MedPOINT MANAGEMENT	**Clinical Protocol**: Pneumococcal Conjugate Vaccination Pt I	
	ORIGINAL EFFECTIVE DATE: 09/21/2011	**REVIEWED/REVISED DATE(S):** 12/01/2011 08/13/2021 08/22/2022 11/15/2023 07/24/2025
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PROTOCOL OVERVIEW

This Clinical Protocol advises on indications and guidelines for Pneumococcal Conjugate pediatric vaccine.

INDICATIONS

A. **Who should get PCV13, and when?**

1. The Centers for Disease Control and Prevention recommend (PCV15 or PCV20) as a series of 4 doses, one dose at each of these ages: 2 months, 4 months, 6 months, and 12 through 15 months.
2. Children who miss their shots at these ages should still get the vaccine, depending on the child's age per CDC: Catch up Immunization Schedule for Persons 4 months – 18 yrs.
3. Healthy children aged 24–59 months with any incomplete PCV vaccination status are recommended to receive a single dose of either PCV15 or PCV20 at least 8 weeks after the last PCV dose.
4. Children aged 24–71 months with any risk condition who have not previously received a PCV or received any incomplete schedule of <3 doses by age 24 months, 2 doses of either PCV15 or PCV20 are recommended at least 8 weeks apart between PCV doses. Children aged 24–71 months with any risk condition who have received 3 doses of PCV, all before 12 months, are recommended to receive one dose of either PCV15 or PCV20 at least 8 weeks after the last PCV dose
5. For children 2–18 years with any risk condition who completed recommended PCV series before age 6 years,
    a. if the recommended PCV doses were completed with ≥1 dose of PCV20, no additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data becomes available.
    b. if the recommended PCV doses were completed using PCV13 or PCV15 (no PCV20), either a dose of PCV20 or ≥1 dose of PPSV23 is recommended to complete the recommended vaccine series.
6. When PPSV23 is used instead of PCV20 for children aged 2–18 years with an immunocompromising condition, either PCV20 or a second PPSV23 dose is recommended ≥5 years after the first PPSV23 dose. or children aged 6–18 years with any risk condition who have not received any dose of PCV13, PCV15 or PCV20, a single dose of PCV15 or PCV20 is recommended ≥8 weeks after the most recent dose of pneumococcal vaccination.
7. When PCV15 is used, it should be followed by a dose of PPSV23 at least 8 weeks after the last PCV dose, if not previously given
8. If only PCV13 is available when the child is scheduled to receive a PCV, PCV13 may be given as previously recommended.
9. If a child started the PCV series with PCV13, the child may complete the series with PCV15 orPCV20 without giving additional doses; the PCV series does not need to be restarted

10. For healthy children aged 24-59 months who completed recommended PCV vaccination series with PCV13 (i.e., 4 doses of PCV13 or another age-appropriate PCV13 schedule), a supplemental dose of PCV15 or PCV20 is not indicated.
11. For children aged 6–18 years with a risk condition who have received PCV13 only at or after age 6 years, either a dose of PCV20 or ≥1 dose of PPSV23 is recommended at least 8 weeks after the last PCV13 dose.

12. When PPSV23 is used instead of PCV20 for children aged 6–18 years with an immunocompromising condition, either PCV20 or a second PPSV23 dose is recommended ≥5 years after the first PPSV23 dose. 15 Children aged <19 years who are hematopoietic stem cell transplant (HSCT) recipients are recommended to receive 4 doses of PCV20, starting 3–6 months after HSCT. Administer 3 doses of PCV20, 4 weeks apart starting 3–6 months after HSCT. Administer a fourth PCV20 dose ≥6 months after the third dose of PCV20 or ≥12 months after HSCT, whichever is later.
13. If PCV20 is not available, 3 doses of PCV15 4 weeks apart, followed by a single dose of PPSV23 ≥1 year after HSCT, can be administered. For patients with chronic graft versus host disease (GVHD) who are receiving PCV15, a fourth dose of PCV15 can be administered in place of PPSV23 because these children are less likely to respond to PPSV23

B. Who should not get PCV vaccine?

1. Children should not get PCV13 if they had a serious (life-threatening) allergic reaction to a previous dose of this vaccine, or to any vaccine containing diphtheria toxoid (i.e., DTap)
2. Children known to have a severe allergy to any component of PCV vaccine should not get PCV vaccine.
3. Children with minor illnesses, such as a cold, may be vaccinated. Those moderately or severely ill should wait until they recover before receiving the vaccine.

C. What are the risks of PCV13?

1. Any vaccine could potentially cause a severe allergic reaction. However, the risk of the vaccine causing serious harm, although present, is small. In studies, the reactions to PCV15 and PCV 20 were generally mild and similar to those reported after PCV7.
2. About half the recipients reported drowsiness, temporary loss of appetite or had local redness or tenderness at the injection site.
3. About one in three developed some localized swelling at the injection site.
4. About one in three had a mild fever, and one in twenty a higher fever (over 102.2°F).

CITATIONS

"Pneumococcal Vaccine Recommendations", Dept. of Health and Human Services, Center for Disease Control and Prevention, Vaccine Information Statement PCV13, 08/07/2020

"PCV13 (Pneumococcal Conjugate) Vaccine for Providers: Questions and Answers for Healthcare Professionals About PCV 13", Center for Disease Control and Prevention

American Academy of Pediatrics, "Implementation Guidance – PCV13", Updated 5/24/10

Use of 15-Valent Pneumococcal Conjugate Vaccine Among U.S. Children: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022

Use of 20-Valent Pneumococcal Conjugate Vaccine Among U.S. Children: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzalez, UM Project Coordinator; Konstantin Yengoyan, Supervisor, Clinical Operations	**Date:** 07/24/25	
Approved By:	Richard Sohn, MD, Deputy Chief Medical Officer	**Date:** 2/4/2026	**Signature** DocuSigned by: Richard Sohn D748D7527841438...
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