

STANDING ORDERS FOR Administering Pneumococcal Vaccines to Adults

Purpose

To reduce morbidity and mortality from pneumococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

- 1 **Assess Adults for Need of Vaccination** against *Streptococcus pneumoniae* (pneumococcus) infection according to the following criteria:

Routine Pneumococcal Vaccination

Age 50 years or older

Risk-Based Pneumococcal Vaccination

Age 19 through 49 years with any of the following conditions:

- **Non-immunocompromising chronic health conditions:** Alcoholism, chronic heart disease¹, chronic liver disease, chronic lung disease², cigarette smoking, diabetes mellitus, cochlear implant, cerebrospinal fluid (CSF) leak
- **Immunocompromising conditions:** Chronic renal failure, congenital or acquired asplenia, congenital or acquired immunodeficiencies³, generalized malignancy, HIV infection, Hodgkin disease, iatrogenic immunosuppression⁴, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, sickle cell disease and other hemoglobinopathies, solid organ transplant

¹ Chronic heart disease includes congestive heart failure and cardiomyopathies

² Chronic lung disease includes chronic obstructive pulmonary disease, emphysema, and asthma

³ Congenital or acquired immunodeficiency include B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)

⁴ Iatrogenic immunosuppression includes diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids, and radiation therapy

- 2 **Screen for Contraindications and Precautions**

Contraindications

Do not give pneumococcal conjugate vaccine (PCV15 [Vaxneuvance] or PCV21 [Capvaxive], Merck; PCV20, Prevnar20, Pfizer) or pneumococcal polysaccharide vaccine (PPSV23, Pneumovax 23, Merck) to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

Precautions

Moderate or severe acute illness with or without fever

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3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired. The PCV VIS and its translations can be found at www.immunize.org/vaccines/vis/pcv/ and the PPSV VIS and its translations can be found at www.immunize.org/vaccines/vis/ppsv/. (For information about how to document that the VIS was given, see section 6 titled “Document Vaccination.”)

4 Prepare to Administer Vaccine

All PCVs (PCV15, PCV20, PCV21) must be given IM. PPSV23 may be administered either intramuscularly (IM) or subcutaneously (Subcut). For vaccine that is to be administered IM, choose the needle gauge, needle length, and injection site according to the following chart:

BIOLOGICAL SEX AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8"**–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm
Female or male, any weight	22–25	1"**–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for adults weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

If you prefer Subcut injection of PPSV23, choose a 23–25 gauge, 5/8" needle for injection into the fatty tissue over-lying the triceps muscle.

5 Administer PCV15, PCV20, PCV21, or PPSV23, 0.5 mL, by choosing between two options displayed on the following schedules based on the recipient's history of pneumococcal vaccination:

Table 1. Recommendations for adults age 50 years or older

PRIOR VACCINES	OPTION A	OPTION B
None, unknown, or PCV7 only	PCV20 or PCV21	PCV15 followed by PPSV23 in at least 1 year**
PPSV23 only (at any age)	PCV20 or PCV21 at least 1 year after PPSV23	PCV15 at least 1 year after PPSV23
PCV13 only (at any age)	PCV20 or PCV21 at least 1 year after PCV13	No option B
PCV13 (at any age) & PPSV23 before age 65 years	PCV20 or PCV21 at least 5 years after last pneumococcal vaccine dose	
Complete series of PCV13 at any age & PPSV23 at age 65 years or older	May administer PCV20 or PCV21 at least 5 years after most recent pneumococcal vaccination	

**Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF).

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Table 2. Recommendations for adults age 19 through 49 years with specified immunocompromising conditions[†]

PRIOR VACCINES	OPTION A	OPTION B
None, unknown, or PCV7 only	PCV20 or PCV21	PCV15 followed by PPSV23 in at least 8 weeks
PPSV23 only	PCV20 or PCV21 at least 1 year after PPSV23	PCV15 at least 1 year after PPSV23
PCV13 only	PCV20 or PCV21 at least 1 year after PCV13	No option B
PCV13 & 1 dose PPSV23	PCV20 or PCV21 at least 5 years after last pneumococcal dose	
PCV13 & 2 doses PPSV23	May give PCV20 or PCV21 at least 5 years after last pneumococcal dose [‡]	

[†]See list of immunocompromising conditions on page 1.[‡]If PCV20 or PCV21 is not given, CDC recommends that you review pneumococcal vaccine recommendations again when your patient turns 50 years old (see www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf).**Table 3. Recommendations for adults age 19 through 49 years with a cochlear implant or cerebrospinal leak[§]**

PRIOR VACCINES	OPTION A	OPTION B
None, unknown, or PCV7 only	PCV20 or PCV21	PCV15 followed by PPSV23 in at least 8 weeks
PPSV23 only	PCV20 or PCV21 at least 1 year after PPSV23	PCV15 at least 1 year after PPSV23
PCV13 only	PCV20 or PCV21 at least 1 year after PCV13	No option B
PCV13 & 1 dose PPSV23	May give PCV20 or PCV21 at least 5 years after last pneumococcal dose [‡]	

[§]Recommendations for vaccination in the presence of these conditions differ slightly from other non-immunocompromising chronic health conditions.[‡]If PCV20 or PCV21 is not given, CDC recommends that you review pneumococcal vaccine recommendations again when your patient turns 50 years old (see www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf).**Table 4. Recommendations for adults age 19 through 49 years with a non-immunocompromising chronic health condition^{||}**

PRIOR VACCINES	OPTION A	OPTION B
None, unknown, or PCV7 only	PCV20 or PCV21	PCV15 followed by PPSV23 at least 1 year later
PPSV23 only	PCV20 or PCV21 at least 1 year after PPSV23	PCV15 at least 1 year after PPSV23
PCV13 only	PCV20 or PCV21 at least 1 year after PCV13	No option B
PCV13 & 1 dose PPSV23	No additional pneumococcal vaccines are recommended at this time. [¶]	

^{||}See list of non-immunocompromising chronic health conditions on page 1. Excluding cochlear implant and cerebrospinal fluid leak (see table 3).[¶]CDC recommends that you review pneumococcal vaccine recommendations again when your patient turns 50 years old (see www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf).

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6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccine with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of pneumococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____		NAME OF PRACTICE OR CLINIC
effective _____	until rescinded or until _____ .	DATE
Medical Director _____	/	SIGNATURE
PRINT NAME		DATE