Impact of Prevnar (PCV13) vaccine recommendations in pediatric and immunocompetent adults 65 years and older: What are the benefits and risks?

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Impact of Prevnar (PCV13) vaccine recommendations in pediatric and immunocompetent adults 65 years and older: What are the benefits and risks?

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BACKGROUND

- 2000: PCV7 becomes the first FDA approved pneumococcal vaccine for pediatrics
- 2010: PCV13 recommended in pediatrics
- 2014: PCV13 recommended in immunocompetent adults 65+ 
- 2018: CDC looked at data since 2014 recommendation 
- 2019: PCV13 now shared clinical decision-making

KEY QUESTIONS

KEY QUESTION #2

- No change in IPD incidence since 2014
- No changes in case fatality

KEY QUESTION #4

- Three-fold reduction in PCV13-type IPD after PCV13 introduction for children
- PCV13: Prevents ~4% of all-cause pneumonia

BACKGROUND

- PCV13: Prevents ~4% of all-cause pneumonia
- PCV13: Prevents 1 case for every 2,600 healthy seniors immunized per year

DISCUSSION

ANNUAL NUMBER NEEDED TO VACCINATE (NNV) AMONG ADULTS 65+

- PCV13: Prevents 1 case for every 2,600 healthy seniors immunized per year
- Shared decision-making

OUTPATIENT PNEUMONIA:

- PCV13: Prevents 1 case for every 26,300 healthy seniors immunized per year

SAFETY:

- No safety concerns with PCV13

HERD IMMUNITY:

- Infections prevented by PCV13 are now less common

OTHER WAYS TO PROTECT PATIENTS:

- Recommend annual influenza vaccines
- Reinforce good hand hygiene
- Maintain healthy lungs

GENERAL VACCINE SCHEDULE

INFANTS:

- PCV13 as 4-dose series at 2, 4, 6, and 12-15 months

AGES 19-64:

- Healthy: Vaccine NOT recommended until 65
- Increased risk of pneumococcal disease: 1 dose of PPSV23
- Increased risk for meningitis: PCV13, then PPSV23 8 weeks later
- Immunocompromised: PCV13, then PPSV23 8 weeks later

ADULTS 65+:

- Immunocompromised: Shared Decision-Making
- Immunocompromised: PCV13, then PPSV23 8 weeks later

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