



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

Date: July 25, 2018

To: Michigan Healthcare Providers

Vaccination is one of the best ways to prevent serious disease and illness. However, Michigan Department of Health and Human Services (MDHHS) has heard that some patients have been instructed to receive unnecessary medical procedures to determine whether protective antibody levels are present for pneumococcal disease.

MDHHS follows recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP provides advice and guidance to the director of the Centers for Disease Control and Prevention (CDC) regarding the use of vaccines and related agents for control of vaccine-preventable diseases in the United States.

Recently we have received an increase in questions/concerns regarding physicians who are ordering pneumococcal revaccination for patients who have already completed the recommended series based on their age and health status. Often these patients are being tested to determine whether they can mount an immune response to vaccination and/or whether protective antibody levels are present. Due to insufficient data regarding the clinical benefit, ACIP does not recommend multiple revaccinations or the use of titers to check serology. As mentioned above, MDHHS follows ACIP recommendations and therefore does not recommend revaccination or the use of titers for these patients.

Currently, there are two licensed pneumococcal vaccines in the United States. Pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23). Both vaccines have routine and high-risk recommendations. ACIP's current pneumococcal vaccine recommendations (<http://www.immunize.org/catg.d/p2019.pdf>) for children and adults are complex and challenging. Many factors need to be considered when assessing the need for pneumococcal vaccination and booster doses. These factors include, but are not limited to: age, health status, lifestyle behaviors, and vaccine history. The Immunization Action Coalition (IAC) has a useful resource titled Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor (<http://www.immunize.org/catg.d/p2019.pdf>), which follows ACIP vaccine recommendations and assists in provider assessment.

Vaccinating with additional doses after completion of a valid vaccine series and failure to comply with the Vaccines for Children (VFC) program requirements could lead to unnecessary costs for the patient and the program. The VFC program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. Children who are eligible for VFC vaccines are entitled to receive those vaccines recommended by the ACIP. VFC providers must comply with the immunization schedule, dosage, and contraindications established by the CDC and ACIP.

If a physician feels strongly that a patient needs to be revaccinated, the physician could choose to vaccinate the patient using private vaccine. VFC vaccine should not be used in this situation. However, it is important that the vaccinating physician or healthcare professional understands that this practice is not recommended and does not follow ACIP vaccine recommendations, therefore the liability would fall under the physician's license. It is also important that the patient understands that their insurance may not cover the cost of revaccination.

If you have any questions regarding the ACIP pneumococcal vaccine recommendations for children and adults, please contact the Division of Immunization Nurse Educators at 517-335-8159.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Swanson", with a stylized, flowing script.

Bob Swanson, MPH
Director, Division of Immunization