

**OREGON HEALTH AUTHORITY
IMMUNIZATION PROGRAM**

**PNEUMOCOCCAL POLYSACCHARIDE VACCINE
23-Valent Vaccine**

Date Formatting and Adverse Events Reporting link change.

I. ORDER:

1. Check the ALERT Immunization Information System to determine whether the patient needs this vaccine and any other vaccines.
2. Screen for contraindications.
3. Provide a current Vaccine Information Statement (VIS), answering any questions.
4. Obtain a signed Vaccine Administration Record (VAR).
5. Give (0.5 ml) pneumococcal polysaccharide vaccine **intramuscularly (IM), or subcutaneously (SC)**.
6. PPV23 may be given simultaneously with influenza and all routine childhood or adult immunizations except PCV13.
 - PPV23 should be given ≥ 8 weeks after the last dose of PCV13.

Signature

Health Officer or Medical Provider

Date

II. RECOMMENDATIONS FOR USE

Indications for Single Initial Vaccination	Indications for Revaccination
IMMUNOCOMPETENT PERSONS	
Persons aged ≥65 years ¹	2nd dose of vaccine if 1 st dose received ≥5 years previously and patient <65 years at time of 1 st dose
Persons aged 2–64 years with chronic illness, including <ul style="list-style-type: none"> ○ Cardiovascular disease ○ Pulmonary disease (e.g. COPD, emphysema) ○ Cochlear implants ○ Diabetes mellitus ○ Alcoholism, chronic liver disease ○ CSF leaks 	Not recommended until ≥age 65
Persons aged 19–64 years with these issues <ul style="list-style-type: none"> ○ Asthma ○ Cigarette smokers (cessation counseling should be offered along with vaccine) 	Not recommended until age 65
Persons aged 2–64 years living in nursing homes and other long-term care facilities	Not recommended until age 65
Only Alaska Natives or American Indian persons 50–64 years living in areas with high risk for invasive pneumococcal disease ²	Not recommended until age 65
HIGH-RISK PERSONS	
Persons ≥ 2 years of age immunocompromised ³ due to: <ul style="list-style-type: none"> ○ HIV infection⁴, ○ chronic renal failure or nephrotic syndrome ○ Hodgkins disease, multiple myeloma, generalized malignancy, leukemia, lymphoma ○ organ or bone marrow transplants⁵ ○ immunosuppression⁶ ○ functional or anatomic asplenia (sickle cell disease or splenectomy)⁷ 	A 2nd and final dose is recommended if ≥5 years have elapsed since receiving 1 st dose.

II. Footnotes to above PPV23 vaccine recommendations for use

- ¹ All adults are eligible for a dose of PPV23 at age 65 regardless of previous PPV23 vaccination; however, a minimum of 5 years between PPV23 doses should be maintained.
- ² Usually routine use of PPV23 is not recommended for American Indian and Alaska natives <60 years of age. Routine use of PPV23 after PCV13 is also not usually recommended for Alaska Native or American Indian children 24–59 months. However, in special situations, public health authorities may recommend the use of PPV23 after PCV13 for those children living in areas in which risk of invasive pneumococcal disease is increased.
- ³ One dose of PPV23 administered ≥ 2 years of age and ≥ 8 weeks after last indicated dose of PCV13.
- ⁴ Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after their diagnosis is confirmed.
- ⁵ Hematopoietic Stem Cell Transplant (HSCT) recipients should receive one dose of PPV23 at ≥ 8 weeks following the 3rd dose of PCV 13.
- ⁶ Interval between vaccination and immunosuppressive therapy should be at least 2 weeks. Vaccination during chemotherapy or radiation should be avoided.
- ⁷ If an elective splenectomy is being planned, vaccine should be administered at least 2 weeks before surgery if possible or as soon as possible following surgery.

