

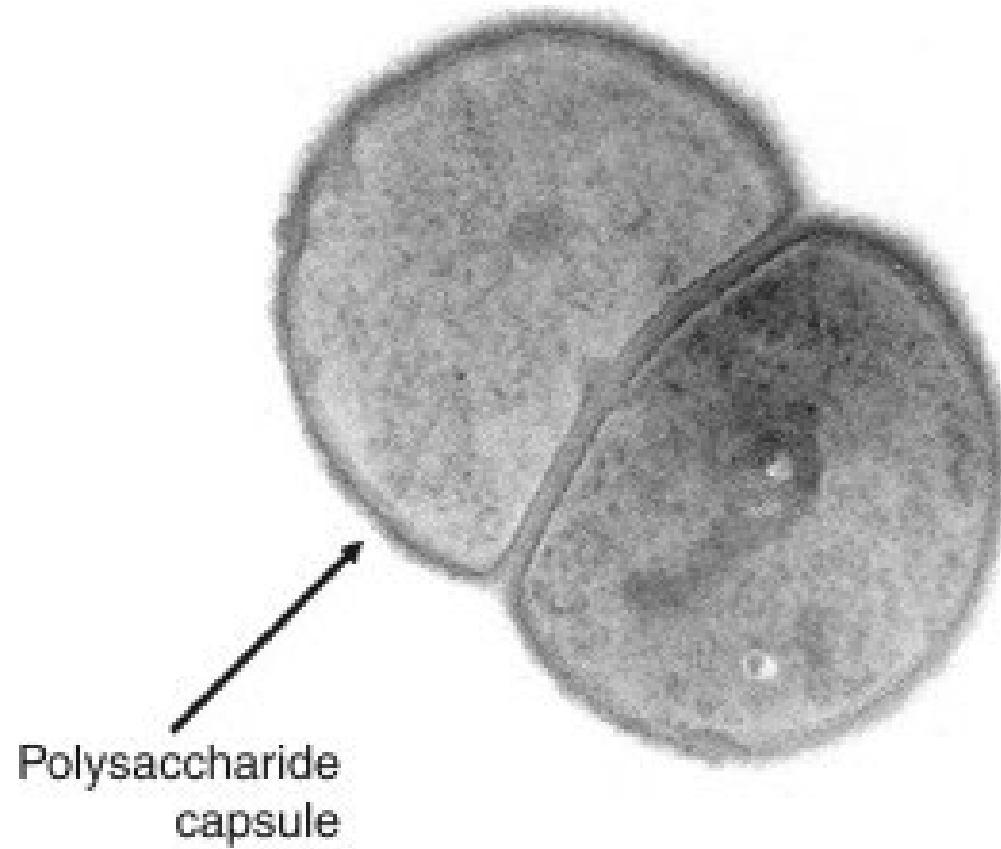


Recommendations for Use of Pneumococcal Vaccines in Children and Adults in the United States

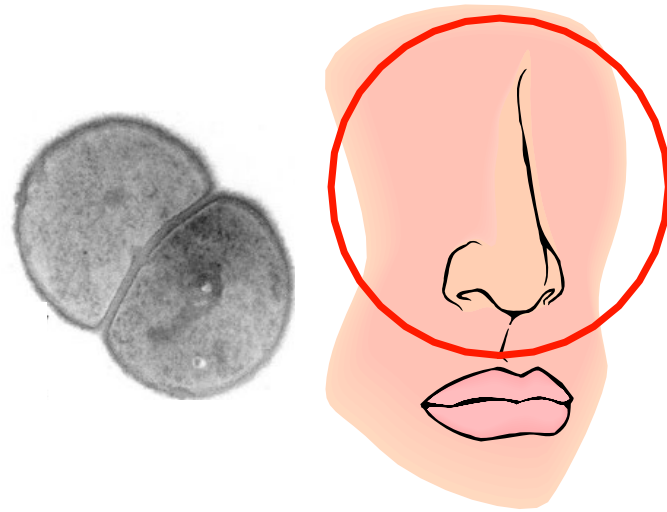
Miwako Kobayashi, MD, MPH

Current Issues in Immunization Webinar
August 23, 2023

***Streptococcus pneumoniae* (capsular) serotypes**

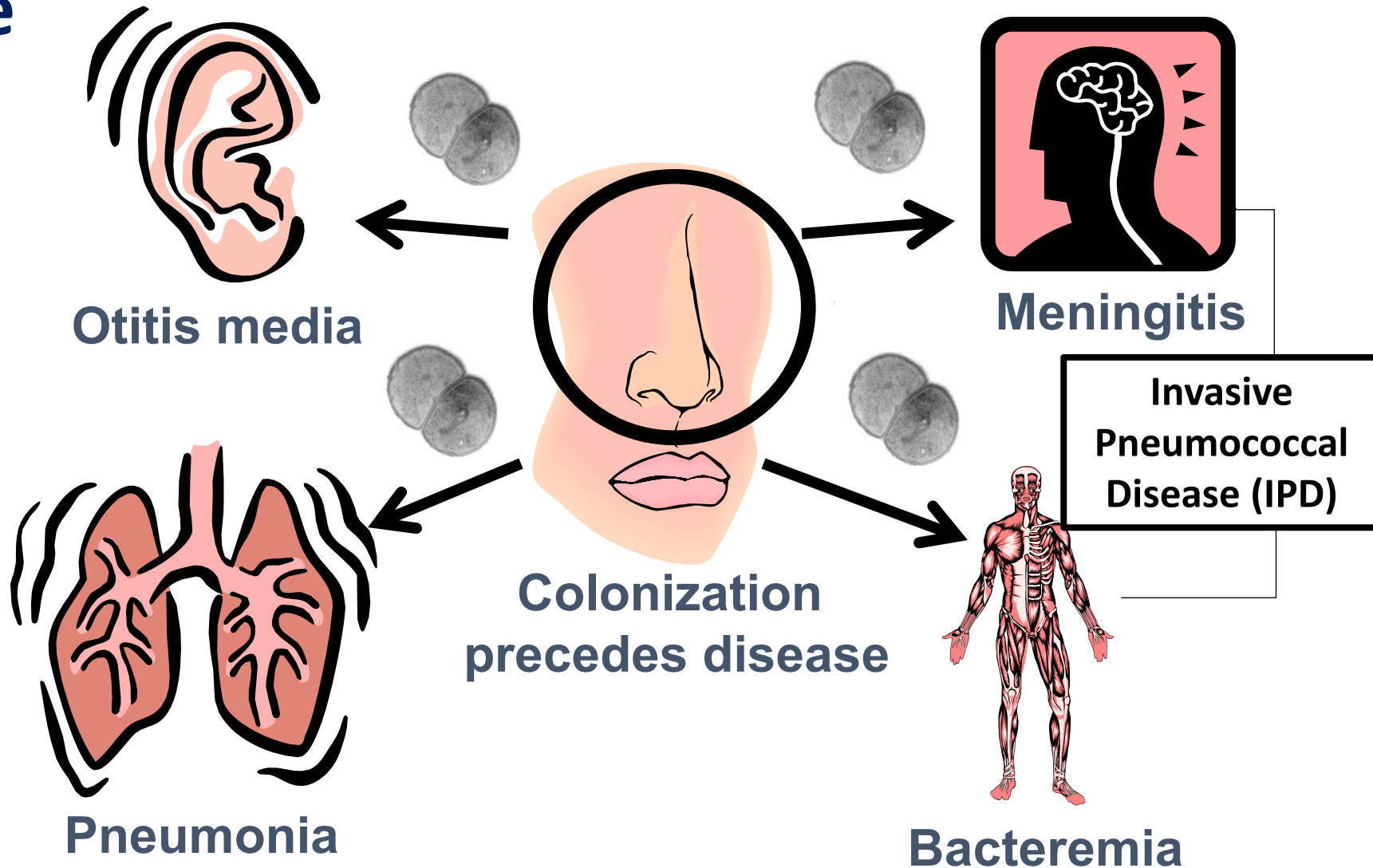


Carriage of *Streptococcus pneumoniae* is common in healthy populations (especially children)



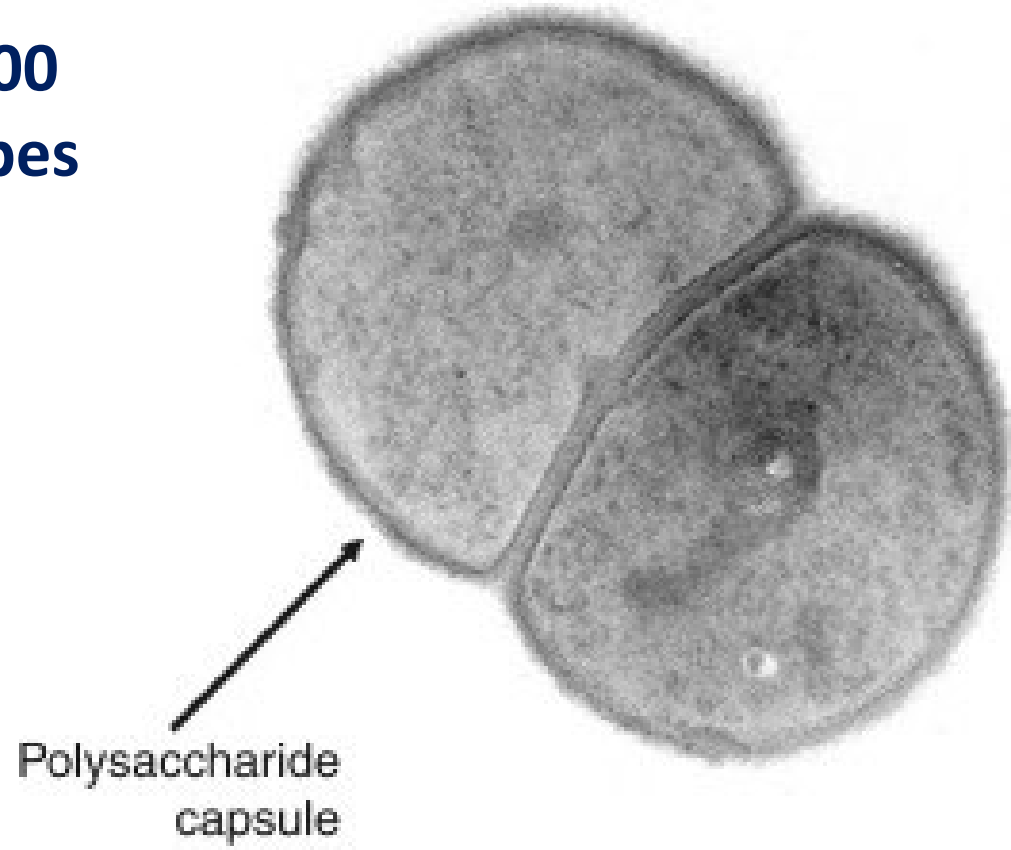
**Colonization (carriage)
precedes disease**

Pneumococcus can cause non-invasive or invasive disease



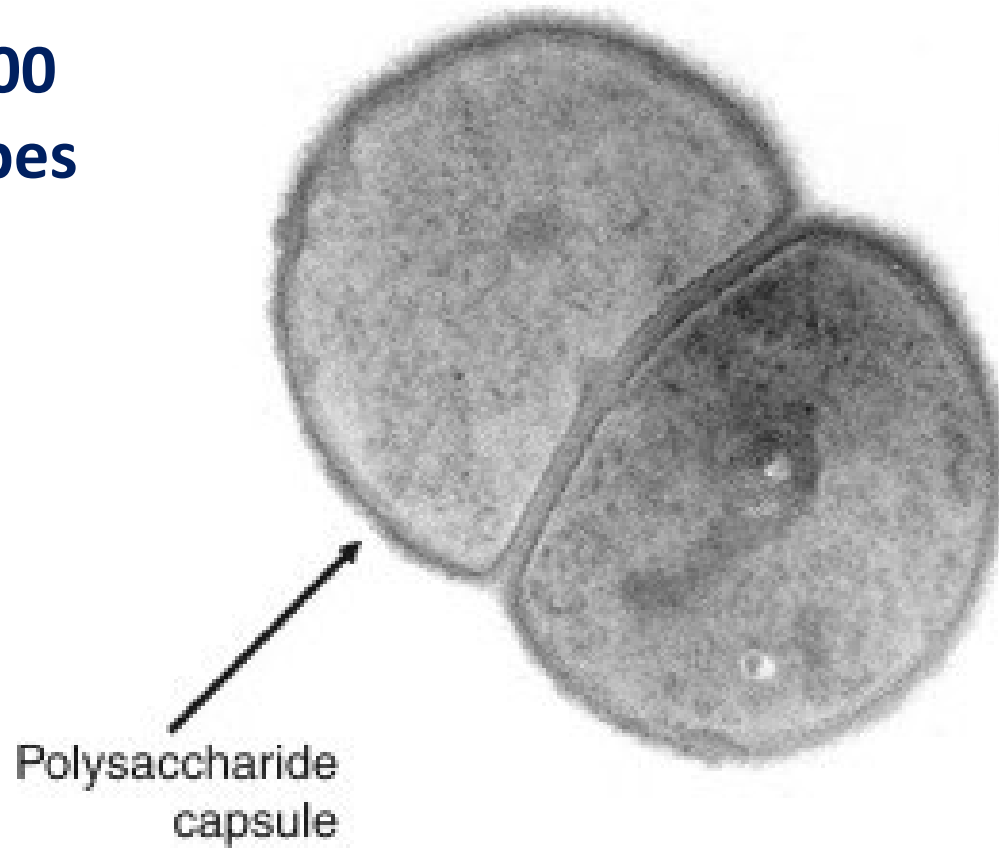
Streptococcus pneumoniae (capsular) serotypes

Over 100
serotypes



***Streptococcus pneumoniae* (capsular) serotypes**

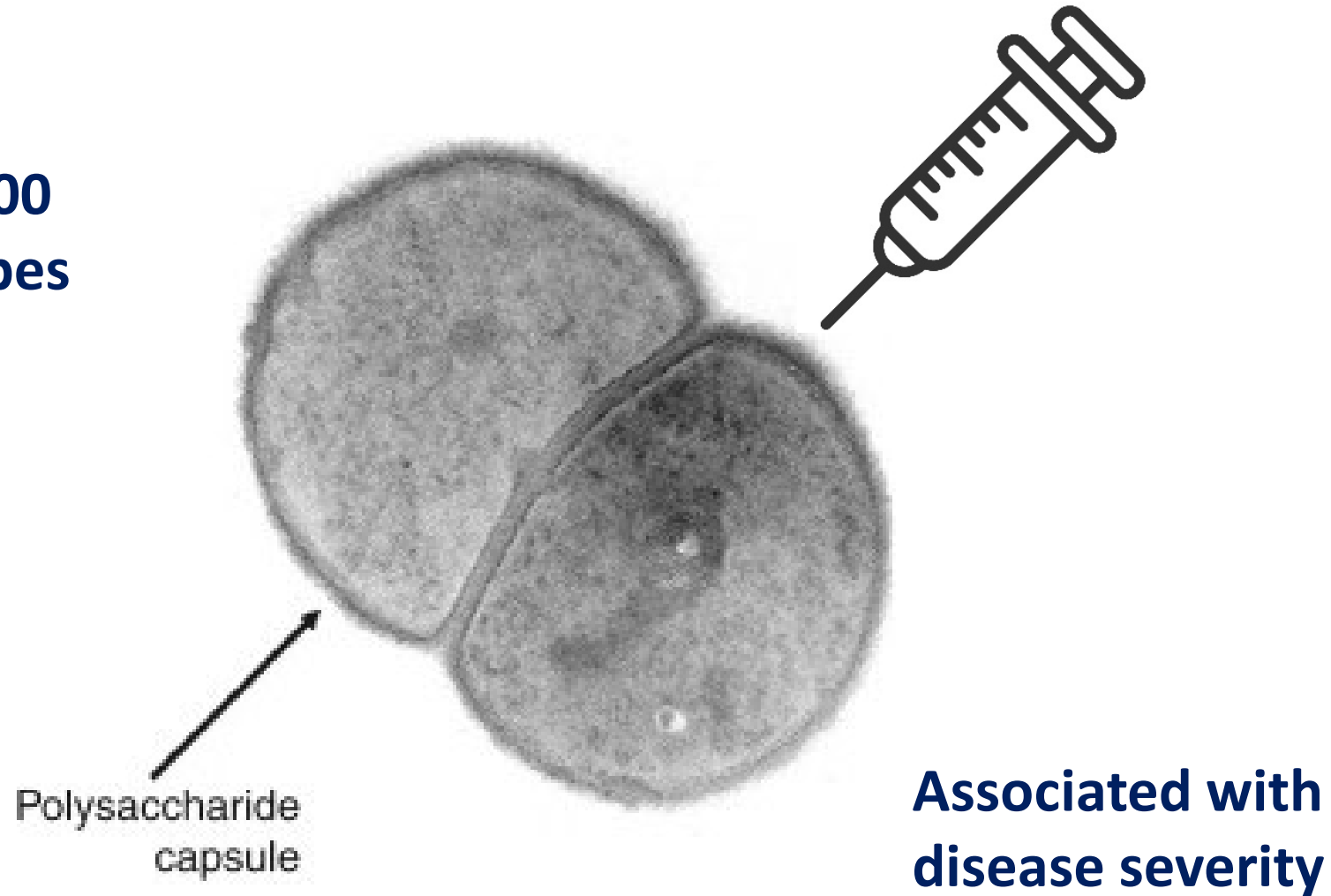
**Over 100
serotypes**



**Associated with
disease severity**

Streptococcus pneumoniae (capsular) serotypes

Over 100
serotypes



Two pneumococcal vaccines were available for use in the United States before 2021

