

STANDING ORDERS FOR Administering Pneumococcal Conjugate Vaccine to Children

Purpose

To reduce morbidity and mortality from invasive pneumococcal disease by vaccinating all infants and children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1 Assess Infants and Children in Need of Vaccination against invasive pneumococcal disease based on the following criteria:

Routine pneumococcal vaccination

Pneumococcal conjugate vaccine (PCV13) should be administered routinely to all children ages 2 through 59 months.

Risk-based pneumococcal vaccination

- Age 2 years and older with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose oral corticosteroids); diabetes mellitus
- Age 2 years and older with cerebrospinal fluid leak; candidate for or recipient of cochlear implant
- Age 2 years and older with sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation, multiple myeloma

2 Screen for contraindications and precautions

Contraindications

- Do not give PCV13 to a child who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components (including to any diphtheria toxoid-containing vaccine). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

- Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or 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 one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF INFANT/CHILD	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Younger than 12 months	22–25	1"	Anterolateral thigh muscle
12 through 35 months	22–25	1–1¼"	Anterolateral thigh muscle*
		5/8**–1"	Deltoid muscle of arm
3 through 10 years	22–25	5/8**–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
11 through 18 years	22–25	5/8**–1"	Deltoid muscle of arm*
		1–1½"	Anterolateral thigh muscle

* Preferred site.

** A 5/8" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

5 Administer pneumococcal conjugate vaccine (PCV13), 0.5 mL, via the intramuscular (IM) route, to all healthy children as well as children with a medical condition or other risk factor according to the guidance on page 4 (“Recommendations for Pneumococcal Vaccines Use in Children and Teens”).

6 Document Vaccination

Document each patient’s vaccine administration information and follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also document, in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For IAC’s “Medical Management of Vaccine Reactions in Children and Teens in Community Settings,” go to www.immunize.org/catg.d/p3082a.pdf. For “Medical Management of Vaccine Reactions in Adults in Community Settings,” go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of pneumococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://www.vaers.hhs.gov/report-event.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____			
	<small>NAME OF PRACTICE OR CLINIC</small>		
effective _____	_____	until rescinded or until _____	_____
	<small>DATE</small>		<small>DATE</small>
Medical Director _____	_____	/ _____	_____
	<small>PRINT NAME</small>	<small>SIGNATURE</small>	<small>DATE</small>

Recommendations for Pneumococcal Vaccines Use in Children and Teens

Table 1. Recommended Schedule for Administering Pneumococcal Conjugate Vaccine (PCV13)

Child's age now	Vaccination history of PCV13	Recommended PCV13 Schedule (For minimum interval guidance for catch-up vaccination, see * below)
2 through 6 months	0 doses	3 doses, 8 weeks* apart; 4th dose at age 12–15 months
	1 dose	2 doses, 8 weeks* apart; 4th dose at age 12–15 months
	2 doses	1 dose, 8 weeks* after the most recent dose; 4th dose at age 12–15 months
7 through 11 months	0 doses	2 doses, 8 weeks apart* and a 3rd dose at age 12–15 months
	1 or 2 doses before age 7 months	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
	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
	2 doses at age 7–11 months	1 dose at age 12–15 months
12 through 23 months	0 doses	2 doses, at least 8 weeks apart
	1 dose before age 12 months	2 doses, at least 8 weeks apart
	1 dose at or after age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 or 3 doses before age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 doses at or after age 12 months	0 doses
24 through 59 months (healthy children)	0 doses	1 dose
	Any incomplete schedule**	1 dose, at least 8 weeks after the most recent dose
24 through 71 months (children with underlying medical condition as described in Table 3 below)	Unvaccinated or any incomplete schedule** of less than 3 doses	2 doses: 1st dose at least 8 weeks after most recent dose and a 2nd dose at least 8 weeks later
	Any incomplete schedule ** of 3 doses	1 dose, at least 8 weeks after the most recent dose
6 through 18 years with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below), cerebrospinal fluid leak, or cochlear implant	No history of PCV13	1 dose

* Minimum interval between doses: For children younger than age 12 months: 4 weeks; for children age 12 months and older: 8 weeks.

** For information on completion of incomplete schedules, visit current "Recommended Immunization Schedule for Children and Adolescents Age 18 Years or Younger—United States" at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

Table 2. Recommended Schedule for Administering Pneumococcal Polysaccharide Vaccine (PPSV23)

Risk Group	Schedule for PPSV23	Revaccination with PPSV23
Immunocompetent children and teens with underlying medical condition (see Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Not indicated
Children and teens with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Give 1 additional dose of PPSV23 at least 5 years following the first PPSV23; the next recommended dose would be at age 65 years
Children and teens age 6 years & older with chronic liver disease, alcoholism	If no history of PPSV23, give 1 dose of PPSV23 at least 8 weeks after any prior PCV13 dose	Not indicated

Table 3. Medical Conditions and Other Risk Factors That Are Indications for PCV13 or PPSV23

Risk Group	Condition
Immunocompetent children and teens age 2 years & older with risk condition	Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; for ages 6 years and older: chronic liver disease, alcoholism
Children and teens age 2 years & older with functional or anatomic asplenia	<ul style="list-style-type: none"> Sickle cell disease and other hemoglobinopathies Congenital or acquired asplenia, or splenic dysfunction
Children and teens age 2 years & older with immunocompromising condition	<ul style="list-style-type: none"> HIV infection Chronic renal failure and nephrotic syndrome Diseases associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; or 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])

Technical content reviewed by the Centers for Disease Control and Prevention