



From the Texas Department of State Health Services Immunization Branch

The goal of the Vaccine Advisory is to disseminate, in a timely manner, practical information related to vaccines, vaccine-preventable diseases, and the vaccine programs managed by the Immunization Branch. The Immunization Branch welcomes readers' input to improve the contents of this document.

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Updated Recommendations for Use of Pneumococcal Vaccines in Adults aged ≥ 65 years

On August 13, 2014, the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) voted to recommend routine use of 13-valent pneumococcal conjugate vaccine (PCV13) among adults aged ≥ 65 years. PCV13 should be administered in series with the 23-valent pneumococcal polysaccharide vaccine (PPSV23).

This advisory summarizes the new recommendations which became official on September 19, 2014 and are published in CDC's [Morbidity and Mortality Weekly Report](#) (MMWR).

This advisory contains:

1. Background and Surveillance
2. Summary of ACIP's recommendations for PCV13 vaccine in adults ≥ 65 years
3. Coadministration with other vaccines
4. Adult Safety Net (ASN) Availability
5. Medicare Reimbursement
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1) Background and Surveillance

Pneumococcal disease is an infection caused by *Streptococcus pneumoniae* bacteria, sometimes referred to as pneumococcus. Pneumococcus remains a leading cause of serious illness and can cause many types of Invasive Pneumococcal Disease (IPD) including bacteremia, meningitis, and pneumonia in older adults.

There are two different vaccines used to prevent pneumococcal disease, the pneumococcal conjugate vaccine (PCV13) and the pneumococcal polysaccharide vaccine (PPSV23). Prior to the updated ACIP recommendation, routine use of PCV13 was only recommended for children in the first two years of life and for adults ≥ 19 years with immunocompromising conditions. Routine use of PPSV23 in adults 65 years of age and older has been recommended since 2010.

More than 95% of pneumococcal deaths in the United States are in adults. Yet approximately 70 million adults at highest risk remain unvaccinated, leaving them vulnerable. Approximately 20 – 25% of IPD cases and 10% of community-acquired pneumonia cases in adults aged ≥ 65 years are caused by PCV13 serotypes and are preventable with routine use of PCV13 vaccine in this population. Vaccination is the safest, most effective way to prevent pneumococcal disease.

Invasive *Streptococcus pneumoniae* is a [reportable condition in Texas](#). Laboratory confirmed cases with isolates from normally sterile sites (blood, cerebrospinal fluid, pericardial fluid, pleural fluid, peritoneal fluid, and bone/marrow) should be reported to the local health department (LHD) within 1 week of identification.

2) Summary of New ACIP Recommendations

The updated recommendations for pneumococcal vaccination state the following:

- Both PCV13 and PPSV23 should be administered routinely in series to all adults aged ≥ 65 years.
- **Pneumococcal vaccine-naïve persons:** Adults aged ≥ 65 years who have not previously received pneumococcal vaccine, or whose vaccination history is unknown, should receive a dose of PCV13 first, followed by a dose of PPSV23 in 6 – 12 months.
- **Previous vaccination with PPSV23:** Adults aged ≥ 65 years who have previously received ≥ 1 doses of PPSV23, should receive PCV13 ≥ 1 year after the most recent dose of PPSV23. For those needing an additional dose of PPSV23, it should be given 6 – 12 months after PCV13 and ≥ 5 years after the most recent dose of PPSV23.

Providers should not miss an opportunity to vaccinate their patients. If PPSV23 cannot be given 6 – 12 months after PCV13, the dose of PPSV23 should be given during the next visit. PCV13 and PPSV23 should be separated by at least 8 weeks.

The recommendations for routine PCV13 use among adults ≥ 65 years will be reevaluated in 2018 and revised as needed.

3) Coadministration with Other Vaccines

Coadministration of PCV13 and trivalent inactivated influenza vaccine (TIV) has been demonstrated to be immunogenic and safe. Although a study found slightly lower pneumococcal serotype-concentrations when coadministered with TIV, the ACIP has not addressed this but recommends that opportunities to vaccinate should not be delayed. Currently, no data are available on coadministration with other vaccines amongst adults.

4) Adult Safety Net (ASN) Availability

The Adult Safety Net (ASN) Program supplies publicly purchased vaccine at no cost to enrolled providers. The program is aimed at increasing access to vaccination services in Texas for uninsured adults. PPSV23 has been available as part of the ASN formulary since April 2014. The ASN formulary was later expanded in September 2014 to include PCV13 as a result of the updated ACIP recommendations. For more information on the ASN Program, as well as a complete list of available vaccines, please visit www.dshs.state.tx.us/asn/.

5) Reimbursement from Medicare

The Centers for Medicare and Medicaid Services (CMS) has updated the Medicare coverage requirements to align with the updated ACIP recommendations. An initial pneumococcal vaccine may be administered to all Medicare Part B beneficiaries who have never received a pneumococcal vaccine under Medicare Part B. A different, second pneumococcal vaccine may be administered 1 year after the first vaccine was administered. Please note that the CMS coverage interval between the two different pneumococcal vaccines must be 11 or more months, not 8 weeks or 6 months as in the ACIP recommendations. For additional information, please read [Medicare Learning Network Matters® Number MM9051](#).

6) Immunization Requirements for Residents of Texas Nursing Homes

The [Texas Administrative Code Rule 97.202](#) requires that nursing homes offer immunizations in accordance with the most recent recommendations of the ACIP. Nursing homes must offer pneumococcal vaccination to current and incoming residents 65 years of age or older who have not received this immunization and to residents younger than 65 years of age who have not received the vaccine but are candidates for vaccination because of chronic illness. The vaccines should be administered unless medically contraindicated by a physician or the resident refuses the vaccine.

7) ImmTrac

ImmTrac users can report administration of PCV13 vaccine using CPT code 90670 and PPSV23 using CPT code 90732. For more information about ImmTrac, please refer to www.ImmTrac.com.

8) Resources

Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged ≥ 65 Years: Recommendations of the ACIP

www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm

We hope you generously forward this advisory to others who may benefit from this information.

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