

**DEPARTMENT OF HUMAN SERVICES  
HEALTH SERVICES, OFFICE OF FAMILY HEALTH  
IMMUNIZATION PROGRAM**

**PNEUMOCOCCAL POLYSACCHARIDE VACCINE  
23 Valent Vaccine**

**I. ORDER:**

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)**.
  - a. May be given simultaneously with influenza and all routine childhood immunizations except PCV7. PPV23 should be given  $\geq$  2 months after last dose of PCV7.

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Signature

Health Officer or Medical Provider

Date

## II. RECOMMENDATIONS FOR USE

Indications for Initial Vaccination	Indications for Revaccination <sup>1</sup>
<b>IMMUNOCOMPETENT PERSONS</b>	
Persons aged ≥ 65 years	2nd dose of vaccine if 1 <sup>st</sup> dose received ≥ 5 years previously and patient < 65 years at time of 1 <sup>st</sup> dose
Persons aged 2-64 years with chronic illness, including <ul style="list-style-type: none"> <li>○ Cardiovascular disease</li> <li>○ Pulmonary disease (e.g. COPD, Emphysema, not asthma)</li> <li>○ Cochlear implants</li> <li>○ Diabetes mellitus</li> <li>○ Alcoholism, chronic liver disease</li> <li>○ CSF leaks</li> </ul>	Not recommended until ≥ age 65
Persons aged 2-64 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
<b>IMMUNOCOMPROMISED PERSONS</b>	
Persons ≥ 2 years of age immunocompromised due to: <ul style="list-style-type: none"> <li>○ HIV infection<sup>2</sup>,</li> <li>○ Hodgkins disease, multiple myeloma, generalized malignancy</li> <li>○ chronic renal failure or nephrotic syndrome</li> <li>○ organ or bone marrow transplants</li> <li>○ immunosuppressive therapy<sup>3</sup> (e.g. high-dose corticosteroids).</li> </ul>	Single revaccination if ≥ 5 years have elapsed since receiving 1 <sup>st</sup> dose. If patient is ≤ 10 yrs. of age; consider single revaccination 3 years after 1 <sup>st</sup> dose.
Persons 2- 64 years with functional or anatomic asplenia <sup>4</sup>	If patient is > 10 years of age; single revaccination ≥5 years after 1 <sup>st</sup> dose. If patient is ≤ 10 years of age consider single revaccination 3 yrs. after 1 <sup>st</sup> dose

**II. Footnotes to above PPV23 vaccine recommendations for use**

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

**III. VACCINE SCHEDULE**

<b>Pneumococcal Vaccine<sup>1</sup></b>		
<b>Route: SQ or IM</b>		
<b>DOSE</b> <b>0.5 ml</b>	<b>Minimal Age<sup>2</sup></b>	<b>Minimal Interval<sup>2,</sup></b> <b>(if dose 2 is applicable)</b>
1	2 years <sup>3,4</sup>	3-5 years <sup>5</sup>
<p><sup>1</sup> PPV23 is Not Indicated for children &lt; 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 7-Valent Conjugate Vaccine (PCV7) instead.</p> <p><sup>2</sup> 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 or age should be repeated as age appropriate.</p> <p><sup>3</sup> One dose of pneumococcal vaccine is recommended for children and adolescents who are at least 2 years of age and at high risk. (refer to Sect. III) Children with cochlear implants who have completed the PCV7 series should wait at least 2 months after completing PCV7 before receiving PPV23.</p> <p><sup>4</sup> High-risk children aged 24-59 months should also be considered for pneumococcal conjugate vaccine (PCV7). See standing order for PCV7.</p> <p><sup>5</sup> For children who are immunocompromised or who have functional or anatomic asplenia: If child is older than 10 years, a single revaccination is recommended if 5 years or more have elapsed after the previous dose; if the child is 10 years or younger, a single revaccination 3 years after the previous dose may be considered, including children who received PCV7.</p> <p><b>Note:</b> Revaccinate high-risk persons only once.</p>		

**IV. CONTRAINDICATIONS**

- 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

**V. PRECAUTIONS**

- 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**

<b><u>Event</u></b>	<b><u>Frequency</u></b>
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. OTHER CONSIDERATIONS**

- A. For someone with a history of fainting with injections, a 15 minute observational period is recommended post immunization.
- B. Simultaneous administration of PPV23 and PCV7 is NOT recommended. There should be a minimum of 8 weeks between administration of PCV7 and PPV23.

## VIII. ADVERSE EVENT REPORTING

Adverse events following immunization should be reported by public providers to the Immunization Program, Health Services, using a Vaccine Adverse Events Reporting System form (VAERS), according to state guidelines. Private providers report all adverse events directly to VAERS. VAERS phone number: (800) 822-7967, and the website address is [www.vaers.org](http://www.vaers.org).

## IX. REFERENCES

1. Pneumococcal. In: Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003: 490-500.
2. Pneumococcal. In: *Epidemiology and Prevention of Vaccine-Preventable Diseases* ("Pink Book"), 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>.
3. Pneumococcal Vaccination for Cochlear Implants: Updated Recommendations of ACIP, MMWR (Early Release) Vol. 52; 1-2, 7/31/03.
4. Prevention of Pneumococcal Disease, MMWR Vol.46, (RR-8), 4/4/97.
5. Vaccine package inserts.

For more information, or to clarify any part of the above order, consult with your health officer, medical provider, or contact Health Services, Immunization Program at (503) 731-4020.

**Visit our website at <http://www.healthoregon.org/imm>  
To request this material in an alternate format (e.g., braille),  
please call (503) 731-4020.**