National Center for Immunization and Respiratory Diseases



Pneumococcal Disease and Pneumococcal Vaccines

Pink Book Web-on-Demand Series





Learning Objectives

- Describe the fundamental principles of the immune response.
- Describe immunization best practices.
- Describe an emerging immunization issue.
- For each vaccine-preventable disease, identify those for whom routine immunization is recommended.
- For each vaccine-preventable disease, describe characteristics of the vaccine used to prevent the disease.
- Locate current immunization resources to increase knowledge of team's role in program implementation for improved team performance.

Continuing Education Information

- To claim continuing education (CE) for this course, please follow the steps below by July 1, 2026.
- Search and register for course WD4810-091024 in CDC TRAIN.
- Pass the post-assessment at 80%.
- Complete the evaluation.
- Visit "Your Learning" to access your certificates and transcript.
- If you have any questions, contact CDC TRAIN at <u>train@cdc.gov</u> or <u>IZLearn@cdc.gov</u>



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- In compliance with continuing education requirements, all planners and presenters must disclose all financial relationships, in any amount, with ineligible companies during the previous 24 months as well as any use of unlabeled product(s) or products under investigational use.
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Pneumococcal Disease

Pneumococcal Disease



Otitis mediaMiddle ear infection



BacteremiaBloodstream infection



SinusitisSinus infection



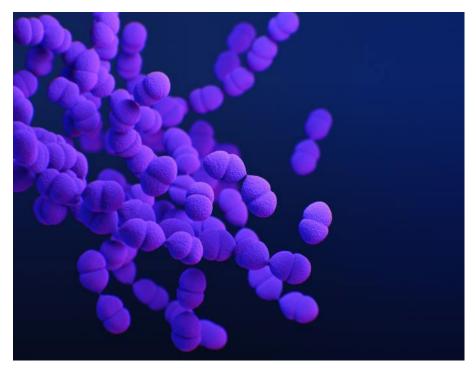
MeningitisAn infection of the lining of the brain and spinal cord



Pneumonia Lung infection

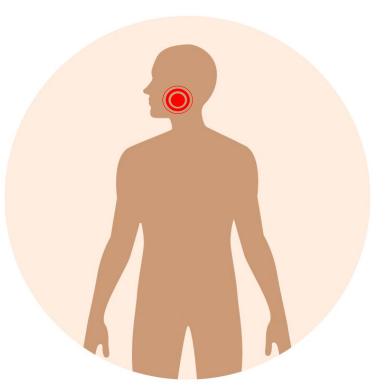
Streptococcus pneumoniae

- 100 known serotypes
- Polysaccharide capsule is important virulence factor
- Serotype-specific antibody is protective.
- Limited cross-reactivity



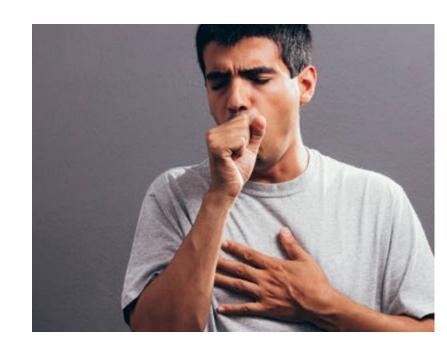
Carriage of Streptococcus pneumoniae

- Common inhabitants of the human upper respiratory tract, including the nasopharynx
- Asymptomatic carriage varies by age.
 - School-age children: 20% to 60%
 - Adults without children: 5% to 10%
- Duration of carriage is longer in children than adults.



Transmission of *Streptococcus pneumoniae*

- Direct person-to-person contact via respiratory droplets
- Factors influencing spread within a family or household include:
 - Crowding
 - Presence of upper respiratory infection or pneumococcal disease
 - Season
- Period of communicability unknown, but likely as long as the organism appears in respiratory secretions



Pneumococcal Disease Seasonality



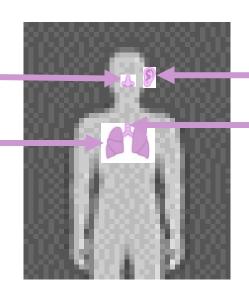
Can occur throughout the year but the incidence is highest in the winter and early spring.



Non-invasive Pneumococcal Disease

Sinusitis

Pneumonia without bacteremia



Otitis media

Bronchitis

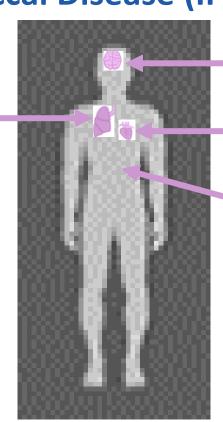
Less common

- Conjunctivitis
- Periorbital Cellulitis
- Mastoiditis

Invasive Pneumococcal Disease (IPD)

Pneumonia with bacteremia

Invasive disease: Isolation of *S. pneumoniae* from blood or other normally sterile site



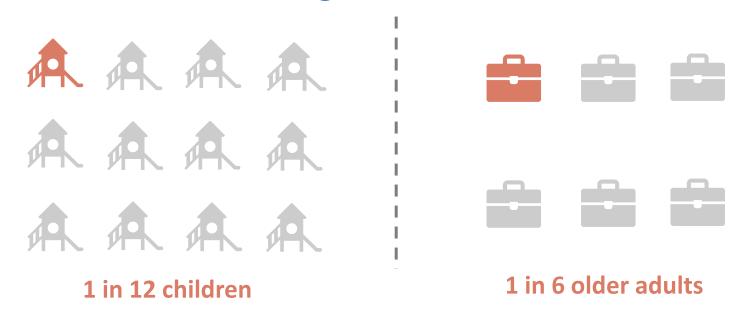
Meningitis

Endocarditis and pericarditis

Peritonitis

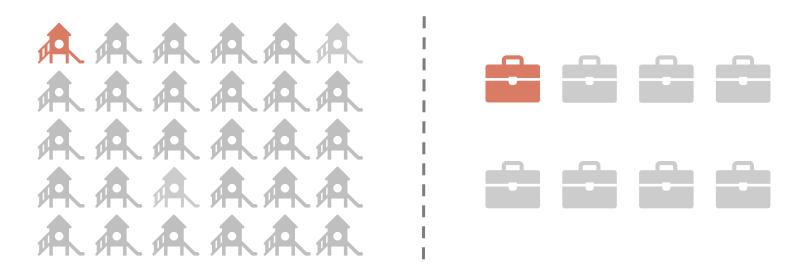
- Bacteremia and sepsis
- Osteomyelitis
- Septic arthritis

Pneumococcal Meningitis Is a Serious Disease



who develop pneumococcal meningitis will die of the infection.

