

Summary of recommended intervals, by risk and age groups, for persons with indications to receive PCV13 and PPSV23 sequence — Advisory Committee on Immunization Practices, United States

Risk group/underlying medical condition	Intervals for PCV13-PPSV23 sequence, by age group				Intervals for PPSV23-PCV13 sequence, by age group			
	24 to 71 months	6 to 18 years	19 to 64 years	≥ 65 years	24 to 71 months	6 to 18 years	19 to 64 years	≥ 65 years
No underlying chronic conditions	NA	NA	NA	≥ 1 year	NA	NA	NA	≥ 1 year
Immunocompetent persons <ul style="list-style-type: none"> ▪ Chronic heart disease ▪ Chronic lung disease ▪ Diabetes mellitus ▪ Alcoholism* ▪ Chronic liver disease, cirrhosis* ▪ Cigarette smoking* 	≥ 8 weeks	NA	NA	≥ 1 year	≥ 8 weeks	NA	NA	≥ 1 year
Immunocompetent persons <ul style="list-style-type: none"> ▪ Cerebrospinal fluid leak ▪ Cochlear implant 	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 1 year	≥ 1 year
Persons with functional or anatomic asplenia <ul style="list-style-type: none"> ▪ Sickle cell disease/other hemoglobinopathy ▪ Congenital or acquired asplenia 	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 1 year	≥ 1 year
Immunocompromised persons <ul style="list-style-type: none"> ▪ Congenital or acquired immunodeficiency ▪ Human immunodeficiency virus infection ▪ Chronic renal failure ▪ Nephrotic syndrome ▪ Leukemia ▪ Lymphoma 	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 8 weeks	≥ 1 year	≥ 1 year

<ul style="list-style-type: none"> ▪ Hodgkin disease ▪ Generalized malignancy ▪ Iatrogenic immunosuppression ▪ Solid organ transplant ▪ Multiple myeloma* 									
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NA: not applicable; sequential use of PCV13 and PPSV23 is not recommended for these age and risk groups.

* Underlying medical conditions that are not included in the recommendations for children aged <6 years.

Reproduced from: Kobayashi M, Bennett NM, Gierke R, et al. Intervals between PCV13 and PPSV23 vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Morb Mortal Wkly Rep 2015; 64:944.

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