Webinar
Vaccine Preventable Diseases
March 31, 2010

Participant Questions

Pneumococcal Vaccine

Is there a maximum number of pneumonia vaccines a person can receive?

Most of our individuals who live at state supported living centers have received 2 pneumococcal vaccines, one in 1989 and again in 2002. Should these individuals receive an additional pneumonia vaccine even if they are not 65?

There are not a maximum number of doses a person can receive. Individuals at SSLCs who have already received 2 doses may still receive an additional pneumonia vaccine; depending on age, high-risk qualifications, and a physician’s order. Please see the following recommendations regarding Pneumococcal vaccine:

For Adults
Usually one dose of Pneumococcal 23-valent polysaccharide vaccine (PPV23) is currently recommended for use in all adults who are older than 65 years of age.

However under some circumstances a second dose may be given to individuals who are immunocompromised, including:

- people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose
- people who have a damaged spleen or no spleen
- people who have HIV infection or AIDS
- people with kidney failure or Nephrotic syndrome
- people who have cancer, leukemia, lymphoma, or multiple myeloma
- people who have received an organ or bone marrow transplant, or who are taking medications that lowers immunity.

The CDC recommends 1 dose of PPV23 for most people in a lifetime and 2 doses for individuals who are at high risk, including people who smoke.

PPV23 is a polysaccharide vaccine that does not boost well, and data does not indicate that more than 2 doses are beneficial.
For Children

On February 24, 2010, a 13-valent pneumococcal conjugate vaccine (PCV13) was licensed by the Food and Drug Administration (FDA) for prevention of invasive pneumococcal disease (IPD) caused by the 13 pneumococcal serotypes covered by the vaccine and for prevention of otitis media caused by serotypes in the 7-valent pneumococcal conjugate vaccine formulation (PCV7).

Use of PPSV23 among children 2 through 18 years of age who are at increased risk for invasive pneumococcal disease:

- In addition to receiving PCV13, children with underlying medical conditions should receive PPSV23 at age 2 years or as soon as possible after the diagnosis of chronic illness is made in children >2 years.
- Doses of PCV13 should be completed before PPSV23 is given.
- The minimum interval is at least 8 weeks after the last dose of PCV13.
- However, children who have previously received PPSV23 should also receive the recommended PCV13 doses.
- A second dose of PPSV23 is recommended 5 years after the first dose of PPSV23 for children who have sickle cell disease, or functional or anatomic asplenia, HIV-infection, or other immunocompromising condition.
- No more than two PPSV23 doses are recommended.

All children and adults who are at highest risk of serious pneumococcal disease should be considered for revaccination 5 years after the previous dose of PPV23. Health-care providers should not administer a second dose of PPV23 any earlier than 3 years after the initial dose of PPV23.

Boosters

Is it recommended for healthy adults who have not had vaccines since childhood to have boosters for any of the disease processes?

Please reference the adult immunization schedule at:
http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm

Hepatitis B Vaccine (HBV)

If immunity for HBV is 20 or more years, should testing be performed for anti-HBs or should a booster given?

If a health care worker has had the 3 doses of the Hepatitis B Vaccine (HBV) series, that person does not need to be tested for anti-HBs unless he or she has an exposure. Data show that adequate response to the 3-dose series of hepatitis B vaccine provides long-term immunologic memory that gives long-term
protection. Post vaccination testing can be done, however, on health care workers 1-2 months after the vaccine series is completed.

Only people who are immunocompromised (e.g., hemodialysis patients, HIV-positive persons) need to have anti-HBs testing and booster doses of vaccine to maintain their anti-HBs concentrations of at least 10mIU/ml to be protected against HBV infection.