

OREGON HEALTH AUTHORITY
IMMUNIZATION PROGRAM
PNEUMOCOCCAL CONJUGATE VACCINE: PCV13 (Pneumovax[®] 13)¹
AND
PNEUMOCOCCAL POLYSACCHARIDE VACCINE: PPSV23 (Pneumovax[®] 23)²

On 09-03-2015, the Advisory Committee on Immunization Practices (ACIP) published the following recommendation. See page 8 for algorithms: ³

- For healthy ^{*} adults ≥65 years of age:
 - Begin the adult pneumococcal series with PCV13 whenever possible.
 - Interval spacing between any PCV13 and PPSV23 dose is ≥1 year, regardless of which dose is given first.
 - If either PCV13 or PPSV23 is inadvertently given less than 12 months apart, do not repeat either dose.
 - PCV13 and PPSV23 cannot be given at the same visit.
- Recommended interval for high-risk[◇] persons ≥65 years:
 - ≥8 weeks between PCV13 and PPSV23.
 - ≥1 year between PPSV23 and PCV13.
- Recommended intervals for high-risk[◇] persons <65 years of age have not changed:
 - 19–64: ≥8 weeks from PCV13 to PPSV23
 - 19–64: ≥1 year from PPSV23 to PCV13
 - 2–18: 8-week interval spacing between PPSV23 and PCV13, regardless of which was given first
 - <12 months: 4 weeks between doses of PCV13. See page 5.
- Addition of section III C on page 6 to clarify the order for healthy children 24–59 months.
- Replacement of the check-mark table with a new color-coded chart; now page 11.

^{*} No underlying chronic conditions.³

[◇] See Section III. F., page 9, for list of high-risk conditions.³

Oregon Model Standing Order on next page:

I. Oregon Model Standing Order:

1. Check the ALERT Immunization Information System (IIS) to determine whether the patient needs this vaccine and any other vaccines.
2. Screen clients ≥11 years of age for contraindications.
3. Provide a current Vaccine Information Statement (VIS) and answer any questions.
4. Record all required data elements in patient’s permanent health record.
5. Pneumococcal vaccines:
 - a) Give 0.5mL PCV13 vaccine (Pevnar®13)¹ intramuscularly (IM) to eligible clients. See Section III. A–G, pages 3–7. **OR**
 - b) Give 0.5 mL PPSV23 vaccine (Pneumovax ®23)² IM, or subcutaneously (SC) to eligible clients. See Section V. A, page 11.
6. Either Pevnar® 13 or Pneumovax® 23, (but not both) may be given simultaneously with influenza and most ACIP-recommended child and adult vaccinations.*
7. Ask client to remain seated on the premises for 15 minutes after vaccination to decrease the risk of injury should they faint.

| | |
|----------------|------|
| Health Officer | Date |
|----------------|------|

| | |
|----------------|------|
| Health Officer | Date |
|----------------|------|

* Because of high risk for invasive pneumococcal disease , children with functional or anatomic asplenia should **not** be immunized with MenACWY-D (Menactra®) before age 2 years to avoid interference with the immune response to PCV-13 (Pevnar® 13).¹ Pevnar®13 and Menveo® can be given simultaneously.⁴

II. A. U.S. LICENSED PNEUMOCOCCAL VACCINES[§]

| Product Name | Vaccine Components | Acceptable Age Range | Thimerosal | FDA Approved? |
|---|---|---|------------|-----------------|
| Prevnar 13® (Wyeth/Pfizer) PCV13 | Polysaccharide conjugate of 13 serotypes of <i>Streptococcus pneumoniae</i> | 6 weeks–5 years | None | Yes |
| | | 6–18 years with selected high-risk conditions ^{§5} | None | Yes |
| | | 19–49 years with selected high-risk conditions ^{*∠§6} | None | No [*] |
| | | 50–64 years of age with selected high-risk conditions ^{∠§} | None | Yes |
| | | ≥65 years of age | None | Yes |
| Pneumovax®23 (Merck & Co.) PPSV23 | Capsular polysaccharide of 23 serotypes of <i>Streptococcus pneumoniae</i> | ≥2 years of age with selected high-risk conditions ^{‡2} OR ≥65 years of age | None | Yes |

*ACIP’s off-label provisional recommendations advise that children and adults with selected high-risk conditions should receive this vaccine (Section IV pg.10).^{5,7}

∠ACIP does not recommend PCV13 or PPSV23 for healthy individuals 19–64 years of age.

[§]Do not repeat either PCV13 or PPSV23 if both doses are inadvertently given simultaneously or if either PCV13 or PPSV23 is given earlier than the recommended interval.^{3, 6}

[‡]See Section IV page 11 for high-risk conditions.

