

During the COVID-19 pandemic, additional infection control procedures should be followed. See www.immunize.org/catg.d/p2009.pdf.

Standing orders for other vaccines are available at www.immunize.org/standing-orders. NOTE: This standing orders template may be adapted per a practice's discretion without obtaining permission from Immunize.org. As a courtesy, please acknowledge Immunize.org as its source.

STANDING ORDERS FOR Administering Pneumococcal Vaccines (PCV15, PCV20, and PPSV23) 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 65 years or older

Risk-Based Pneumococcal Vaccination

Age 19 through 64 years with any of the following conditions:

- **Non-immunocompromising conditions:** Chronic heart disease¹, chronic lung disease², diabetes mellitus, chronic liver disease, cirrhosis, cigarette smoking, alcoholism, cochlear implant, cerebrospinal fluid (CSF) leak
- **Immunocompromising conditions:** Sickle cell disease, other hemoglobinopathy, congenital or acquired asplenia, congenital or acquired immunodeficiency³, HIV, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, multiple myeloma, generalized malignancy, Hodgkin's disease, solid organ transplant, iatrogenic immunosuppression⁴
 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 includes 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, 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.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

Moderate or severe acute illness with or without fever

CONTINUED ON THE NEXT PAGE ►

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; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

PCV15 and PCV20 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:

GENDER 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 tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for patients 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 overlying the triceps muscle.

5 Administer PCV15, PCV20, and PPSV23, 0.5 mL, according to the following schedules based on the recipient's history of pneumococcal vaccination:

- PCV15 and PCV20 must be administered by the IM route.
- PPSV23 may be administered either IM or Subcut.

Recommendations for a) all adults age 65 years or older and b) all adults age 19 through 64 years with an indication for pneumococcal vaccination due to a medical condition or other risk factor:

For adults with no or unknown history of any pneumococcal vaccination: Select *only* one of the two options below

Option 1	or	Option 2
Administer PCV20		Administer PCV15, then Administer PPSV23 at least one year later (1)

1. For adults with an immunocompromising condition, cochlear implant, or CSF leak, a shorter interval of at least 8 weeks is recommended when administering PPSV23 (or PCV20 if PPSV23 is unavailable) following prior PCV13; an 8-week interval can be considered when PPSV23 is administered after PCV15.

For adults who have only received PPSV23: Select *only* one of the two options below. *Note: No further doses of PPSV23 are indicated because the patients have already had it.*

Option 1	or	Option 2
Administer PCV20 at least 1 year after PPSV23		Administer PCV15 at least 1 year after PPSV23

CONTINUED ON THE NEXT PAGE ►

For adults with a history of PCV13 vaccination with or without a history of PPSV23: Select option below based on patient's age

Table 1. Routine vaccination for all adults 65 and older

HISTORY OF PCV	HISTORY OF PPSV23	RECOMMENDED VACCINATION SCHEDULE
PCV13	0 or unknown	Administer PPSV23 at least 1 year after PCV13; if PPSV23 is unavailable,* administer 1 dose of PCV20. (1)
PCV13	PPSV23 at younger than 65 yrs	Administer PPSV23 at least 5 years after previous dose and at least 1 year after PCV13; if PPSV23 is unavailable,* administer 1 dose of PCV20. (1)
PCV13	PPSV23 at 65 yrs or older	No additional doses recommended

Table 2. Risk-based vaccination schedule for adults ages 19 through 64 years

HISTORY OF PCV	HISTORY OF PPSV23	RECOMMENDED VACCINATION SCHEDULE
PCV13	0 or unknown	Administer PPSV23 at least 1 year after PCV13; if PPSV23 is unavailable,* administer PCV20. (1,2)
PCV13	1 dose	No additional doses recommended when younger than age 65 years; however, for adults with an immunocompromising condition, administer PPSV23 #2 at least 5 years after PPSV23 dose #1 and at least 1 year after PCV13. (1,2)
PCV13	2 doses	No additional doses recommended when younger than age 65 yrs. (2)

*Unavailable = not in stock at time of vaccination visit

1. For adults with an immunocompromising condition, cochlear implant, or CSF leak, a shorter interval of at least 8 weeks is recommended when administering PPSV23 (or PCV20 if PPSV23 is unavailable) following prior PCV13; an 8-week interval can be considered when PPSV23 is administered after PCV15.
2. For adults age 19 through 64 years with an immunocompromising condition, administer PPSV23 #2 at least 5 years after PPSV23 #1. If PPSV23 #2 is also administered before age 65, administer PPSV23 #3 after the 65th birthday and at least 5 years after #2. If PCV20 is administered because PPSV23 is unavailable,* no additional doses of PPSV23 are indicated.

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.

CONTINUED ON THE NEXT PAGE ►

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) at www.vaers.hhs.gov. To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://www.vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

<p>This policy and procedure shall remain in effect for all patients of the _____ <small>NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ . <small>DATE</small></p> <p>Medical Director's signature _____ Signature date _____ Effective date _____</p>
