Pneumococcal Polysaccharide Vaccine
PNEUMOVAX®23 Supplier: Merck Canada Inc.

INDICATIONS:

- Adults 65 years of age and older.
- Residents of Extended or Intermediate Care Facilities.
- Individuals 2 years of age and older with:
    - Anatomic or functional asplenia [A]
    - Sickle cell disease
    - Immunosuppression related to disease [e.g., malignant neoplasm (including leukemia and lymphoma), HIV, multiple myeloma] or therapy [B] (e.g., high dose, systemic steroids, or severe rheumatoid arthritis requiring immunosuppressive therapy)
    - Congenital immunodeficiency states (e.g., complement, properdin, or factor D deficiency)
    - Chronic heart or lung disease (except asthma, unless management involves ongoing high dose oral corticosteroid treatment)
    - Chronic kidney disease
    - Chronic liver disease including cirrhosis, chronic hepatitis B, hepatitis C
    - Receipt of hematopoietic stem cell transplant (HSCT)
    - Solid organ or islet cell transplant (candidate or recipient)
    - Diabetes
    - Alcohol use disorder
    - Cystic fibrosis
    - Chronic CSF leak
    - Cochlear implant (candidate or recipient)
    - People experiencing homelessness
    - People who use illicit drugs
    - Chronic neurological conditions that may impair clearance of oral secretions

DOSES AND SCHEDULE:

Individuals 2 years of age and older: 1 dose given as 0.5 mL **SC** or **IM**.

When both pneumococcal conjugate vacine (PCV) and PPV23 are recommended, the age appropriate PCV series should be administered first, followed at least 8 weeks later by PPV23. If PPV23 has already been administered, PCV should be administered at least one year later.

HSCT recipients 2 years of age and older: See Part 2 – Immunization of Special Populations, Hematopoietic Stem Cell Transplantation (HSCT).

[A] Give vaccine at least 14 days before splenectomy, or, if not possible, 14 days post-splenectomy. If there is concern that the patient may not present later for immunization, give at hospital discharge.
[B] Give vaccine before initiation of immunosuppressive therapy, and early in the course of HIV infection.

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ADMINISTRATION:

PNEUMOVAX®23 can be given simultaneously with live zoster vaccine. A study found no evidence of an increased incidence of herpes zoster after concomitant administration of ZOSTAVAX® and pneumococcal polysaccharide vaccine. [A]

BOOSTER DOSES:

- A once-only revaccination should be offered 5 years after the initial immunization to those who have:
  - Anatomic or functional asplenia
  - Sickle cell disease
  - Immunosuppression related to disease (e.g., HIV, lymphoma, Hodgkin's, multiple myeloma) or therapy (e.g., high dose, systemic steroids)
  - Congenital immunodeficiency states (as above)
  - Chronic kidney disease
  - Chronic liver disease including cirrhosis, chronic hepatitis B, and hepatitis C
  - Solid organ or islet cell transplant (candidate or recipient)
- HSCT recipients: see Part 2 – Immunization of Special Populations, Hematopoietic Stem Cell Transplantation (HSCT).

SEROLOGICAL TESTING:

Serological testing is not recommended before or after immunization.

CONTRAINDICATIONS:

1. History of an anaphylactic reaction to a previous dose of a pneumococcal vaccine or to any component of PNEUMOVAX®23 vaccine.

PRODUCT COMPONENTS:

Potential allergens: none.

Other components: phenol.

PRECAUTIONS:

- Adverse reaction may intensify if revaccination occurs within 2 years.
- Pneumococcal vaccination should be administered at least 2 weeks prior to the initiation of immunosuppressive therapy.

SPECIAL CONSIDERATIONS:

- Health Canada has approved PCV15 for individuals 6 weeks of age and older and PCV20 for individuals 18 years of age and older; however, these vaccines are not publicly funded in BC. If PCV15 is provided first, there should be a minimum interval of 8 weeks between doses of PCV15 and PPV23. If PPV23 has already been administered, a PCV should be administered at least one year later. ACIP recommends if PCV20 has been provided, PPV23 is not required.

[A] Tseng, H.F., et al; Vaccine, 2011 May 9;29(20):3628-32.

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ADVERSE EVENTS:

Local: soreness, redness, swelling, severe Arthus reaction (rarely).

Systemic: fever.