ATAGI recommendation for 20vPCV+23vPPV vaccination in First Nations adults aged ≥50 years without risk conditions for pneumococcal disease

Recommendation

20vPCV+23vPPV vaccine is recommended as an alternative to both 13vPCV+23vPPV and 15vPCV+23vPPV vaccines in Indigenous adults aged ≥50 years without special risk factors. It should be noted that 20vPCV provides additional anticipated protection against seven more serotypes when compared to 13vPCV. The additional anticipated protection provided by 20vPCV followed by 23vPPV compared to 13vPCV+23vPPV or 15vPCV+23vPPV is unknown.

Additional considerations

- The interval between 20vPCV and 23vPPV should be 12 months; however, an interval of 2–12 months is acceptable, as is currently recommended for 13vPCV and 15vPCV.
- For those who have received one or more doses of 23vPPV previously, 20vPCV should be administered in adherence with current recommendations regarding interval for 13vPCV and 15vPCV (i.e. 12 months from last 23vPPV dose).
- For those who have already received 13vPCV or 15vPCV, a dose of 20vPCV is not recommended, as 13vPCV and 15vPCV provide comparable protection against invasive pneumococcal disease.
- For those who have already received at least two doses of 23vPPV, no further 23vPPV doses are recommended.

Justification

The body of evidence suggests that 20vPCV may result in little difference in the immunogenicity outcomes and critical outcomes of serious adverse events compared to 13vPCV.

There may be some extra protection based on immunogenicity outcomes from the additional 20v-non13v serotypes; however, there is uncertainty regarding additional protection after receiving the 23vPPV vaccine. Additional protection for serotype 8 may be provided by a dose of 23vPPV after 20vPCV, as this serotype did not meet the non-inferiority margin when 20vPCV was administered on its own.

There are no safety data available for 20vPCV+23vPPV. Rates of injection site adverse events and systemic adverse events following 20vPCV are mild to moderate in severity and similar to those seen after 13vPCV. Serious adverse events are comparable between 20vPCV and 13vPCV.

The evidence suggests that the overall balance of immunogenicity effects and adverse events of 20vPCV is comparable to 13vPCV+23vPPV. However, there is low certainty of this evidence, as the study populations and comparators did not align with the PICO question; the evidence was therefore downgraded for indirectness. There is no evidence on the safety or immunogenicity of 20vPCV+23vPPV, but it is likely comparable to 13vPCV+23vPPV and 15vPCV+23vPCV.