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:

1. 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 DD Form 3111, 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 PCV15, PCV20, PCV21, PPSV23, or 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 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)	Deltoid muscle of arm
Men and women (130-152 lbs)	1 inch (25 mm)	
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/imz-best-practices/vaccine-administration.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
Adults ≥ 19 years	Fatty tissue over triceps*
	Fatty tissue over anterolateral thigh

Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration.html.
* Preferred site.

TABLE 3. Pneumococcal Vaccine Schedule (Adult)
Age ≥ 50 years

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

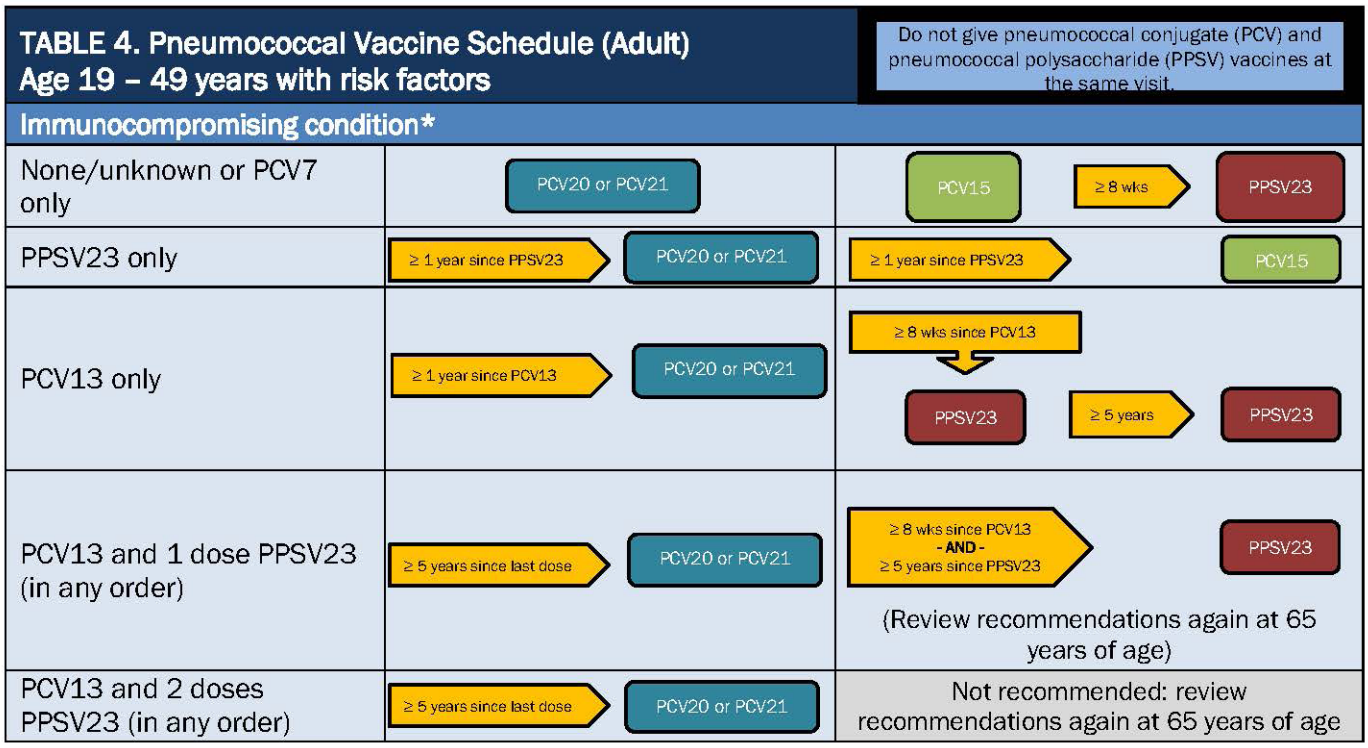
Vaccine received previously	Any or no underlying condition Option A: PCV20/PCV21 available	No immunocompromising condition*, CSF leak, or cochlear implant Option B: PCV15/PPSV23 available	Immunocompromising condition*, CSF leak, or cochlear implant Option B: PCV15/PPSV23 available
None/unknown or PCV7 only	PCV20 or PCV21	PCV15 → ≥ 1 year → PPSV23	PCV15 → ≥ 8 wks → PPSV23
PPSV23 only	≥ 1 year → PCV20 or PCV21	≥ 1 year → PCV15	
PCV13 only	≥ 1 year → PCV20 or PCV21	≥ 1 year → PPSV23	≥ 8wks → PPSV23
Both PCV13 and PPSV23 (in any order) but no dose of PPSV23 at age ≥ 65 years	≥ 5 years since last PCV13 or PPSV23 → PCV20 or PCV21	≥ 8 wks since PCV13 - AND - ≥ 5 years since PPSV23 → PPSV23	≥ 8 wks since PCV13 - AND - ≥ 5 years since PPSV23 → PPSV23
Both PCV13 and PPSV23 (in any order) and the PPSV23 was at age ≥ 65 years	Using shared clinical decision making: ≥ 5 years since last PCV13 or PPSV23 → PCV20 or PCV21	Not Recommended	

* 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.

Vaccine received previously (any age)	Option A: PCV20 and PCV21 available	Option B: PCV15 and PPSV23 available
Underlying medical condition or other risk factor*		
None/unknown or PCV7 only	PCV20 or PCV21	PCV15 → ≥ 1 year → PPSV23
PPSV23 only	≥ 1 year since PPSV23 → PCV20 or PCV21	≥ 1 year since PPSV23 → PCV15
PCV13 only	≥ 1 year since PCV13 → PCV20 or PCV21	≥ 1 year since PCV13 → PPSV23
PCV13 and PPSV23	Not recommended: review recommendations again at 65 years of age	
CSF leak or cochlear implant		
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 → PCV15
PCV13 only	≥ 1 year since PCV13 → PCV20 or PCV21	≥ 8 wks since PCV13 → PPSV23 Review recommendations again at 65 years of age
PCV13 and 1 dose PPSV23	≥ 5 years since last dose → PCV20 or PCV21	Not recommended: review recommendations again at 65 years of age



* See Section 1.

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).

8. 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 effect for all patients of the _____ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

_____ _____

Privileged Physician's Signature Date