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To: Wisconsin Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Long Term Care Facility Directors, and Local Health Departments

From: Jeffrey P. Davis, MD, Chief Medical Officer and State Epidemiologist for Communicable Diseases and Emergency Response

Re: New Recommendation for Pneumococcal Vaccination of Adults

On September 19, 2014, the Centers for Disease Control and Prevention (CDC) published new Advisory Committee on Immunization Practices (ACIP) recommendations pertaining to pneumococcal vaccination. The ACIP recommends that adults aged ≥ 65 years now receive the pneumococcal conjugate vaccine (PCV13, Prevnar-13[®]) followed by the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax[®]23) 6 to 12 months later. The full recommendations are available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6337.pdf>

During June 2014, the results of a large randomized placebo-controlled trial evaluating efficacy of PCV13 against community-acquired pneumonia among adults aged ≥ 65 years (CAPiTA trial) became available. Among approximately 85,000 adults aged ≥ 65 years included in the CAPiTA trial, the efficacy of PCV13 was 75% against vaccine-type invasive pneumococcal disease and 45% against vaccine-type non-bacteremic pneumococcal pneumonia. Among immunocompetent older adults with various underlying illness, observational studies have suggested effectiveness estimates ranging from 50% to 80% for the prevention of invasive pneumococcal disease. Immunogenicity studies examining responses to PCV7 and PPSV23 administered in series demonstrated a better immune response when PCV7 was administered first. Therefore both PCV13 and PPSV23 should be routinely administered in series to all adults aged ≥ 65 years.

Recommendation

- Adults aged ≥ 65 years who have not previously received pneumococcal vaccine or whose previous vaccination history is unknown should receive a dose of PCV13 first, followed by a dose of PPSV23, ideally 6 to 12 months later.
 - If PPSV23 cannot be given during this time period, the dose of PPSV23 should be given during the next clinic visit.
 - The minimum interval between administration of PCV13 and PPSV23 is 8 weeks, although it is preferred that the doses are separated by 6 to 12 months.
- Adults aged ≥ 65 years who have previously received ≥ 1 dose of PPSV23 also should receive a dose of PCV13 if they have not yet received it. A dose of PCV13 should be given ≥ 1 year after receipt of the most recent dose of PPSV23.
 - Persons for whom an additional dose of PPSV23 is indicated (i.e., persons with functional or anatomic asplenia and immunocompromised persons) should receive this

subsequent dose of PPSV23 6 to 12 months after the dose of PCV13 and ≥ 5 years after the most recent dose of PPSV23.

- PCV13 and PPSV23 should not be administered during the same visit.
- Adults who received PCV13 at a younger age do not need any additional doses of PCV13.
- If an adult has previously received a dose of pneumococcal vaccine prior to December 2011 but does not know what type, it is reasonable to assume that it was PPSV23 because PCV13 was licensed by FDA during December 2011.
- The recommendation for routine PCV13 use among adults aged ≥ 65 years will be reevaluated during 2018 and revised as needed.

Insurance Coverage

- Most private health insurance covers pneumococcal vaccination.
- Currently, Medicare Part B typically covers:
 - One lifetime pneumococcal vaccine dose.
 - Additional pneumococcal vaccine doses depending on the patient's risk of pneumococcal disease or uncertainty of the patient's pneumococcal vaccination history.
 - A second dose of PPSV23 for the highest risk individuals when given at least five years after the first dose.
- The Centers for Medicare and Medicaid Services will review the new recommendation and determine whether there will be a change in coverage.
- Patients with insurance that supplements Medicare Part B should check with their insurance carrier to determine whether their plan covers both recommended pneumococcal vaccines.
- Until Medicare covers both doses, eligible persons may receive their second pneumococcal vaccine at a local health department if they received a previous dose of pneumococcal vaccine that was covered by Medicare, regardless of who administered the vaccine (and are therefore considered underinsured for the second dose). This provision will be evaluated during the first quarter of 2015.

Most adults are not aware that they need vaccines (e.g., influenza, Tdap, PCV13 and PPSV23), and your strong recommendation is critical to ensuring they have the best protection against serious diseases like pneumonia. Providers should take the following four steps to encourage their adult patients to receive all of the recommended vaccines:

1. Screen adult patients for their vaccination status during each visit.
2. Recommend the needed vaccines to their patients during each visit.
3. Administer the needed vaccines, or refer the patient to a provider who is able to vaccinate.
4. Document the vaccination in the patient's medical record and submit this information to the Wisconsin Immunization Registry (WIR).

The CDC has developed materials and resources to help providers with implementing the recommendation.

Adult immunization resources

- For healthcare professionals: www.cdc.gov/vaccines/hcp/patient-ed/adults/
- For patients: www.cdc.gov/vaccines/adults

Pneumococcal disease and vaccine resources

- Disease: www.cdc.gov/pneumococcal/clinicians

- Vaccine: www.cdc.gov/vaccines/vpd-vac/pneumo
 - ACIP Recommendations: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html
 - Adult-specific guidance: <http://www.cdc.gov/vaccines/vpd-vac/pneumo/vac-PCV13-adults.htm>

If you have questions or need additional assistance, please contact Stephanie Borchardt at 608-266-9923 or Stephanie.Borchardt@wi.gov.

Your efforts in improving the health of Wisconsin's residents are greatly appreciated. Please make adult immunization a priority even if you do not provide vaccination services in your office.