Pneumococcal Conjugate Vaccine, 15-Valent (PCV15) Vaccination

vaccine protocol for Persons Age 19 or older

**Document reviewed: March 28, 2022**

## Condition for protocol

To reduce incidence of morbidity and mortality of *Streptococcal* *Pneumoniae* invasive disease.

## Policy of protocol

The nurse will implement this protocol for PCV15 vaccination.

## Condition-specific criteria and prescribed actions

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action. **Delete this paragraph before signing protocol**.]

Indications

|  |  |
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| **Criteria** | **Prescribed action** |
| Person is age 65 or older, immunocompetent, is non-acutely ill, and has not previously received PCV or vaccination history is unknown. | Proceed to vaccinate. |
| Person is age 19 through 64 years, is non-acutely ill, and has not previously received PCV or vaccination history is unknown. | Proceed to vaccinate if person has a risk indication and meets remaining criteria. |
| Person is age 19 through 64 years, is non-acutely ill, and has only received PPSV23. | Proceed to vaccinate if person has a risk indication, it has been at least 12 months after PPSV23 dose, and meets remaining criteria. |
| Person is age 19 or older with one of the following risk indications:   * Alcoholism; * Chronic heart disease; * Chronic liver disease; * Chronic lung disease; * Cigarette smoking; * Diabetes Mellitus | Proceed to vaccinate and instruct patient to return for PPSV23 at least 12 months later. |
| Person is age 19 or older with one of the following risk indications:   * Cochlear implant; * Congenital or acquired asplenia; * Congenital or acquired immunodeficiencies * Cerebrospinal fluid (CSF) leak; * Chronic renal failure; * Generalized malignancy; * HIV; * Hodgkin disease; * Immunodeficiency; * Iatrogenic immunosuppression; * Leukemia, lymphoma, or multiple myeloma; * Nephrotic syndrome; * Solid organ transplant; * Sickle cell disease or other hemoglobinopathies | Proceed to vaccinate and instruct patient to return for PPSV23 at least 8 weeks later. |

Contraindications

|  |  |
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| **Criteria** | **Prescribed action** |
| Person had a systemic allergic reaction (e.g., anaphylaxis) to a previous dose of PCV7, PCV13, PCV15, or PCV20, or to any vaccine containing diphtheria toxoid. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a systemic allergy to a component of PCV7, PCV13, PCV15, or PCV20, or to any vaccine containing diphtheria toxoid. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Precautions

|  |  |
| --- | --- |
| **Criteria** | **Prescribed action** |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |

## Prescription

Give Pneumococcal Conjugate Vaccine (PCV), 15-valent (Vaxneuvance) 0.5 mL, IM.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

In the event of questions or concerns, call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (\_\_\_) \_\_\_\_-\_\_\_\_\_\_.   
*(Insert overseeing medical consultant’s information here.)*

This protocol shall remain in effect for all Minnesota residents until rescinded.

Name of prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document reviewed and updated: