ATAGI recommendation for use of 20vPCV versus 13vPCV in non-First Nations adults aged ≥70 years without special risk factors for the prevention of pneumococcal disease

Recommendation

20vPCV vaccine is recommended as an alternative to 13vPCV and 15vPCV vaccines in non-Indigenous adults aged ≥70 years without special risk factors. It should be noted that 20vPCV is anticipated to provide additional protection against seven more serotypes compared to 13vPCV. There is no evidence that directly compares 15vPCV and 20vPCV.

Additional considerations

- 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 there is no data to support repeat doses of PCV in adults.

Justification

The body of evidence suggests that 20vPCV likely results in little difference in the immunogenicity outcomes for the shared serotypes compared to 13vPCV.

For serotypes unique to 20vPCV, there likely results in small, improved protection based on immunogenicity outcomes compared to 13vPCV. There is no evidence that directly compares immunogenicity outcomes for 15vPCV and 20vPCV.

Rates of local adverse events and systemic adverse events following 20vPCV are mild to moderate in severity and slightly higher than those seen after 13vPCV. Serious adverse events are comparable between 20vPCV and 13vPCV. There is no evidence that directly compares safety outcomes between 15vPCV and 20vPCV.

The evidence suggests that the overall balance of immunogenicity effects and adverse events of 20vPCV are comparable to 13vPCV. There is currently no evidence that directly compares immunogenicity and safety outcomes between 15vPCV and 20vPCV, but there are no theoretical concerns.