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
  - Sickle cell disease
  - Immunosuppression related to disease [e.g., malignant neoplasm (including leukemia and lymphoma), HIV, multiple myeloma] or therapy (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 and/or illicit drug use
  - Chronic neurological conditions that may impair clearance of oral secretions

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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A 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.
B Give vaccine before initiation of immunosuppressive therapy, and early in the course of HIV infection.
C Homelessness as defined by local jurisdiction.
D 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. A

BOOSTER DOSES:
• A once-only revaccination should be offered 5 years after the initial immunization to those who have:
  o Anatomic or functional asplenia
  o Sickle cell disease
  o Immunosuppression related to disease (e.g., HIV, lymphoma, Hodgkin’s, multiple myeloma) or therapy (e.g., high dose, systemic steroids)
  o Congenital immunodeficiency states (as above)
  o Chronic kidney disease
  o Chronic liver disease including cirrhosis, chronic hepatitis B, and hepatitis C
  o Solid organ or islet cell transplant (candidate or recipient)
• HSCT recipients: see Part 2 – Immunization of Special Populations, Hematopoietic Stem Cell Transplantation (HSCT).

SEROLOGICAL TESTING:
Serological testing is not recommended before or after immunization.

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

PRODUCT COMPONENTS:
Potential allergens: none.
Other components: phenol.

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.

SPECIAL CONSIDERATIONS:
Not applicable.

ADVERSE EVENTS:
Local: soreness, redness, swelling, severe Arthus reaction (rarely).
Systemic: fever.