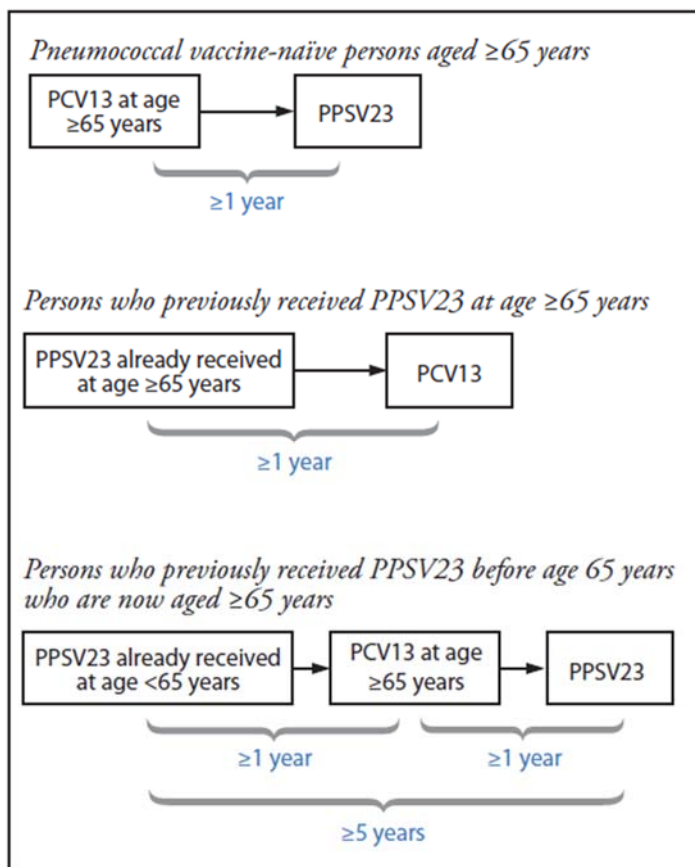


Pneumococcal polysaccharide and conjugate vaccines for adults ages ≥ 19 years

The Immunization Practices Advisory Council (IPAC) and the New Mexico Department of Health urge all medical practices and health professionals to offer immunization against pneumococcal disease to children and adults. Pneumococcal infection accounts for more deaths than any other vaccine-preventable bacterial disease. IPAC offers the following information and recommendations for the use of the two pneumococcal vaccines in adults.

Algorithm: *Sequential administration and recommended intervals for PCV13 and PPSV23 for adults ages ≥ 65 years—Advisory Committee on Immunization Practices, United States*



All persons 65 years of age or older

This group should receive a single dose of 13 serotype pneumococcal conjugate vaccine (PCV13) followed by a dose of polysaccharide vaccine 23 (PPSV23) after one year or later. The 2 pneumococcal vaccines should not be co-administered. If the doses of PCV13 and PPSV23 are administered at an interval less than one year apart (sooner than recommended) the minimum acceptable interval between the two doses is 8 weeks. Adults ≥ 65 , who have previously received one or more doses of PPSV23, also should receive a dose of PCV13 if they have not yet received it. A dose of PCV13 should be given at least one year after the most recent PPSV23 dose. For those in whom an additional dose of PPSV23 is indicated, this subsequent PPSV23 should be given one year after PCV13 and at least 5 years after the most recent dose of PPSV23. Those who have already received PPSV23 before age 65 (because of high-risk conditions or because of error) make sure at least 5 years have passed before immunizing at ≥ 65 .

Persons ages 19-64 with high-risk conditions

Those who should receive a first dose of PPSV23

Persons listed in the table on the following page should receive at least one dose of PPSV23 and for some (i.e. CSF leak, cochlear implants, asplenia and immunocompromising conditions) a second dose of PPSV23 is recommended 5 years after the first dose. In addition to PPSV23, a single dose of the (PCV13) is recommended for some high risk persons (see table). PPSV23 and PCV13 are to be given according to these recommendations:

Persons at high risk ages > 19 who HAVE NOT previously received pneumococcal vaccines (i.e., pneumococcal vaccine-naïve persons) with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants, and who have not previously received PCV13 or PPSV23, should receive a dose of PCV13 first, followed by a dose of PPSV23 at least 8 weeks later (see table on the following page).

Persons at high risk ages > 19 who HAVE had previous pneumococcal vaccines

Persons ≥ 19 with immunocompromising conditions, functional or anatomic asplenia, CSF leaks or cochlear implants who previously have received ≥ 1 doses of PPSV23 should be given a PCV13 dose ≥ 1 year after the last PPSV23 dose. For those who require an additional dose of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years after the most recent dose of PPSV23.