III. A. SCHEDULE FOR PREVNAR 13[®] (PCV13)

Primary PCV13 series and booster for infants 6 weeks–15 months: Table 8

| Dose | Minimum Age ² | Minimum Spacing ^{*◇} | Recommended Age |
|--------------------|--------------------------|-------------------------------|-----------------|
| 1 | 6 weeks | | 2 months |
| 2 | 10 weeks | 4 weeks after dose #1 | 4 months |
| 3 | 14 weeks | 4 weeks after dose #2 | 6 months |
| 4 (Booster) | 12 months | 8 weeks after dose #3 | 12–15 months |

^{*}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 of age should be repeated as appropriate for age.⁸

[◇]When a dose is considered invalid due to improper spacing; it will need to be repeated. The repeat dose should be spaced after the invalid dose by a time equal to or greater than the minimum interval between doses.⁸

III. B. CATCH-UP SCHEDULE OF PCV13 FOR CHILDREN <24 MONTHS OF AGE

| Doses of PCV13 given to children <24 months of age: Table 9⁹ | | |
|---|---|--|
| Age | Vaccination history: # of PCV7 and PCV13 doses received previously | Recommended PCV13 regimen |
| 2–6 months * | 0 doses | 3 doses, 4 weeks apart; 4 th dose at age 12–15 months |
| | 1 dose | 2 doses, 4 weeks apart; 4 th dose at age 12–15 months |
| | 2 doses | 1 dose, 4 weeks after most recent dose; 4 th dose at 12–15 months |
| 7–11 months * | 0 doses | 2 doses, 4 weeks apart; 3 rd dose at 12–15 months |
| | 1 or 2 doses before age 7 months | 1 dose at 7–11 months, with a 2 nd dose at 12–15 months ≥8 weeks afterwards |
| 12–23 months | 0 doses | 2 doses ≥8 weeks apart |
| | 1 dose before age 12 months | 2 doses ≥8 weeks apart |
| | 1 dose at ≥12 months | 1 dose ≥8 weeks after most recent dose [◇] |
| | 2 or 3 doses <12 months | 1 dose ≥8 weeks after most recent dose [◇] |
| | 4 doses of PCV7 or other age-appropriate complete PCV7 schedule | 1 PCV13 dose ≥8 weeks after most recent dose [§] |

* Minimum interval between doses is 8 weeks except for children vaccinated at age <1 year, for whom minimum interval between doses is 4 weeks.⁹

III. B. CATCH-UP SCHEDULE FOR PCV13 TO CHILDREN <24 MONTHS OF AGE FOOTNOTES:
Continued

◇ No additional PCV13 doses are indicated for children 12–23 months of age who have received 2 or 3 doses of PCV7 at <12 months of age and at least 1 dose of PCV13 at ≥12 months of age.⁹

§ For children with underlying medical conditions, a supplemental PCV13 dose is recommended through 71 months of age, depending upon the condition. For a list of conditions see Section IV, page 11.⁹

III. C. DOSES OF PCV13 GIVEN TO HEALTHY CHILDREN * 24–59 MONTHS OF AGE: Tables 8 and 11⁹

| Age | Vaccination history: # of PCV7 and PCV13 doses received previously | Recommended PCV13 regimen |
|--------------|--|--|
| 24–59 months | Unvaccinated or any incomplete schedule | 1 dose ≥8 weeks after the most recent dose |
| | 4 doses of PCV7 or other age-appropriate complete PCV7 schedule | |

* A healthy child is considered complete with 1 dose given at ≥24 months of age.

III. D. SCHEDULES FOR ADMINISTERING PCV13 TO INDIVIDUALS WITH UNDERLYING OR HIGH-RISK MEDICAL CONDITIONS ≥24 MONTHS AND ≤64 YEARS OF AGE BY PCV VACCINATION HISTORY AND AGE.

