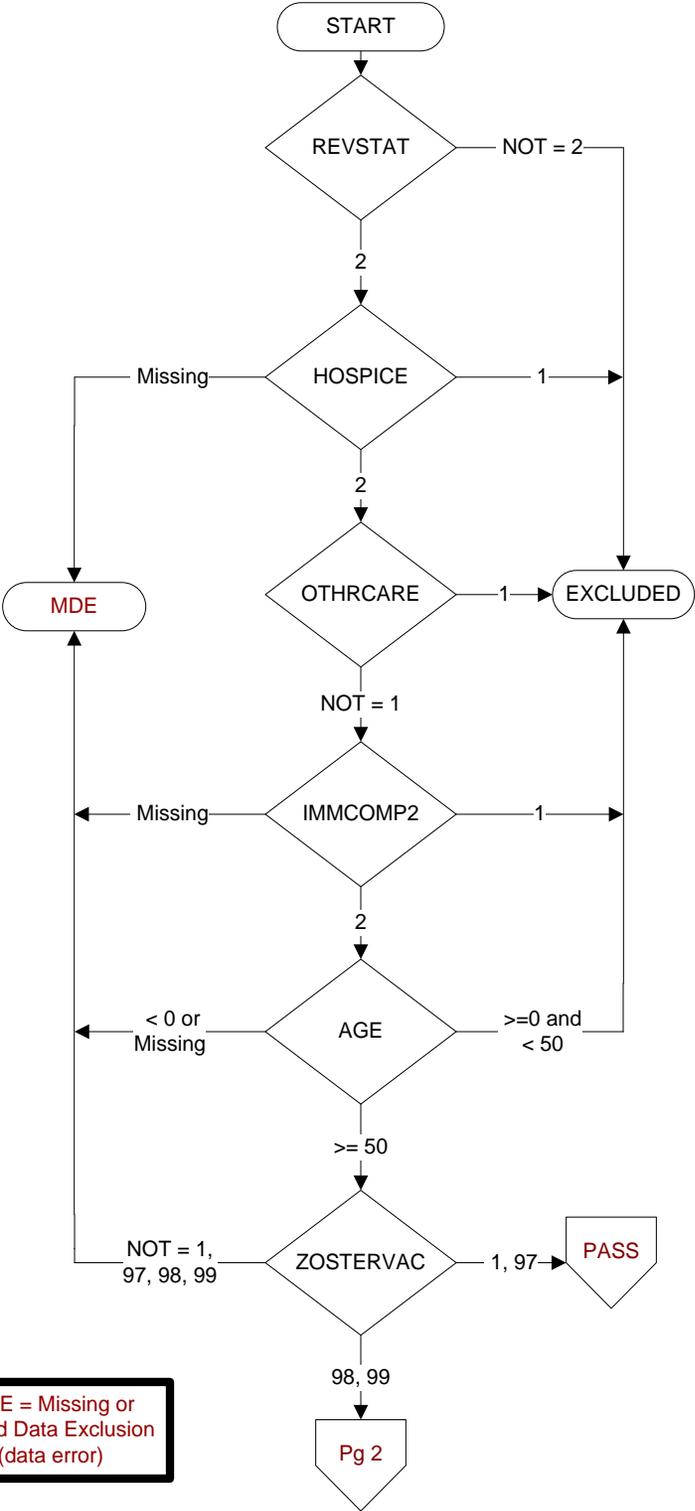
**OTHCARE**  
 Is there evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a nonVHA setting?  
 1. Yes  
 2. No

**To answer "1," both evidence of refusal of VHA Primary Care and documentation of primary care received outside VHA must be present in the record.**