	1	3	4	5	6A	6B	7 F	9V	14	18 C	19 A	19 F	23 F	22 F	33 F	8	10 A	11 A	12 F	15 B	2	9N	17 F	20	
PCV13																									

PPSV23																									
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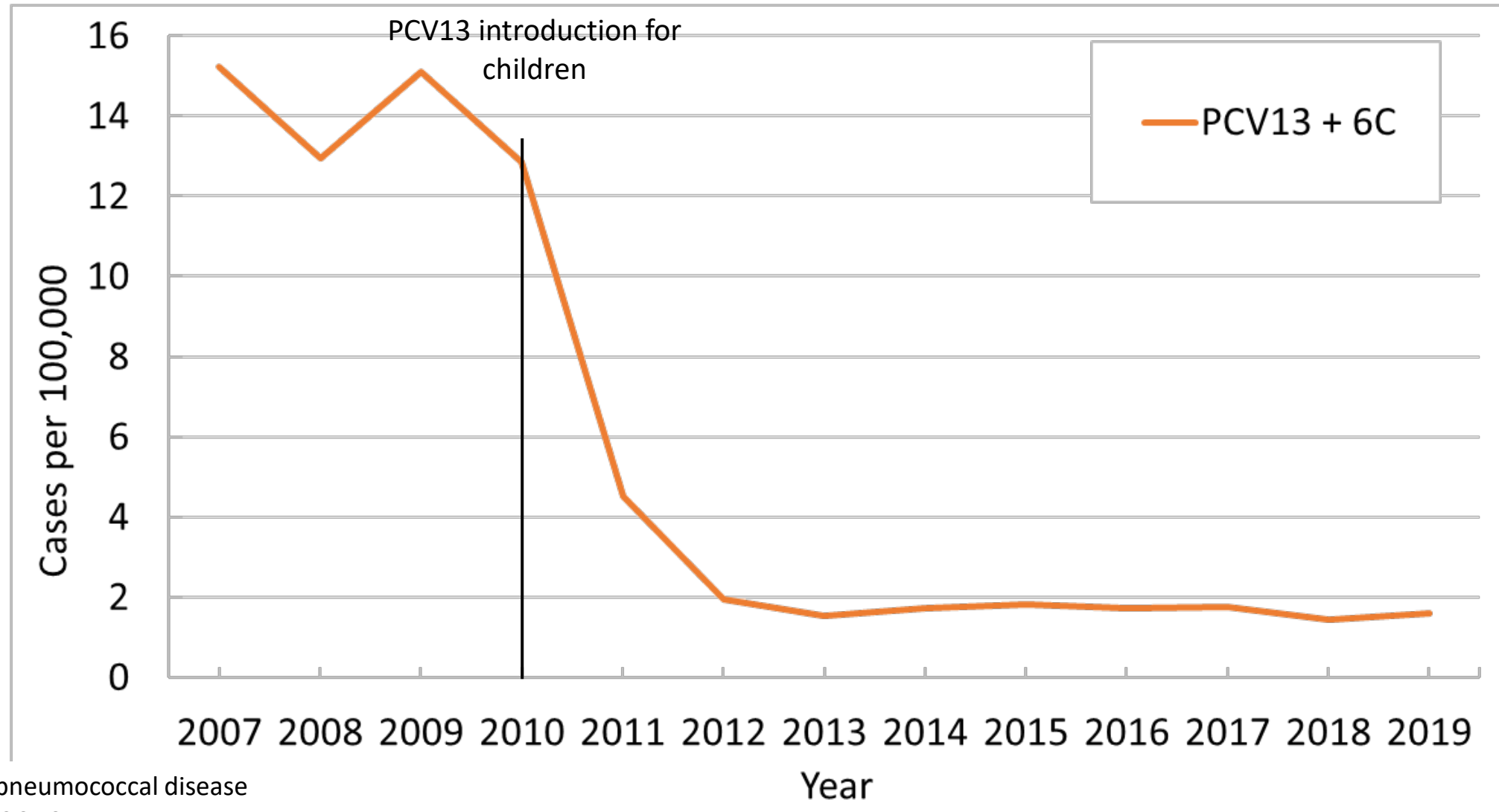
23-valent pneumococcal polysaccharide vaccine (PPSV23)

Pneumovax23[®]

13-valent pneumococcal conjugate vaccine (PCV13)

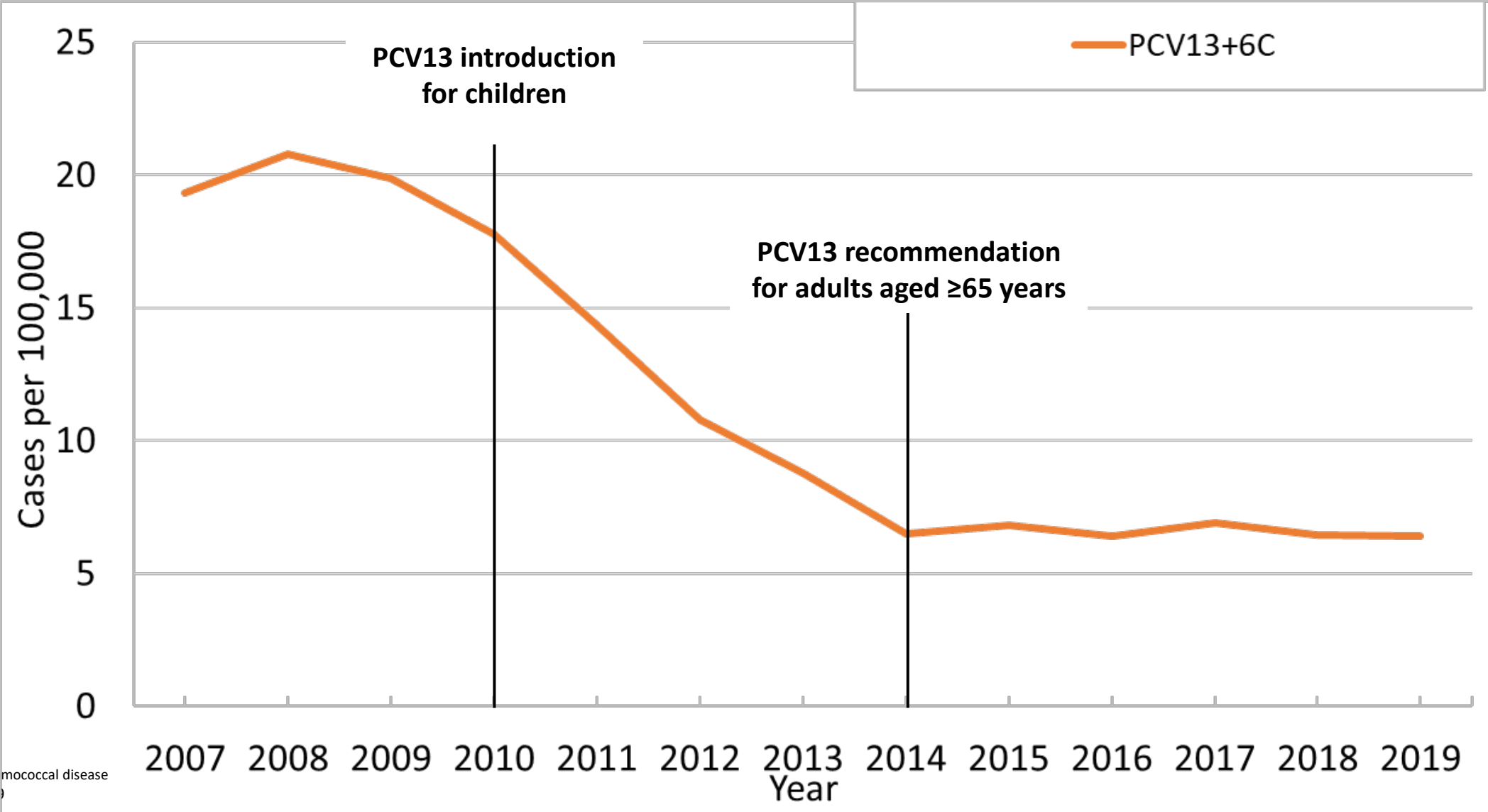
Prevnar13[®]

PCV13 use in children not only reduced vaccine-type IPD incidence in children who received the vaccine....



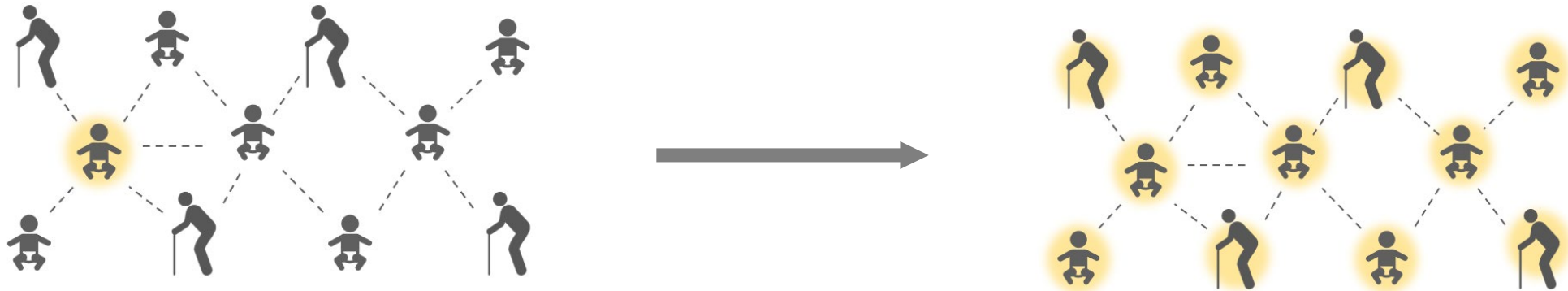
IPD=invasive pneumococcal disease
ABCs 2007–2019

But also in adults, including adults aged ≥ 65 years, likely due to **pediatric indirect effects**

