

Significant events in pneumococcal vaccination practice in Australia

Year	Month	Intervention
1986		Vaccination recommended for individuals with specified underlying medical conditions that increase the risk of pneumococcal disease or complications, using either 23-valent pneumococcal polysaccharide vaccine (23vPPV, Pneumovax 23) or 14-valent pneumococcal polysaccharide vaccine (14vPPV)
1991		Revaccination with 23vPPV every 5 years recommended for immunocompromised individuals and those with asplenia
1994	July	Vaccination with 14vPPV no longer recommended 23vPPV recommended for Aboriginal and Torres Strait Islander people aged >50 years living in communities with a high rate of pneumococcal disease Revaccination with 23vPPV every 5 years recommended for those with additional medical conditions: nephrotic syndrome and sickle cell disease
1997	February	Vaccination recommended for all adults aged >65 years and subsidised under the Pharmaceutical Benefits Scheme (PBS) Vaccination recommended for all Aboriginal and Torres Strait Islander people aged >50 years Revaccination with 23vPPV every 5 years recommended for Aboriginal and Torres Strait Islander people aged >50 years
1998		<i>Vic only:</i> 23vPPV funded for all adults aged ≥65 years and all Aboriginal and Torres Strait Islander people aged ≥50 years
1999		23vPPV funded (under the National Indigenous Pneumococcal and Influenza Immunisation Program) for all Aboriginal and Torres Strait Islander people aged >50 years and non-Indigenous people aged 15–50 years with any of the specified underlying medical conditions
2000	March	Vaccination recommendation for Aboriginal and Torres Strait Islander people changed from age >50 to ≥50 years Vaccination recommendation for all persons changed from age >65 to ≥65 years Revaccination with 23vPPV every 5 years recommended for all those at increased risk of pneumococcal disease
	May	23vPPV funded in the NT for all Aboriginal and Torres Strait Islander people aged ≥15 years
	December	7-valent pneumococcal conjugate vaccine (7vPCV, Prevenar) registered for use in infants and children aged 6 weeks to 9 years
2001	June–July	A booster dose of 23vPPV recommended and funded for children with specified underlying medical conditions at 4–5 years of age Funded program using 7vPCV for children at highest risk for invasive pneumococcal disease (all Aboriginal and Torres Strait Islander infants, all children with specified underlying medical conditions that predispose them to invasive pneumococcal disease and non-First Nations children residing in Central Australia)

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2001 (cont.)	June–July	<p>Funded catch-up program using 7vPCV for non-First Nations children residing in Central Australia aged <2 years, Aboriginal and Torres Strait Islander children in Central Australia aged <5 years and Aboriginal and Torres Strait Islander children in northern NT aged <2 years</p> <p>A dose of 7vPCV recommended and funded for children aged 12 months with specified underlying medical conditions, following completion of a primary 7vPCV 3-dose course</p> <p>NT commenced school-based pneumococcal vaccination (23vPPV) program for 15–19-year-olds in grades 10–12</p>
2002		NT school-based pneumococcal vaccination (23vPPV) program targeting 15–19-year-olds changed to those in grades 11 and 12
2003	September	<p>7vPCV recommended for all infants at 2, 4 and 6 months of age but funded only for children with specified underlying medical conditions that predispose them to invasive pneumococcal disease</p> <p>List of high-risk medical conditions for which a child became eligible for the nationally funded 7vPCV expanded</p> <p>23vPPV revaccination/booster dose recommendations changed as follows:</p> <ul style="list-style-type: none"> • Non-First Nations adults aged <65 years with underlying medical conditions or who are smokers should have a single booster at 65 years of age or 10 years after the 1st dose (whichever is later) • Non-First Nations adults aged ≥65 years should have a single booster 5 years after the 1st dose • Aboriginal and Torres Strait Islander people aged 15–49 years with underlying medical conditions or who are smokers should have a single booster 5 years after the 1st dose, with a subsequent booster at 50 years of age or 10 years after the first booster (whichever is later) • Aboriginal and Torres Strait Islander people aged ≥50 years should have a single booster 5 years after the 1st dose <p>NT school-based pneumococcal vaccination (23vPPV) targeted 15-year-olds in grade 10</p>
2005	January	<p>Nationally funded 7vPCV program for all infants replaced the previous targeted childhood program, with a catch-up program for children aged <2 years</p> <p>23vPPV funded for all adults aged ≥65 years, replacing previous subsidy through the PBS</p>
2009	February	10-valent pneumococcal conjugate vaccine (10vPCV, Synflorix) registered for use in children aged 6 weeks to <2 years
	October	10vPCV funded for all children in the NT at ages 2, 4, 6 and 18 months, replacing the use of the 7vPCV (3 doses) with or without a booster dose of 23vPPV
2010	February	13-valent pneumococcal conjugate vaccine (13vPCV, Prevenar 13) registered for use in children aged 6 weeks to 5 years