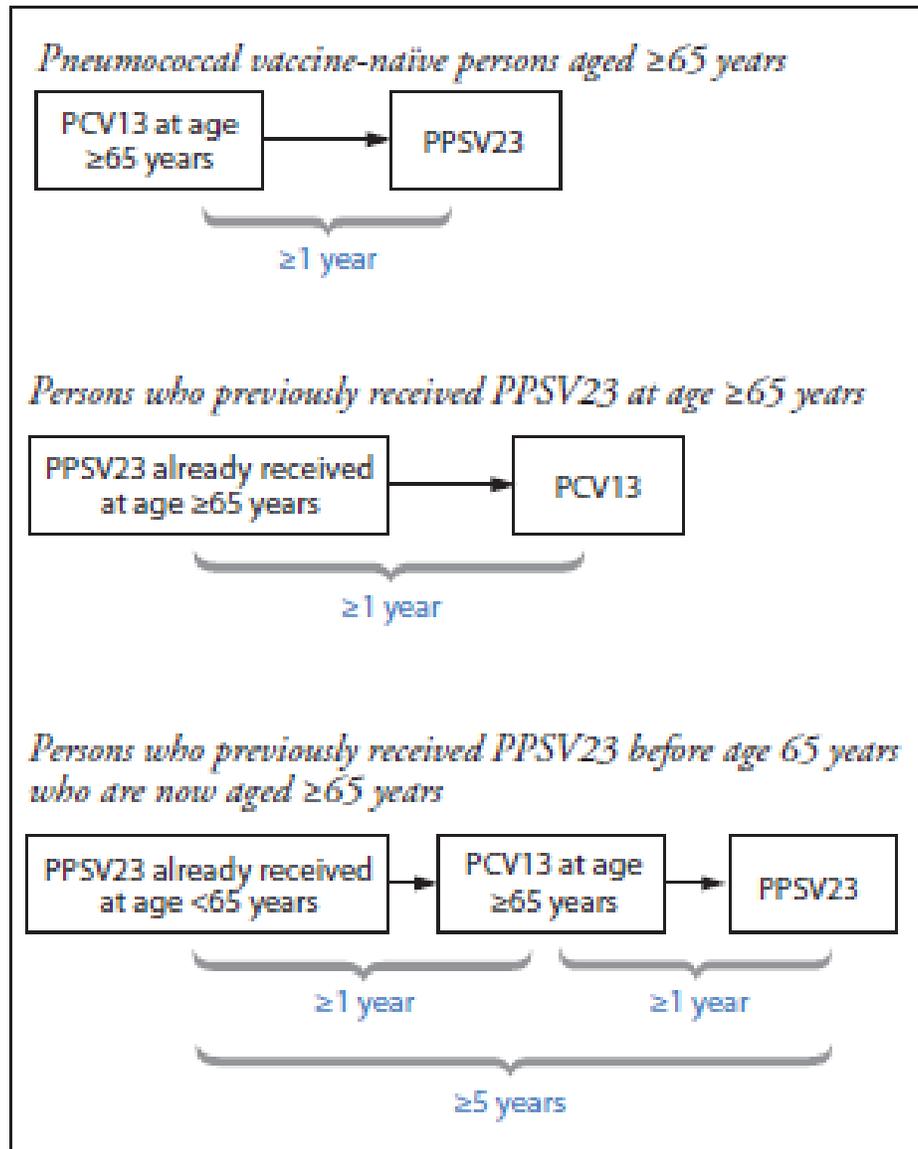
| Age and health status | Vaccination history: # of PCV7 and PCV13 doses received previously | Recommended PCV13 regimen* |
|---|--|--|
| 24–71 months with underlying medical conditions ⁹ (See Section IV, page 10) | Unvaccinated or any incomplete schedule of <3 doses | 2 doses, one ≥8 weeks after the most recent dose and another ≥8 weeks later |
| | Any incomplete schedule of 3 doses | 1 dose ≥8 weeks after the most recent dose |
| | 4 doses of PCV7 or other age-appropriated complete PCV7 schedule | |
| 6–18 years of age with high-risk conditions* ¹⁰ (See Section IV, page 10) | Regardless of any previously received PCV7 or PPSV23 doses | 1 supplemental dose of PCV13 now if ≥8 weeks after the most recent PCV7 or PPSV23 dose |
| 19–64 years of age with high-risk conditions ⁵ (See Section IV, page 10) | Pneumococcal vaccine naïve | 1 dose of PCV13 first, followed by a dose of PPSV23 ≥8 weeks later. ⁵ |
| | Previous vaccination with PPSV23 | 1 dose of PCV13 ≥1 year after the last PPSV23 dose ^{◊5} |

* For children 6–18 years with high-risk conditions, a single PCV13 dose should be given ≥8 weeks after the last PPSV23 dose even if they have received PCV7.¹⁰

◊ For adults 19–64 years of age who require additional doses of PPSV23, the next dose should be given at least 5 years after the most recent dose of PPSV23.^{5, 6}

SECTION III E:³

BOX. Recommended intervals for sequential use of PCV13 and PPSV23 for immunocompetent adults aged ≥ 65 years — Advisory Committee on Immunization Practices, United States



Abbreviations: PCV13 = 13-valent pneumococcal conjugate vaccine; PPSV23 = 23-valent pneumococcal polysaccharide vaccine.

