

Pneumococcal Vaccine: Now Indicated for Smokers of All Ages

The next time you see patients under age 65 years who smoke or have asthma is the time to let them know they now need to get a pneumococcal polysaccharide vaccine (PPV23).

New studies show smoking is a “true risk” for invasive pneumococcal infection—the more someone smokes, the greater the risk; the longer the abstinence, the less the risk—explained Gregory A. Poland, MD, MACP, chair of ACP’s Adult Immunization Advisory Board, Director of the Vaccine Research Group, and Professor of Medicine at the Mayo Clinic in Rochester, MN. They also show that asthma patients age 19 through 64 years experienced a significantly increased risk for pneumococcal infections than adults of similar age who didn’t have asthma.

In addition, use of the vaccine is no longer routinely recommended for American Indian/Alaska Native adults unless they have underlying conditions that warrant it.

The recent recommendations from the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices were approved by ACP, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. Invasive pneumococcal diseases affect 40,000 patients per year and lead to 10,000 deaths.

It’s now up to physicians to reach out to patients beyond the usual risk groups, which include those over age 65 years or who have chronic lung, cardiovascular, or liver disease; diabetes; alcoholism; immunocompromising conditions; cochlear implants; or who are residents of nursing homes or other long-term care facilities.

Making it clear

Patients may not only be unaware of the new vaccine indications, but may be under the false impression that the vaccine can prevent pneumonia. “We make it confusing because we call it the pneumonia vaccine,” Dr. Poland said. Instead, he says doctors should call it by its rightful name and clearly explain how it can prevent the possible consequences of pneumonia.

“I would say, ‘Because you’re a smoker you’re at risk for two respiratory diseases. One is influenza or flu, and one is a bacterial disease called the pneumococcal pneumonia. You should get both vaccines,’ Dr. Poland said. He also recommended letting patients know how serious pneumococcal infection is. With bacteremia there is a 30% chance of dying, and with meningitis a substantial risk of irreversible neurologic deficits.

Let patients who receive pneumococcal vaccine under age 65 years know that they will need a one-time booster dose after age 65 years or when five years have elapsed since the original dose.

Getting the word out

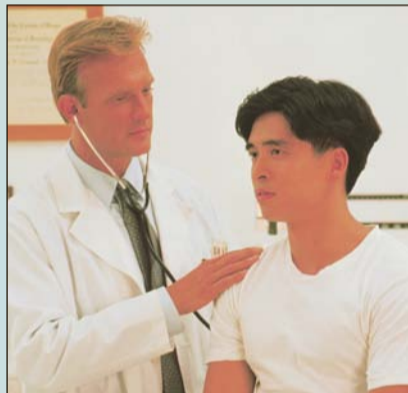
Internists could discuss the new indication at any office visit or regularly scheduled check-up. But Dr. Poland said it may be easiest to address it at the same time you give influenza vaccines.

Ahead of time, consider sending letters about the vaccine, putting notices on the practice’s Web site, and adding a notice on billing statements.

Once patients are in the office, you could have your secretary hand each patient a brochure at check-in (see the CDC’s at www.cdc.gov/vaccines/pubs/default.htm#flyers), hang a poster in your waiting room, or include PPV vaccination information if you have a TV with a loop of information playing. That way, patients will be ready when you bring up the topic during the office visit.

The bigger challenge for internists may be spreading the word about the new indications to adolescents and young adult patients who don’t come into the office often.

Although the hope is that older patients will pass along the information to their children, Dr. Poland said the CDC may need to get the word out through online communication channels popular with the next generation, such as podcasts or social networking sites.



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