

Standing Orders for Administering Pneumococcal Conjugate (PCV13) Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons 2 months – 17 years of age in need of vaccination with pneumococcal conjugate vaccine (PCV13) based on the following criteria:
 - Age 2 - 59 months of age and generally healthy
 - Age 2 – 17 years of age with any of the following underlying conditions (see Table 1):
 - Candidate for or recipient of cochlear implant; cerebrospinal fluid leak
 - Sickle cell disease, hemoglobinopathies, functional or anatomic asplenia (e.g., splenic dysfunction, splenectomy)
 - Immunocompromising condition (e.g., congenital immunodeficiency, HIV infection, hematologic cancers, malignant neoplasms)
 - Immunosuppressive therapy (e.g., chemotherapy agents, antimetabolites, biologics, high-dose corticosteroids, radiation therapy)
 - Chronic renal failure or nephrotic syndrome; organ or bone marrow transplantation
2. Screen all patients for contraindications and precautions to PCV13:

Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) after a previous dose of PCV13 vaccine or to a vaccine component
- For information on vaccine components, refer to the [manufacturer's package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

Precautions:

- Moderate or severe acute illness with or without fever
- Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide vaccine as follows:
Follow dosing schedule in Table 2. Administer 0.5mL of PCV13 vaccine intramuscularly in the preferred site (anterolateral thigh for infants and toddlers or in the deltoid for children and adolescents). The alternate site (anterolateral thigh muscle or deltoid muscle) may be used if the preferred site is inadequate.

Needle Length and Injection Site of IM Injections for Children		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	Needle Length	Injection Site
Infants (1-12 months)	1 inch	Anterolateral thigh
Toddlers (1-2 years)	1-1.25 inch	Anterolateral thigh*
	5/8 [†] – 1 inch	Deltoid muscle of arm
Children (3-10 years)	5/8 [†] inch- 1 inch	Deltoid muscle of arm*
	1-1.25 inches	Anterolateral thigh
Children (11-18 years)	5/8 [†] – 1 inch	Deltoid muscle of arm*
	1-1.5 inches	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>.

[†]If skin is stretched tightly and subcutaneous tissues are not bunched

*Preferred site

Do not give PCV13 and PPSV23 at the same visit
Complete all doses of PCV13 before administering PPSV23 (if indicated)

Note: In persons with anatomic or functional asplenia and/or HIV infection, MenACWY-D (Menactra®) and PCV13 (Prevnar13®) should not be administered simultaneously. PCV13 should be administered first and MenACWY-D should be administered 4 weeks later

Note: Routine use of PCV13 is not recommended for healthy children ≥ 5 years

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.
7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at <https://vaers.hhs.gov>.
8. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

Medical Director's Signature

Date

Table 1. Underlying Medical Conditions that are Indications for Pneumococcal Vaccination

Risk Group	Underlying Condition
1. Immunocompetent children and teens with risk condition(s)	<ul style="list-style-type: none"> • chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure) • chronic lung disease (asthma excluded unless treated with high-dose corticosteroids) • diabetes mellitus; cerebrospinal fluid leak; cochlear implant
2. Children and teens with functional or anatomic asplenia	<ul style="list-style-type: none"> • sickle cell disease and other hemoglobinopathies • congenital or acquired asplenia, or splenic dysfunction
3. Children and teens with immunocompromising condition(s)	<ul style="list-style-type: none"> • HIV infection • chronic renal failure, nephrotic syndrome • diseases associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; solid organ transplantation) • congenital immunodeficiency (includes B- [humoral] or T- lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, or C4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])

Adapted from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm>

Table 2. Recommended Schedule for Administering Pneumococcal Conjugate Vaccine (PCV)

Patient's age now	Previous doses of PCV7 and/or PCV13	Recommended PCV13 Schedule (For minimum interval guidance for catch-up vaccination, see * below)	Total doses needed
2 through 6 months (Minimum age for receipt of first dose is 6 weeks)	0 doses	3 doses, 8 weeks* apart; 4th dose at age 12–15 months	4
	1 dose	2 doses, 8 weeks* apart; 4th dose at age 12–15 months	4
	2 doses	1 dose, 8 weeks* after the most recent dose; 4th dose at age 12–15 months	4
7 through 11 months	0 doses	2 doses, 8 weeks* apart; 3 rd dose at age 12–15 months	3
	1 or 2 doses before age 7 months	2 doses: 1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8* weeks after the most recent dose	3 or 4
	1 dose at age 7-11 months	2 doses: 1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8* weeks after the most recent dose	3
	2 doses at age 7-11 months	1 dose at age 12–15 months	3
12 through 23 months	0 doses	2 doses, at least 8 weeks apart	2
	1 dose before age 12 months	2 doses, at least 8 weeks apart	3
	2 or 3 doses before age 12 months	1 dose, at least 8 weeks after the most recent dose	3 or 4
	1 dose at or after age 12 months	1 dose, at least 8 weeks after the most recent dose	2
	2 doses at or after age 12 months	0 additional doses	2
24 through 59 months (healthy children)	0 doses or any incomplete schedule	1 dose, at least 8 weeks after the most recent dose	1
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 dose, at least 8 weeks after the most recent dose	1
24 through 71 months in Risk Group 1, 2, or 3 (see specific conditions in Table 1 above)	Unvaccinated or any incomplete schedule of less than 3 doses	2 doses: 1st dose at least 8 weeks after the most recent dose, and a 2nd dose at least 8 weeks later	3 or 4
	Any incomplete schedule of 3 doses, or any age-appropriate complete PCV7 schedule	1 dose, at least 8 weeks after the most recent dose	4
6 through 17 years in Risk Group 2 or 3 (see specific conditions in Table 1 above); with CSF leak, or cochlear implant	No history of PCV13 (regardless of previous PCV7 or PPSV23 receipt)	1 dose, at least 8 weeks after the most recent dose	1

*Minimum interval between doses – Adapted from Immunization Action Coalition: www.immunize.org/catg.d/p2016.pdf · Item #P2016 (10/18)
 For patients younger than 12 months of age: 4 weeks.
 For patients 12 months of age and older: 8 weeks.