Notes: For adults aged ≥ 65 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants, the recommended interval between PCV13 followed by PPSV23 is ≥ 8 weeks. For those for who previously received PPSV23 when aged < 65 years and for whom an additional dose of PPSV23 is indicated when aged ≥ 65 years, this subsequent PPSV23 dose should be given ≥ 1 year after PCV13 and ≥ 5 years after the most recent dose of PPSV23.

SECTION III F:³

TABLE. Summary of recommended intervals, by risk and age groups, for persons with indications to receive PCV13 and PPSV23 sequence — Advisory Committee on Immunization Practices, United States, September 2015

| Risk group/Underlying medical condition | Intervals for PCV13–PPSV23 sequence, by age group | | | | Intervals for PPSV23–PCV13 sequence, by age group | | | |
|--|---|------------|-------------|-----------|---|------------|-------------|-----------|
| | 24–71 months | 6–18 years | 19–64 years | ≥65 years | 24–71 months | 6–18 years | 19–64 years | ≥65 years |
| No underlying chronic conditions | NA | NA | NA | ≥1 year | NA | NA | NA | ≥1 year |
| Immunocompetent persons | ≥8 weeks | NA | NA | ≥1 year | ≥8 weeks | NA | NA | ≥1 year |
| Chronic heart disease | | | | | | | | |
| Chronic lung disease | | | | | | | | |
| Diabetes mellitus | | | | | | | | |
| Alcoholism* | | | | | | | | |
| Chronic liver disease, cirrhosis* | | | | | | | | |
| Cigarette smoking* | | | | | | | | |
| Immunocompetent persons | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥1 year | ≥1 year |
| Cerebrospinal fluid leak | | | | | | | | |
| Cochlear implant | | | | | | | | |
| Persons with functional or anatomic asplenia | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥1 year | ≥1 year |
| Sickle cell disease/other hemoglobinopathy | | | | | | | | |
| Congenital or acquired asplenia | | | | | | | | |
| Immunocompromised persons | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥8 weeks | ≥1 year | ≥1 year |
| Congenital or acquired immunodeficiency | | | | | | | | |
| Human immunodeficiency virus infection | | | | | | | | |
| Chronic renal failure | | | | | | | | |
| Nephrotic syndrome | | | | | | | | |
| Leukemia | | | | | | | | |
| Lymphoma | | | | | | | | |
| Hodgkin disease | | | | | | | | |
| Generalized malignancy | | | | | | | | |
| Iatrogenic immunosuppression | | | | | | | | |
| Solid organ transplant | | | | | | | | |
| Multiple myeloma* | | | | | | | | |

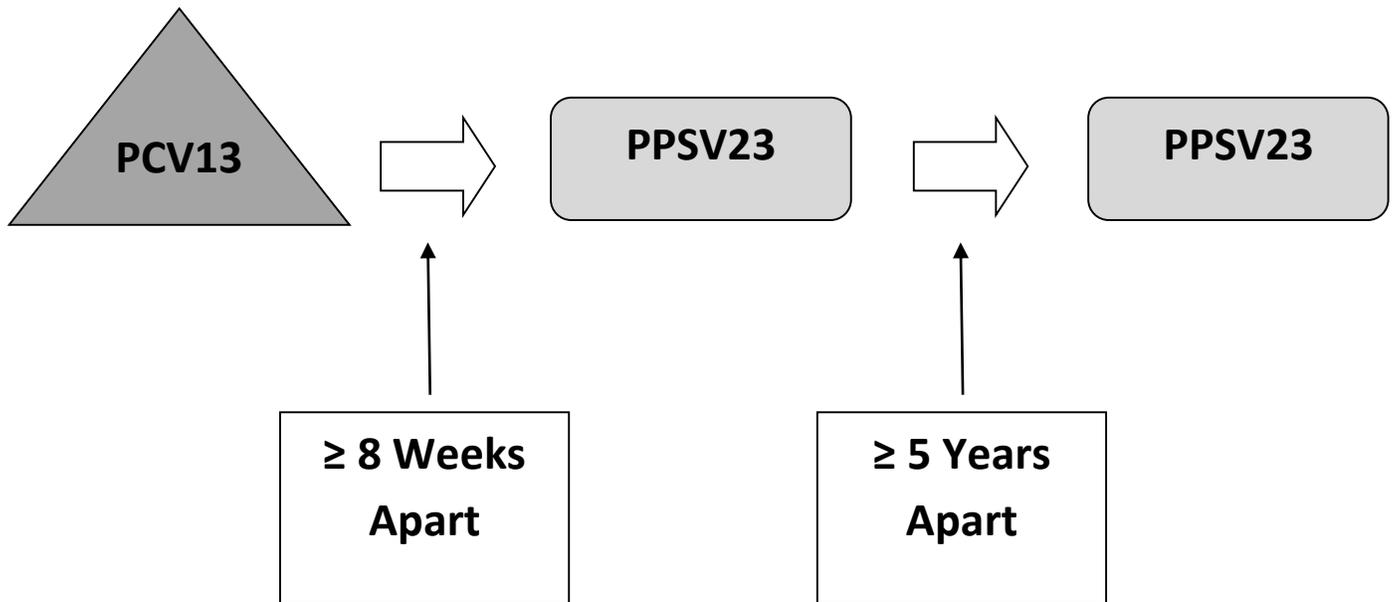
Abbreviation: NA = not applicable, sequential use of PCV13 and PPSV23 is not recommended for these age and risk groups.

