### Pneumococcal Vaccine Pocket Guide

#### Routine Vaccination with PCV13 and PPSV

**Children:** Administer pneumococcal conjugate vaccine (PCV13) to all infants and children at ages 2, 4, and 6 mos with a booster at age 12–15 mos. In incomplete or unvaccinated children, catch-up vaccination should occur through age 59 mos.

**Adults age 65 years (or older):**
- Administer a 1-time dose of PCV13 (if not previously received).
- Administer a dose of pneumococcal polysaccharide vaccine (PPSV) at least 1 yr after PCV13.

#### Risk-Based Vaccination with PCV13 and PPSV

A dose of PPSV is recommended for all people age 2 through 64 yrs with any of the following conditions:
- a. Cigarette smokers age 19 yrs and older
- b. Chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathy)
- c. Chronic pulmonary disease (including asthma in people age 18 yrs and older)
- d. Diabetes mellitus, alcoholism, or chronic liver disease
- e. Candidate for or recipient of cochlear implant
- f. Cerebrospinal fluid leak
- g. Functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
- h. Immunocompromising conditions (e.g., congenital or acquired immunodeficiency, HIV infection, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression, multiple myeloma, or on immunosuppressive therapy, including long-term systemic corticosteroids, radiation therapy)
- i. Solid organ transplantation; for bone marrow transplantation patients, see www.cdc.gov/vaccines/pubs/hematology.pdf
- j. Chronic renal failure or nephrotic syndrome

A second dose of PPSV is recommended for children and adults through age 64 yrs who are at highest risk of serious pneumococcal disease or likely to have a rapid decline in pneumococcal antibody levels (categories g–j above) at least 5 yrs after dose #1.

**Note:** Administer an additional dose of PPSV to all adults age 65 yrs or older. Give it at least 5 yrs after any previous PPSV.

A 1-time dose of PCV13 is recommended for previously unvaccinated people age 6 through 64 yrs who meet any of the criteria in categories e–j above.

---

### Herpes Zoster (Shingles) Vaccine Pocket Guide

**Who Should Be Vaccinated**

A one-time vaccination against herpes zoster (also known as shingles) is routinely recommended for all people age 60 yrs and older who do not have a valid contraindication to the vaccine.

**Contraindications and Precautions**

- Do not give zoster vaccine to a person who has had an anaphylactic reaction to gelatin or any other component of the vaccine.
- Do not give zoster vaccine to a person who has had a previous disease of the vaccine virus (such as chickenpox).
- Do not administer antiviral drugs to a person within 72 hrs before vaccination.
- For more information, refer to mmwr/vaccines/vaccines.html.

**Uses**

- Used to reactivate the dormant chickenpox virus in the ganglia of people who have been infected with chickenpox.
- Zoster vaccine efficacy decreases with age, getting vaccination at any age is recommended.
- The oldest adults are at the highest risk of post-herpetic neuralgia.
- They are least able to tolerate the condition or its treatment.
- Vaccine is routine for people age 60 and older covered by most health insurance plans.
- For Medicare, it is currently available under Part D.

**Points for Patients**

- Zoster vaccine is not a treatment for shingles and will not relieve the pain.
- It may not provide protection for all individuals and may not prevent all cases of shingles.
- It may provide partial protection for up to 2 years after vaccination.

**Points for Healthcare Providers**

- About 1 in 3 people will develop shingles at some time in their lives.
- It can result from shingles include skin infections, muscle weakness, loss of hearing, and extreme pain that can last for months.
- Many patients will find the loss of function as great as the pain.
- Shingles is caused by the reactivation of the dormant chickenpox virus in the ganglia of people who have been infected with chickenpox.
- Zoster vaccine is used to reactivate the dormant chickenpox virus in the ganglia of people who have been infected with chickenpox.
- Zoster vaccine is not activated and cannot cause shingles.
- Zoster vaccine is not a treatment for shingles and will not relieve the pain.
- Zoster vaccine is not a treatment for shingles and will not relieve the pain.
- Zoster vaccine is not a treatment for shingles and will not relieve the pain.
- Zoster vaccine is not a treatment for shingles and will not relieve the pain.

**Contraindications and Precautions**

- Do not give zoster vaccine to a person who has had an anaphylactic reaction to gelatin or any other component of the vaccine.
- Do not give zoster vaccine to a person who has had a previous disease of the vaccine virus (such as chickenpox).
- Do not administer antiviral drugs to a person within 72 hrs before vaccination.
- For more information, refer to mmwr/vaccines/vaccines.html.

**Vaccination**

- SV intramuscularly (22–25g; needle length 1–1½”); PPSV may vary (23–25g, ¼” needle).

**Side Effects**

- Local: pain, tenderness, redness, swelling at injection site for 1–2 days. For PCV13 in young children:
- Fever, fussiness, crying without a cause within 12–24 hrs after vaccination.

**Adverse Reactions**

- Do not give zoster vaccine to a person who has had an anaphylactic reaction to gelatin or any other component of the vaccine.
- Do not give zoster vaccine to a person who has had a previous disease of the vaccine virus (such as chickenpox).
- Do not administer antiviral drugs to a person within 72 hrs before vaccination.
- For more information, refer to mmwr/vaccines/vaccines.html.