



Pneumococcal Vaccines

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Pneumococcal Vaccines Work Group Chair
Advisory Committee on Immunization Practices
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Pneumococcal Vaccines Work Group Members

ACIP members

- Grace Lee (Chair)
- Keipp Talbot
- Paul Hunter

Ex officio members

- Tina Mongeau (FDA)
- Lucia Lee (FDA)
- Jeffrey Kelman (CMS)

CDC leads

- Tamara Pilishvili (NCIRD)
- Almea Matanock (NCIRD)

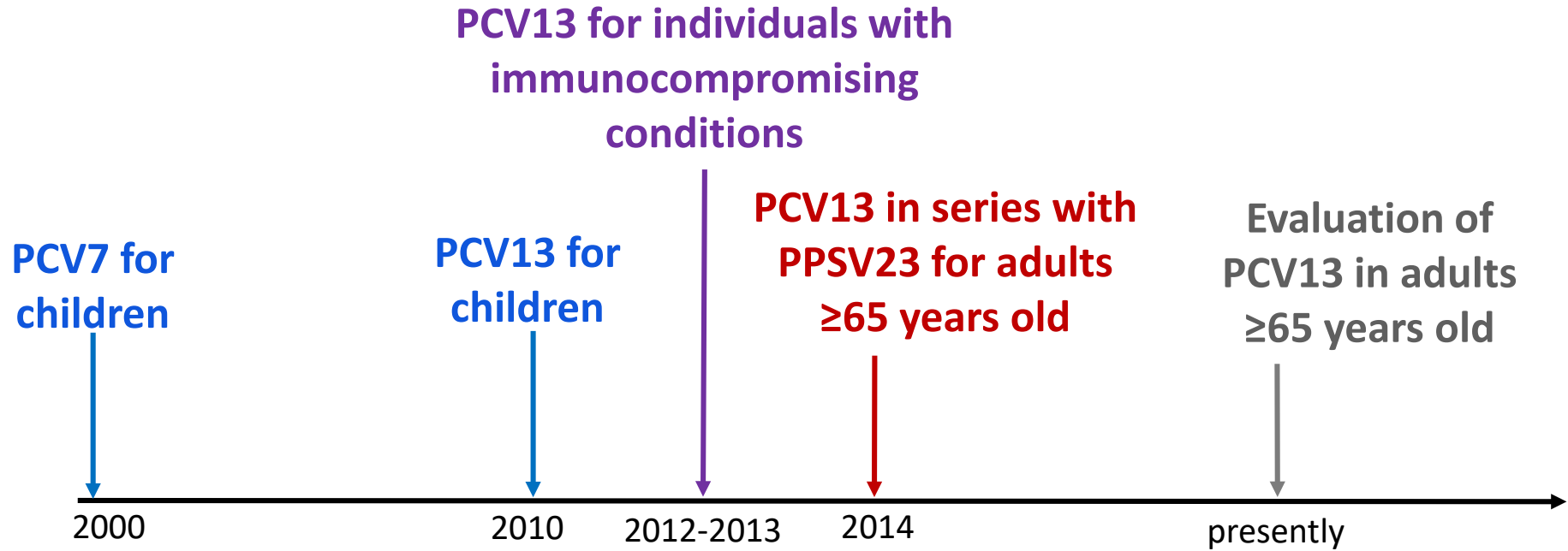
Liaison representatives and consultants

- Lorry Rubin (Cohen Children's Med Ctr of New York, Northwell Health)
- Mark Sawyer (AAP/COID)
- Rick Zimmerman (AAFP/ University of Pittsburgh)
- John Merrill-Steskal (AAFP)
- Jane Zucker (AIM)
- Jason Goldman (ACP)
- William Schaffner (NFID)
- Monica Farley (DVA)
- Keith Klugman (Gates Foundation)
- Jeffrey Duchin (IDSA)
- Arthur Reingold (U of California, Berkeley)
- Nancy Bennett (University of Rochester)
- Inci Yildirim (Emory University)

Terms of Reference

- Review current data on efficacy, effectiveness, immunogenicity, and cost-effectiveness of pneumococcal vaccines
- Review current recommendations considering up-to-date evidence, including epidemiological studies, and assess strength of the evidence
- Revise or update recommendations for pneumococcal vaccine use, as needed

Pneumococcal Conjugate Vaccine Recommendations



2014 ACIP Age Based Recommendation

- In 2014 when ACIP recommended PCV13 in series with PPSV23 for adults ≥ 65 years old, the rationale was:
 - Recommendation was warranted in the short-term because there was still a significant burden of disease among older adults, particularly due to pneumococcal pneumonia
 - The public health benefits in the long-term, however, were expected to be limited since the indirect effects from pediatric PCV13 use were expected to increase
- Therefore, the recommendation was made with a commitment to re-evaluate this policy 4 years later and revise as needed

Policy Question

- Should PCV13 be administered routinely to all immunocompetent* adults aged ≥ 65 years in the context of indirect effects from pediatric PCV use experienced to date?
 - Population: Immunocompetent adults 65 years and older
 - Intervention: PCV13 in series with PPSV23, in the context of indirect effects
 - Comparison(s): PPSV23 alone, in the context of indirect effects
 - Outcomes: Invasive pneumococcal disease (IPD), pneumonia, mortality, safety

Population Covered by the Policy Question

Immunocompetent adults 65 years and older are the focus of the current policy discussion

Not included in the current policy discussion:

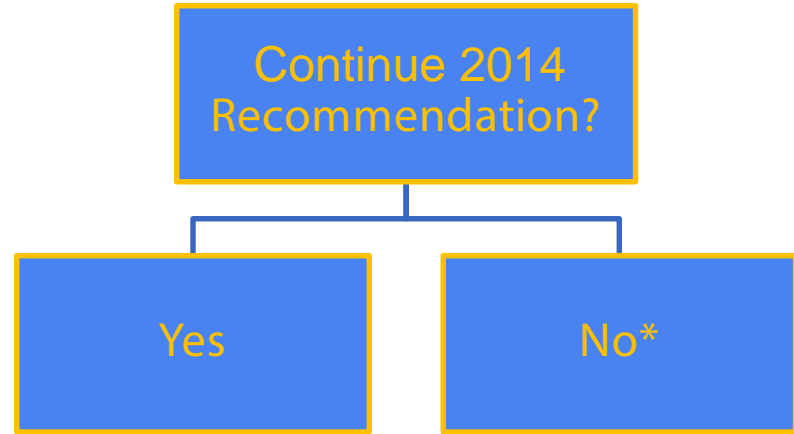
- Adults ≥ 19 years old with an immunocompromising condition including:
 - Chronic renal failure
 - Nephrotic syndrome
 - Immunodeficiency
 - Iatrogenic immunosuppression
 - HIV
 - Cochlear implants
 - CSF leaks
 - Generalized malignancy
 - Hodgkin disease
 - Leukemia or Lymphoma
 - Multiple myeloma
 - Solid organ transplants
 - Congenital or acquired asplenia
 - Sickle cell disease or other hemoglobinopathies
- Recommended to receive PCV13 in series with PPSV23 (ACIP 2012)

Proposed Policy Options for Today's Vote

- A. ACIP recommends PCV13 for all adults ≥ 65 years who have not previously received PCV13. PCV13 should be given first, followed by a dose of PPSV23.
- B. ACIP recommends PCV13 based on shared clinical decision making for adults ≥ 65 years who do not have an immunocompromising condition* and who have not previously received PCV13. All adults ≥ 65 years should receive a dose of PPSV23.
- C. ACIP no longer recommends PCV13 for adults ≥ 65 years who do not have an immunocompromising condition.* All adults ≥ 65 years should receive a dose of PPSV23.

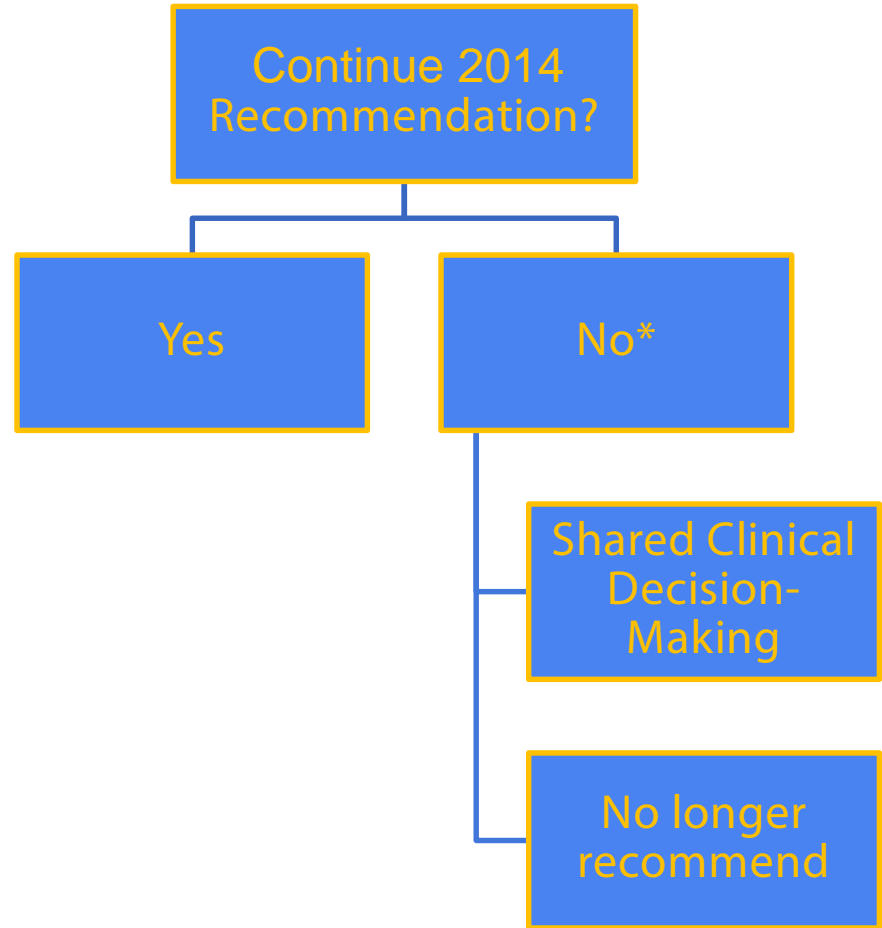
Workgroup Rationale

- Goal is to re-evaluate the 2014 policy to recommend PCV13 in series with PPSV23 for adults ≥ 65 years
- Propose initial focus on whether to continue the current recommendation or not



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Today's Pneumococcal Vaccines Session

- Considerations for PCV13 use among adults 65 years and older and a summary of the Evidence to Recommendations— Dr. Almea Matanock (CDC/NCIRD)
- Proposed policy options— Dr. Almea Matanock (CDC/NCIRD)
- Feedback from liaison and ex-officio members on the policy options proposed
- Discussion about the considerations for PCV13 use among adults ≥ 65 years old