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2011	April	Temporary recommendation to cease any revaccination with 23vPPV while awaiting further investigation, in response to increased number of reported injection site adverse events after receiving this vaccine
	July	13vPCV replaced the 7vPCV at ages 2, 4 and 6 months (and at 12 months for children with specified underlying medical conditions) Funded national program commenced providing children aged 12–35 months who have completed a primary 7vPCV course with a supplementary dose of 13vPCV
	October	23vPPV booster dose for Aboriginal and Torres Strait Islander children aged 18–24 months living in NT, SA, Qld and WA ceased, following implementation of the 13vPCV catch-up program for children aged 12–35 months 13vPCV replaced 10vPCV for use in the NT. A supplementary dose of 13vPCV was provided to those who had received 10vPCV 13vPCV registered for use in adults aged ≥ 50 years
	December	Resumption of the prevailing recommendations for revaccination with 23vPPV, with the exception that a 2nd dose is no longer recommended for non-First Nations adults aged ≥ 65 years who do not have any conditions that predispose them to an increased risk of invasive pneumococcal disease
2012	September	13vPCV catch-up program ceased
	October	Booster dose of 13vPCV recommended and funded for Aboriginal and Torres Strait Islander children at 12–18 months of age living in NT, Qld, SA and WA
2013	March	List of high-risk medical conditions in a child or adult for which vaccination recommended revised and split into two groups based on severity of risk: <ul style="list-style-type: none"> • Category A – highest increased risk of invasive pneumococcal disease • Category B – increased risk of invasive pneumococcal disease A single dose of 13vPCV recommended for adults with a Category A high-risk medical condition, preferably as the 1st dose before 23vPPV or at least 12 months after a dose of 23vPPV (except stem cell transplant recipients, for whom 3 doses of 13vPCV recommended) Recommendation on repeat dose of 23vPPV for children with pre-existing medical conditions who received a dose of 23vPPV at age 4–5 years clarified: <ul style="list-style-type: none"> • For those with a Category A high-risk medical condition, a 2nd dose of 23vPPV recommended 5 years after the 1st dose, and a 3rd dose 10 years after the 2nd dose • For those with a Category B medical condition, a 2nd dose of 23vPPV recommended 10 years after the 1st dose A single dose of 13vPCV recommended for children >5 years of age with a Category A high-risk medical condition if a dose of 13vPCV not previously received (except stem cell transplant recipients, for whom 3 doses of 13vPCV recommended). 23vPPV recommended approximately 2 months later (if no previous dose received) or a minimum of 5 years after a prior 23vPPV dose Advice provided that 1st dose of 13vPCV could be given as early as 6 weeks of age
	October	Upper age for which 13vPCV registered for use in children extended to 17 years

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2014	May	Age for which 13vPCV registered for use extended in adults (now registered for use in children from 6 weeks of age and adults)
2018	July	<p>Schedule for routine childhood vaccination with 13vPCV changed from 3+0 at 2, 4 and 6 months of age to 2+1 at 2, 4 and 12 months of age. Schedule remained as 2, 4, 6 and 12 months of age (3+1) for Aboriginal and Torres Strait Islander children living in NT, SA, Qld and WA and for children with specified underlying medical conditions that predispose them to invasive pneumococcal disease</p> <p>List of risk conditions for which vaccination recommended expanded to include previous invasive pneumococcal disease infection in a child</p>
2020	July	<p>Categories A and B risk group lists consolidated into single list of risk conditions</p> <p>List of risk conditions for which vaccination recommended expanded to include previous invasive pneumococcal disease infection in an adult</p>
		<p>A single dose of 13vPCV recommended for individuals aged >12 months with any risk condition, followed by a dose of 23vPPV 12 months later and a 2nd dose of 23vPPV 5–10 years after that</p> <p>Children with any risk condition diagnosed <12 months of age recommended to receive 13vPCV at 2, 4, 6 and 12 months of age (3+1), followed by a dose of 23vPPV at 4 years of age and a 2nd dose of 23vPPV 5–10 years later</p> <p>Doses of 13vPCV and 23vPPV funded under the NIP for specific risk conditions</p>
		<p>Funded schedule expanded for Aboriginal and Torres Strait Islander children living in NT, SA, Qld and WA from 13vPCV at 2, 4, 6 and 12 months of age (3+1) to include an additional dose of 23vPPV at 4 years of age and a 2nd dose 5–10 years later</p> <p>A single dose of 13vPCV recommended and funded for Aboriginal and Torres Strait Islander adults aged ≥50 years followed by a dose of 23vPPV 12 months later and a 2nd dose of 23vPPV 5–10 years after that</p> <p>A single dose of 13vPCV is recommended and funded for non-First Nations adults aged ≥70 years replacing the previously funded dose of 23vPPV aged ≥65 years</p>
2022	January	A single dose of 15vPCV (Vaxneuvance) registered for use in adults aged ≥18 years
	December	A single dose of 20vPCV (Prevenar 20) registered for use in adults aged ≥18 years
2023	January	15vPCV recommended as a non-preferential alternative to 13vPCV in adults aged ≥18 years
	March	15vPCV registered for use in children aged ≥6 weeks
	May	20vPCV recommended as a non-preferential alternative to 13vPCV in adults aged ≥18 years
	June	15vPCV and 20vPCV available on private prescription
	October	15vPCV recommended as a non-preferential alternative to 13vPCV in children aged ≥6 weeks
2024	January	20vPCV registered for use in children aged ≥6 weeks
2025	February	21vPCV (Capvaxive) registered for use in people aged ≥18 years

2025	September	<p>20vPCV replaces 13vPCV on the NIP for use in the routine childhood vaccination schedule</p> <p>Existing 4-dose PCV schedule for Aboriginal and Torres Strait Islander children in NT, QLD, SA and WA extended to include Aboriginal and Torres Strait Islander children from all states and territories</p> <p>23vPPV use in children ceased</p> <p>Children who were previously recommended two doses of 23vPPV following 13vPCV or 15vPCV are recommended to receive one dose of 20vPCV instead of 23vPPV</p>
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