Pneumococcal Bacteremia Can Also Be Fatal



1 in 30 children

1 in 8 adults

who develop pneumococcal bacteremia will die of it.

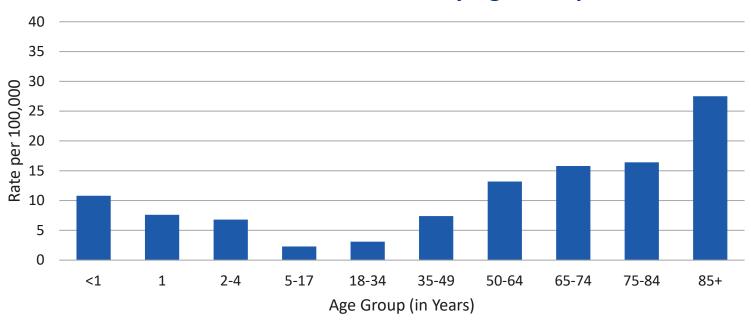
Risk Factors for Invasive Pneumococcal Disease

- Age
- Underlying medical conditions
- Certain racial and ethnic groups
- Close contact



Risk Factors for Invasive Pneumococcal Disease: Age

Invasive Pneumococcal Disease by Age Group, 2022



Risk Factors for Invasive Pneumococcal Disease: Medical and Other Conditions

- Non-immunocompromising conditions
- Immunocompromising conditions

Risk Factors for Invasive Pneumococcal Disease: Non-immunocompromising Conditions

- Alcoholism
- Chronic heart disease
- Chronic lung disease:
 - Chronic obstructive pulmonary disease
 - Emphysema
 - Asthma

- Chronic kidney disease
 - Nephrotic syndrome (adults)
 - Chronic renal failure (adults)
- Chronic liver disease
- Cigarette smoking (adults)
- Diabetes mellitus
- Cerebrospinal fluid leak
- Cochlear implant

Risk Factors for Invasive Pneumococcal Disease: Immunocompromising Conditions

- Chronic renal failure or nephrotic syndrome
- Congenital or acquired asplenia or splenic dysfunction
- Congenital or acquired immunodeficiency
- Sickle cell disease or other hemoglobinopathies
- HIV infection

- Diseases or conditions treated with immunosuppressive drugs or radiation therapy:
 - Hodgkin disease
 - Leukemias
 - Lymphomas
 - Malignant neoplasms
 - Solid organ transplant

Other Risk Factors for Invasive Pneumococcal Disease

Certain racial and ethnic groups

- Alaska Native people
- African American people
- Certain American Indian people

Close contact

- Being in crowded settings (e.g., childcare, nursing homes)
- Certain living conditions (e.g., homelessness)



Knowledge Check

Pneumonia, meningitis, and bacteremia are major clinical syndromes of invasive pneumococcal disease.

- A. True
- B. False



Knowledge Check

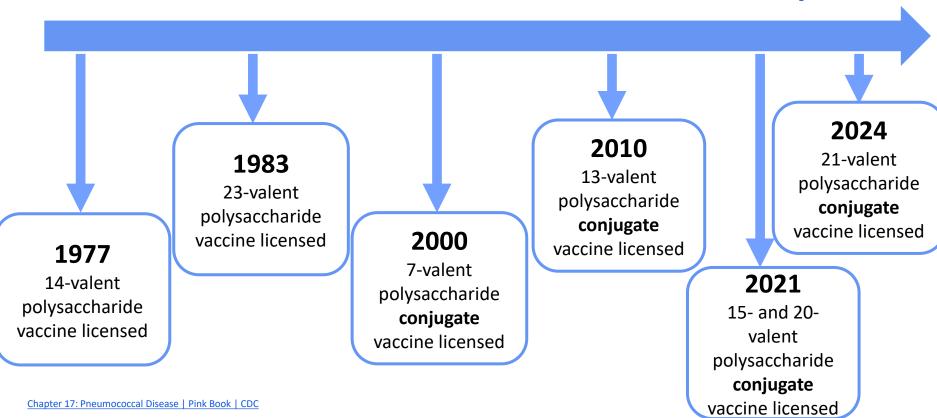
Pneumonia, meningitis, and bacteremia are major clinical syndromes of invasive pneumococcal disease.

A. True

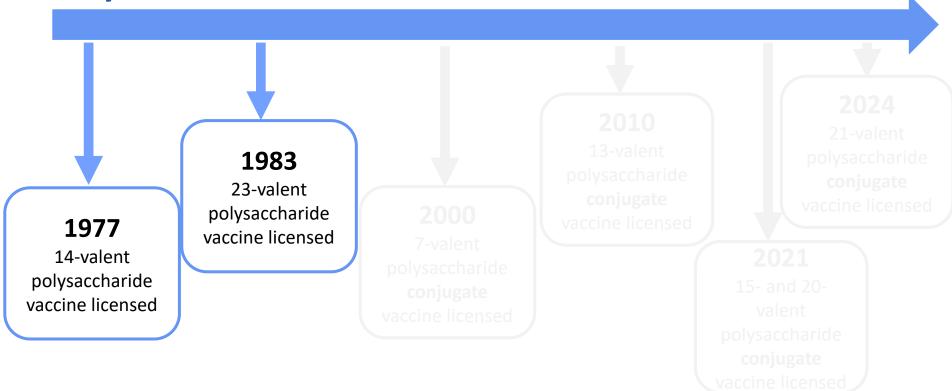
B. False

Pneumococcal Vaccines

Milestones in U.S. Pneumococcal Vaccine Development



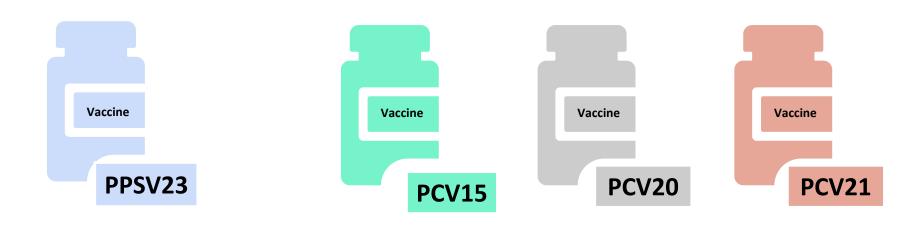
Milestones in U.S. Pneumococcal Vaccine Development: Polysaccharide Vaccines