III. VACCINE SCHEDULE

Pneumococcal Vaccine¹

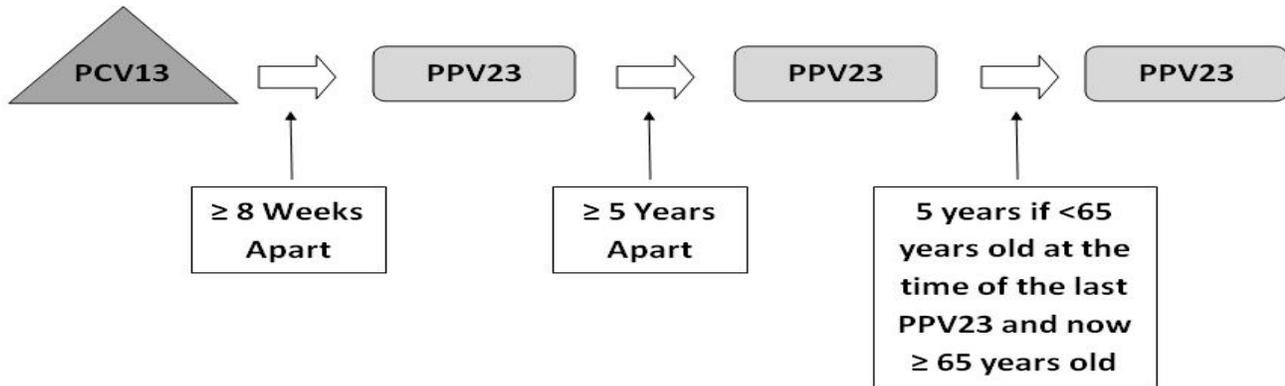
Route: SQ or IM

DOSE 0.5 ml	Minimal Age ²	Minimal Interval ² , (if dose 2 is applicable)
1	2 years ^{3,4}	5 years ⁵

- ¹ PPV23 is Not Indicated for children < 2 years of age since the antibody response to most capsular polysaccharide types is poor in this age group. Children under the age of 2 years should receive Pneumococcal 13-Valent Conjugate Vaccine (PCV13) instead.
- ² For retrospective checking, doses that violate the minimum spacing or age by 4 or fewer days do not need to be repeated. Doses administered 5 days or earlier than the minimum interval or age should be repeated as age appropriate.
- ³ One dose of pneumococcal vaccine is recommended for children and adolescents who are at least 2 years of age and at high risk. (see § II) Children with cochlear implants who have completed the PCV13 series should wait at least 8 weeks after completing PCV13 before receiving PPV23.
- ⁴ High-risk children aged 24–59 months should also be considered for pneumococcal conjugate vaccine (PCV13). See standing order for PCV13.
- ⁵ For children who are immunocompromised or who have functional or anatomic asplenia, a single revaccination is recommended if 5 years or more have elapsed after the previous dose.

IV. Schedule Algorithm with intervals between doses for pneumococcal vaccine-naïve immunocompromised adults ≥19 years of age.

ACIP PCV13 Recommendations for Pneumococcal Vaccine-Naïve Immunocompromised Adults ≥ 19 Years*

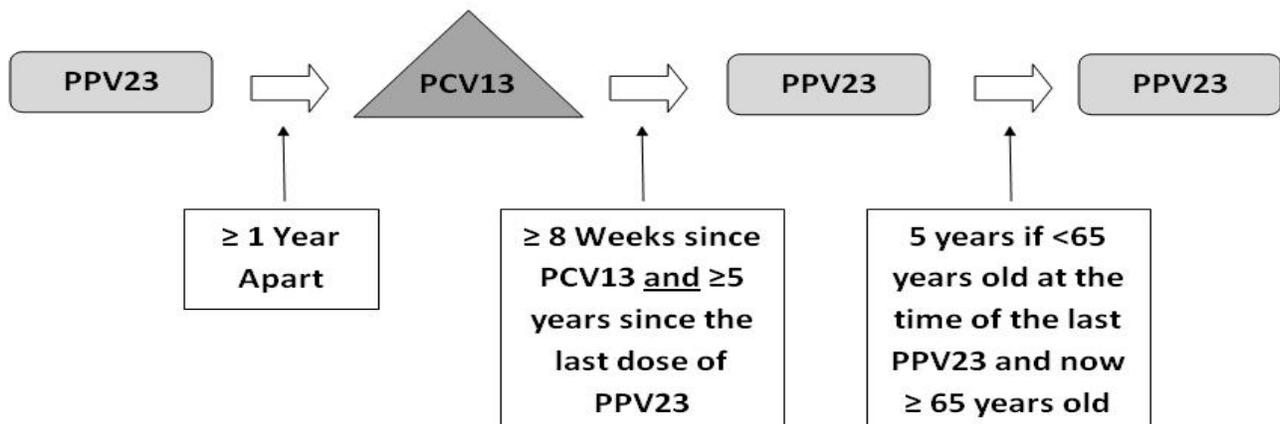


*See eligible underlying medical conditions noted in Section VII table on pg. 8

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V. Schedule Algorithm with intervals between doses for immunocompromised adults ≥19 years of age previously vaccinated with PPV23.

