ATAGI recommendation for using 15vPCV+23vPPV vaccine versus 13vPCV+23vPPV vaccine in adults aged ≥18 years with specific risk conditions.

15vPCV+23vPPV vaccine is recommended as an alternative to 13vPCV+23vPPV vaccine in adults aged ≥18 years with specific risk conditions. It should be noted that 15vPCV provides additional anticipated protection against two more serotypes.

The conditions associated with an increased medical risk for invasive pneumococcal disease can be found in the Australian Immunisation Handbook.

Additional considerations:

- The interval between 15vPCV and 23vPPV should be 12 months, 2-12 months is acceptable as is currently recommended for 13vPCV.
- For those who have received one or more doses of 23vPPV previously, 15vPCV should be administered adhering to same recommendations in terms of interval as is currently recommended for 13vPCV (i.e., 12 months from last 23vPPV dose) .
- For those who have already received 13vPCV, a dose of 15vPCV is not recommended as 13vPCV provides comparable protection against invasive pneumococcal disease.
- For those who have already received at least 2 doses of 23vPPV, no further 23vPPV doses are recommended.

Justification

- The evidence suggests that 15vPCV likely results 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 15v-non13v serotypes (22F and 33F), however this improvement is diminished after receiving the 23vPPV vaccine.
- Rates of injection site adverse events and systemic adverse events following 15vPCV+23vPPV are mild to moderate in severity and similar to those seen after 13vPCV+23vPPV. Serious adverse events are comparable between 15vPCV+23vPPV and 13vPCV+23vPPV.
- The body of evidence suggests that the overall balance of immunogenicity effects and adverse events of 15vPCV+23vPPV are comparable to 13vPCV+23vPPV.