Pneumococcal Polysaccharide Vaccine, 23-Valent (PPV23) Vaccination

vaccine protocol for Persons Age 19 Years OR OLDER

**Document reviewed and updated: March 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 PPV23 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 65 or older, non-acutely ill and has never received pneumococcal vaccination.  | Do not vaccinate. Give a pneumococcal conjugate vaccine product (PCV15 or PCV20) first using the appropriate protocol. (If PCV20 given, a dose of PPSV23 is not indicated). |
| Person is age 65 or older, is non-acutely ill, and previously received a dose of PCV13 or PCV15. | Proceed to vaccinate with a single dose of PPSV23. Use an interval based on the persons immunocompetence status: * Immunocompetent: 12 months
* Immunocompromised: 8 weeks
 |
| Person is age 65 or older and received PPSV23 before they turned age 65 years.  | Allow at least 5 years from previous dose of PPSV23 given before age 65. |
| Person is age 19-64, immunocompetent, with one of the following risk indications, and has already received PCV13 or PCV15:* Alcoholism
* Chronic heart disease
* Chronic liver disease
* Chronic lung disease
* Cigarette smoking
* Diabetes mellitus
 | Proceed to vaccinate if it has been at least 12 months since PCV13 or PCV15 was given. |
| Person is age 19 – 64 years with one of the following risk indications and has already received PCV13 or PCV15:* Cochlear implant
* Cerebrospinal fluid leak (CSF)
 | Proceed to vaccinate if it has been at least 8 weeks since a dose of PCV13 or PCV15 was given.  |
| Person is age 19 – 64 years or older with one of the following immunocompromising risk indications, and has already received PCV13 or PCV15, or it has been at least 5 years since person completed a PCV/PPSV regimen:* Chronic renal failure
* Congenital or acquired asplenia
* Congenital or acquired immunodeficiency
* Generalized malignancy
* HIV infection
* Hodgkin disease
* Iatrogenic immunosuppression
* Leukemia
* Lymphoma
* Multiple myeloma
* Nephrotic syndrome
* Sickle cell disease or other hemoglobinopathies
* Solid organ transplant
 | Proceed to vaccinate if it has been at least 8 weeks PCV13 or PCV15 was given OR At least 5 years after first PPSV23 dose. |
| Person is 19 or older and has received PCV20. | PPSV23 is not indicated, do not give. |
| Person age 19-64 years has already received two PPSV23 doses. | Do not vaccinate. The final PPSV23 dose is due at age 65 years. |

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}. |

## Prescription

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

## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_