Milestones in U.S. Pneumococcal Vaccine Development: Conjugate Vaccines

2024 2010 21-valent 13-valent polysaccharide polysaccharide conjugate conjugate 2000 vaccine licensed vaccine licensed 7-valent 2021 polysaccharide 15- and 20conjugate valent vaccine licensed polysaccharide conjugate vaccine licensed

Pneumococcal Vaccine Products



Polysaccharide Vaccine

Conjugate Vaccines

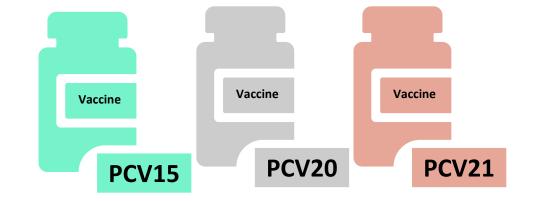
23-valent Pneumococcal Polysaccharide Vaccine (PPSV23)



- Non-live vaccine
- Purified capsular polysaccharide antigen from 23 serotypes
- Contains phenol as a preservative
- No antibiotics or adjuvants
- Intramuscular or subcutaneous injection

Pneumococcal Conjugate Vaccines

- Non-live vaccines
- Purified capsular polysaccharide antigens linked to CRM197 protein
- No preservatives or antibiotics
- PCV15 and PCV20 only: aluminum phosphate adjuvant
- Intramuscular injection



Serotypes in Pneumococcal Vaccine Products

- PCV21 does not contain some serotypes common to other pneumococcal vaccines but also contains 8 serotypes not included in any other vaccine.
- In most populations, serotypes in PCV21 cause 80% of IPD cases among adults with indications for vaccination, including 20%–30% due to the 8 new serotypes in PCV21.

Use of 21-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024 | MMWR

A Word About PCV13 (Prevnar13)

- No longer manufactured or distributed
- As of April 30, 2024, Pfizer discontinued the National Drug Code (NDC) for PCV13.
 - This may result in insurance companies no longer reimbursing for privately purchased PCV13.



Vaccine Effectiveness of PPSV23

- 60%–70% effective against invasive disease caused by serotypes in the vaccine
- Reduced effectiveness in immunocompromised persons
- No consensus regarding the ability of PPSV23 to prevent non-bacteremic pneumococcal pneumonia

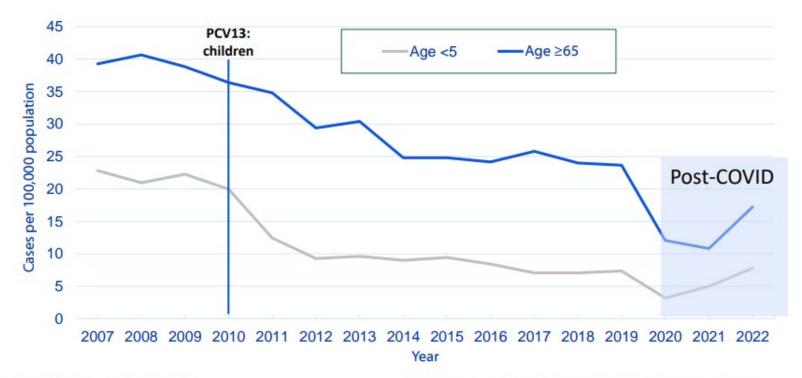
PCV Immunogenicity and Efficacy in Children

- Highly immunogenic in infants and young children
- PCV7 was 97% effective against invasive disease caused by vaccine serotypes.
- Routine vaccination with PCV7 or PCV13 in children shown to:
 - Reduce pneumococcal carriage
 - Reduce transmission of vaccine types
 - Lower incidence of invasive disease among unvaccinated persons of all ages

PCV Efficacy in Adults

- In randomized, placebo-controlled trial among approximately 85,000 adults aged 65 years and older, PCV13 was shown to have:
 - 46% efficacy against vaccine-type pneumococcal pneumonia
 - 45% efficacy against vaccine-type non-bacteremic pneumococcal pneumonia
 - 75% efficacy against vaccine-type IPD

Impact of Pneumococcal Vaccination



Source: CDC's Active Bacterial Core surveillance

Adapted from Gierke Feb 2024 ACIP meeting presentation



Knowledge Check

Which of the following is *not* a conjugate vaccine?

- A. PCV15
- B. PPSV23
- C. PCV20
- D. All of the above
- E. None of the above



Knowledge Check

Which of the following is *not* a conjugate vaccine?

