

## Standing Orders for Administering Pneumococcal Conjugate (Prevnar13®) Vaccine to Children

**Purpose:** To reduce morbidity and mortality from invasive pneumococcal disease by vaccinating all children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate pediatric patients who meet the criteria below.

### Procedure

1. Identify infants and children in need of vaccination against invasive pneumococcal disease based on the following criteria:
  - age 6 weeks through 59 months and generally healthy
  - age 6 weeks through 71 months with any of the conditions described below:
    - i. chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure)
    - ii. chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids)
    - iii. diabetes mellitus
    - iv. cerebrospinal fluid leak
    - v. candidate for or recipient of cochlear implant
    - vi. functional or anatomic asplenia (i.e., sickle cell disease or other hemoglobinopathy, congenital or acquired asplenia, or splenic dysfunction)
    - vii. immunocompromising condition, including HIV infection; chronic renal failure and nephrotic syndrome; disease associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; or solid organ transplantation); congenital immunodeficiency (includes B- or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders)
  - age 6-17 years (prior to the 18<sup>th</sup> birthday) with any of the conditions described in categories iv through vii above (see table 3 below).
2. Screen all patients for contraindications and precautions to pneumococcal conjugate vaccine:

#### Contraindications:

- a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PCV, to a PCV component, or to any diphtheria toxoid-containing vaccine. For information on vaccine components, refer to the [manufacturers' package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

#### Precautions:

- moderate or severe acute illness with or without fever
- a child who has received pneumococcal polysaccharide vaccine (PPSV23) previously should wait at least 8 weeks before receiving PCV13
- For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Provide vaccination with PCV13 for all healthy children ages 2 through 59 months and for children with a medical condition according to #1 above.
5. Administer 0.5 mL PCV13 intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 years and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 gauge needle. Choose needle length appropriate to the child's age and body mass.
6. All infants should be given a primary series of PCV13 at ages 2,4 and 6 months with a booster at age 12-15 months. Children who fall behind in the series should be given catch-up vaccination through age 59 months if otherwise healthy or through age 71 months if they have certain underlying medical conditions (see table 3 below). Additionally, patients aged 6-18 years with underlying medical conditions (see table 3 below) should also receive a single dose of PCV13 if not previously vaccinated. Provide a vaccine reminder card to help remind the patient (or parent/legal guardian) of the timing of the next recommended dose, if applicable.
7. Documentation
  - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
8. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.
9. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at <https://vaers.hhs.gov>.
10. This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

\_\_\_\_\_  
Medical Director's Signature

\_\_\_\_\_  
Date

**Table 1. Recommended Schedules for Administering Pneumococcal Conjugate Vaccine (PCV)**

Child's age now	Vaccination history of PCV7 and/or PCV13	Recommended PCV13 Schedule (For minimum interval guidance for catch-up vaccination, see *)
2 through 6 months	0 doses	3 doses, 8 weeks* apart; 4th dose at age 12–15 months
	1 dose	2 doses, 8 weeks* apart; 4th dose at age 12–15 months
	2 doses	1 dose, at least 8 weeks* after the most recent dose; 4th dose at age 12–15 months
7 through 11 months	0 doses	2 doses, 8 weeks apart*; 3rd dose at age 12–15 months
	1 or 2 doses before age 7 months	1 dose at age 7–11 months; 2nd dose at age 12–15 months, at least 8 weeks after the most
12 through 23 months	0 doses	2 doses, at least 8 weeks apart
	1 dose before age 12 months	2 doses, at least 8 weeks apart
	1 dose at or after age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 or 3 doses before age 12 months	1 dose, at least 8 weeks after the most recent dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 PCV13 dose, at least 8 weeks after the most recent PCV7 dose
24 through 59 months (healthy)	Unvaccinated or any incomplete schedule	1 dose, at least 8 weeks after the most recent dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 dose, at least 8 weeks after the most recent dose
24 through 71 months (with risk factor described in Table 3 below)	Unvaccinated or any incomplete schedule of less than 3 doses	2 doses, one at least 8 weeks after the most recent dose and another dose at least 8 weeks
	Any incomplete schedule of 3 doses	1 PCV13 dose, at least 8 weeks after the most recent PCV7 dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 PCV13 dose, at least 8 weeks after the most recent PCV7 dose
6 through 18 years with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below), cerebrospinal fluid leak, or cochlear implant	No history of prior PCV13	1 dose of PCV13

\* Minimum interval between doses: For children younger than age 12 months: 4 weeks; for children age 12 months and older: 8 weeks.

**Table 2. Recommended Schedule for Administering Pneumococcal Polysaccharide Vaccine (PPSV23)**

Risk Group	Schedule for PPSV23	Revaccination with PPSV23
Immunocompetent children and teens with risk condition (see Table 3 below)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV	Not indicated
Children and teens with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV	Give 1 additional dose of PPSV23 at least 5 years following the first PPSV23; the next recommended dose would be at age 65 years.

**Table 3. Underlying Medical Conditions that Are Indications for Pneumococcal Vaccination**

Risk Group	Condition
Immunocompetent children and teens with risk condition	Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids); diabetes mellitus; cerebrospinal fluid leak; cochlear implant
Children and teens with functional or anatomic	<ul style="list-style-type: none"> <li>• Sickle cell disease and other hemoglobinopathies</li> <li>• Congenital or acquired asplenia, or splenic dysfunction</li> </ul>
Children and teens with immunocompromising conditions	<ul style="list-style-type: none"> <li>• HIV infection</li> <li>• Chronic renal failure and nephrotic syndrome</li> <li>• Diseases associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; or solid organ transplantation)</li> <li>• Congenital immunodeficiency (includes B- [humoral] or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, or C4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])</li> </ul>

Adapted from Immunization Action Coalition  
[www.immunize.org/catg.d/2016.pdf](http://www.immunize.org/catg.d/2016.pdf) Item # P2016 (6/16)