* Underlying medical conditions that are not included in the recommendations for children aged <6 years.

SECTION III G:

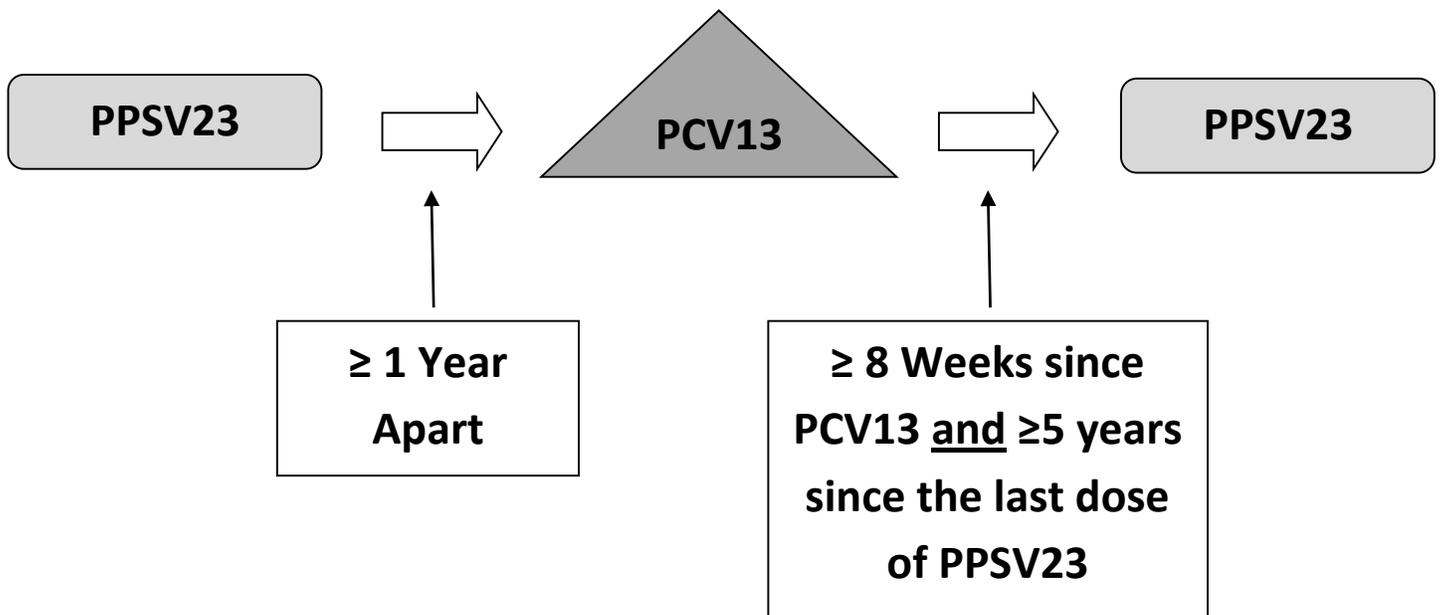
ACIP RECOMMENDATIONS FOR SEQUENTIAL ADMINISTRATION AND RECOMMENDED INTERVALS FOR PNEUMOCOCCAL VACCINE-NAÏVE HIGH-RISK PERSONS 19–64 YEARS OF AGE:

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SECTION III H:

ACIP RECOMMENDATIONS FOR SEQUENTIAL ADMINISTRATION AND RECOMMENDED INTERVALS FOR HIGH-RISK PERSONS 19–64 YEARS OF AGE WITH PRIMARY PPSV23 IMMUNIZATION: ⁵



IV. MEDICAL CONDITIONS OR OTHER INDICATIONS FOR ADMINISTRATION OF PCV13 AND ADMINISTRATION AND REVACCINATION WITH PPSV23^{5, 9, 11, 12, 13}