- A. PCV15
- B. PPSV23
- C. PCV20
- D. All of the above
- E. None of the above

3

Clinical Considerations

Pneumococcal Vaccination Schedule: Children and Adolescents



Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

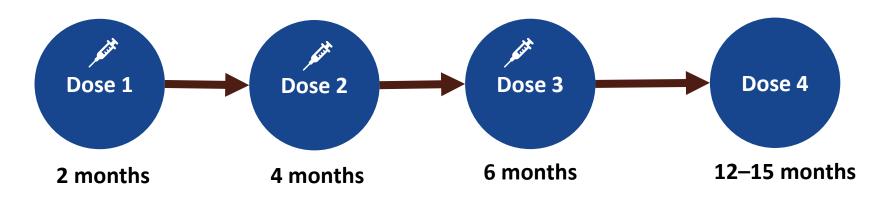
٧	accine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
	neumococcal conjugate PCV15, PCV20)			1st dose	2nd dose	3rd dose		◄ 4th	dose>									

Range of recommended ages for all children Range of recommended ages

Range of recommended ages for certain high-risk groups or populations No Guidance/ Not Applicable

PCV Recommendations for Children and Adolescents (1)

Routine vaccination: At age 2, 4, 6 months and a booster at 12–15 months



PCV Recommendations for Children and Adolescents (2)

- Can use PCV15 or PCV20
 - No preference



Children Who Are Unvaccinated or Incompletely Vaccinated



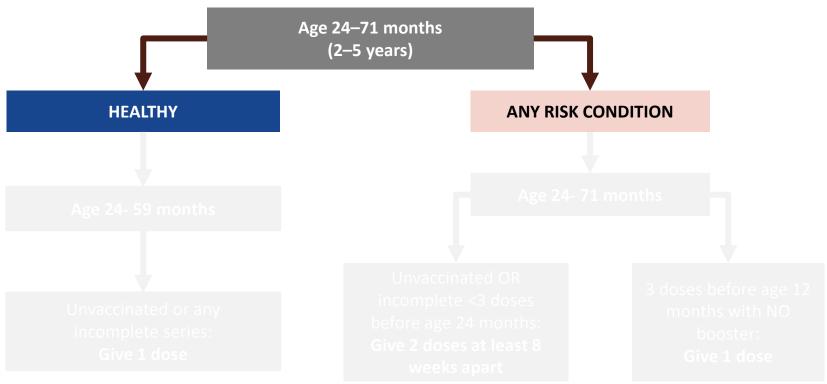
- Children younger than 5 years of age who miss doses or start the series later should still get vaccinated.
- The number of doses recommended and the intervals between doses will depend on the child's current age and the age when vaccination begins.

PCV Catch-up Vaccination: Children Ages 7–23 Months

Age	Schedule
7–11 months	2 doses at least 4 weeks apart, booster dose at 12–15 months of age*
12-23 months	2 doses at least 8 weeks apart

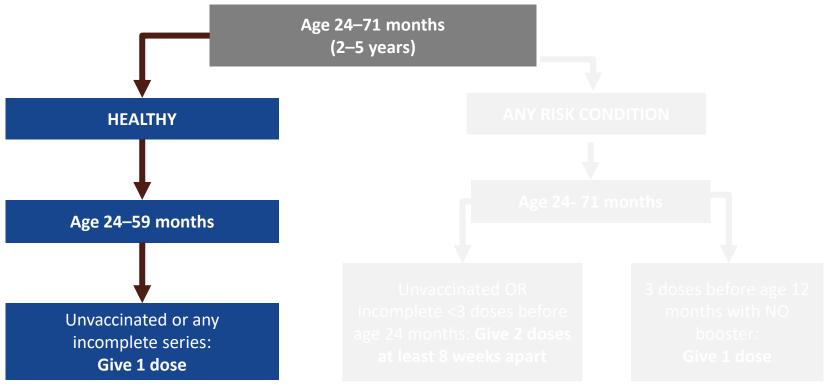
^{*}If the vaccination series is initiated at age 7 through 11 months, and the next dose is administered after the 1st birthday, another dose should be administered 8 weeks later.

PCV Catch-up Vaccination: Children Ages 2–5 Years



Catch-Up Guidance for Healthy1 Children 4 Months through 4 Years of Age Pneumococcal Conjugate Vaccine: PCV-Revised December 2023 Catch-up Immunization Schedule for Children and Adolescents | Vaccines & Immunizations | CDC

PCV Catch-up Vaccination: Children Ages 24–71 Months



Catch-Up Guidance for Healthy1 Children 4 Months through 4 Years of Age Pneumococcal Conjugate Vaccine: PCV-Revised December 2023 Catch-up Immunization Schedule for Children and Adolescents | Vaccines & Immunizations | CDC

PCV Catch-up Vaccination for Children and Adolescents

- Catch-up vaccination through
 71 months of age for those
 with a risk condition
- The number of doses varies, if:
 - Series was started at 7 months or older
 - Doses are delayed



Conditions with Risk-Based Pneumococcal Vaccine Recommendations: Children and Adolescents (1)

- Non-immunocompromising conditions, including:
 - Chronic heart disease
 - Particularly cyanotic congenital heart disease, cardiac failure
 - Chronic lung disease
 - Including moderate persistent or severe persistent asthma being treated with high-dose oral corticosteroid therapy
 - Diabetes

- Chronic liver disease
 - Including cirrhosis
- Chronic kidney disease
 - Excluding maintenance dialysis and nephrotic syndrome
- Cerebrospinal fluid (CSF) leak
- Cochlear implant
- Functional or anatomic asplenia
- Including sickle cell disease

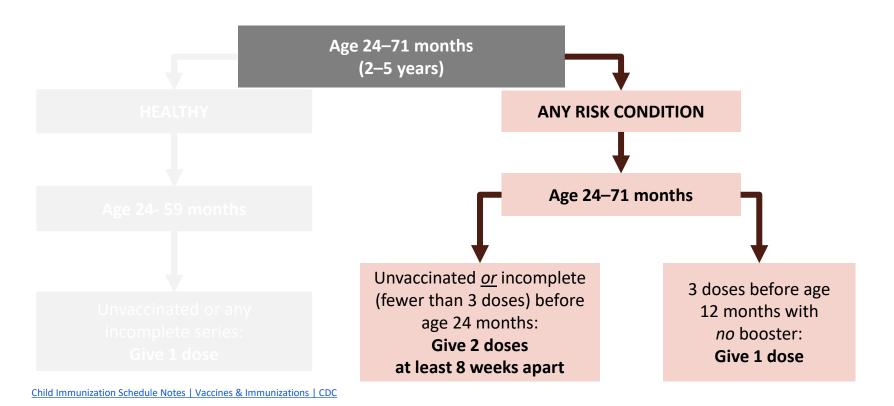
Conditions with Risk-Based Pneumococcal Vaccine Recommendations: Children and Adolescents (2)