ACIP PCV13 Recommendations for Immunocompromised Adults ≥ 19 Years* Previously Vaccinated with PPV23



*See eligible underlying medical conditions noted in Section VII table on pg. 8

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VI. Indications for administration of PCV13; and administration of PPV23 and revaccination in adults ≥ 19 years of age¹				
Risk Group	Underlying Medical condition	PCV13	PPV23²	
		Recommended	Recommended	Revaccination at 5 years
Immunocompetent persons	Chronic heart disease		✓	
	Chronic lung disease		✓	
	Diabetes Mellitus		✓	
	CSF leaks	✓	✓	
	Cochlear implants	✓	✓	
	Alcoholism		✓	
	Chronic liver disease		✓	
	Cigarette smoking		✓	
Persons with functional or anatomic asplenia	Sickle cell disease or other hemoglobinopathies	✓	✓	✓
	Congenital or acquired asplenia	✓	✓	✓
Immunocompromised persons	Congenital or acquired immunodeficiencies	✓	✓	✓
	HIV infection	✓	✓	✓
	Chronic renal failure	✓	✓	✓
	Nephrotic syndrome	✓	✓	✓
	Leukemia	✓	✓	✓
	Lymphoma	✓	✓	✓
	Hodgkin disease	✓	✓	✓
	Generalized malignancy	✓	✓	✓
	Iatrogenic immunosuppression	✓	✓	✓
	Solid organ transplant	✓	✓	✓
Multiple myeloma	✓	✓	✓	

¹CDC. MMWR 2012; 61;816–9 (see Table).

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm?s_cid=mm6140a4_e

²All adults ≥ 65 years of age should receive a dose of PPSV23, regardless of previous history of vaccination with pneumococcal vaccine.

<p>VII. CONTRAINDICATIONS</p> <p>A. Persons who experienced an anaphylactic reaction to a previous dose of pneumococcal vaccine or a vaccine component.</p> <p>B. Defer vaccine in persons with moderate or severe illness, with or without fever, until symptoms have resolved</p>	<p>VIII. PRECAUTIONS</p> <p>A. Pregnancy: The safety of pneumococcal vaccine for pregnant women has not been studied. Women who are at high risk of pneumococcal disease and who are candidates for PPV23 should be vaccinated before pregnancy, if possible.</p>
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IX. SIDE EFFECTS AND ADVERSE EVENTS	
<u>Event</u>	<u>Frequency</u>
Erythema (usually lasts <48 hrs)	30-50%
Pain at injection site (usually lasts <48 hrs)	30-50%
Fever	≤1%
Myalgia	≤1%
Severe local reactions	≤1%
Anaphylaxis	Rarely reported
 NOTE: Local reactions occur more frequently after the second dose of pneumococcal vaccine.	

X. OTHER CONSIDERATIONS

- A. For someone with a history of fainting with injections, a 15 minute observational period is recommended post immunization.
- B. Simultaneous administration of PPV23 and PCV13 is NOT recommended. There should be a minimum of 8 weeks between administration of PCV13 and PPV23.
- C. Hematopoietic stem cell transplants (HSCT) and PPV23 vaccine: ACIP recommends that one dose of PPV23 be given to a HSCT ≥8 weeks following the 3rd and final PCV13 revaccination dose. (HSCT standing order June 2011 p 2)

XI. ADVERSE EVENT REPORTING

Adverse events following immunization should be reported.

<http://1.usa.gov/OregonStandingOrders> for Public provider forms. Send to Oregon Health Authority Immunization Program via confidential email, mail, or FAX (971-673-0278) according to state guidelines. Private providers report adverse events directly to VAERS at www.vaers.hhs.gov.

XII. REFERENCES

1. CDC. Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine for adults with immunocompromising conditions: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2012;6140a4. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm?s_cid=mm6140a4_e
2. Tseng HF, Smith N, Sy LS, Jacobsen SJ. Evaluation of the incidence of herpes zoster after concomitant administration of zoster vaccine and polysaccharide pneumococcal vaccine. Vaccine 2011; 29:3628–32. Abstract available at: Science Direct www.sciencedirect.com/science/article/pii/S0264410X11003707
3. CDC. Prevention of pneumococcal disease among infants and children — use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2010; 59(RR-11). Available at: www.cdc.gov/mmwr/pdf/rr/rr5911.pdf
4. Pneumococcal disease. In: *Epidemiology and Prevention of Vaccine-Preventable Diseases* (“Pink Book”). Atkinson W, Hamborsky J, Wolfe S, eds. 12th ed. Washington, DC: Public Health Foundation, 2012: 233–47. Available at: www.cdc.gov/vaccines/pubs/pinkbook/downloads/pneumo.pdf.
5. CDC. Pneumococcal vaccination for cochlear implant candidates and recipients: updated recommendations of the Advisory Committee on Immunization Practices. MMWR 2003; 52:739–40. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5231a5.htm
6. Merck & Co., Inc. 2011 Pneumovax® 23 prescribing information. Available at: www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM257088.pdf

For more information or to clarify any part of the above order, consult with your health officer or call the OHA/ Public Health Division Immunization Program at 971-673-0300 or 711 for TTY.

**To download this order visit our website at
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