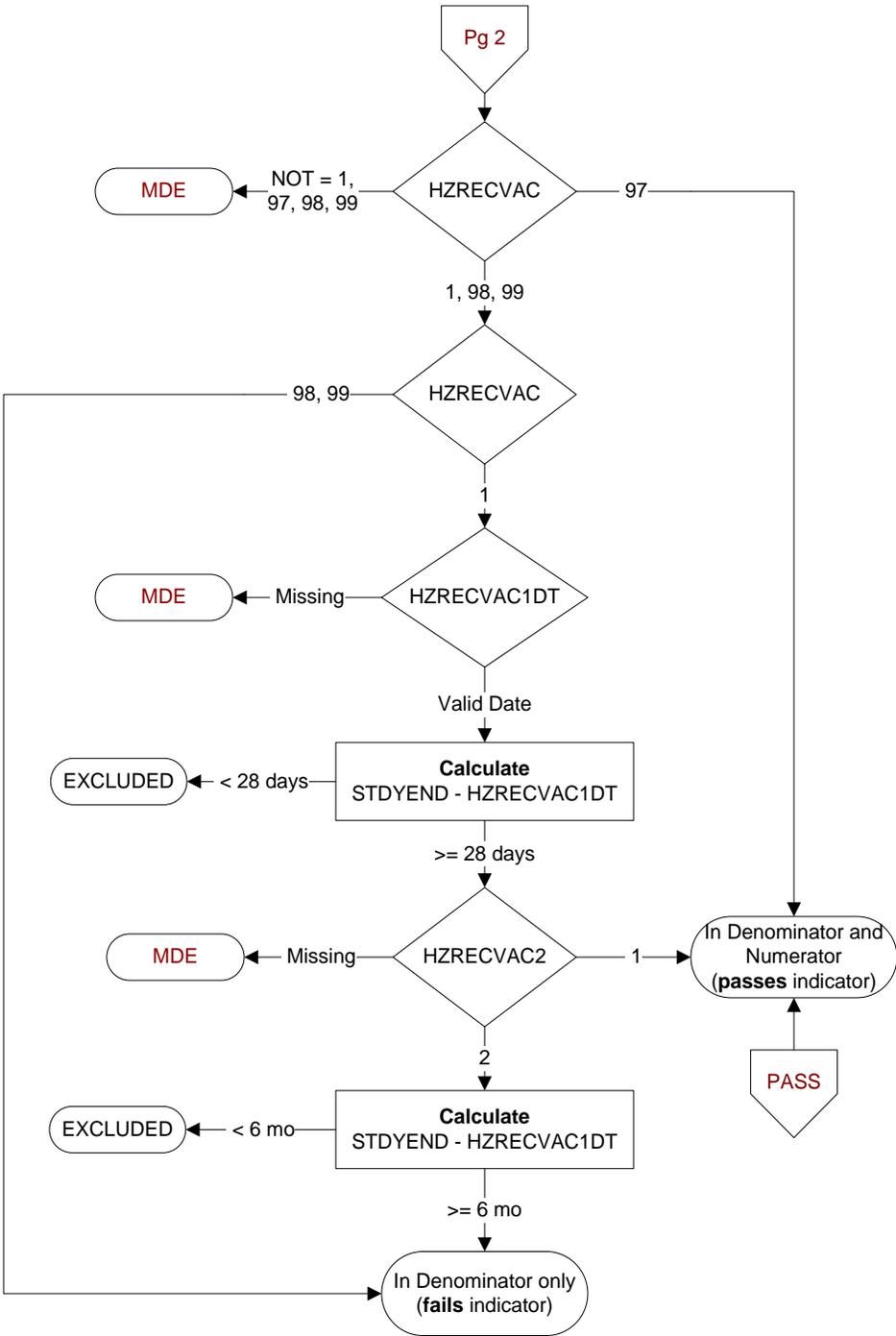
**IMMCOMP2**  
 During the past year is there documentation of any of the following in the medical record?  
 • Active chemotherapy  
 • Bone marrow transplant  
 • Immunocompromising conditions  
 • Anatomic or functional asplenia  
 • Sickle cell disease and HB-S disease  
 • Cerebrospinal fluid leak(s)  
 • Cochlear implant(s)  
 1. Yes  
 2. No

**AGE** - Calculated field  
 STDYBEG - BIRTHDT

**ZOSTERVAC**  
 During the timeframe from (computer display date of patient's 50th birthday to stdyend), did the patient receive one dose of the herpes zoster live vaccine (ZVL, Zostavax)?  
 1. One dose of Herpes Zoster live vaccine administered  
 97. Documentation of anaphylactic/ anaphylactoid reaction caused by ZVL or any other component of the vaccine  
 98. Documentation of patient's or caregiver's refusal of herpes zoster live vaccine  
 99. None of the above/not documented/unable to determine from medical record documentation



**MDE = Missing or Invalid Data Exclusion (data error)**



**HZRECVAC**  
 During the timeframe from (computer display date of patient's 50th birthday to stdyend), did the patient receive at least one dose of the herpes zoster recombinant vaccine (RZV, Shingrix)?

1. Yes  
 97. Documentation of history of anaphylactic or adverse reaction caused by the herpes zoster recombinant vaccine or component of the vaccine  
 98. Documentation of patient's or caregiver's refusal of herpes zoster recombinant vaccine  
 99. None of the above/not documented/unable to determine from medical record documentation

**STDYEND**  
 Rcvd on pull list – last date of the study interval

**HZRECVAC1DT**  
 Enter the date the first dose of herpes zoster recombinant vaccine (RZV, Shingrix) was administered.

**HZRECVAC2**  
 During the timeframe from (computer display hzrecvac1dt + 28 days to stdyend), enter the date the second dose of recombinant herpes zoster vaccine (RZV, Shingrix) was administered.