Standing Order for Administering Pneumococcal Vaccine (Adult)

Purpose: To reduce morbidity and mortality from pneumococcus infection 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 health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

- Identify patients ≥ 19 years of age in need of vaccination against pneumococcus based on the following criteria:
 - Individuals ≥ 50 years of age
 - Individuals 19–49 years of age with no or unknown pneumococcal vaccine receipt and certain underlying medical conditions or other risk factors:
 - Alcoholism or cigarette smoking
 - Cerebrospinal fluid (CSF) leak
 - Chronic heart disease (e.g., heart failure and cardiomyopathies)
 - Chronic liver disease (e.g., cirrhosis)
 - Chronic lung disease (e.g., COPD, emphysema, and asthma)
 - Cochlear implant
 - Diabetes mellitus
 - Immunocompromising conditions (e.g., chronic renal failure; congenital or acquired asplenia; congenital or acquired immunodeficiencies [e.g., HIV, B or T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders, excluding chronic granulomatous disease]; generalized malignancy; Hodgkin disease; iatrogenic immunosuppression [e.g., treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy]; leukemia; lymphoma; multiple myeloma; nephrotic syndrome; sickle cell disease or other hemoglobinopathies; and solid organ transplant)
- 2. Using <u>DD Form 3111</u>, screen all patients for contraindications and precautions to pneumococcal vaccine:

Contraindications:

- History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of pneumococcal vaccine, to any vaccine containing diphtheria toxoid, or to a vaccine component (to include yeast).
- For information on vaccine components, refer to the package insert for <u>PCV15</u>, <u>PCV20</u>, <u>PCV21</u>, <u>PPSV23</u>, or <u>The CDC Pink Book Appendix B</u>.

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 312-761-4245.

- 3. Prior to vaccine administration, 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:
 - Prior to administration, consult the manufacturer's package insert for storage, handling, and preparation instructions.
 - Administer 0.5 mL of the appropriate pneumococcal vaccine according to Tables 1 4.
 - PCV15, PCV20, and PCV21 are given intramuscularly (IM); PPSV23 may be given IM or subcutaneously (SC).

TABLE 1. IM Needle Length and Injection Site Guide, Adult ≥ 19 years				
Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age				
Patient Group	Needle Length	Injection Site		
Men and women (<130 lbs)	5/8* - 1 inch (16-25 mm)			
Men and women (130-152 lbs)	1 inch (25 mm)	Deltoid muscle of arm		
Men (152-260 lbs)	1-1.5 inches (25-38 mm)			
Women (152-200 lbs)				
Men (>260 lbs)	1.5 inches (38 mm)			
Women (>200 lbs)				
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	Anterolateral thigh		

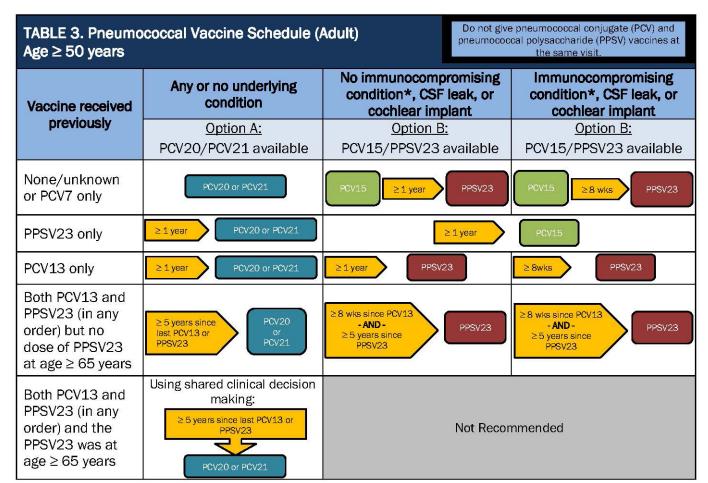
Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html. *If skin is stretched tightly and subcutaneous tissues are not bunched.

[†] Preferred site.

TABLE 2. SC Needle Length and Injection Site Guide				
Use a 5/8 inch, 23 – 25-gauge needle				
Patient Age	Injection Site			
Adulta > 10 years	Fatty tissue over triceps*			
Adults ≥ 19 years	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.



^{*} See Section 1.

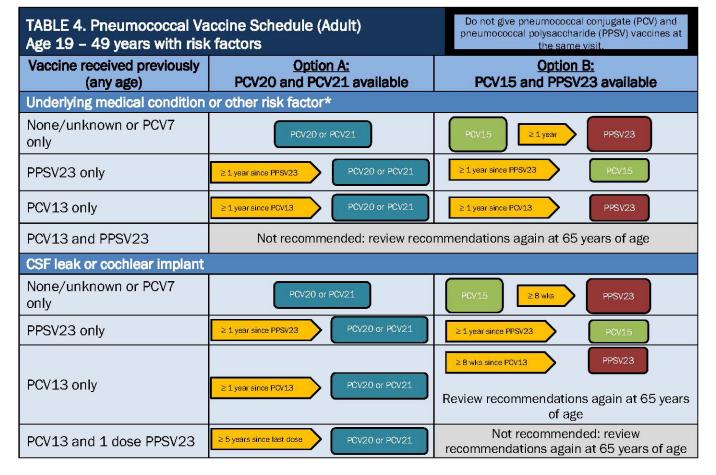


TABLE 4. Pneumococcal Vaccine Schedule (Adult) Age 19 – 49 years with risk factors		Do not give pneumococcal conjugate (PCV) and pneumococcal polysaccharide (PPSV) vaccines at the same visit.			
Immunocompromising condition*					
None/unknown or PCV7 only	PCV20 or PCV21	PCV15 ≥ 8 wks PPSV23			
PPSV23 only	≥ 1 year since PPSV23 PCV20 or PCV21	≥1 year since PPSV23			
PCV13 only	≥1 year since PCV13 PCV20 or PCV21	≥8 wks since PCV13 PPSV23 ≥ 5 years PPSV23			
PCV13 and 1 dose PPSV23 (in any order)	≥ 5 years since last dose PCV20 or PCV21	≥8 wks since PCV13 -AND- ≥5 years since PPSV23 (Review recommendations again at 65 years of age)			
PCV13 and 2 doses PPSV23 (in any order)	≥ 5 years since last dose PCV20 or PCV21	Not recommended: review recommendations again at 65 years of age			

- 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) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

3.	This standing order must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in e		
	for all patients of thea change in the privileged physician, w		until rescinded, expired, or upon
	Privileged Physician's Signature	 Date	

^{*} See Section 1.