6-30-25 Weekly Clinical Update

Based on recently posted survey findings, it's time to review CDC's newest recommendations for the use of PCV20 (pneumococcal vaccine 20). Per the CDC website here are the recommendations currently listed. Summary of Risk-based Pneumococcal Vaccination Recommendations | Pneumococcal | CDC.

Multiple facilities are receiving deficiencies related to the lack of offering, administering or obtaining signed informed declinations of PCV20 OR having physician documentation of why the vaccine is currently contraindicated. Pneumococcal Vaccine Recommendations | Pneumococcal | CDC

CDC data dated 10-26-24

For residents 50 years or older:

Adults 50 years or older

Routine vaccination

Administer PCV15, PCV20, **or** PCV21 for all adults 50 years or older

- Who have never received any pneumococcal conjugate vaccine
- Whose previous vaccination history is unknown

PCV15: Additional vaccination needed

If PCV15 is used, administer a dose of PPSV23 one year later, if needed. Their pneumococcal vaccinations are complete.

The minimum interval is 8 weeks and can be considered in adults with:

- An immunocompromising condition
- A cochlear implant
- A cerebrospinal fluid leak

PCV20 or PCV21: Additional vaccination not recommended

If PCV20 or PCV21 is used, a dose of PPSV23 isn't indicated. Regardless of which vaccine is used (PCV20 or PCV21), their pneumococcal vaccinations are complete.

Recommendation for shared clinical decision-making

Based on shared clinical decision-making, adults **65 years or older** have the option to get PCV20 or PCV21, or to not get additional pneumococcal vaccines. They can get PCV20 or PCV21 if they have received both

- PCV13 (but not PCV15, PCV20, or PCV21) at any age and
- PPSV23 at or after the age of 65 years old

NOTE: Some surveyors are citing if PCV20 is not offered/administered but this newest CDC guidance clearly indicates that if the resident has had PCV15 with a follow-up PCV23 one year later, their vaccinations are "complete". Just a suggestion, but if that question comes up in interview or findings meetings, the facility may consider presenting the surveyor(s) a copy of the most currently CDC guidance. **NOTE: if you have a physician order to administer PCV20 and/or a signed consent and failed to administer the vaccine, the deficient practice will be legitimately cited.

Below is a snip of the recommended vaccine schedules for adults. Your Infection Preventionist, the facility Medical Director & Infection Control Committee should review for individual policies/procedures related to immunizations offered in excess of regulatory requirements for Influenza & Pneumonia & potential COVID-19 vaccine administration recommendations

Ages 19 Years or Older

Legend

- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
- Recommended vaccination for adults with an additional risk factor or another indication
- Recommended vaccination based on shared clinical decision-making
- No Guidance/Not Applicable

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
COVID-19	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024-2025 vaccine (See Notes)
Influenza inactivated (IIV3, ccIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD–IIV3, RIV3, or aIIV3 preferred)
Influenza inactivated (aIIV3; HD–IIV3) Influenza recombinant (RIV3)	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3)	1 dose annually		60	
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. (See Notes)		through 74 years (See Notes)	≥75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For health care personnel, (See Notes)
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20,PCV21, PPSV23)			See Notes	
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication (See Notes for booster recommendations)			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self–report of previous doses acceptable (See Notes)			