

# NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW  
 (2) FILE THIS NOTICE IN YOUR CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The information contained in this document is a Departmental:

- Policy    
  Standard    
  Protocol    
  Procedure    
  Guidelines

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

- Hospitals    
  Community Health Centers    
  Public Health Units    
  Doctors' Offices    
  Social Services Offices    
  Other: \_\_\_\_\_

**Title: Pneumococcal Polysacchride 23-valent Vaccine Update**

**Effective Date: April 10, 2006**

**Statement of approved clinical practice:**

The NWT Advisory Committee on Immunization recommends 23-valent pneumococcal vaccine for the following target populations:

- Persons over 65 years.
- Persons aged 2 - 64 years who have chronic illness, such as chronic cardiovascular disease (e.g. congestive heart failure or cardiomyopathies), chronic pulmonary disease (COPD, emphysema, cystic fibrosis, but not asthma), diabetes mellitus, alcoholism, chronic liver disease (cirrhosis) and CSF leaks.
- Persons aged 2 - 64 years who have functional or anatomic asplenia or sickle-cell disease.
- Persons aged 2 - 64 years who are living in special environments or social settings such as nursing homes and other long term care facilities.
- Immunocompromised persons aged 2 – 64, those with HIV, primary immunodeficiency, malignancies, immunosuppressive treatment, long term corticosteroids & nephrotic syndrome.


**Additional Note:**

Increased risk of invasive pneumococcal infection is generally only associated with significant underlying disease and co-morbidity.

Pneumovax is therefore not indicated for persons who do not fall within the above categories, given that their risk is low and protection from polysaccharide vaccines may be relatively short-lived. The possible need for repeated booster doses could give rise to more severe local reactions over time, so any potential benefit must be balanced against this important drawback. When newer conjugate vaccines have been formulated and approved for adult use, a more universal program may then be considered.

**References:**

1. Canadian Immunization Guide, 6<sup>th</sup> Edition, 2002
2. Personal communication - Dr David Scheifele, Director, Vaccine Evaluation Centre, Child & Family Research Institute, UBC.

This clinical practice is approved by \_\_\_\_\_  
  
 (signature)