Standing Order for Administering Pneumococcal Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all individuals 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 this standing order, eligible healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals 2 months - 18 years of age in need of vaccination against pneumococcus infection based on the following criteria:
   - All individuals 2 – 59 months of age
   - Individuals 6 – 18 years of age with certain risk factors:
     - Cerebrospinal fluid (CSF) leak
     - Chronic heart disease (especially cyanotic congenital heart disease and cardiac failure)
     - 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)
     - Cochlear implant
     - Diabetes mellitus
     - Immunocompromising conditions (e.g., 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 or other hemoglobinopathies).
2. Using DD Form 3110, screen all patients for contraindications and precautions to pneumococcal vaccine:

   Contraindications:
   - History of a serious reaction (e.g., anaphylaxis) after a previous dose of a pneumococcal vaccine, any vaccine containing diphtheria toxoid, or to a vaccine component (including yeast)
   - For information on vaccine components, refer to the package insert for PCV13, PCV15, PCV20, PPSV23, and The CDC 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.
   - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 312-761-4245.
3. Provide all patients (or their parent/legal representative) with a copy of the 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 vaccine as follows:
   - Administer 0.5mL of the appropriate pneumococcal vaccine according to Tables 1 - 3.
   - PCV 13 is no longer part of the recommended routine childhood schedule; however, if only PCV13 is available when the patient is scheduled to receive a PCV, it may be given as previously recommended.
   - A series started with PCV13 may be completed with PCV15 or PCV20 without additional doses; the PCV series does not need to be restarted.

- PCV13, PCV15, and PCV20 are given intramuscularly (IM); PPSV23 may be given IM or subcutaneously (SC).
- Individuals with anatomic or functional asplenia and/or HIV: PCV vaccines and Menactra (MenACYW-D) should not be given concomitantly. Administer Menactra ≥ 4 weeks after completion of all PCV doses.

TABLE 1. Pneumococcal Vaccine Schedule (Pediatric)

Do not give pneumococcal conjugate (PCV) and pneumococcal polysaccharide (PPSV) vaccine at the same visit.

Age 2 – 59 months (all individuals)

Routine schedule:

Age:	2 months	4 months	6 months	12 – 15 months
	PCV15 or PCV20	PCV15 or PCV20	PCV15 or PCV20	PCV15 or PCV20

Age 2 – 18 years with any risk condition* and completed all recommended routine PCV doses before age 6 years:

a. Recommended routine PCV doses included ≥ 1 dose PCV20:

No additional doses of **any** pneumococcal vaccine indicated until age ≥ 65 years

b.Recommended routine PCV doses included PCV13 or PCV15 (no PCV20):

Last recommended PCV13 or PCV15 → 8 weeks → PCV20 OR PPSV23

Additional dose for immunocompromising conditions:

- Asplenia or splenic dysfunction
- Chronic renal failure
- Generalized malignancy
- HIV infection
- Hodgkin disease
- Iatrogenic immunosuppression
- Leukemia
- Lymphoma
- Multiple myeloma
- Nephrotic syndrome or on maintenance dialysis
- SCD or other hemoglobinopathies
- Solid organ transplant

→ 5 years → PCV20 OR PPSV23

Age 6 – 18 years with any risk condition* and have not received PCV13, PCV15, or PCV20†:

PCV20 → No additional doses of **any** pneumococcal vaccine indicated until age ≥ 65 years

OR

PCV15 → 8 weeks → PPSV23

If PCV15 and PPSV23 are used instead of PCV20 for children with an immunocompromising condition*, either PCV20 or a second PPSV23 dose is recommended 5 years later (see additional dose after PPSV23 in section b above).

- **Complete all recommended PCV doses before giving PPSV23**
- **No more than two doses of PPSV23 recommended before age 65 years**

Adapted from California Department of Public Health, Immunization Branch #IMM-1152 (3/23)

* See Section 1, page 1

† If the individual previously received PCV7 or PPSV23, the PCV dose should be given ≥ 8 weeks after the most recent pneumococcal vaccination.

5. Dosing and schedule for individuals who receive their first routine PCV dose after age 6 months:

   - Age 7-11 months: 3 PCV doses, with the first 2 doses ≥ 4 weeks apart and the third dose at age 12–15 months and ≥ 8 weeks after the second PCV dose.
   - Age 12-23 months: 2 PCV doses ≥ 4 weeks apart

- Age 24-71 months: healthy individuals, 1 PCV dose; individuals with any risk condition, 2 PCV doses ≥ 8 weeks apart.
- Age 6-18 years with any risk condition: 1 PCV dose. If PCV15 is used, it should be followed by PPSV23 ≥ 8 weeks later. Individuals with immunocompromising conditions should receive an additional dose of PPSV23 or a dose of PCV20 five years later (see Table 1). Routine use of PCV is not recommended for healthy individuals aged ≥ 5 years who have not yet received a dose of PCV.
- For additional information, refer to the CDC Vaccine Catch-Up Guidance: https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html.

TABLE 2. IM Needle Length and Injection Site Guide

- Use a 22 – 25-gauge needle
- Choose needle gauge and length appropriate to the patient's age and body mass

Patient age	Needle Length	Injection Site
Infants 2 -11 months	1 inch (25 mm)	Anterolateral thigh
Toddlers 1-2 years	1-1.25 inch (25-32 mm)	Anterolateral thigh*
	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm
Children 3-10 years	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.25 inches (25-32 mm)	Anterolateral thigh
Children 11-18 years	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.5 inches (25-38 mm)	Anterolateral thigh

Adapted from the CDC General Best Practice Guidelines for Immunization: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.
* Preferred site.
† If skin is stretched tightly and subcutaneous tissues are not bunched.

TABLE 3. SC Needle Length and Injection Site Guide

- Use a 5/8 inch 23 – 25-gauge needle

Patient age	Injection Site
Infants 2 - 11 months	Fatty tissue over anterolateral thigh
Children & Adolescents 1 - 18 years	Fatty tissue over triceps*
	Fatty tissue over anterolateral thigh

Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.
* Preferred site

6. 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.
7. 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.
8. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov. Additional VAERS information is also available by telephone (800-822-7967).
9. This standing order 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