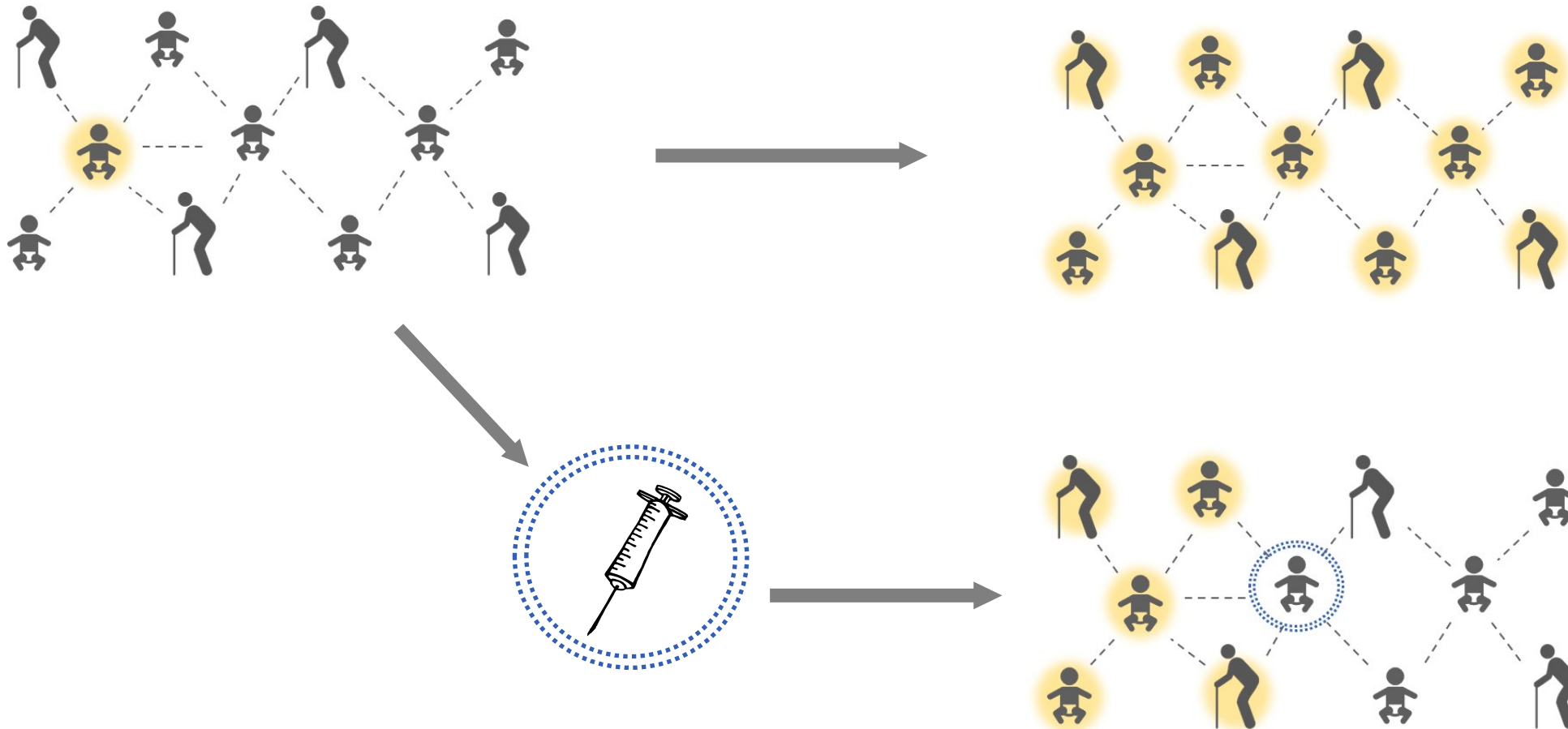


IPD=invasive pneumococcal disease
ABCs 2007–2019

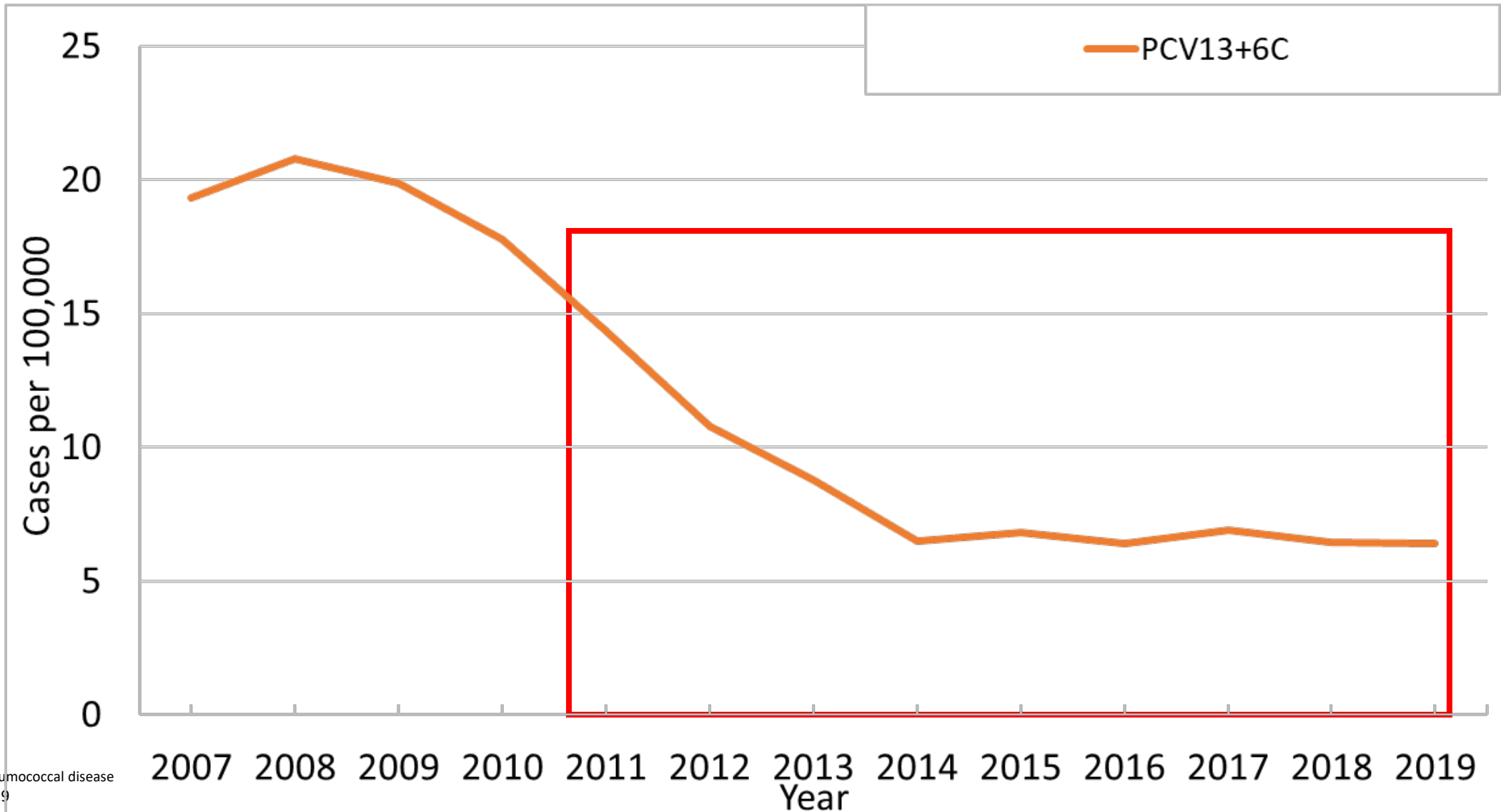
Pneumococcal conjugate vaccines (PCVs) provide direct and indirect protection



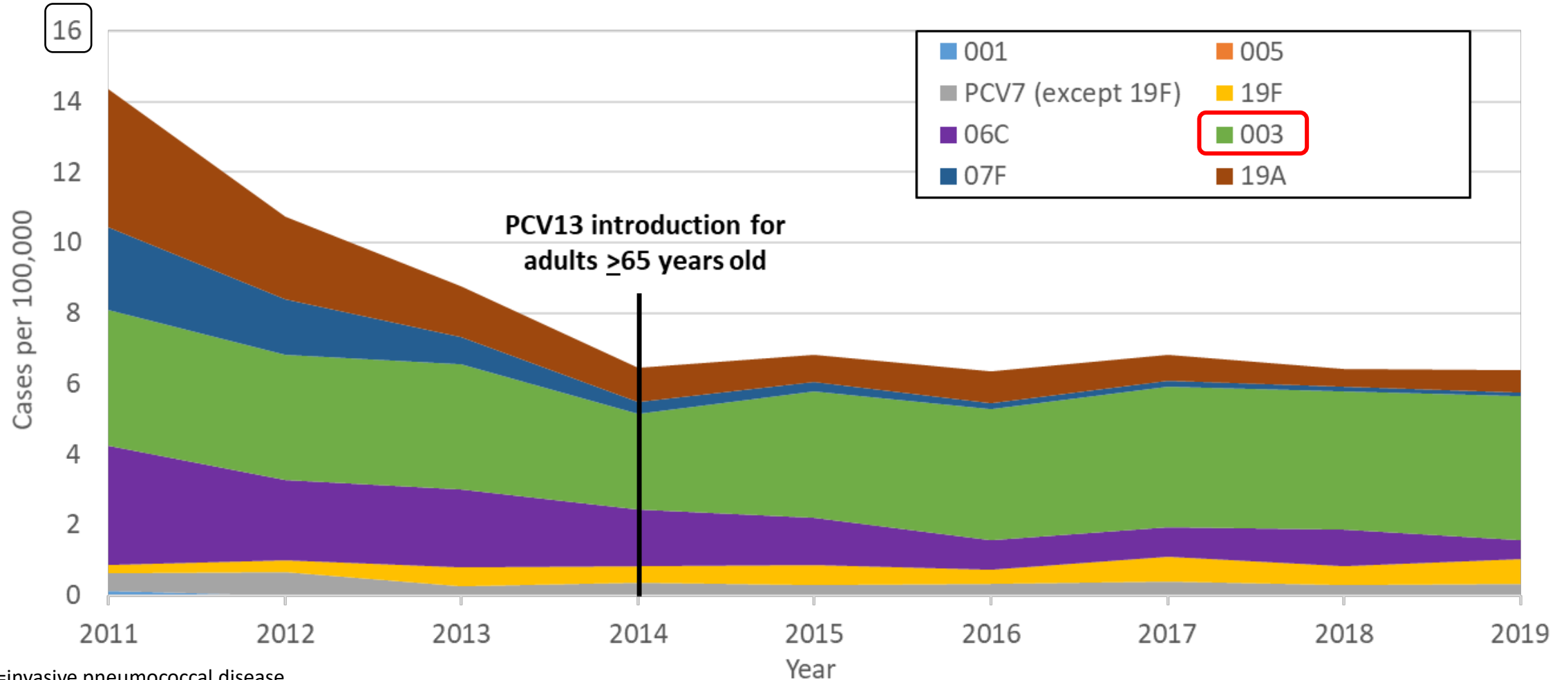
Pneumococcal conjugate vaccines (PCVs) provide direct and indirect protection



Changes in IPD incidence were different by PCV13 serotypes



Serotype 3 is the most common serotype among remaining PCV13-type IPD in adults aged ≥65 years.



In 2021, 2 new pneumococcal conjugate vaccines were licensed for use among U.S. adults.

