

Standing Order for Administering Pneumococcal Vaccines (Adult)

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all individuals ≥ 19 years of age 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 healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals in need of vaccination with pneumococcal conjugate vaccine (PCV13, PCV15, or PCV20) or pneumococcal polysaccharide vaccine (PPSV23) based on the [following criteria](#):
 - ≥ 65 years of age
 - 19 - 64 years of age with no or unknown history of receipt of an adult dose of pneumococcal conjugate or pneumococcal polysaccharide vaccine with any of the following underlying conditions:
 - Alcoholism or cigarette smoking
 - Candidate for or recipient of cochlear implant; cerebrospinal fluid leak
 - Chronic heart, liver, or lung disease (including congestive heart failure, cardiomyopathies, chronic obstructive pulmonary disease, emphysema, and asthma)
 - Chronic renal failure or nephrotic syndrome; diabetes mellitus
 - Congenital or acquired asplenia, sickle cell disease (SCD) or other hemoglobinopathies
 - Congenital or acquired immunodeficiencies (e.g., HIV, B or T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders [excluding chronic granulomatous disease])
 - Generalized malignancy (e.g., Hodgkin disease, leukemia, lymphoma, multiple myeloma)
 - [Iatrogenic immunosuppression](#) (e.g., treatment with immunosuppressive drugs, including long-term systemic corticosteroids, biologics, and radiation therapy)
 - Solid organ transplant
2. Using [DD Form 3111](#), screen all patients for contraindications and precautions to pneumococcal vaccines:

Contraindications:

- History of a serious reaction (e.g., anaphylaxis) after a previous dose of any pneumococcal vaccine or component (to include yeast), or any vaccine containing diphtheria toxoid.
- For information on vaccine excipients, refer to the [manufacturer's package insert](#) or [Pink Book Appendix B](#)

Precautions:

- Moderate or severe acute illness with or without fever.
- Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures 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 Support Center 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 \(VIS\)](#). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.
4. Provide vaccines as follows:
 - Administer 0.5mL of the appropriate pneumococcal vaccine intramuscularly in the deltoid muscle. Follow dosing schedule in Table 1.

Table 1. Use of Pneumococcal Vaccines in PCV-naïve Adults ≥ 19 years of age			
Option 1: PCV 13 & PPSV23^{¶¶}		OR	Option 2: PCV20 -OR- PCV15 & PPSV23
Medical Indication/Condition	19-64 years		≥65 years
None	N/A		1 dose PPSV23 1 dose PCV20 -OR- 1 dose PCV15 followed by 1 dose of PPSV23* ≥ 1 year
<ul style="list-style-type: none"> • Resides in a nursing home or other long-term care facility -OR- • Resides in or traveling to settings with low rates of pediatric PCV immunization -OR- A condition in Group A 	N/A		<ul style="list-style-type: none"> • No history of pneumococcal vaccine: 1 dose PCV13 followed by 1 dose PPSV23 ≥ 1 year (≥8 weeks later for Groups B & C below) • PPSV23 before age 65: In ≥1 year administer 1 dose PCV13 then ≥ 1 year after PCV13 AND ≥ 5 years after PPSV23 administer 1 dose PPSV23 • PPSV23 after age 65: In ≥1 year administer 1 dose PCV13 <i>If PCV13 given before 65 years of age, no additional PCV13 needed</i>
Group A: Alcoholism; Chronic heart disease [†] Chronic liver disease, Chronic lung disease [¶] Cigarette smoking; Diabetes mellitus	1 dose PPSV23		1 dose PCV20 -OR- 1 dose PCV15 followed by 1 dose PPSV23* ≥ 1 year
	1 dose PCV20 -OR- 1 dose PCV15 followed by 1 dose PPSV23 [§] ≥ 1 year		
Group B: Congenital or acquired asplenia; Sickle cell disease or other hemoglobinopathies Chronic renal failure** Congenital or acquired immunodeficiencies**, ^{††} Generalized malignancy** HIV infection** Hodgkin disease** Iatrogenic immunosuppression**, ^{§§} Leukemia** Lymphoma** Multiple myeloma** Nephrotic syndrome** Solid organ transplant**	1 dose PCV13 followed by 1 dose PPSV23 ≥ 8 weeks then ≥5 years administer 1 dose PPSV23 <i>If PPSV23 given previously, wait ≥1 year before giving PCV13</i>		1 dose PCV20 -OR- 1 dose PCV15 followed by 1 dose PPSV23* ≥ 1 year
	1 dose PCV20 -OR- 1 dose PCV15 followed by 1 dose PPSV23 [§] ≥ 1 year		
Group C: Cochlear implant CSF leak	1 dose PCV13 followed by 1 dose PPSV23 ≥ 8 weeks <i>If PPSV23 given previously, wait ≥1 year before giving PCV13</i>		1 dose PCV20 -OR- 1 dose PCV15 followed by 1 dose PPSV23* ≥ 1 year
	1 dose PCV20 -OR- 1 dose PCV15 followed by 1 dose PPSV23 [§] ≥ 1 year		

*Adults with immunocompromising conditions, cochlear implant, or CSF leak might benefit from shorter intervals such as ≥8 weeks. These vaccine doses do not need to be repeated if given before age 65 years.

[†]Includes congestive heart failure and cardiomyopathies.

[§]In those with a history of PPSV23 receipt who receive PCV15, no additional PPSV23 dose needed.

[¶]Includes chronic obstructive pulmonary disease, emphysema, and asthma.

**Indicates immunocompromising conditions.

^{††}Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease).

^{§§}Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids, biologics, and radiation therapy.

^{¶¶}Adults who have received PCV13 or PCV13/PPSV23 should complete that series. Adults who have received only PPSV23 may receive PCV20 or PCV15.

IM Needle Length and Injection Site for Adults

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
Men and Women (<130 lbs)	1 inch*	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>
 *Some experts recommend a 5/8 inch needle for individuals who weigh <130 lbs: skin must be stretched tightly (do not bunch subcutaneous tissue)

Notes:

- *Do not give pneumococcal conjugate and pneumococcal polysaccharide vaccines at the same visit.*
 - *Per the 2022 CDC/ACIP guidelines, PCV13 vaccine is no longer included in the adult immunization schedule. Individuals ≥ 19 years of age who have not received an adult dose of pneumococcal conjugate vaccine (or vaccination history is unknown) should receive 1 dose of PCV20 **OR** 1 dose of PCV15 followed by 1 dose of PPSV23. Individuals who have received an adult dose of PCV13 should follow the previous schedule and receive PPSV23 (no PCV15 or PCV20). Clinics may continue to follow the previous PCV13/PPSV23 schedule until PCV15 and PCV20 are available.*
 - *For individuals with anatomic or functional asplenia and/or HIV, pneumococcal conjugate vaccines and MenACWY-D (Menactra®) should not be administered simultaneously. Pneumococcal conjugate vaccines should be administered first and MenACWY-D should be administered 4 weeks later.*
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, 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