# Pneumococcal Polysaccharide Vaccine, 23-Valent (PPSV23) Vaccination

vaccine protocol for At-risk Persons Age 2-18 Years

**Document reviewed and updated: April 28, 2022**

## Condition for protocol

To reduce incidence of morbidity and mortality of *Streptococcal* *Pneumoniae* invasive disease.

## Policy of protocol

The nurse will implement this protocol for PPSV23 vaccination.

## Condition-specific criteria and prescribed actions

[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. **Delete this paragraph before signing protocol**.]

Indications

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| **Criteria** | **Prescribed action** |
| Person is age 2 through 18 years and is non-acutely ill.  | Proceed to vaccinate if person has a risk indication and meets remaining criteria. |
| Person is age 19 or older | Follow *Protocol for PPSV23 Vaccination of Persons at risk age 19 Years or Older.* |
| Person age 2 through 18 years with one of the following risk indications:* Cerebrospinal fluid leak
* Chronic heart disease, particularly cyanotic congenital heart disease and cardiac failure
* Chronic lung disease, including asthma if treated with prolonged high-dose oral corticosteroid therapy
* Cochlear implant
* Diabetes mellitus
 | Proceed to vaccinate with a single dose of PPSV23 if it has been at least 8 weeks since the PCV13 series is complete. |
| Person age 2 through 18 years has one of the following risk indications:* Chronic renal failure or nephrotic syndrome
* Congenital immunodeficiency
	+ B- (humoral) or T-lymphocyte deficiency
	+ Complement deficiency, particularly C1, C2, C3, or C4 deficiency
	+ Phagocytic disorder, excluding chronic granulomatous disease
* Congenital or acquired asplenia, or splenic dysfunction
* Diseases associated with treatment of immunosuppressive drugs or radiation therapy
* Hodgkin disease
	+ Leukemia
	+ Lymphoma
	+ Malignant neoplasm
	+ Solid organ transplant
* HIV infection
* Sickle cell disease or other hemoglobinopathies
 | Proceed to vaccine with 2 doses of PPSV23 after the PCV13 series is complete. Give the first dose at least 8 weeks after any prior PCV13 dose, then give the second dose of PPSV23 at least 5 years after the first PPSV23 dose. |
| Person age 2-18 years has already received two PPSV23 doses | Do not vaccinate.  |

Contraindications

|  |  |
| --- | --- |
| **Criteria** | **Prescribed action** |
| Person had a systemic allergic reaction (e.g., anaphylaxis) to a previous dose of PPV23 vaccine. | Do not vaccinate. |
| Person has a systemic allergy to a component of PPV23 vaccine. | Do not vaccinate. |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Person 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}. |
| Person’s cardiovascular and/or pulmonary function is severely compromised, and a systemic reaction would pose a significant risk. | Defer vaccination and {to be determined by medical prescriber}.[Proceed to vaccinate and provide education to vaccinee about reactions to fever and impact on heart and lung conditions.] |

## Prescription

Give Pneumovax 23 (PPSV23), 0.5 mL, either IM or subcutaneously (route at nurse’s discretion).

* Immunocompetent:
	+ Give 1 dose Pneumovax 23 (PPSV23), 0.5 mL, either IM or subcutaneously (route at nurse’s discretion); at least 8 weeks after completing the PCV13 series.
* Immunocompromised:
	+ Give 2 doses Pneumovax 23 (PPSV23), 0.5 mL, either IM or subcutaneously (route at nurse’s discretion); at least 8 weeks after completing the PCV13 series, and then at least 5 years after first PPSV23 dose.

## Medical Emergency or Anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or Concerns

In the event of questions or concerns, call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (\_\_\_) \_\_\_\_-\_\_\_\_\_\_.
*(Insert overseeing medical consultant’s information here.)*

This protocol shall remain in effect for all Minnesota residents until rescinded.

Name of prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_