 2–5 years old^{* ◊}
 6–64 years old
 ≥65 years old

| Risk Group | Age/ Underlying Medical condition | Single dose of PCV13 | | | PPSV23 | | | |
|---|---|---|---|---|---|---|---|---|
| | | 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 ^{◊◊} | | | | |  | | |
| | Asthma ^{◊‡} |  | | | |  | | |
| | Those living in residential care centers |  |  | |  |  | | |
| | ≥ 65 years | | |  | |  | | |
| Immunocompromised Persons^{§§} : |  |  |  |  |  |  |  |  |
| ^{§§} Sickle cell disease or other hemoglobinopathies •Congenital or acquired asplenia •Congenital or acquired immunodeficiencies** •HIV infection •Chronic renal failure •Nephrotic syndrome• Leukemia •Lymphoma •Hodgkin disease •Generalized malignancy •Iatrogenic immunosuppression (including immunosuppressive drugs, long-term systemic corticosteroids and radiation therapy) •Solid organ or bone marrow transplant •Multiple myeloma | | | | | | | | |

* 2 doses of PCV13, at least 8 weeks apart if unvaccinated or any incomplete schedule of <3 doses.

◊ PCV13 is recommended for 2–5 years old with asthma if treated with high-dose oral corticosteroid therapy.¹² No PCV13 recommendation for asthma–only diagnosis in 6–18 year olds. Chronic Lung Disease includes asthma for individuals 6–64 years of age for PPSV23.¹⁰

§ PCV13: Particularly cyanotic congenital heart disease and cardiac failure in 2–5 year olds.¹²

‡ PPSV23: Chronic obstructive pulmonary disease, emphysema and asthma in persons ≥6 years of age⁴ and asthma in ≥19 year olds.¹¹

** Includes B–(humoral) or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, and C4 deficiency; and phagocytic disorders (excluding chronic granulomatous disease.)⁴

◊◊ PPSV 23 is recommended for ≥19 year olds who smoke cigarettes.¹¹

§§ **Children and adults younger than age 65** who are at highest risk for serious pneumococcal infection or likely to have a rapid decline in antibody levels should get **2 doses of PPSV23** 5 years apart, with **a third dose after they turn age 65** (if at least 5 years have passed since the last dose).

NOTE: Routine use of PPSV23 is not recommended for American Indian or Alaska natives <65 years of age unless they have medical or other indications. However, public health authorities may recommend PPSV23 for Alaska Natives and American Indians who live in areas in which risk of invasive pneumococcal disease is increased.¹¹

V. A. PPSV23 GENERAL SCHEDULE

| Pneumococcal Vaccine [*] | | |
|-----------------------------------|---|---|
| Route: SQ or IM | | |
| Dose 0.5mL | Minimum Age | Minimum Interval (If dose 2 is needed) |
| 1 | ≥65 years of age | 5 years ^{** ◊◊} |
| 1 | 2–64 years with high–risk condition ^{◊§ ‡} | |

^{*} PPSV23 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 conjugate vaccine (PCV13) instead.¹³

[◊] For retrospective checking for individuals' ≤19 years of age, 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.⁸

[§] One dose of pneumococcal vaccine is recommended for children and adolescents who are at least 2 years of age and at high risk. See Section IV page 10. Children with cochlear implants who have completed the PCV13 series should wait at least 8 weeks after completing PCV13 before receiving PPSV23.¹³

[‡] High-risk children aged 24–59 months should also be considered for pneumococcal conjugate vaccine (PCV13). See Section IV page 11.⁹

^{**} 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.^{9, 13}

^{◊◊} For adults ≥65 years who inadvertently received PPSV23 ≤12 months after PCV13, do not repeat either dose. Although optimal timing was not followed, both doses will be considered valid.^{3, 6}

VI. CONTRAINDICATIONS

PCV13

1. Persons who experienced an anaphylactic reaction to a previous dose of PCV7, PCV13 or any diphtheria toxoid-containing vaccine.¹
2. Do not give Menactra[®] to children ≤ 2 years of age with functional or anatomic asplenia, including sickle cell, due to potential interference with the immune response to PCV13.⁴

PPSV23

1. Persons who experienced an anaphylactic reaction to a previous dose of pneumococcal vaccine or a vaccine component.²

VII. PRECAUTIONS for PCV13 and PPSV23

1. Women who are at high risk of pneumococcal disease and who are candidates for either PCV13 or PPSV23 should be vaccinated before pregnancy, if possible.²
2. Persons with acute, moderate or severe illness with or without fever may choose to delay immunization until symptoms have improved.¹

