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 (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 adult patients who meet the criteria below.

Procedure:

1. Identify adults in need of vaccination with pneumococcal conjugate vaccine (PCV13) based on the following criteria:
   • age 18-64 years with no or unknown history of prior receipt of PCV13 and any of the following underlying conditions (also see chart below):
     o candidate for or recipient of cochlear implant; cerebrospinal fluid leak.
     o functional or anatomic asplenia (e.g., sickle cell disease, splenectomy).
     o immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic, solid tumors).
     o immunosuppressive therapy (e.g., alkylating agents, antimetabolites, biologics, long-term systemic corticosteroids, radiation therapy).
     o chronic renal failure or nephrotic syndrome; organ or bone marrow transplantation.
     o **Note:** As of November 2019, PCV13 vaccine is no longer routinely recommended for all adults ≥ 65 years. Rather, the decision to vaccinate this population should be based upon shared clinical decision making between the provider and the patient and thus these standing orders do not cover routine PCV13 immunization in healthy adults 65 years or older unless there is an indication.

2. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
   • age 65 years or older with no or unknown history of prior receipt of PPSV23.
   • age 18 through 64 years with no or unknown history of prior receipt of PPSV23 and any of the following underlying conditions (also see chart below):
     o any of the conditions specified in #1 above.
     o chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies – excluding hypertension).
     o chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma).
     o diabetes mellitus, chronic liver disease (cirrhosis), or alcoholism.
     o cigarette smoker, or long-term care facility resident.
3. Identify adults in need of a single additional dose of PPSV23 if **5 or more years have elapsed** since their first dose of PPSV23 and the patient meets one of the following criteria:
   - age 65 years or older and received prior PPSV vaccination before age 65 years.
   - age 18 through 64 years and at high risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (see chart below).

4. Screen all patients for contraindications and precautions to PCV13 or PPSV23 vaccine:

   **Contraindications:**
   - a history of a severe allergic reaction (e.g. anaphylaxis) to any component or dose of PCV13 or PPSV23, or to any diphtheria toxoid-containing vaccine.

   For a list of vaccine components, please see the [manufacturer’s package insert](#) or the [CDC Vaccine Excipient & Media Summary](#).

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<table>
<thead>
<tr>
<th>CATEGORY OF UNDERLYING MEDICAL CONDITION OR OTHER RISK FACTOR</th>
<th>RECOMMENDED VACCINES ARE MARKED “X” BELOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic heart disease,¹ chronic lung disease²</td>
<td>PCV13</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>x</td>
</tr>
<tr>
<td>Chronic liver disease, cirrhosis</td>
<td>x</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>x</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>x</td>
</tr>
<tr>
<td>Cochlear implant, cerebrospinal fluid leak</td>
<td>x</td>
</tr>
<tr>
<td>Sickle cell disease, other hemoglobinopathy</td>
<td>x</td>
</tr>
<tr>
<td>Congenital or acquired asplenia</td>
<td>x</td>
</tr>
<tr>
<td>Congenital or acquired immunodeficiency,¹ HIV</td>
<td>x</td>
</tr>
<tr>
<td>Chronic renal failure, nephrotic syndrome</td>
<td>x</td>
</tr>
<tr>
<td>Leukemia, lymphoma</td>
<td>x</td>
</tr>
<tr>
<td>Generalized malignancy, Hodgkin disease</td>
<td>x</td>
</tr>
<tr>
<td>Iatrogenic immunosuppression¹</td>
<td>x</td>
</tr>
<tr>
<td>Solid organ transplant, multiple myeloma</td>
<td>x</td>
</tr>
</tbody>
</table>

* a second dose 5 years after the first dose of PPSV23

1 Excluding hypertension  2 Including asthma  3 Including B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)  4 Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

**Do not give PCV13 and PPSV23 at the same visit.**
Precautions:

• moderate or severe acute illness, with or without fever.
• For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.

5. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Staff must document, in the patient’s medical record, the publication date of the VIS and the date it was given to the patient (or parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred. All current VISs can be found at www.cdc.gov/vaccines/hcp/vis/current-vis.html.

6. Administer vaccine as follows:

• for adults identified in #1 above, administer 0.5 mL PCV13 intramuscularly (22–25 gauge) in the deltoid muscle. Choose a needle length appropriate to the patient’s age or body mass. See “Dose, Route, Needle Size” at http://www.immunize.org/catg.d/p3085.pdf.

• for adults identified in #2 and #3 above, administer 0.5 mL PPSV23 vaccine either intramuscularly (22–25 gauge) in the deltoid muscle, choose a needle length appropriate to the patient’s age or body mass. See “Dose, Route, Needle Size” at http://www.immunize.org/catg.d/p3085.pdf, or PPSV23 may also be given subcutaneously (23–25 gauge, 5/8” needle) in the posterolateral fat of the upper arm (upper-outer triceps area).

• for adults in need of **both** PCV13 and PPSV23 due to underlying conditions (see #1 above and chart above):
  o age 65 years or older with no or unknown prior receipt of PCV13 or PPSV23:
    • administer PCV13, followed by PPSV23 after an interval of at least 8 weeks.

  o age 65 years or older who received PPSV23 before age 65:
    • administer PCV13 no earlier than 8 weeks after the dose of PPSV23, followed by PPSV23 after an interval of at least 8 weeks **AND** at least 5 years after the last dose of PPSV23.

  o age 18 through 64 years with underlying conditions and no or unknown receipt of PCV13 and PPSV23:
    • administer PCV13, followed by PPSV23 in 8 weeks.

  o age 18 through 64 years with underlying conditions with prior receipt of PPSV23:
• administer PCV13 no earlier than 8 weeks after the last dose of PPSV23, followed by PPSV23 in 8 weeks AND at least 5 years after the last PPSV23.

7. Documentation:
   • document all immunizations administered in the patient’s 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) online at https://vaers.hhs.gov. Additional information about VAERS is available by telephone at 800-822-7967.

10. This policy and procedure shall remain in effect for all patients and staff of the ____________________ until rescinded and/or upon a change of the Medical Director, whichever occurs first.

________________________________________
Medical Director Signature / date