Immunocompromising conditions, including

- Congenital or acquired immunodeficiencies
- Hodgkin Disease
- Lymphoma
- Leukemia
- Multiple myeloma
- Generalized malignancy

- Any cancer treated with immunosuppressive therapy
- HIV infection
- Chronic renal failure
- Nephrotic syndrome
- Organ transplant
- Immunosuppressive medications, including chemotherapy and highdose corticosteroid treatment

PCV Catch-up Vaccination: Children Ages 24–71 Months



Children 6–18 Years With Any Risk Condition Who Never Received PCV13, PCV15, or PCV20

- If PCV13, 15, or 20 was not administered before 6 years of age, two options are available.
- Administer either:
 - One dose of PCV15, followed by PPSV23

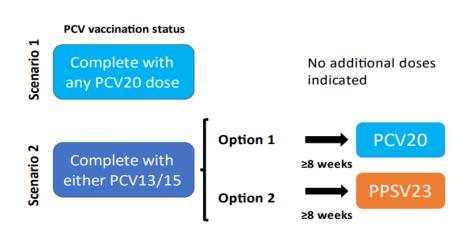
<u>or</u>

- One dose of PCV20

Vaccinated Children 2 Through 18 Years of Age With a Chronic Medical Condition, CSF Leak, or Cochlear Implant

Have received all recommended PCV doses

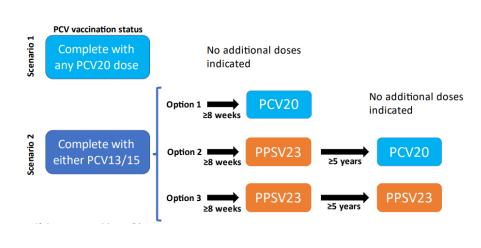
- Current age 2 through 5 years:
 Child was complete by 2 years of age
- Current age 6 through 18 years:
 Child was complete before 6
 years of age



Chronic medical conditions include chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions), chronic heart disease, chronic liver disease, chronic lung disease (including moderate persistent or severe persistent asthma), diabetes mellitus; **CSF** = cerebrospinal fluid

Vaccinated Children 2 Through 18 Years of Age With Immunocompromising Conditions

- Have received all recommended PCV doses
 - Current age 2 through 5 years:
 Child was complete by 2 years of age
 - Current age 6 through 18 years:
 Child was complete before 6
 years of age



Immunocompromising conditions: On maintenance dialysis or nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease or other hemoglobinopathies



Knowledge Check

PCV15 and PCV20 can be used interchangeably in children and adolescents aged 18 years and younger.

- A. True
- B. False



Knowledge Check

PCV15 and PCV20 can be used interchangeably in children and adolescents aged 18 years and younger.

A. True

B. False

Pneumococcal Vaccination Schedule: Adults

Table 1

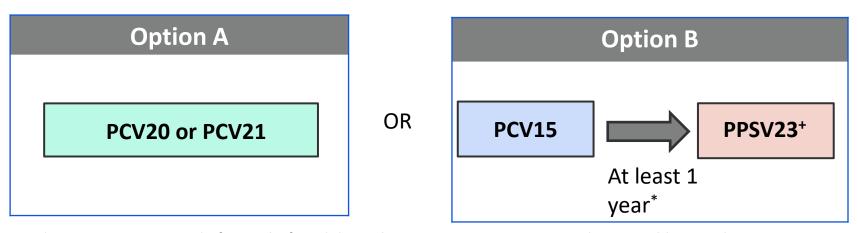
Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Pneumococcal			See N	Notes
(PCV15, PCV20, PCV21, PPSV23)				See Notes
Recommended vaccination for adultation and lack documentation of vaccination,	3 1	Recommended vaccination for adults with an additional risk factor or another indication	Recommended vaccination base clinical decision–making	d on shared No Guidance/ Not Applicable

- Routine vaccination: All adults ages 50 years and older
- Risk-based vaccination: Adults ages 19 through 49 years at increased risk for pneumococcal disease

Vaccination Schedule: Adults Ages 50 Years and Older (1)

- This includes people who:
 - Are unvaccinated
 - Have unknown vaccination history
 - Received PCV7 at any age but no other pneumococcal vaccines



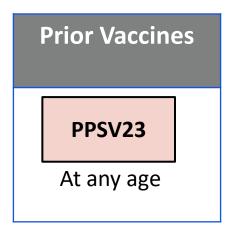
^{*}Consider a minimum interval of 8 weeks for adults with immunocompromising condition, cochlear implant, or cerebrospinal fluid leak.

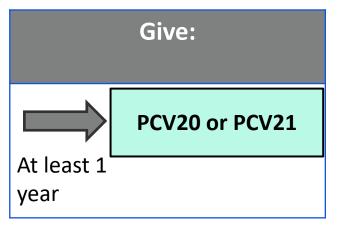
+ If PPSV23 is not available, PCV20 or PCV21 may be used.

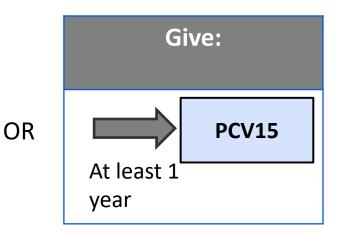
Pneumococcal Vaccine Timing for Adults

Vaccination Schedule: Adults Ages 50 Years and Older (2)

- This includes people:
 - Who have received PPSV23 only at any age

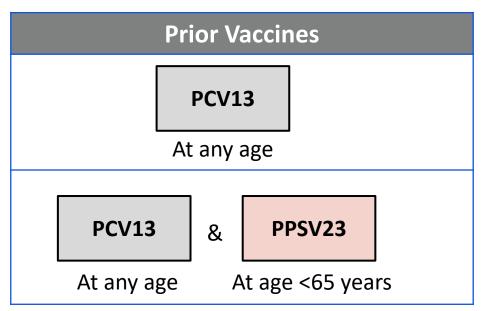


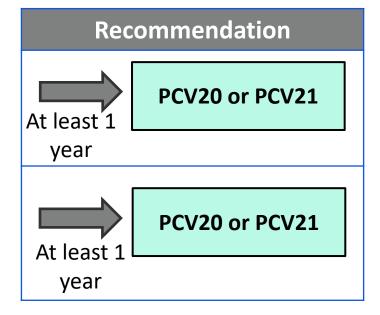




Vaccination Schedule: Adults Ages 50 Years and Older (3)

- This includes people who:
 - Received PCV13 only at any age
 - Received PCV13 at any age and PPSV23 at age less than 65 years

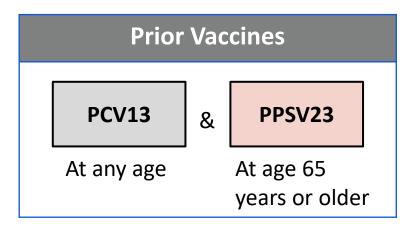


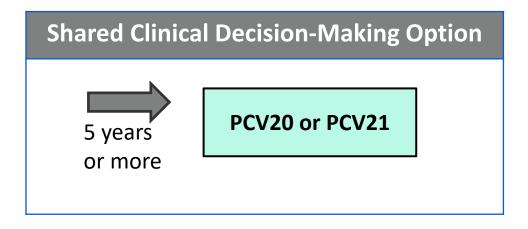


Pneumococcal Vaccine Timing for Adults

Vaccination Schedule: Adults Ages 65 Years and Older Shared Clinical Decision-Making Option

- This includes people who:
 - Received PCV13 at any age and PPSV23 at age 65 years or older





Specific Immunocompromising Conditions

- Chronic renal failure
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency*
- Generalized malignancy
- HIV infection
- Hodgkin disease

- latrogenic immunosuppression⁺
- Leukemia
- Lymphoma
- Multiple myeloma
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies+

Cochlear implant

Cerebrospinal fluid leak

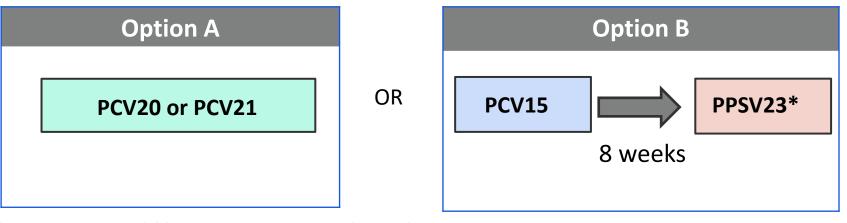
- Solid organ transplant

^{*} Includes B- or T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders

⁺ Includes diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids, radiation therapy

Specified Immunocompromising Conditions, CSF Leak, or Cochlear Implant (1)

- This includes people who:
 - Are unvaccinated
 - Have unknown vaccination history
 - Received PCV7 at any age and no other pneumococcal vaccines

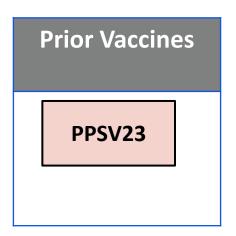


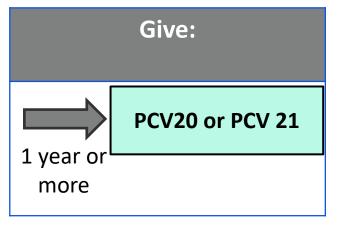
^{*}If PPSV23 is not available, PCV20 or PCV21 may be used.

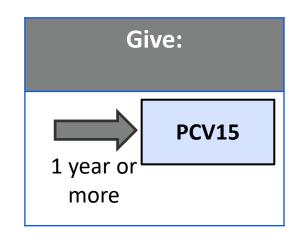
Pneumococcal Vaccine Timing for Adults

Specified Immunocompromising Conditions, CSF Leak, or Cochlear Implant (2)

- This includes people who:
 - Received PPSV23 only



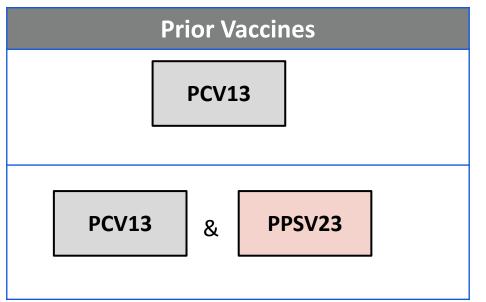


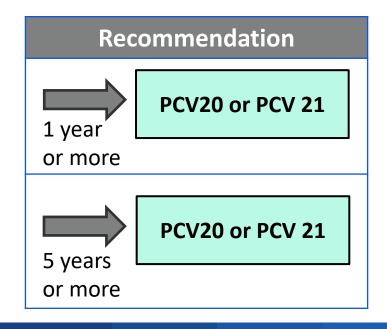


OR

Specified Immunocompromising Conditions, CSF Leak, or Cochlear Implant (3)

- This includes people who:
 - Received PCV13 only
 - Received PCV13 and 1 dose PPSV23





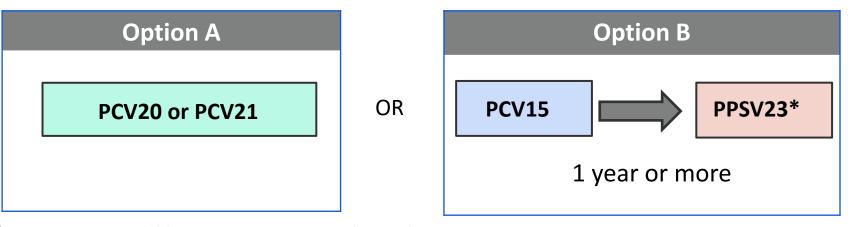
Pneumococcal Vaccine Timing for Adults

Chronic health conditions:

- Alcoholism
- Chronic heart disease, including congestive heart failure and cardiomyopathies
- Chronic liver disease
- Chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma
- Cigarette smoking
- Diabetes mellitus

With Chronic Health Conditions (1)

- This includes people who:
 - Are unvaccinated
 - Have unknown vaccination history
 - Received PCV7 at any age and no other pneumococcal vaccines

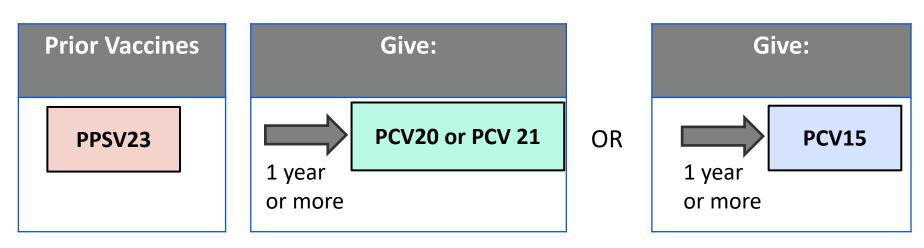


^{*}If PPSV23 is not available, PCV20 or PCV21 may be used.

Pneumococcal Vaccine Timing for Adults

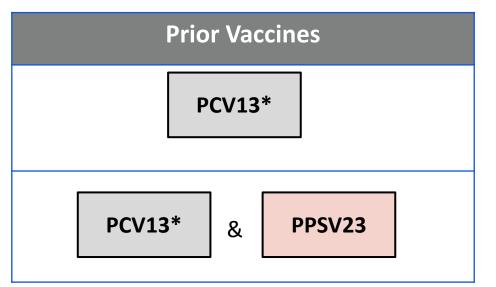
Vaccination Schedule: Adults Ages 19 Through 49 Years With Chronic Health Conditions (2)

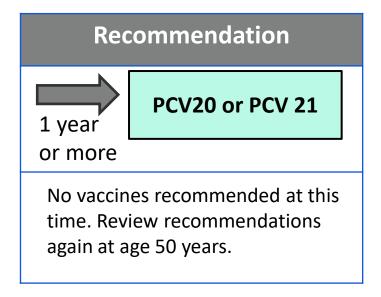
- This includes people who:
 - Received PPSV23 only



With Chronic Health Conditions (3)

- This includes people who:
 - Received PCV13 only
 - Received PCV13 and 1 dose PPSV23





^{*}Adults with chronic medical conditions were previously not recommended to receive PCV13. Pneumococcal Vaccine Timing for Adults

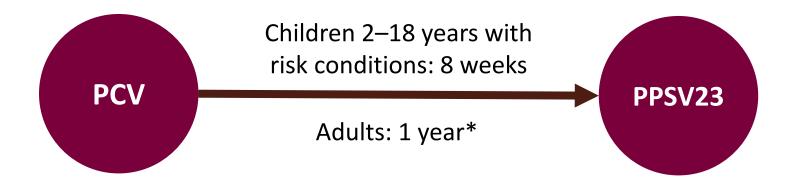
Pneumococcal Vaccination Recommendations for **Adults: Serotype 4 Considerations**

- Available surveillance data show that serotype 4 has caused high percentage of IPD among certain risk groups in Alaska, Colorado, Navajo Nation, New Mexico, Oregon
 - Cases occur across age groups, but frequently observed in adults less than 65 years of age with specific underlying conditions or risk factors:
 - Alcoholism

- Cigarette smoking
 Injection drug use
- Chronic lung disease
 Homelessness
- In such populations, other recommended pneumococcal vaccines (e.g., PCV20) alone or both PCV15 and PPSV23) are expected to provide broader serotype coverage against locally circulating strains than PCV21 alone.
- This guidance will be updated as additional data become available.

Exceptions to Coadministration

- <u>Do not administer</u> a PCV and PPSV23 during the same visit.
 - Give PCV first



*PPSV23 may be administered at least 8 weeks after PCV for persons with a risk condition. Administering Pneumococcal Vaccine: For Providers | CDC

Considerations for Planned Procedures

- Planned procedures, such as splenectomy, cochlear implant, immunocompromising therapy:
 - Administer recommended vaccines at least 2 weeks before the procedure.



Chapter 17: Pneumococcal Disease | Pink Book | CDC



Knowledge Check

Which of the following pneumococcal vaccines can be given to an eligible adult with an indication?

- A. PCV15
- B. PCV20
- C. PPSV23
- D. PCV21
- E. All of the above



Knowledge Check

Which of the following pneumococcal vaccines can be given to an eligible adult aged 19 years or older with an indication?

- A. PCV15
- B. PCV20
- C. PPSV23
- D. PCV21
- E. All of the above

Safety

Adverse Reactions After PPSV23 Vaccination

Local reactions

- Pain, erythema, and swelling

Systemic reactions

- Fatigue, headache, and generalized muscle pain
- More frequent after 2nd dose than 1st dose in 65 years and older
- Clinically important reactions (severe or serious)
 - Rarely, anaphylactic reaction

Adverse Reactions After PCV Vaccination

Local Reactions

- Pain, tenderness, erythema, and swelling

Systemic reactions

- Fatigue, headache, decreased appetite, muscle pain, fever and irritability

Clinically important reactions (severe or serious)

- Rarely, anaphylactic reaction

Contraindications

Both PPSV23 and PCV

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

PCV only

- Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxoid—containing vaccine or its component

Precautions

Moderate or severe acute illness with or without fever

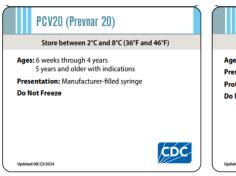
5

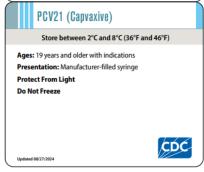
Storage & Handling

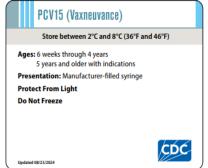
Store PCV and PPSV23 in the Refrigerator Between 2°C and 8°C (36°F–46°F)

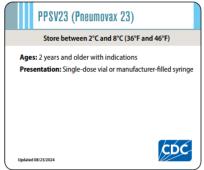
Store:

- In the original packaging with the lids closed
- In a clearly labeled bin and/or area of the storage unit—not next to each other
- Do not freeze the vaccine





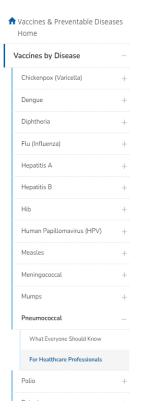




6

Resources





Pneumococcal Vaccination: Information for Healthcare Professionals

Print

Pneumococcal vaccines help protect against some of the more than 100 serotypes of pneumococcal bacteria.

