# Pneumococcal Conjugate, 15-valent (PCV15) Routine, Catch-up & At-Risk Vaccine Protocol

vaccine protocol for Persons Age 6 weeks to 18 years

**Document reviewed and updated:** **February 20, 2025**

## Condition for protocol

To reduce incidence of morbidity and mortality of Streptococcus pneumoniae disease.

## Policy of protocol

The nurse will implement this protocol for pneumococcal conjugate, 15-valent (PCV15) infant routine and catch-up vaccination.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Currently healthy infant between the age of 6 weeks and 15 months. | Proceed to vaccinate if meets remaining criteria. |
| Infant is less than age 6 weeks. | Do not vaccinate; reschedule vaccination when child meets age criteria. |
| Child is 15 months or older. | Proceed to vaccine using the catch-up schedule. |
| Child is more than 1 month behind routine schedule. | Proceed to vaccine using the catch-up schedule. |
| Child less than 6 years who started the series with PCV13, PCV15 or PCV20. | Proceed to vaccine using PCV15 for remaining doses. No need to restart series or give any additional doses. |
| Child had a prior infection of pneumococcal disease. | Still indicated; proceed to vaccinate. |
| Currently healthy child 5-18 years old who has not received any PCV or has an incomplete PCV series. | No additional dose indicated. |
| Child is under age 6 years and has underlying medical conditions:  \*Risk conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma regardless of high-dose oral corticosteroid use); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease and other hemoglobinopathies). | Follow the PCV15 catch-up vaccination table for underlying medical conditions if incomplete primary series. |
| Child 24-71 months with underlying medical conditions (as above) who has received PCV20 only. | Proceed to vaccinate at least 8 weeks after the most recent dose of PCV. |
| Child 24-71 months with underlying medical conditions (as above) who received PCV13 orPCV15 only. | Need PCV20 or PPSV23 (refer to PCV20 or PPSV23 protocol). |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Child had a systemic allergic reaction (e.g., anaphylaxis) to a previous dose of PCV13 vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child has a systemic allergy (e.g., anaphylaxis) to a component of PCV15 vaccine or any diphtheria toxoid-containing vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Child is currently on antibiotic therapy. | Proceed to vaccinate. |
| Child has a mild illness defined as temperature is less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Child has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |

## Prescription

### Routine vaccination

Give pneumococcal conjugate vaccine, 15-valent (PCV15) 0.5 ml, IM at age 2 months, 4 months, 6 months, and 12 to 15 months.

#### Catch-up schedule for all children less than 24 months

* ***Minimum intervals***:
  + **Dose 1 to dose 2**:
    - Four weeks if first dose given before 12 months of age.
    - Eight weeks (as final dose for healthy children), if first dose given at 12 months or after.
  + **Dose 2 to dose 3**:
    - Four weeks if current age under 12 months and previous dose given before 7 months old.
    - Eight weeks (as final dose for healthy children) if previous dose given between age 7 – 11 months (wait until at least 12 months old).
    - OR if current age is 12 months or older and at least 1 dose was given before age 12 months.
  + **Dose 3 to dose 4**:
    - Eight weeks (as final dose).
  + The fourth dose is only necessary for children age 12 months to 5 years who received 3 doses before age 12 months or for high-risk children\* who received 3 doses at any age.

#### Catch-up schedule for children 24 – 59 months

No previous doses or any incomplete schedule by 24 months: Give one dose PCV15 at least eight weeks after most recent dose.

### Schedule for children with underlying medical conditions

#### Children aged 24 through 71 months with underlying medical conditions\*:

* Give 2 doses of PCV15 at least 8 weeks apart if fewer than 3 doses were received previously.
* Give 1 dose PCV15 at least 8 weeks after last dose for children who have received 3 doses of PCV, all before 12 months.

\*Risk conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma regardless of high-dose oral corticosteroid use); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease and other hemoglobinopathies).

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: