

TO: Healthcare Providers, Hospitals, Long-Term Care Facilities, Pharmacies, and Local Health Departments

FROM: New York State Department of Health Bureau of Immunization

HEALTH ADVISORY:

NEW PNEUMOCOCCAL VACCINE RECOMMENDATIONS FOR ADULTS

Please distribute to the Medical Director, Director of Nursing, Primary Care Clinic Directors, Director of Pharmacy, Infection Control Department, and all patient care areas.

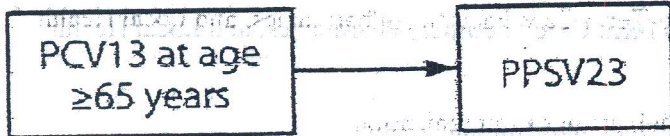
SUMMARY

- The Advisory Committee on Immunization Practices (ACIP) has issued new recommendations for pneumococcal vaccination of adults.
- Adults aged 65 years or older who have not previously received any pneumococcal vaccine or whose vaccination history is unknown should receive a dose of the pneumococcal conjugate vaccine (PCV13, Prevnar-13®), followed 6-12 months later by a dose of the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23).
- Adults 65 years of age or older who have previously received PPSV23, on or after age 65 years, should receive PCV13 at least 1 year after their most recent dose of PPSV23.
 - Adults who received PPSV23 before age 65 years should receive PCV13 on or after age 65 years and at least 1 year after the dose of PPSV23, followed by a second dose of PPSV23 6 to 12 months after the dose of PCV13, and at least 5 years after the first dose of PPSV23.
- Refer to algorithm on page 4 of this document.
- Currently, Medicare Part B covers only one dose of pneumococcal vaccine, either PCV13 or PPSV23 but not both, for adults 65 years of age or older.
- Healthcare providers should not hesitate to administer PCV13 vaccine to adults 65 years of age or older who have not previously received any pneumococcal vaccine or whose vaccination history is unknown.
- Healthcare providers should discuss with previously-vaccinated patients the risks and benefits of administering PCV13 vaccine at this time versus deferring vaccination until such time as it is covered by Medicare.

New Recommendations for Pneumococcal Vaccination of Adults Aged 65 Years or Older
On September 19, 2014, the Centers for Disease Control and Prevention (CDC) published new ACIP recommendations for pneumococcal vaccination of adults. Adults aged 65 years or older are now recommended to be vaccinated with the pneumococcal conjugate vaccine (PCV13, Prevnar-13®) first and then be vaccinated with the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23) 6-12 months later. The two vaccines should not be co-administered, and the minimum acceptable interval between PCV13 and PPSV23 is 8 weeks. Adults 65 years

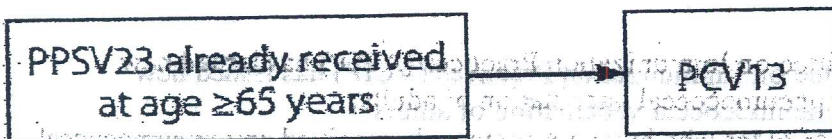
BOX. Sequential administration and recommended intervals for PCV13 and PPSV23 for adults aged ≥ 65 years — Advisory Committee on Immunization Practices, United States

Pneumococcal vaccine-naïve persons aged ≥ 65 years



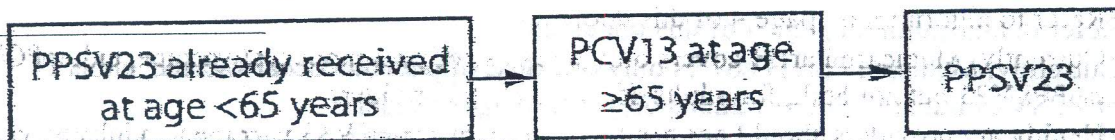
6–12 months*

Persons who previously received PPSV23 at age ≥ 65 years



≥ 1 years

Persons who previously received PPSV23 before age 65 years who are now aged ≥ 65 years



≥ 1 years

6–12 months*

≥ 5 years

Abbreviations: PCV13 = 13-valent pneumococcal conjugate vaccine; PPSV23 = 23-valent pneumococcal polysaccharide vaccine.

* Minimum interval between sequential administration of PCV13 and PPSV23 is 8 weeks; PPSV23 can be given later than 6–12 months after PCV13 if this window is missed.

Medicare Coverage Change Related to New Pneumococcal Vaccine Recommendations

We have received the following information from DOH, effective date 2/1/15:

On September 19, 2014 the Centers for Disease Control and Prevention (CDC) published new ACIP (Advisory Committee on Immunization Practices) recommendations for pneumococcal vaccination of adults. Adults aged 65 years and older are now recommended to be vaccinated with the pneumococcal conjugate vaccine (PCV13, Pnevna-13 ®) first and then be vaccinated with the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23) 6-12 months later. The two vaccines should not be co-administered, and the minimum acceptable interval between the PCV13 and PPSV23 is 8 weeks. Adults 65 years of age or older who have previously received PPSV23 should receive the PCV 13 at least 1 year after their most recent dose of PPSV23. The full ACIP statement is available online at

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm> Sequential administration and recommended intervals for PCV13 and PPSV23 are noted on this site. <http://www.cdc.gov/vaccines/vpd-vac/pneumo/vac-PCV13-adults.htm> is another link with excellent information explaining the recommendations and has a Q and A section at the end of the recommendations.

We were informed on 1/7/14 CMS is updating the Medicare coverage requirements to align with the updated ACIP recommendations for Coverage of Pneumococcal Vaccinations. The implementation for this change is February 2, 2015. Previously, Medicare would cover only one dose of pneumococcal vaccine, either PCV13 or PPSV23 but not both, for adults 65 years of age or older. A different, second pneumococcal vaccine may be administered 1 year after the first vaccine was administered. Billing information is outlined in the Medicare Claims Processing Manual; Transmittal 3159. The following link contains CMS modifications for the coverage:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2014-Transmittals-Items/R3159CP.html>

Healthcare providers should discuss with previously vaccinated patients, the risks and benefits of administering PCV13 vaccine. While the NYS regulation has not changed, the standard of care or best practice and the Medicare Coverage for pneumococcal vaccinations has changed. It is important for our long term care facilities to have this discussion with their medical directors and prepare to implement these best practices related to pneumococcal vaccine (develop policy/procedure and educate staff).

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