

HEALTH ALERT NETWORK HEALTH DISTRICT 4

CDC ADVISORY FOR HEALTH CARE PROVIDERS

Please circulate to all clinical and support staff.

Recommendations for Pneumococcal Vaccination to Help Prevent Secondary Infections

*This summary document was prepared by the Office of Communicable Disease Control & Public Health Preparedness, Central District Health Department.

November 20, 2009

CDC released an advisory guidance on the use of pneumococcal vaccination to help prevent secondary infections on November 16, 2009. The guidance is summarized below. See the following website for the complete guidance:
<http://www.cdc.gov/h1n1flu/recommendations.htm>

Situation:

- CDC has seen greater than expected numbers of cases of invasive pneumococcal disease coincident with increases in influenza-associated hospitalizations.
- Recently, pneumococcal infections have been identified as an important complication in severe and fatal cases of 2009 H1N1 influenza virus infection.
- Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza.
- The key difference between this pandemic and those of the past is that now there are two pneumococcal vaccines that may help prevent these infections.
- Pneumococcal polysaccharide vaccine (PPSV) coverage among high-risk population is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection.
- During the 2009-2010 influenza season, pneumococcal vaccines can be useful in preventing secondary pneumococcal infections and reducing illness and death among those infected with influenza viruses.

Recommendations:

- Specified populations (described below) receive a single dose of PPSV:
 - Individuals 65 years of age and older;
 - Persons 2 through 64 years of age with certain high-risk conditions;

- Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease.
- High risk conditions include:
 - Those 19 through 64 years of age with asthma or who smoke cigarettes;
 - Those age 2 through 64 years of age with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, cerebrospinal fluid leaks, cochlear implant, functional or anatomic asplenia, sickle cell disease, immunocompromising conditions, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, those receiving immunosuppressive chemotherapy, those who have received an organ or bone marrow transplant, and residents of nursing homes or long-term care facilities.
- A single pneumococcal revaccination at least five years after initial vaccination for people:
 - 65 years and older who were first vaccinated before age 65 years;
 - At high risk of disease.
- All people who have existing indications for PPSV should be vaccinated according to current Advisory Committee on Immunization Practices recommendations during the 2009 H1N1 influenza pandemic.
- Use of PPSV among people without current indications for vaccination is not recommended at this time.
- All children younger than 5 years of age should continue to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.

Prevention:

- Recommended that specified populations (described above) receive a single dose of PPSV.
- Yearly seasonal influenza vaccine:
 - Especially for people at high risk of serious influenza complications, health care workers and others who live with or care for high risk people.
- 2009 H1N1 influenza monovalent vaccine:
 - First available doses are recommended for children, young adults age 19-24, pregnant women, people age 25-64 with chronic health conditions, health care workers and those who have close contact with infants younger than 6 months of age.

Diagnosis:

- The use of urine antigen test (Binax NOW®) is recommended for the diagnosis of pneumococcal pneumonia in adults

Treatment:

- Empiric treatment of patients hospitalized with community acquired pneumonia should include both influenza antiviral agents such as oseltamivir or zanamivir and appropriate antibiotic therapy.

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