



## Complete Summary

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### GUIDELINE TITLE

Pneumococcal vaccination for cochlear implant candidates and recipients: updated recommendations of the Advisory Committee on Immunization Practices.

### BIBLIOGRAPHIC SOURCE(S)

Pneumococcal vaccination for cochlear implant candidates and recipients: updated recommendations of the Advisory Committee on Immunization Practices. MMWR Morb Mortal Wkly Rep 2003 Aug 8;52(31):739-40. [6 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Pneumococcal vaccination for cochlear implant recipients. MMWR Morb Mortal Wkly Rep. 2002 Oct 18;51(41):931.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Pneumococcal meningitis

### GUIDELINE CATEGORY

Prevention

### CLINICAL SPECIALTY

Family Practice  
Infectious Diseases  
Internal Medicine  
Otolaryngology  
Pediatrics  
Preventive Medicine

### **INTENDED USERS**

Health Care Providers  
Physicians

### **GUIDELINE OBJECTIVE(S)**

To present recommendations for pneumococcal vaccination for cochlear implant candidates and recipients

### **TARGET POPULATION**

Cochlear implant candidates and recipients

### **INTERVENTIONS AND PRACTICES CONSIDERED**

#### **Pneumococcal Vaccination**

1. 7-valent pneumococcal conjugate vaccine (PCV7) (Prevnar®)
2. 23-valent pneumococcal polysaccharide vaccine (PPV23) (Pneumovax®)

### **MAJOR OUTCOMES CONSIDERED**

Not stated

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

### **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Not stated

#### **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

#### **METHODS USED TO ANALYZE THE EVIDENCE**

Review

#### **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not applicable

#### **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

#### **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

#### **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### **METHOD OF GUIDELINE VALIDATION**

Peer Review

#### **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Not stated

## **RECOMMENDATIONS**

#### **MAJOR RECOMMENDATIONS**

The Advisory Committee on Immunization Practices (ACIP) recommends the following for persons who have or are scheduled to receive a cochlear implant (refer to the [Table](#) in the original guideline document).

- Children with cochlear implants aged <24 months should receive 7-valent pneumococcal conjugate vaccine (PCV7), as is universally recommended; children with a lapse in vaccination should be vaccinated according to the catch-up schedule issued after the PCV7 shortage resolved (CDC, 2000; CDC, 2003).

- Children aged 24--59 months with cochlear implants who have not received PCV7 should be vaccinated according to the high-risk schedule; children with a lapse in vaccination should be vaccinated according to the catch-up schedule for persons at high risk issued after the PCV7 shortage resolved (U.S. Food and Drug Administration; CDC, 2000). Children who have completed the PCV7 series should receive 23-valent pneumococcal polysaccharide vaccine (PPV23)  $\geq 2$  months after vaccination with PCV7 (U.S. Food and Drug Administration).
- Persons aged 5--64 years with cochlear implants should receive PPV23 according to the schedule used for persons with chronic illnesses; a single dose is indicated (CDC, 1997).
- Persons planning to receive a cochlear implant should be up-to-date on age-appropriate pneumococcal vaccination  $\geq 2$  weeks before surgery, if possible.

Health-care providers should review vaccination records of their patients who are cochlear implant recipients or candidates to ensure that they have received pneumococcal vaccinations based on the age-appropriate schedules for persons at high risk. In addition, all cases of meningitis should be reported to state health departments according to state health requirements. Because information about *Streptococcus pneumoniae* serotypes causing pneumococcal meningitis in persons with cochlear implants is limited, providers are encouraged to send isolates to their state health department, which can forward isolates to CDC, where serotyping can be performed to determine whether the type is included in the vaccines.

For reporting information, please refer to the original guideline document.

### **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **REFERENCES SUPPORTING THE RECOMMENDATIONS**

[References open in a new window](#)

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is not specifically stated for each recommendation.

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

Decreased rate of pneumococcal meningitis in cochlear implant recipients.

### **POTENTIAL HARMS**

Not stated

## QUALIFYING STATEMENTS

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## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Pneumococcal vaccination for cochlear implant candidates and recipients: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep* 2003 Aug 8;52(31):739-40. [6 references] [PubMed](#)

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2003 Aug 8

### GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

**SOURCE(S) OF FUNDING**

United States Government

**GUIDELINE COMMITTEE**

Not stated

**COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

Not stated

**FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

**GUIDELINE STATUS**

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**GUIDELINE AVAILABILITY**

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

**AVAILABILITY OF COMPANION DOCUMENTS**

None available

**PATIENT RESOURCES**

None available

**NGC STATUS**

This summary was prepared by ECRI on January 7, 2004. This summary was updated by ECRI on December 7, 2004.

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