	1	3	4	5	6A	6B	7 F	9V	14	18 C	19 A	19 F	23 F	22 F	33 F	8	10 A	11 A	12 F	15 B	2	9N	17 F	20	
PCV13																									
PCV15																									
PCV20																									
PPSV23																									

23-valent pneumococcal polysaccharide vaccine (PPSV23)

Pneumovax23[®]

13-valent pneumococcal conjugate vaccine (PCV13)

Prevnar13[®]

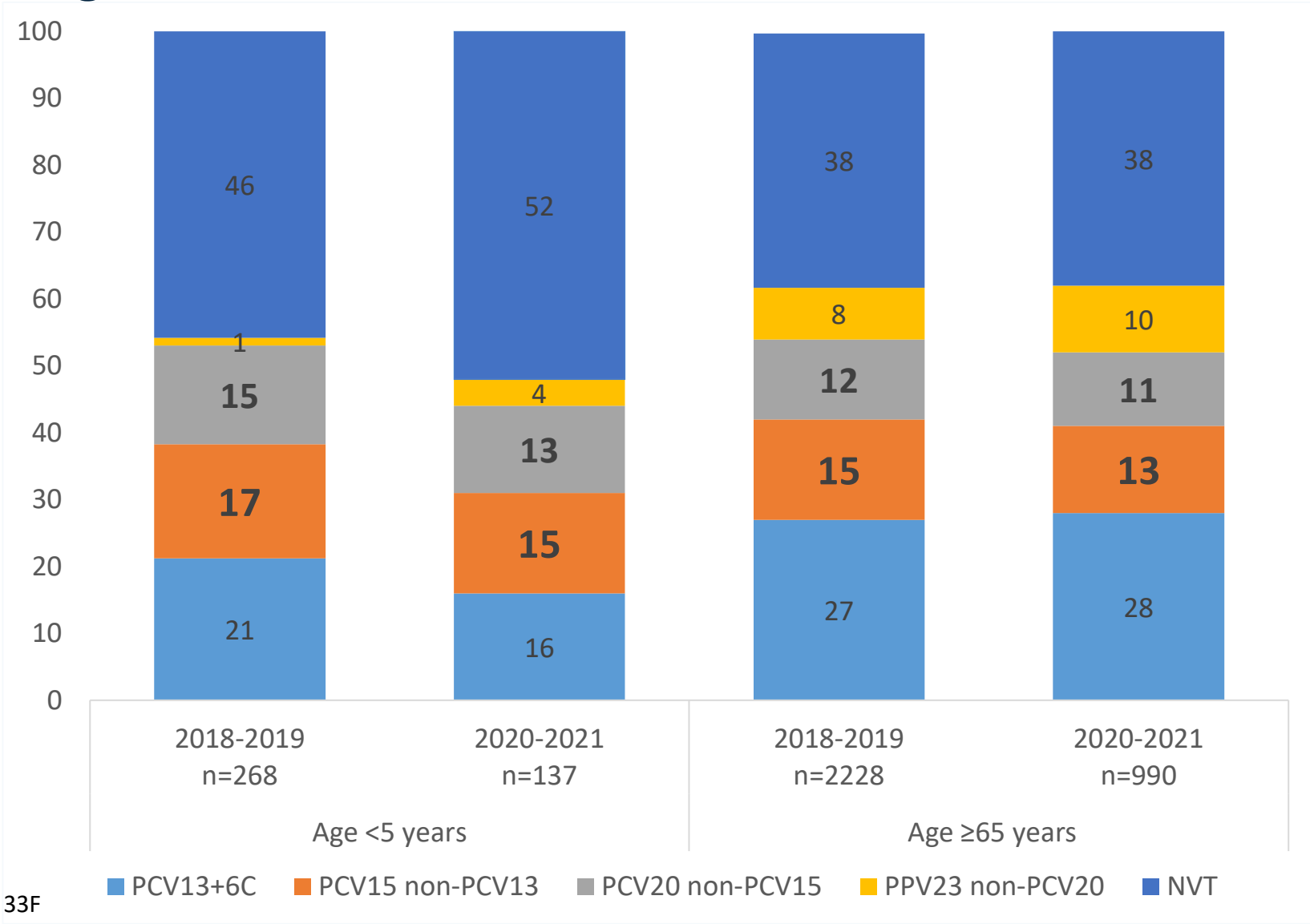
15-valent pneumococcal conjugate vaccine (PCV15)

Vaxneuvance[™]

20-valent pneumococcal conjugate vaccine (PCV20)

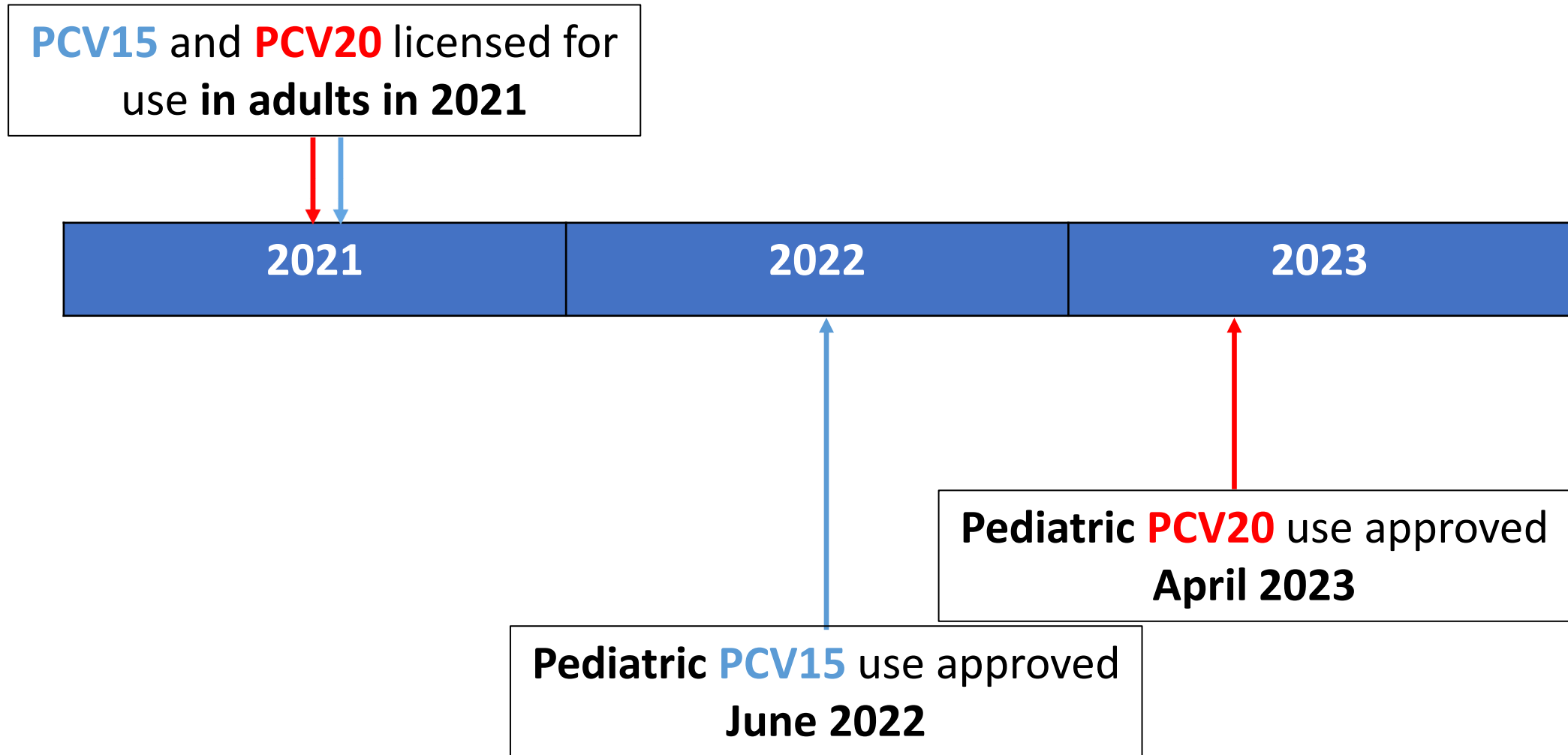
Prevnar20[®]

Non-PCV13, PCV15 cases and non-PCV15, PCV20 cases cause 11–17% of remaining IPD cases.



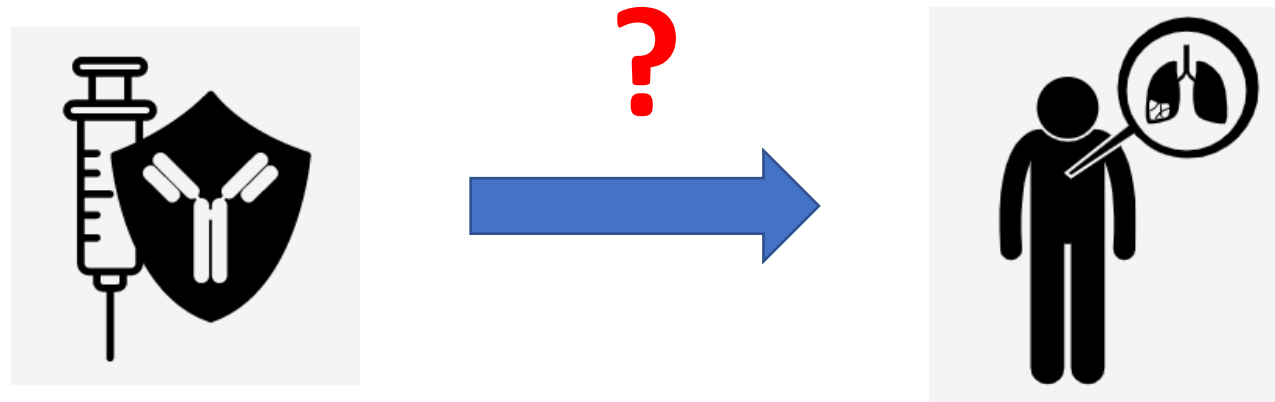
PCV15 non-PCV13 serotypes: 22F, 33F
 PCV20 non-PCV15 serotypes: 8, 10A, 11A, 12F, 15B
 PPSV23 non-PCV20 serotype: 2, 9N, 17F, 20
 CDC Active Bacterial Core surveillance

Challenge 1: Unlike PCV13, PCV15 and PCV20 were approved for use in adults, first.



