

## 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 <sup>A</sup>
  - Sickle cell disease
  - Immunosuppression related to disease [e.g., malignant neoplasm (including leukemia and lymphoma), HIV, multiple myeloma] or therapy <sup>B</sup> (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
  - Alcoholism
  - Cystic fibrosis
  - Chronic CSF leak
  - Cochlear implant (candidate or recipient)
  - Homelessness <sup>C</sup> and/or illicit drug use <sup>D</sup>
  - Chronic neurological conditions that may impair clearance of oral secretions

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### DOSES AND SCHEDULE:

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

When both pneumococcal conjugate vaccine (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 \(HSCT\)](#).

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<sup>A</sup> 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.

<sup>B</sup> Give vaccine before initiation of immunosuppressive therapy, and early in the course of HIV infection.

<sup>C</sup> Homelessness as defined by local jurisdiction.

<sup>D</sup> Crack cocaine smokers have been shown to be at increased risk of invasive pneumococcal disease.

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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.<sup>A</sup>

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### 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 \(HSCT\)](#).

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### SEROLOGICAL TESTING:

Serological testing is not recommended before or after immunization.

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### CONTRAINDICATIONS:

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

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### PRODUCT COMPONENTS:

Potential allergens: none.

Other components: phenol.

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### 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.

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### SPECIAL CONSIDERATIONS:

Not applicable.

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### ADVERSE EVENTS:

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

**Systemic:** fever.

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<sup>A</sup> Tseng, H.F., et al; Vaccine, 2011 May 9;29(20):3628-32.