VIII. A. SIDE EFFECTS AND ADVERSE REACTIONS

Percentage of U.S. subjects 2-month –17 years of age reporting solicited local reactions within 7 days after vaccination with Prevnar 13.¹

| | Prevnar 13 | Prevnar 13 | Prevnar 13 | |
|---------------------------------------|---------------------------------|-------------------------------|----------------------------|-------|
| Number followed for safety | N = 1375–1612 [*] % | N = 209–238 [§] % | N = 592 ^{**} % | |
| Age in Years | Children 2–15 months | Children 24–59 months | Children 5–17 years | |
| Local reaction, injection site | | | 5–9 | 10–17 |
| Pain | 62.5 | 62.6 | 86.8 | 89.0 |
| Redness | 24.3 | 35.4 | 42.9 | 30.2 |
| Swelling | 20.1 | 20.7 | 37.6 | 36.9 |
| Systemic complaints | N = 1360–1707 [◇] | N=209–236 [‡] | N=592 ^{◇◇} | |
| Irritability | 85.6 | 45.8 | 31.2 | 25.2 |
| Fever | 24.3 | 8.1 | 6.1 | 5.6 |
| Decreased appetite | 48.3 | 28.1 | 22.9 | 22.9 |
| Increased sleep | 71.5 | 18.8 | 21.2 | 26.6 |
| Decreased sleep | 42.5 | 14.8 | 5.7 | 18.8 |
| Hives | | | 1.9 | 1.4 |
| Limitation of arm movement | 10.4 [*] | 10.7 [§] | | |

^{*}Table 3 page 8²

[◇]Table 4 page 9²

[§]Table 7 page 12²

[‡]Table 8 page 13²

^{**}Table 9 page 14²

^{◇◇}Table 10 page 14²

VIII.B. SIDE EFFECTS AND ADVERSE REACTIONS

Solicited adverse events with Prevnar 13 in adults 50 to ≥70 years of age

| | Prevnar 13 N = 152–322 | Prevnar 13 N = 270–370 | Prevnar 13 N = 306–362 |
|------------------------------------|---------------------------|---------------------------|---------------------------|
| Age in Years | 50–59 years [*] | 60–64 years [◇] | ≥70 years [§] |
| Solicited local reactions | % | % | % |
| Pain | 88.8 | 69.2 | 51.7 |
| Redness | 15.8 | 12.2 | 10.8 |
| Swelling | 21.7 | 10.0 | 10.4 |
| Solicited systemic events | | | |
| Fatigue | 63.3 | 50.5 | 34.0 |
| Fever ≥38°C | 1.5 | 4.2 | 1.0 |
| Headache | 65.9 | 49.7 | 23.7 |
| Chills | 19.6 | 19.9 | 7.9 |
| Rash | 14.2 | 8.6 | 7.3 |
| Vomiting | 6.9 | 3.1 | 1.7 |
| Decreased appetite | 25.3 | 14.7 | 10.4 |
| Generalized new muscle pain | 61.8 | 46.9 | 36.8 |
| Generalized aggravated muscle pain | 39.9 | 22.0 | 20.6 |
| Generalized new joint pain | 31.5 | 15.5 | 12.6 |
| Generalized aggravated joint pain | 25.6 | 14.0 | 11.6 |
| Limitation of arm movement | 40.7 | 23.5 | 10.5 |

^{*}Table 11 and 13, study 6: Percentage of subjects with solicited local reactions within 14 days after vaccination with Prevnar 13 in unvaccinated adults. Pages 17 and 19¹

[◇]Table 11 and 13, study 8: Percentage of subjects with solicited local reactions within 14 days after vaccination with Prevnar 13 in adults previously unvaccinated with PPSV23. Pages 17 and 19.¹

[§]Table 12 and 14, study 7: Percentage of subjects With solicited Local reactions within 14 days after vaccination with Prevnar 13 in adults previously vaccinated with PPSV23. Pages 18 and 20.¹

VIII.C. SIDE EFFECTS AND ADVERSE REACTIONS

Incidence of injection-site and systemic complaints in adults ≥50 years of age receiving their first (Initial) or second (revaccination) dose of Pneumovax 23.²

| Number followed for Safety | Pneumovax 23 Initial Vaccination N =444 % | Pneumovax 23 Revaccination N=564 % |
|---|--|---|
| Age in Years | ≥50 years | ≥50 years |
| Solicited events: injection site | | |
| Pain | 60.0 | 77.2 |
| Redness | 16.4 | 34.5 |
| Swelling | 20.3 | 39.8 |
| Unsolicited events: injection site | | |
| Bruising | 0 | 1.1 |
| Itching | 0.2 | 1.6 |
| Solicited systemic events | | |
| Fatigue | 13.2 | 17.9 |
| Chills | 2.7 | 7.8 |
| Muscle pain | 11.9 | 17.3 |
| Headache | 17.6 | 18.1 |
| Unsolicited systemic events | | |
| Fever | 1.4 | 2.0 |
| Diarrhea | 1.1 | 0.7 |
| Indigestion | 1.1 | 1.1 |
| Nausea | 1.8 | 1.8 |
| Back Pain | 0.9 | 0.9 |
| Neck pain | 0.7 | 1.5 |
| Upper Respiratory Infection | 1.8 | 2.6 |
| Pharyngitis | 1.1 | 0.4 |

Table 1, page 4²

IX. PCV13 AND PPSV23 OTHER CONSIDERATIONS

1. **Adverse Events:** Epinephrine hydrochloride solution (1:1,000) and other appropriate agents and equipment must be available for immediate use in case of anaphylactic or acute hypersensitivity reaction.⁸
2. **Lactation:** It is not known whether pneumococcal vaccines are excreted in human milk. Use with caution in nursing mothers.^{1, 2}
3. **Simultaneous administration** of PCV13 and PPSV23 is NOT recommended. See pgs. 3–8 for the necessary minimum interval between doses.^{3, 6}
4. May give Zostavax[®] at same visit as PPSV23.¹⁴
5. The use of antibiotic prophylaxis in children under five years of age with functional or anatomical asplenia, and sickle cell disease continues to be recommended. Parents should consult with their treating physician as to whether children who have not experienced invasive pneumococcal disease and have received the recommended pneumococcal immunization should discontinue prophylaxis after 5 years of age.¹⁶
6. When an elective splenectomy is performed for any reason, administer PCV13 at least 2 weeks prior to splenectomy. If pneumococcal vaccine is not administered before surgery it should be administered after the procedure as soon as patient's condition is stable.¹⁶
7. Immunization should precede the initiation of immunocompromising therapy by at least two weeks.¹⁶
8. Children who have experienced invasive pneumococcal disease should receive all recommended doses of a pneumococcal conjugate vaccine as appropriate for their age and underlying condition. The full series of scheduled doses should be completed even if the series is interrupted by an episode of invasive pneumococcal disease.⁹
9. Children with diseases associated with immunosuppressive therapy or radiation therapy and solid organ transplantation may have a diminished response to the vaccine.¹⁶
10. The use of pneumococcal PCV13 does not replace the use of PPSV23 pneumococcal polysaccharide vaccine (PPSV23) in children ≥ 24 months of age with sickle cell disease, asplenia, HIV infection, chronic illness or who are otherwise immunocompromised.¹⁶
11. **Hematopoietic stem cell transplants (HSCT)** and pneumococcal vaccine: ACIP recommends that one dose of PPSV23 be given to a HSCT ≥ 8 weeks following the 3rd or last dose of PCV13 revaccination dose.¹⁶

X. STORAGE AND HANDLING

All clinics and pharmacies enrolled with the VFC program must **immediately** report any storage and handling deviations to their Oregon Immunization Program health educator. The health educator assignment map is located at: http://bit.ly/HE_Map

| Vaccine | Temp | Storage Issues | Notes |
|--------------------------------|--------------------------------|---|-------------------------|
| Pevnar 13[®] 1 | Store at 2°–8°C (36°F–46°F) | After shipping may arrive at temperatures between 2°C to 25°C (36°F–77°F). Do not use if vaccine has been frozen. Report to health educator. | No natural rubber latex |
| Pneumovax[®] 2 | Store at 2°–8°C (36°F–46°F) | Do not use after expiration date. | No natural rubber latex |

XI. ADVERSE EVENTS REPORTING

Public providers are to complete the Vaccine Adverse Events Reporting System (VAERS) report online at <https://vaers.hhs.gov/esub/step1>. Save a copy of the report number for your records, and send copies of the report and VAERS ID number to the Oregon Immunization Program Vaccine Safety Coordinator via confidential email at ORVAERS.Reports@state.or.us or fax (971-673-0278). Private providers are to report events directly to VAERS and can read about options on how to do so at <http://vaers.hhs.gov/index>.

To request this material in an alternative format (e.g., Braille) or to clarify any part of the above order, contact the Oregon Health Authority Immunization Program at 971.673.0300 and 711 for TTY. For other questions, consult with the vaccine recipient’s primary health care provider or a consulting physician.

Electronic copy of this standing order is available at:
<http://1.usa.gov/OregonStandingOrders>

REFERENCES

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