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TO: California Vaccines for Adults (VFA) Providers

FROM: Sarah Royce, M.D., M.P.H., Chief   
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SUBJECT: Updated Recommendations for PCV13 Vaccine, Tdap/Td

Dear VFA Provider,

The Advisory Committee on Immunization Practices (ACIP) has recently updated its recommendations concerning PCV13 vaccine for adults. This letter summarizes these updates and resulting changes to VFA ordering parameters.

### UPDATED RECOMMENDATIONS FOR PCV13 VACCINE

At its June 2019 meeting, the ACIP voted to remove the routine recommendation for 13-valent pneumococcal conjugate vaccine (PCV13) for all adults aged  $\geq 65$  years who do not have an immunocompromising condition, CSF leak, or cochlear implant. [This updated recommendation](#) is based on findings of sharp declines in pneumococcal disease in children and adults following widespread and routine use of the PCV13 vaccine in children. The decline in adults appears to be related to indirect effects of vaccination of children rather than the direct effect of vaccination of adults aged  $\geq 65$  years.

PCV13 may still be administered to adults aged  $\geq 65$  years, but an individualized approach involving shared clinical decision-making should be used. Considerations for shared clinical decision-making include:

- Increased risk of complications from pneumococcal infection and higher disease burden of pneumococcal infection, for example in persons with chronic medical conditions or who smoke cigarettes
- Increased risk of exposure to pneumococcal infection, for example in persons residing in nursing homes and long term care facilities



The ACIP reminds clinicians of the following when considering pneumococcal immunization for adults aged  $\geq 65$  years:

- Whenever PCV13 is administered to adults  $\geq 65$  years, it should be administered in series with 23-valent polysaccharide vaccine (PSPV23). When possible, PCV13 should be administered first, followed by PPSV23 at least 1 year later.
- Adults  $\geq 65$  years who have immunocompromising conditions, CSF leak, or cochlear implants are still recommended to routinely receive PCV13.

### **ORDERING PCV13**

In consideration of these updated recommendations, VFA clinics are requested to target their use of VFA supplies of PCV13 vaccine to adults aged  $\geq 65$  years who have an immunocompromising condition, CSF leak, cochlear implant, or who are determined to need a PCV13 vaccine through a process of shared clinical decision-making.

### **OTHER UPDATES – Tdap and Td**

At its October 2019 meeting, the ACIP voted to recommend that either Td or Tdap vaccine may be used in the following situations:

- Decennial booster dose
- Tetanus prophylaxis for wound management
- Catch-up immunization for adults who have never been immunized or who have not been fully immunized against pertussis, tetanus or diphtheria

Many providers in the United States have already been using Tdap interchangeably with Td in these situations, and this new recommendation reinforces the validity of this approach. Vaccine-induced immunity to pertussis wanes over time, and using Tdap instead of Td may provide some additional benefit for pertussis control. Pertussis is known to circulate widely in the community and can be dangerous and even life threatening for infants. Adults who are protected against pertussis may avoid passing the infection to infants. However, the primary strategy for prevention of infant pertussis is routine vaccination with Tdap during 27-36 weeks of each pregnancy. This recommendation has not changed.

Once CDC publishes the new recommendation for the Tdap/Td uses in the situations above, the VFA program will share information regarding its implementation.