Challenge 2: Both PCV15 and PCV20 were approved based on safety and immunogenicity data compared with existing vaccines.

- We don't know how some of the immunogenicity study findings will translate to real-world clinical effectiveness.



- **Unknown clinical implications:**
 - Numerically lower antibody responses vs PCV13
 - Numerically higher antibody response against serotype 3 in PCV15 vs PCV13
- **No direct PCV15 vs PCV20 comparison**

Challenge 3: Existing pneumococcal vaccine recommendations were complicated.

U.S. adult pneumococcal vaccine recommendations **before 2021**

	Adults aged 19–64 years	Adults aged ≥65 years
None of the conditions listed below	No recommendation	PCV13* based on shared clinical decision making, PPSV23 for all
Chronic medical conditions† (CMC)	PPSV23	
Cochlear implant, CSF leak	Both PCV13* and PPSV23	Both PCV13* and PPSV23
Immunocompromising conditions	Both PCV13* and PPSV23, repeat PPSV23 after 5 years	

CSF: cerebrospinal fluid leak, PCV13: 13-valent pneumococcal conjugate vaccine, PCV15: 15-valent pneumococcal conjugate vaccine, PCV20: 20-valent pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine

*If not previously given; †Examples include alcoholism, chronic heart/liver/lung disease, diabetes, cigarette smoking

<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

Timeline of ACIP votes on new pneumococcal vaccine use for U.S. adults

ACIP meeting	Recommendation
October 2021	PCV15/PCV20 use for adults who have not previously received PCV or whose previous pneumococcal vaccination history is unknown
October 2022	PCV20 use for adults who have previously received PCV13


October 2021 ACIP recommendations simplified the previous recommendations for adults aged ≥65 years

	Previous Recommendation	New Recommendation
None of the conditions listed below	PCV13* based on shared clinical decision making, PPSV23 for all	<p>PCV20</p> <p>OR</p> <p>PCV15 and PPSV23</p>
Chronic medical conditions† (CMC)		
Cochlear implant, CSF leak	Both PCV13* and PPSV23	
Immunocompromising conditions		

PCV13: 13-valent pneumococcal conjugate vaccine, PCV15: 15-valent pneumococcal conjugate vaccine, PCV20: 20-valent pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine

*If not previously given; †Examples include alcoholism, chronic heart/liver/lung disease, diabetes, cigarette smoking
<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

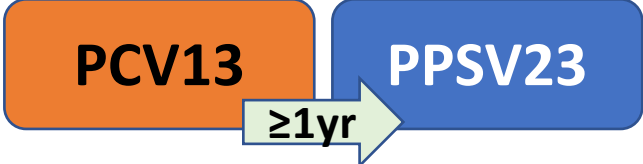




October 2021 ACIP recommendations simplified the previous recommendations for adults aged 19–64 years with risk factors

	Previous Recommendations	New Recommendations
None of the conditions listed below	No recommendation	No recommendation
Chronic medical conditions† (CMC)	PPSV23	 <p style="text-align: center;">PCV20 OR PCV15 and PPSV23</p>
Cochlear implant, CSF leak	Both PCV13* and PPSV23	
Immunocompromising conditions	Both PCV13* and PPSV23, repeat PPSV23 after 5 years	

PCV13: 13-valent pneumococcal conjugate vaccine, PCV15: 15-valent pneumococcal conjugate vaccine, PCV20: 20-valent pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine

*If not previously given; †Examples include alcoholism, chronic heart/liver/lung disease, diabetes, cigarette smoking
<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

Adults who started the series with **PCV13** were recommended to complete with **PPSV23**

Underlying conditions	Age 19–64 years	Age ≥65 years
None	PCV13 Previously not recommended	
Chronic medical conditions		
CSF leak, cochlear implant		
Immuno-compromised		

Pneumococcal Vaccines: PCVs vs. PPSV23

	1	3	4	5	6A	6B	7 F	9V	14	18 C	19 A	19 F	23 F	22 F	33 F	8	10 A	11 A	12 F	15 B	2	9N	17 F	20	
PCV13																									
PCV15																									
PCV20																									
PPSV23																									

	PCV	PPSV23
Basic Vaccine Composition	Capsular polysaccharides conjugated to CRM197 Carrier Protein	Capsular polysaccharide antigens
Mechanism of action	T-cell dependent	T-cell independent
Memory B cell production	Yes	No

PCV: pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine

Pneumococcal Vaccines: PCVs vs. PPSV23

	PCV	PPSV23
Duration of protection	No decline for 5 yrs¹	Variable findings, waning reported as early as 2 years since vaccination ²
Vaccine Effectiveness vs. Vaccine-type IPD	Supported by clinical efficacy/effectiveness data	Supported by clinical efficacy/effectiveness data; limited effectiveness reported in immunocompromised adults ³
Vaccine Effectiveness vs. Vaccine-type non-invasive/non-bacteremic pneumonia	Supported by clinical efficacy data <ul style="list-style-type: none"> • Moderate protection (45%: 95% CI 14 to 63)⁴ 	Variable clinical effectiveness data <ul style="list-style-type: none"> • Modest protection (18%: 95% CI -4 to 35%) from a meta-analysis⁵

1. Patterson et al. Trials in Vaccinology 2016.

2. World Health Organization. Strategic Advisory Group of Experts on Immunization 5-7 October 2020.



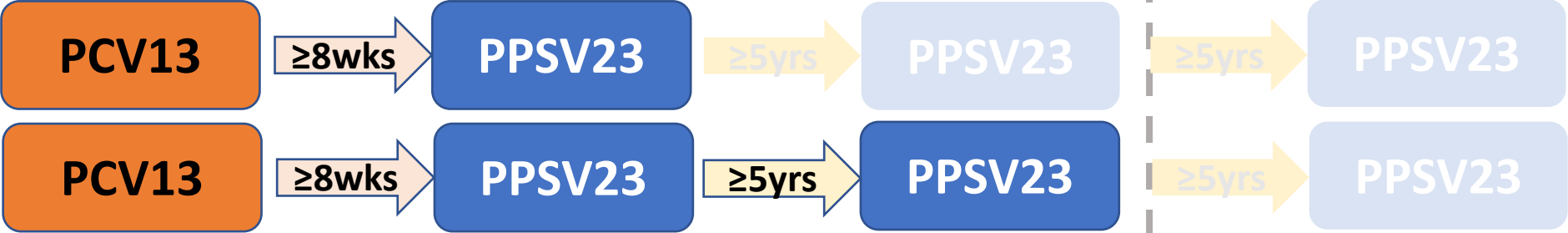
https://terrance.who.int/mediacentre/data/sage/SAGE_eYB_October_2020.pdf?ua=1

3. French et al. NEJM 2000; Andrews et al. Vaccine 2012; Rudnick et al. Vaccine 2013; Djennad et al. EClinicalMedicine 2018

4. Bonten et al. NEJM 2015

5. Farrar et al. <https://www.medrxiv.org/content/10.1101/2022.10.06.22280772v1.full>


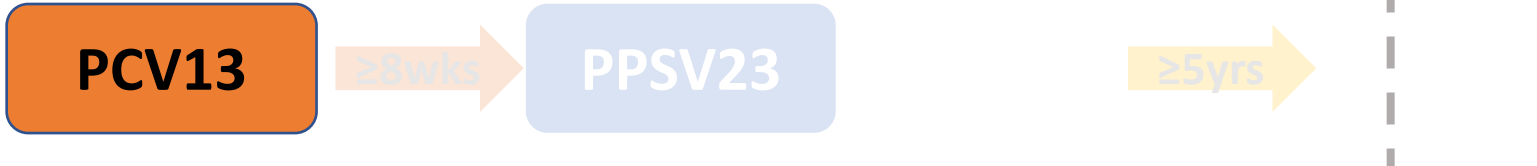

Group 1: Immunocompromised adults who received PCV13+PPSV23 but have not completed their series

Underlying conditions	Age 19–64 years	Age ≥65 years
None	PCV13 Previously not recommended	
Chronic medical conditions	Estimated ~0.2 million (among age 19–64 yrs)	
CSF leak, cochlear implant		
Immuno-compromised		

Group 1: Immunocompromised adults who received PCV13+PPSV23 but have not completed their series

Underlying conditions	Age 19–64 years	Age ≥65 years
CSF leak, cochlear implant	<p>PCV13 → $\geq 8\text{wks}$ → PPSV23 → $\geq 5\text{yrs}$ → PPSV23</p> <p>PCV13 → $\geq 8\text{wks}$ → PPSV23 → $\geq 5\text{yrs}$ → PCV20</p>	<p>PPSV23</p> <p>OR</p>
Immuno-compromised	<p>PCV13 → $\geq 8\text{wks}$ → PPSV23 → $\geq 5\text{yrs}$ → PPSV23 → $\geq 5\text{yrs}$ → PPSV23</p> <p>PCV13 → $\geq 8\text{wks}$ → PPSV23 → $\geq 5\text{yrs}$ → PPSV23 → $\geq 5\text{yrs}$ → PCV20</p> <p>PCV13 → $\geq 8\text{wks}$ → PPSV23 → $\geq 5\text{yrs}$ → PCV20</p>	<p>OR</p> <p>OR</p> <p>OR</p>