Additional recommendations for administering pneumococcal vaccines to high-risk persons

When elective splenectomy is performed for any reason, immunization with PCV13 should be completed at least 2 weeks before surgery. Immunization should precede initiation of immune-compromising therapy or placement of a cochlear implant by at least 2 weeks. PPSV23 can be given 8 or more weeks after PCV13.

Additional high-risk persons living in New Mexico

Adults of American Indian or Alaska Native descent are at higher risk of invasive pneumococcal disease. Adults who have received PCV13 may electively receive PPSV23 following the recommendations provided above for other high-risk persons.

Table: Medical conditions or other indications for administration of PCV13 and indications for PPSV23 administration and revaccination for adults 19-64 year old by risk group (ACIP 2012)						
Risk Group	Underlying Medical Condition			PCV13 Recommended	PPSV23 Recommended	PPSV23 Revaccination 5 yrs. after 1 st dose
Immunocompetent Persons	Cigarette smoking	Chronic heart disease*	Diabetes mellitus		Yes	
	Alcoholism	Chronic lung disease*	Chronic liver disease			
	CSF leaks or Cochlear implant			Yes	Yes	
Persons with functional or anatomic asplenia	Sickle cell disease/hemoglobinopathy			Yes	Yes	Yes
	Congenital or acquired asplenia					
Immunocompromised Persons	Congenital/acquired immunodeficiency*	Leukemia	Iatrogenic immunosuppression*	Yes	Yes	Yes
	HIV infection	Lymphoma	Solid organ transplantation			
	Chronic renal failure	Hodgkin's disease	Multiple myeloma			
	Nephrotic syndrome	Generalized malignancy				

*Definitions found in MMWR 10/12/12, volume 61, number 40, page 818.

Giving Pneumococcal and Influenza vaccination together

- . No increase in side effects. No decrease in antibody response.
- . Give injections in separate arms/sites.

Side effects

- . Local injection-site soreness, erythema, induration common.
- . Low-grade fever and myalgia infrequent (<1%).
- . Other side effects are uncommon.

Contraindications and precautions

- . A severe allergic reaction to a prior dose or vaccine component is a contraindication to further doses.
- . If possible, delay PPSV23 vaccination of patients undergoing chemotherapy. If you are unable to delay, revaccinate three months after completion of the therapy.
- . Women who are candidates for PPSV23 vaccine & are considering pregnancy should be vaccinated before pregnancy, if possible.

How to store and administer the vaccines

- . Refrigerate immediately upon arrival—do not use if frozen.
- . Refrigerate opened or unopened at 2-8°C (35-46°F).
- . Do not use after expiration date.
- . PCV13—Shake vial vigorously before each dose.
- . PCV13—IM only, with 22-25 gauge needle. Choose needle length appropriate to body mass.
- . PPSV23—Either IM deltoid (22-25 gauge, 1-1½" needle) or SC (23-25 gauge, 5/8" needle) in posterior lateral fat of upper arm.

To obtain vaccines

- . For PPSV23, contact Merck Vaccines at merckvaccines.com.
- . For PCV13, contact PfizerVaccines.com.

- . Have your DEA number available. You will be able to open an account and place your order.
- . General Injectables & Vaccines, Inc. (GIV): Contact 800.521.7468.

Suggestions for smooth third party reimbursement

All major payers in New Mexico reimburse pneumococcal vaccination. Both pneumococcal vaccines are covered under Medicare Part B for those ≥65.

Coding adult PPSV23

- . CPT-4 code 90732 (Pneumococcal Polysaccharide vaccine, 23 valent, adult dosage) with ICD-9 diagnosis V03.82 (need for pneumococcal vaccination) on all claims.
- . HCPC code G0009 (administration of Pneumococcal vaccine) on all Medicare and Medicare senior plan claims—this should be paid separately from any office visit charge.
- . CPT-4 codes 90471 (Immunization administration: one vaccine) or 90472 (Immunization administration: each additional vaccine) with all other payers. We suggest you place CPT-4 modifier -25 after your evaluation and mgmt. code (99201-99215) to indicate it was unrelated to administration of pneumococcal vaccine.

Coding adult PCV13

- . For fee-for-service exempt Medicaid (not SALUD) program, use only the CPT code for the vaccine CPT 90670 (90670-SL for Medicare) and enter the usual charge using CPT 90460 for vaccine administration. Use ICD9 diagnosis code V03.82 for PCV13 vaccine and administration.

For additional information

New Mexico Department of Health: www.immunizenm.org 866-681-5872
 Pink Book section on Pneumococcal disease: www.cdc.gov/vaccines/pubs/pinkbook/downloads/pneumo-508.pdf
 MMWR 9/19/14 volume 63 no. 37 page 825: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm>
 MMWR 10/12/12 vol. 61 no. 40 page 816: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm>