

IDSA Comments on PCV13 Recommendation

In February, 2019, CDC staff requested that the Infectious Diseases Society of America (IDSA) provide an official position regarding the following question being decided by the Advisory Committee on Immunization Practices (ACIP): *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?*

We thank the ACIP for the opportunity to provide input on this issue. IDSA greatly appreciates the importance of vaccines throughout the lifespan, including in the adult population, and advocates regularly for policies to improve immunization rates and access to ACIP-recommended vaccines for both children and adults.

IDSA recognizes that when the 2014 PCV13 recommendation was made, ACIP explicitly committed to re-evaluate that recommendation in four years, after assessing the impact of the indirect effects of the pediatric PCV13 program on the epidemiology of adult pneumococcal disease.

To inform our deliberations, CDC staff presented a summary of the data shown at the February 2019 ACIP meeting to our Public Health Committee. This information was also shared with the IDSA Board of Directors.

After careful consideration of the evidence and robust discussions a majority of both our IDSA Public Health Committee and the Board of Directors concluded that given **the beneficial indirect effects of pediatric PCV13 vaccination on adult pneumococcal disease in the US resulting in a markedly decreased burden of PCV13-preventable disease, administration of PCV13 routinely to all immunocompetent adults aged 65 years and older should not be recommended.**

Key evidence we considered in support of our conclusion include the following:

- That there has been no change in population-level invasive pneumococcal disease (IPD), IPD-related mortality and pneumococcal pneumonia incidence among adults 65 years of age and older after the 2014 recommendation, beyond that attributable to indirect effects of childhood PCV13 vaccination.
- That for adults 65 years and older, non-PCV13 types now make up most of the pneumococcal disease burden and that the low remaining burden of PCV13-type disease limits the potential benefit from PCV13 direct effects.
- That serotype 3 is the most common cause of remaining PCV13-type disease, and for which the benefit of PCV13 is uncertain.
- That an estimated 26,000 adults age 65 and older need to be vaccinated to prevent one case of IPD per year and an estimated 2,600 adults age 65 and older need to be vaccinated to prevent one case of outpatient PCV13-type pneumococcal pneumonia per year.
- The very high estimated cost per QALY of continuing the current recommendation (\$200,000-\$500,000).

Concerns expressed by those in the minority not supporting the decision to discontinue the current recommendation to administer PCV13 routinely to all immunocompetent adults aged ≥65 include:

- Only three years of data were analyzed to draw the conclusions made in the February presentation, additional study might change the findings (although the low burden of PCV13-type disease is acknowledged).

- Adult coverage rates with pneumococcal polysaccharide and conjugate vaccines in series are relatively low, and there may be more noticeable reductions in IPD and IPD-related mortality in adults if the vaccination rates were to increase significantly (although the low burden of PCV13-type disease is acknowledged).
- Discontinuing the 2014 recommendation may lead to confusion among healthcare providers and the public about the benefits of vaccination.
- There are administrative burdens for healthcare systems and providers related to electronic medical records and clinical decision support for immunizations associated with changing guidance.
- Subsequent recommendations for the use of future, more effective pneumococcal conjugate vaccines, if indicated, may be more difficult to implement.

In closing, our conclusion is a reflection of the tremendous success of the pediatric PCV13 vaccination program and its corresponding population-level benefits in reducing the pneumococcal disease burden among adults. If ACIP agrees and votes to no longer recommend PCV13 be administered routinely to all immunocompetent adults aged ≥ 65 years, we urge CDC to have a robust and proactive communication strategy for healthcare providers and the public that clearly describes the rational and evidence base for the decision.

Thank you again for giving our IDSA the opportunity to provide an official opinion on this important topic.