Group 2: Adults who started the series with PCV13 but have not received PPSV23

Underlying conditions	Age 19–64 years	Age ≥65 years
None	PCV13 Previously not recommended	
Chronic medical conditions		<p>Estimated ~9 million</p>
CSF leak, cochlear implant		
Immuno-compromised		
<p>Estimated ~0.2 million (among age 19–64 yrs)</p>		

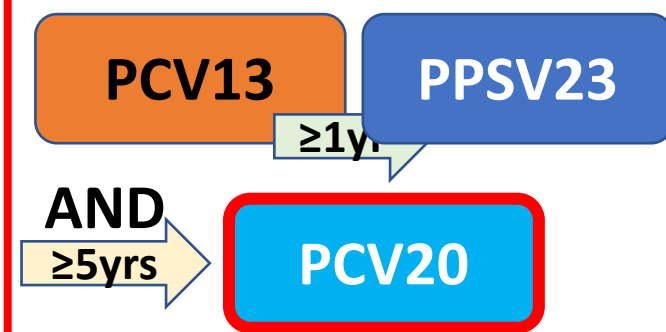


Group 2: Adults who started the series with PCV13 but have not received PPSV23

Underlying conditions	Age 19–64 years	Age ≥65 years
None	PCV13 Previously not recommended	
Chronic medical conditions		
CSF leak, cochlear implant		
Immuno-compromised		

Group 3: Adults aged ≥ 65 yrs who completed the series with PCV13+PPSV23

Underlying conditions	Age 19–64 years	Age ≥ 65 years
None	PCV13 Previously not recommended	 <p>Estimated ~17 million</p>
Chronic medical conditions		
CSF leak, cochlear implant		
Immuno-compromised		

Group 3: Adults aged ≥ 65 yrs who completed the series with PCV13+PPSV23

Underlying conditions	Age 19–64 years	Age ≥ 65 years
None	PCV13 Previously not recommended	
Chronic medical conditions		
CSF leak, cochlear implant		<p>Shared clinical decision-making</p>
Immuno-compromised		

PneumoRecs VaxAdvisor Mobile App for Vaccine Providers

i The PneumoRecs VaxAdvisor Mobile App was updated on February 9, 2022, to reflect CDC's new adult pneumococcal vaccination recommendations.

The *PneumoRecs VaxAdvisor* mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

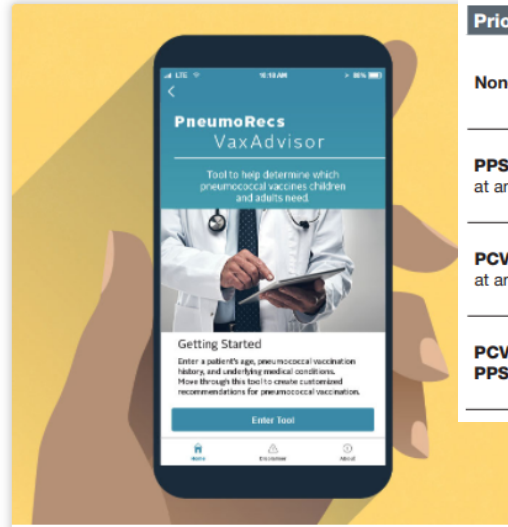
Users simply:

- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

Then the app provides patient-specific guidance consistent with the immunization schedule recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).

Download the App Today

Download *PneumoRecs VaxAdvisor* for free:



PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥65 years old

Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year† → PPSV23
PPSV23 only at any age	≥1 year → PCV20	≥1 year → PCV15
PCV13 only at any age	≥1 year → PCV20	≥1 year† → PPSV23
PCV13 at any age & PPSV23 at <65 yrs	≥5 years → PCV20	≥5 years‡ → PPSV23

- **MMWR Recommendations and Reports** summarizing the adult pneumococcal vaccine recommendations will be published soon

[PneumoRecs VaxAdvisor: Vaccine Provider App | CDC](#)

[Pneumococcal Vaccination: Who and When to Vaccinate | CDC](#)

[Pneumococcal Vaccine Timing for Adults greater than or equal to 65 years \(cdc.gov\)](#)

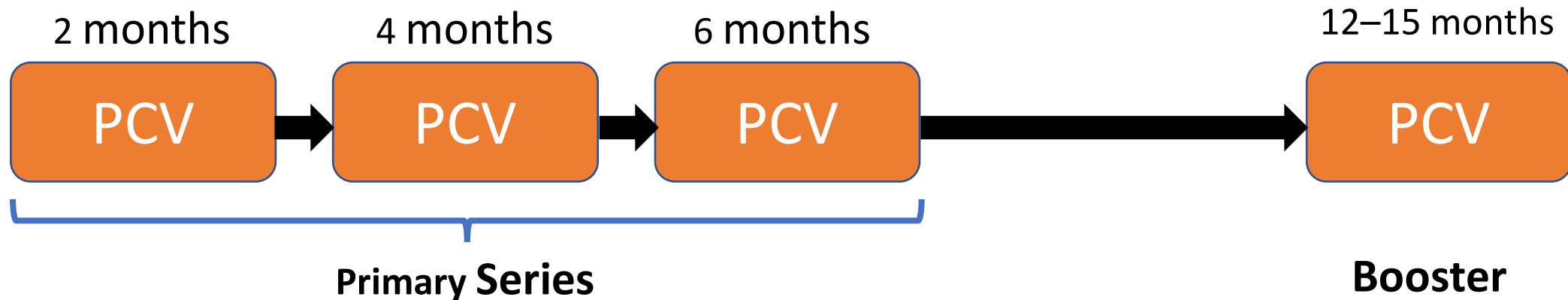
[Shared Clinical Decision-Making: PCV20 Vaccination for Adults 65 Years or Older-February 2, 2023 \(cdc.gov\)](#)

Timeline of ACIP votes on new pneumococcal vaccine use for U.S. children

ACIP meeting	Recommendation
June 2022	PCV15 use for children as an option for pneumococcal conjugate vaccination
June 2023	PCV20 for children

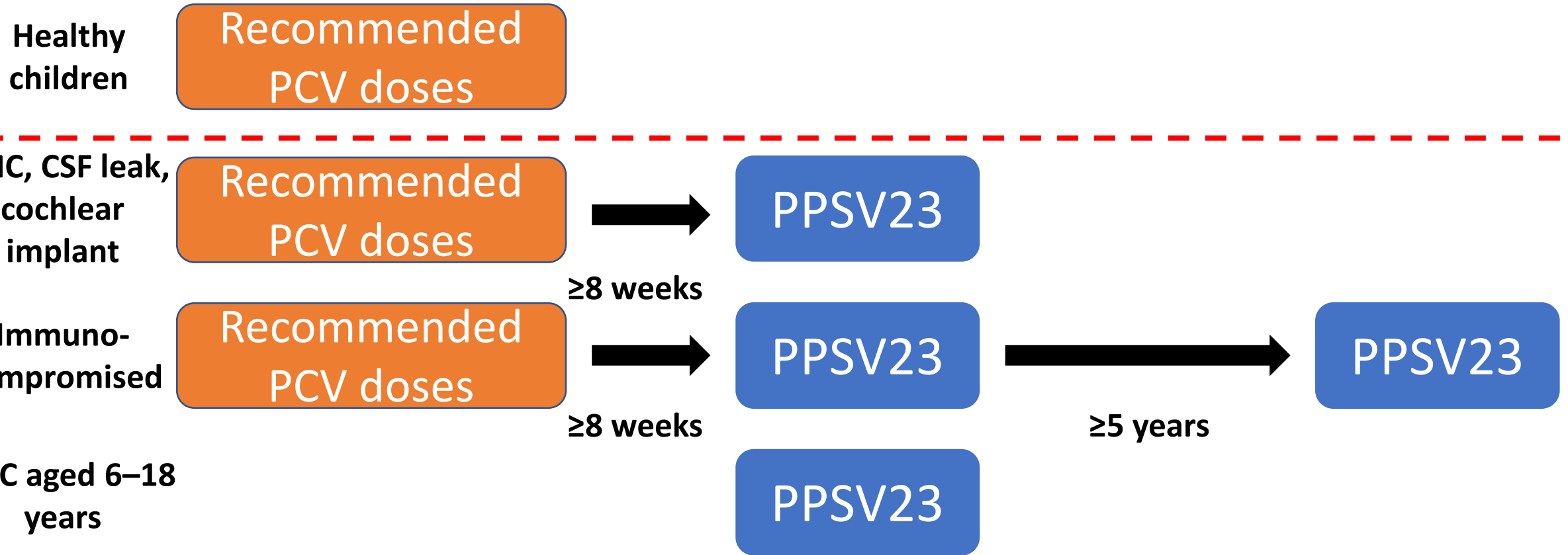
All children under age 2 years have the same pneumococcal vaccine recommendations

- 3 primary series and a booster="3+1" schedule



Either **PCV13** or **PCV15** were recommended prior to June 2023 ACIP meeting.

Children with certain underlying conditions were recommended* to receive PPSV23 in addition to the recommended PCV doses



Note: Excludes catch-up vaccination schedules.

*Recommendation before June 2023 ACIP meeting

CMC=chronic medical conditions, including chronic heart disease, chronic lung disease, diabetes mellitus

CSF=cerebrospinal fluid

[Use of 15-Valent Pneumococcal Conjugate Vaccine Among U.S. Children: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR \(cdc.gov\)](#)

Policy questions considered by the ACIP

- Should **PCV20** be recommended as an option for pneumococcal conjugate vaccination **according to currently recommended dosing and schedules, for U.S. children aged <2 years?**
- Should **PCV20 without PPSV23** be recommended as an option for pneumococcal vaccination **for U.S. children aged 2–18 years with underlying medical conditions that increase the risk of pneumococcal disease?**

1. Routine PCV use for all children aged <24 months

Use of either PCV15 or PCV20 is recommended for all children aged 2–23 months according to currently recommended PCV dosing and schedules.

