National Center for Immunization & Respiratory Diseases



Pneumococcal Vaccines

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Pneumococcal Vaccines Work Group Chair Advisory Committee on Immunization Practices June 22, 2022

Pneumococcal Vaccines Work Group

- ACIP Members
- Katherine Poehling (Chair)
- Sarah Long
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- Lucia Lee (FDA)
- Tina Mongeau (FDA)
- Uzo Chukwuma (IHS)
- Mamodikoe Makhene (NIH)
- CDC Lead
- Miwako Kobayashi (NCIRD)

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- Mark Sawyer (AAP/COID)
- Jason Goldman (ACP)
- David Nace (AGS/AMDA)
- Emily Messerli (AIM)
- Aleksandra Wierzbowski (NASI)
- James McAuley (IDSA)
- William Schaffner (NFID)
- Virginia Caine (NMA)
- Monica Farley (VAMC/Emory)
- Keith Klugman (BMGF)
- Arthur Reingold (UC Berkley)
- Lorry Rubin (CCMC)
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Pneumococcal Vaccines Work Group

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Jessica MacNeil (ACIP Secretariat)

GRADE/EtR consultants

- Doug Campos-Outcalt
- Rebecca Morgan

Serotypes Contained in Current and New Pneumococcal Vaccines

	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																								
PPSV23																								

Current:

- 13-valent pneumococcal conjugate vaccine (PCV13)
- 23-valent pneumococcal polysaccharide vaccine (PPSV23)

New:

• 15-valent pneumococcal conjugate vaccine (PCV15): includes PCV13 serotypes + 22F and 33F

- 1) PCV13 Routine recommendation
- 2) PCV13 Catch-up options
- 3) PCV13 and PPSV23, children 24–71 months old with underlying medical conditions
- 4) PCV13 and/or PPSV23, children 6–18 years old with underlying medical conditions

PCV13: 13-valent pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine

1) PCV13 Routine recommendation

• 4-dose PCV13 series at **2**, **4**, **6**, **and 12–15** months (3+1 schedule)

2) PCV13 Catch-up options

- Healthy children through age 59 months
- Children with underlying medical conditions through age 71 months

PCV13: 13-valent pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine

3) PCV13 and PPSV23, children 24–71 months old with underlying medical conditions

- Complete recommended PCV13 doses followed by PPSV23 ≥8 weeks later
- Children who are immunocompromised or with sickle cell disease or asplenia
 - → 2nd dose of **PPSV23** recommended 5 years after the 1st dose

PCV13: 13-valent pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine MMWR RR 2010

3) Children aged 24–71 months with underlying medical conditions

Risk group	Underlying conditions	Complete PCV13 dose	PPSV23				
		Recommended	Recommended	Revaccination 5 years after 1 st dose			
Immunocompetent	Chronic heart disease	X	х				
	Chronic lung disease	X	х				
	Diabetes mellitus	X	х				
	Cerebrospinal fluid leaks	X	х				
	Cochlear implants	X	х				
Functional or anatomic asplenia	Sickle cell disease/other hemoglobinopathies	х	х	х			
doprema	Congenital or acquired asplenia	X	х	х			
Immunocompromised	Congenital or acquired immunodeficiencies	х	х	х			
	Chronic renal failure/nephrotic syndrome	X	Х	х			
	Hematologic malignancy	X	х	х			
	Generalized malignancy	X	х	х			
	Solid organ transplant	X	х	х			

4) PCV13 and/or PPSV23, children 6–18 years old with underlying medical conditions

- One dose of **PPSV23** for children with chronic heart/lung disease, or diabetes
- One dose of PCV13 (if never received) followed by PPSV23 ≥8 weeks for children with immunocompromising conditions, CSF leak, or cochlear implants
 - For children with immunocompromising condition, give a 2nd dose of PPSV23 ≥5 years after the first PPSV23 dose

4) Children aged 6–18 years with underlying medical conditions

Risk group	Underlying conditions	Complete PCV13 dose	PPSV23				
		Recommended	Recommended	Revaccination 5 years after 1 st dose			
Immunocompetent	Chronic heart disease		х				
	Chronic lung disease		х				
	Diabetes mellitus		х				
	Cerebrospinal fluid leaks	X	х				
	Cochlear implants	X	х				
Functional or anatomic asplenia	Sickle cell disease/other hemoglobinopathies	x	х	х			
aspiema	Congenital or acquired asplenia	X	х	Х			
Immunocompromised	Congenital or acquired immunodeficiencies	x	х	х			
	Chronic renal failure/nephrotic syndrome	x	х	х			
	Hematologic malignancy	X	х	Х			
	Generalized malignancy	X	х	Х			
	Solid organ transplant	Х	х	Х			

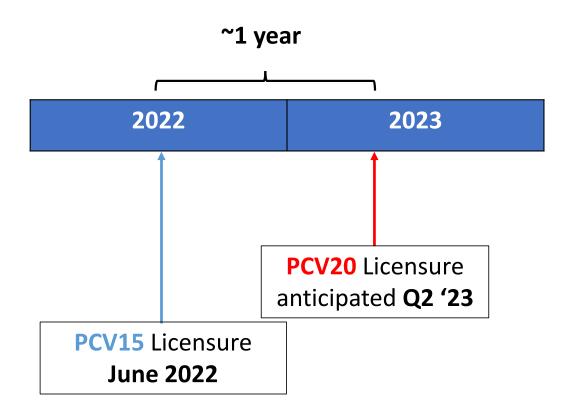
General Principles

- Consider PCV15 use as an option to PCV13 according to currently recommended PCV13 dosing and schedules
- Consider interchangeable use of PCV15 and PCV13
- No changes to PPSV23 recommendations

Policy Questions Proposed by the Work Group

- Should PCV15 be routinely recommended for U.S. children <2 years of age as an option for pneumococcal conjugate vaccination according to currently recommended dosing and schedules?</p>
- Should PCV15 be recommended for U.S. children 2–18 years of age with underlying medical conditions as an option for pneumococcal conjugate vaccination according to currently recommended dosing and schedules?

Anticipated Timeline of PCV20 Licensure in Children



Timeline of ACIP Presentations

February 2022 June 2022 October 2022

- Pediatric Pneumococcal disease epi
- Phase 2/3 PCV15 studies in children
- EtR (part 1)/GRADE

- Updates on PCV15 use in children
- Cost-effectiveness analysis
- Updated EtR
- Vote

Address questions related to PCV15 and PCV20 use in adults

Today's Pneumococcal Vaccines Session Outline

Introduction Dr. Katherine Poehling

(ACIP, WG Chair)

PCV15 Pediatric Clinical Development Program—Update Dr. Natalie Banniettis (Merck)

Economic Analysis and Public Health Impact of PCV15 Use Dr. Andrew Leidner

in Children (CDC/NCIRD)

Summary of Work Group Interpretation on EtR Dr. Miwako Kobayashi

(CDC/NCIRD)

Proposed Recommendations for PCV15 Use in Children Dr. Miwako Kobayashi

(CDC/NCIRD)