



## 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?

- 1. received **PPSV23** (Pneumovax 23<sup>®</sup>, Pnu-Imune 23<sup>®</sup>) or Pneumovax vaccination from VHA
- received PPSV23 (Pneumovax 23<sup>®</sup>, Pnu-Imune 23<sup>®</sup>) 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  $\mbox{PPSV23}$  (Pneumovax  $23^{\mbox{\scriptsize \$}},$  Pnu-Imune  $23^{\mbox{\scriptsize \$}})$  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



<ul> <li>PCVVAC20 (PI)</li> <li>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<sup>™</sup>) vaccination, either as an inpatient or outpatient?</li> <li>1. received PCV20 or PREVNAR 20<sup>™</sup> vaccination from VHA</li> <li>3. received PCV20 or PREVNAR 20<sup>™</sup> vaccination from private sector provider</li> <li>98. patient refused PCV20 or PREVNAR 20<sup>™</sup> vaccination</li> <li>99. no documentation patient received PCV20 or PREVNAR 20<sup>™</sup> vaccination</li> </ul>	<ul> <li>PCVVAC21 (PI)</li> <li>On or after 06/17/2024 and not later than the study end date, did the veteran receive the pneumococcal conjugate 21 (PCV21 or CAPVAXIVE™) vaccination, either as an inpatient or outpatient?</li> <li>1. received PCV21 or CAPVAXIVE ™ vaccination from VHA</li> <li>3. received PCV21 or CAPVAXIVE ™ vaccination from private sector provider</li> <li>98. patient refused PCV21 or CAPVAXIVE™ vaccination</li> <li>99. no documentation patient received PCV21 or CAPVAXIVE™ vaccination</li> </ul>
PCVDT20 (PI)	PCVDT21 (PI)
Enter the date of the PCV20 or PREVNAR 20™ vaccination.	Enter the date of the PCV21 or CAPVAXIVE™ vaccination



<b>PNEUNSP</b> (PI) Prior to 10/01/2012, is there documentation in the medical record of an unspecified pneumococcal vaccination? 1. Yes 2. No
<b>PNEUNSPDT</b> (PI) Enter the date that the unspecified pneumococcal vaccination was given.
<b>PNEURXN</b> (PI) Is there documentation in the medical record of a prior anaphylactic reaction to a pneumococcal vaccine?

1. Yes

2. No