2. Catch-up PCV doses for children aged 24–71 months with an incomplete PCV vaccination status

For children with an incomplete PCV vaccination status, use of either **PCV15** or **PCV20** according to currently recommended PCV dosing and schedules is recommended for:

- Healthy children aged 24–59 months
- Children with specified risk conditions* aged 24–71 months

*Risk conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease and other hemoglobinopathies).

3. Children aged 2–18 years with any risk condition who have completed their recommended PCV doses before age 6 years

For children aged 2–18 years with any risk condition who have received all recommended doses before age 6 years

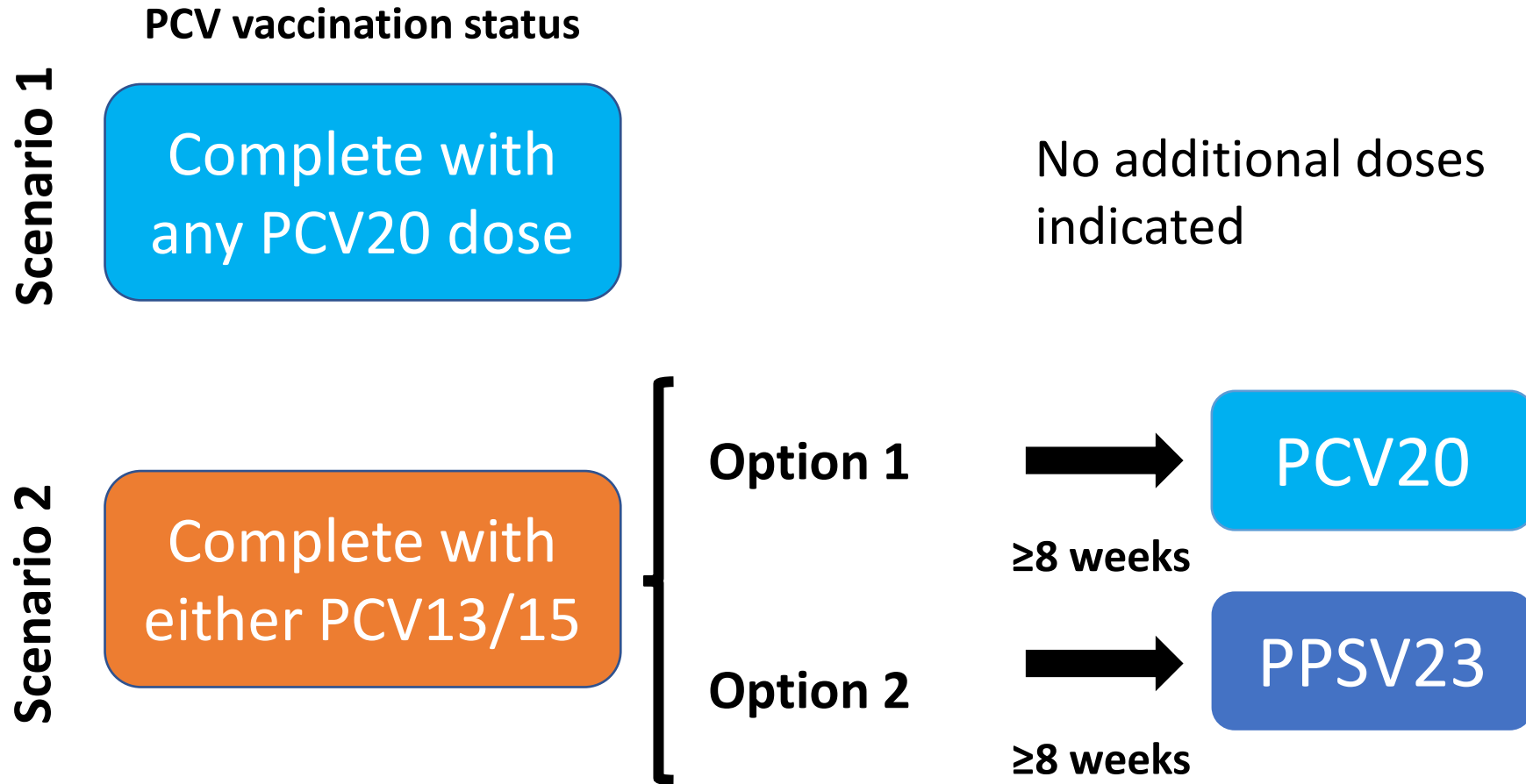
- **Using ≥ 1 dose of PCV20:** No additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data become available.
- **Using PCV13 or PCV15 (no PCV20):** A dose of PCV20 or PPSV23 using previously recommended doses and schedule is recommended.

Children aged 2–18 years with CMC, CSF leak, or cochlear implant who have received all recommended PCV doses before age 6 years, **previous recommendation**



CMC=chronic medical conditions, including chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions), chronic heart disease, chronic liver disease, chronic lung disease (including moderate persistent or severe persistent asthma), diabetes mellitus; CSF=cerebrospinal fluid

Children aged 2–18 years with CMC, CSF leak, or cochlear implant who have received all recommended PCV doses before age 6 years, updated recommendations



CMC=chronic medical conditions, including chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions), chronic heart disease, chronic liver disease, chronic lung disease (including moderate persistent or severe persistent asthma), diabetes mellitus; CSF=cerebrospinal fluid

Children with an immunocompromising condition aged 2–18 years who have completed PCV doses before age 6 years, **previous recommendation**



Children with an immunocompromising condition aged 2–18 years who have completed PCV doses before age 6 years, **updated recommendations**

PCV vaccination status

Scenario 1

Complete with any PCV20 dose

No additional doses indicated

Scenario 2

Complete with either PCV13/15

Option 1 ≥ 8 weeks

PCV20

No additional doses indicated

Option 2 ≥ 8 weeks

PPSV23

≥ 5 years

PCV20

Option 3 ≥ 8 weeks

PPSV23

≥ 5 years

PPSV23

Risk group/Condition
Children without immunocompromising conditions
Chronic heart disease [†]
Chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions)
Chronic liver disease
Chronic lung disease (including moderate persistent or severe persistent asthma)
Diabetes mellitus
Cerebrospinal fluid leak
Cochlear implant
Children with immunocompromising conditions
On maintenance dialysis or nephrotic syndrome
Congenital or acquired asplenia, or splenic dysfunction
Congenital or acquired immunodeficiency ^{††}
Diseases and conditions treated with immunosuppressive drugs or radiation therapy ^{**}
HIV infection
Sickle cell disease or other hemoglobinopathies
Solid organ transplant

[†] Recommendations are of particular importance for children with cyanotic congenital heart disease and cardiac failure.

^{††} Includes B-(humoral) or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, and C4 deficiency; and phagocytic disorders (excluding chronic granulomatous disease).

^{**} Including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease.

4. Children aged 6–18 years with any risk condition who have not received any dose of PCV

For children aged 6–18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, a single dose of PCV15 or PCV20 is recommended. When PCV15 is used, it should be followed by a dose of PPSV23 at least 8 weeks later if not previously given.

Previous risk-based pneumococcal vaccine recommendations for PCV unvaccinated children aged 6–18 years with risk conditions

	PCV13/15 recommended	PPSV23 Recommended	Single PPSV23 revaccination 5 yrs after first dose
Chronic heart disease		Y	
Chronic lung disease		Y	
Diabetes mellitus		Y	
Cerebrospinal fluid leak	Y	Y	
Cochlear implant	Y	Y	
Chronic renal failure or nephrotic syndrome	Y	Y	Y
Congenital or acquired asplenia, or splenic dysfunction	Y	Y	Y
Congenital or acquired immunodeficiency	Y	Y	Y
Diseases and conditions treated with immunosuppressive drugs or radiation therapy	Y	Y	Y
HIV infection	Y	Y	Y
Sickle cell disease or other hemoglobinopathies	Y	Y	Y
Solid organ transplant	Y	Y	Y

Updated risk-based pneumococcal vaccine recommendations for PCV unvaccinated children aged 6–18 years with risk conditions

	PCV15/ 20 recommended	PPSV23 Recommended
Chronic heart disease	Y	Only if PCV15 used
Chronic kidney disease	Y	Only if PCV15 used
Chronic liver disease	Y	Only if PCV15 used
Chronic lung disease*	Y	Only if PCV15 used
Diabetes mellitus	Y	Only if PCV15 used
Cerebrospinal fluid leak	Y	Only if PCV15 used
Cochlear implant	Y	Only if PCV15 used
Maintenance dialysis or nephrotic syndrome	Y	Only if PCV15 used
Congenital or acquired asplenia, or splenic dysfunction	Y	Only if PCV15 used
Congenital or acquired immunodeficiency	Y	Only if PCV15 used
Diseases and conditions treated with immunosuppressive drugs or radiation therapy	Y	Only if PCV15 used
HIV infection	Y	Only if PCV15 used
Sickle cell disease or other hemoglobinopathies	Y	Only if PCV15 used
Solid organ transplant	Y	Only if PCV15 used

*including moderate persistent or severe persistent asthma

Publication of updated pediatric pneumococcal vaccine recommendations

- **A report summarizing the pediatric pneumococcal vaccine recommendations and clinical guidance will be published in the coming months**

Acknowledgements

- **ACIP and the Pneumococcal Vaccines Work Group**
- **CDC contributors and consultants: Ryan Gierke, Jennifer Farrar, Kristin Andrejko, Lindsay Zielinski, Emma Accorsi, Namrata Prasad, Shriya Bhatnagar, Jacqueline Risalvato, Adam Cohen, Alison Albert, Angela Jiles, Noele Nelson, Diepreye Ayabina, Andrew Leidner, Pedro Moro, Elizabeth Velazquez, Marc Fischer, Katie Hamilton, Noelle Sobotka, Rebecca Morgan, Doug Campos-Outcalt**