IMMUNIZATION PROTOCOL FOR PHARMACISTS

PNEUMOCOCCAL POLYSACCHARIDE VACCINE
23-Valent Vaccine

I. <u>ORDER</u>:

1. Screen for contraindications.
2. Provide a current Vaccine Information Statement (VIS), answering any questions.
3. Obtain a signed Vaccine Administration Record (VAR).
4. Give (0.5 ml) pneumococcal polysaccharide vaccine **intramuscularly** (IM), **or subcutaneously** (SC).
5. May be given simultaneously with influenza and all routine adult immunizations.

_____ _____

Pharmacist signature Date

Visit our website at <u>http://www.healthoregon.org/imm/provider/pharmpro.cfm</u>
To request material in an alternate format (e.g., Braille), call (503) 731-4020.

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II. RECOMMENDATIONS FOR USE:

Indications for Initial Vaccination	Indications for Revaccination[1]
IMMUNOCOMPETENT PERSONS	
Persons aged ≥ 65 years	2nd dose of vaccine if 1st dose received ≥ 5 years previously and patient < 65 years at time of 1st dose
Persons aged 18-64 years with chronic conditions, including ○ Cardiovascular disease ○ Pulmonary disease (e.g. COPD, Emphysema, not asthma) ○ Cochlear implants ○ Diabetes mellitus ○ Alcoholism, chronic liver disease ○ CSF leaks	Not recommended until ≥ age 65 • If 5 years have elapsed since initial vaccination **AND** • Person was < 65 years at time of 1st dose
Persons aged 18-64 years living in special environments or social settings, including Alaskan Natives, certain Native American populations, and residents of long-term care facilities	Not recommended until ≥ age 65 • If 5 years have elapsed since initial vaccination **AND** • Person was < 65 years at time of 1st dose
IMMUNOCOMPROMISED PERSONS	
Persons ≥ 18 years of age immunocompromised due to: ○ HIV infection[2], ○ Hodgkins disease, multiple myeloma, generalized malignancy ○ chronic renal failure or nephrotic syndrome ○ organ or bone marrow transplants ○ immunosuppressive therapy[3] (e.g. high-dose corticosteroids), ○ functional or anatomic asplenia[4]	Single revaccination at any age if ≥5 years have elapsed since receiving 1st dose.

II. Footnotes to above PPV23 vaccine recommendations

[1] Because data are insufficient concerning the safety of PPV23 when administered three or more times, revaccination following a second dose is NOT recommended.
[2] Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after their diagnosis is confirmed.
[3] Interval between vaccination and immunosuppressive therapy should be at least 2 weeks. Vaccination during chemotherapy or radiation should be avoided.
[4] If elective spleenectomy is being planned, vaccine should be administered at least 2 weeks before surgery.

III. VACCINE SCHEDULE:

PPV23 Primary Vaccination Route: SC or IM		**Revaccination**
Age	Dose (0.5 ml)	
18-64	1	Not generally recommended. See Section II for indications for revaccination of specific risk groups.
65 or older	1	Recommended if patient received vaccine ≥ 5 years previously and was <65 years old at the time of vaccination.

IV. CONTRAINDICATIONS	V. PRECAUTIONS
A. Persons who experienced an anaphylactic reaction to a previous dose of pneumococcal vaccine or a vaccine component. B. Defer vaccine in persons with moderate or severe illness, with or without fever, until symptoms have resolved	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.

VI. SIDE EFFECTS AND ADVERSE EVENTS:

TYPE OF EVENT	FREQUENCY OF OCCURRENCE
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.

VII. ADVERSE EVENT REPORTING:

Adverse events following immunization must be reported to the Vaccine Adverse Events Reporting System (VAERS) by calling 1-800-822-7967. Forms and procedures can be found at the VAERS website: www.vaers.org. In addition, a copy of the reporting form should be reported to the patient's primary provider, per ORS 855-041-0510.

VIII. REFERENCES:

1. Pneumococcal. In: *Epidemiology and Prevention of Vaccine-Preventable Diseases* ("PinkBook"), Atkinson W, Hamborsky J, Wolfe S, eds. 8th ed. Washington, DC: Public Health Foundation, 2004: 233-45. Available at http://www.cdc.gov/nip/publications/pink/pneumo.pdf.
2. Pneumococcal Vaccination for Cochlear Implants: Updated Recommendations of ACIP, MMWR (Early Release) Vol. 52; 1-2, 7/31/03.
3. Prevention of Pneumococcal Disease, MMWR Vol.46, (RR-8), 4/4/97.
4. Vaccine package inserts.

For more information or to clarify any part of the above order, consult with the vaccine recipients' primary health-care provider, a consulting physician, or contact Health Services, Immunization Program at (503) 731-4020.