



Flu Vaccine Season - Is it Time for the Pneumococcal Vaccine As Well?

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Health care providers have long been frustrated with the dichotomy presented by the limits on revaccination with the Pneumococcal vaccine (PPV). Serious local and systemic reactions to revaccination have resulted in recommendations against this. Oftentimes, we simply don't know if our residents have ever been vaccinated, much less when. Although PharMerica is not in a position to alter manufacturer labeling, we have contacted both manufacturers of the vaccine and the Centers for Disease Control and have reviewed literature on the subject in order to provide as much information as we can.

(The following is provided for information only. PharMerica makes no recommendations concerning revaccination with PPV other than those provided by manufacturer labeling.)

PPV is effective in decreasing the chances for pneumonia in long term care residents with best results occurring in residents with well-functioning immune systems. Revaccination reactions can be local or systemic and the severity appears to be directly related to the amount of antibody titer. As would be expected, antibody titer decreases over time. Severe reactions to revaccination have occurred thirteen months after initial vaccination, while some individuals have been revaccinated after 3 years without adverse effects.

Vaccine manufacturers (Mfg), along with two groups, the American College of Physicians (ACP) and the CDC Advisory Committee on Immunization Practices (ACIP), have made recommendations on revaccination that include:

- Vaccination should be considered at age 50 and should be universal even for healthy adults at age 65.(ACP)
- Revaccination should be considered every 6 years.(ACIP)
- Revaccination should be considered every 3 to 5 years for children more than 10 years old with certain diseases, e.g. splenic dysfunction and chronic cardio pulmonary, hepatic, or renal disease.(ACIP)
- Revaccination should also be considered for adults at highest risk every 6 years.
- PPV can be administered at the same time as flu vaccine, (but in a different anatomical site) with the same efficacy.(Mfg)
- Revaccination is recommended every 4 years for adults at "highest risk" for fatal pneumococcal infection.(Mfg)
- Vaccine-induced antibodies may persist for as long as 5 years, but levels decline over a 42 month period.(Mfg)
- Because of potentially severe reactions, routine revaccination is not recommended in healthy adults after less than 3 years.

PPV is effective in decreasing the chances for pneumonia in long-term care residents

Between 3 and 5 years after vaccination, antibody titers fall at a rate that probably varies significantly between individuals, based at least in part on the status of their immune systems. Revaccination should be considered after 5 or 6 years, based on existing literature. After 5 or 6 years there seems to be little risk of severe reaction, and some risk that the antibody level has become inadequate to protect against infection.

One step that could help resolve the issue and, at the same time greatly increase the number of nursing facility residents protected by PPV vaccine, is to establish (at the time of admission) when and if residents

have been vaccinated with PPV.

Your local PharMerica pharmacy can provide you with more extensive information and background materials on request.

ABOUT THE AUTHOR

Harvey Swenson received his Bachelor of Science in Pharmacy from the University of Utah. He has published numerous articles and guidelines for pharmaceutical practice in long term care and assisted living facilities and about OBRA and California regulations. Mr. Swenson is a Regional Director of Consulting for PharMerica's Western Region and a member of ASCP.

SUMMARY

There is clearly a risk of significant reaction to revaccination in those with high antibody titer, and revaccination should not be considered in the first 3 years after vaccination.



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