Pneumococcal disease contributes to the U.S. burden of pneumonia, meningitis, bacteremia, sinusitis, and otitis media.

Pneumococcal Vaccine Recommendations

About Pneumococcal Vaccines

Storage and Handling for Pneumococcal Vaccines

Administering Pneumococcal Vaccines

Pneumococcal Vaccine Resources



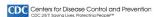
Download "PneumoRecs VaxAdvisor" App for Clinicians

This free <u>mobile app</u> gives clinicians patient-specific pneumococcal vaccination recommendations from anywhere at any time.





PneumoRecs VaxAdvisor



Search Q

Pneumococcal Vaccine Recommendations



PneumoRecs VaxAdv<u>isor</u>

Tool to help determine which pneumococcal vaccines children and adults need.



Get Started

Enter a patient's age, pneumococcal vaccination history, and underlying medical conditions. Move through this tool to create customized pneumococcal vaccination recommendations.

Page last reviewed: December 11, 2024

Content source: National Center for Immunization and Respiratory Diseases

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Q SEARCH

PneumoRecs VaxAdvisor App for Vaccine Providers

KEY POINTS

- Use PneumoRecs VaxAdvisor to quickly and easily determine which pneumococcal vaccines a patient needs and when.
- · Mobile and web versions are available and free to use.
- The PneumoRecs VaxAdvisor app was updated on December 11, 2024, to reflect CDC's updated adult pneumococcal vaccination recommendations.



Get the app

Download the mobile app

Download PneumoRecs VaxAdvisor on your mobile device:

- iOS devices ☑
- Android devices ☑

Use the web version

Access a <u>web version</u> when connected to the internet through a mobile degic or computer.

No. We recommend adjusting the screen size of the web browsers work like a
smartphore. Letter user experience.

Risk-based Recommendations
People with Cochlear Implants

Vaccine Recommendations

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PCV Catch-up Guidance for Healthy Children

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

Pneumococcal Conjugate Vaccine: PCV

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger,

found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

Tourid at www.cdc.govyvaccines/scheddies/hcp/child adolescent.html.					
IF current age is	AND # of previous doses is	AND		THEN	Next dose due
4 through 6 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
		\rightarrow	It has not been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	\rightarrow	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (Final Dose) at 12 months of age or older
		→	It has not been at least 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2
	О	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after

Pneumococcal Vaccine Timing for Adults

Adults ≥50 years old Complete pneumococcal vaccine schedules **Prior vaccines** Option A Option B Adults 19-49 years old with specified immunocompromising conditions None* Complete pneumococcal vaccine schedules Prior vaccines PPSV23 only ≥1 year at any age Adults 19-49 years old with a cochlear implant or cerebrospinal fluid leak PCV13 only Complete pneumococcal vaccine schedules ≥1 year at any age PPSV23 only Prior vaccines Option A Option B PCV13 at any age & ≥5 years PPSV23 at <50 yrs PCV20 or PCV21 Adults 19-49 years old with chronic health conditions PCV13 only Complete pneumococcal vaccine schedules * Also applies to people who received PCV7 at any age and no other p 1 If PPSV23 is not available, PCV20 or PCV21 may be used Prior vaccines Option A Option B * Consider minimum interval (8 weeks) for adults with an immunocome For adults with an immunocompromising condition, cochlear implant dose; for others, the minimum interval for PPSV23 is ≥1 year since la PPSV23 only PCV20 or 1 dose of PPSV23 PCV20 or PCV21 PCV15 ≥1 year > PPSV23¹ Shared clinical decision-making for th PCV13 and ≥5) 2 doses of PPSV23 **Prior vaccines** ≥1 year > PCV20 or PCV21 PCV13 only PCV20 or PPSV23 only ≥1 year > PCV15 Complete series Chronic renal failure PCV13 at any age & ≥5 years > PCV20 or PCV2 Congenital or acquir Immunocompromising PPSV23 at ≥65 yrs Congenital or acqui conditions ≥1 year > PCV20 or PCV21 immunodeficiency[§] PCV13[†] only NO OPTION B PCV13 and Generalized maligna PCV20 or ≥5 years 1 dose of PPSV23 * Also applies to people who received PCV7 at any age a No vaccines are recommended at this time. 1 If PPSV23 is not available, PCV20 or PCV21 may be us PCV13[†] and PPSV23 The minimum interval for PPSV23 is ≥8 weeks since las Review pneumococcal vaccine recommendations Also applies to people who received PCV7 at any age and no other pneumococ § Includes B- (humoral) or T-lymphocyte deficiency, comp again when your patient turns 50 years old. 1 If PPSV23 is not available, PCV20 or PCV21 may be used 1 Includes diseases requiring treatment with immunosup Alcoholism · Chronic lung disease, including chronic obstructive Chronic health Chronic heart disease, including congestive heart failure pulmonary disease, emphysema, and asthma conditions and cardiomyopathies · Cigarette smoking Chronic liver disease Diabetes mellitus * Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

1 If PPSV23 is not available, PCV20 or PCV21 may be used

† Adults with chronic medical conditions were previously not recommended to receive PCV13

CDC Clinical Resources

- www.cdc.gov/vaccines/
 - Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations and Guidelines
 - Recommended Immunization Schedules
 - Vaccine Storage and Handling Toolkit
 - Vaccine Information Statements

Pink Book Training Materials





Continuing Education Information

- To claim continuing education (CE) for this course, please follow the steps below by July 1, 2026.
- Search and register for course WD4810-091024 in CDC TRAIN.
- Pass the post-assessment at 80%.
- Complete the evaluation.
- Visit "Your Learning" to access your certificates and transcript.
- If you have any questions, contact CDC TRAIN at <u>train@cdc.gov</u> or <u>IZLearn@cdc.gov</u>



Email Us Your Immunization Questions



nipinfo@cdc.gov

Thank You From Atlanta!

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



