

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 17vPPV no longer recommended
	July	23vPPV recommended for Aboriginal and Torres Strait Islander people living in communities with a high rate of pneumococcal disease aged >50 years
	July	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 PBS
	February	Vaccination recommended for all Aboriginal and Torres Strait Islander people aged >50 years
	February	Revaccination with 23vPPV every 5 years recommended for Aboriginal and Torres Strait Islander people aged >50 years
1998		Vic only: 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 those 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
	March	Vaccination recommendation for all persons changed from age >65 to ≥ 65 years
	March	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, Prevnar) registered for use in infants and children aged 6 weeks to 9 years

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2001	June–July	<p>A booster dose of 23vPPV recommended and funded for children with specified underlying medical conditions at 4–5 years of age</p> <p>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-Indigenous children residing in Central Australia)</p> <p>Funded catch-up program using 7vPCV for non-Indigenous children residing in Central Australia <2 years of age, Aboriginal and Torres Strait Islander children in Central Australia <5 years of age and Aboriginal and Torres Strait Islander children in northern NT <2 years of age</p> <p>A dose of 23vPPV recommended and funded for Aboriginal and Torres Strait Islander children aged 18–24 months, living in NT, SA, Qld and WA, following completion of a primary 7vPCV 3-dose course</p> <p>A dose of 7vPCV recommended and funded for children with specified underlying medical conditions aged 12 months, following completion of a primary 7vPCV 3-dose course</p> <p>NT commenced school-based pneumococcal vaccination (23vPPV) for 15–19-year-olds in grades 10–12</p> <p>NT commenced school-based pneumococcal vaccination (23vPPV) for 15–19-year-olds in grades 10–12</p>
2002		NT school-based pneumococcal vaccination (23vPPV) targeting 15–19-year-olds changed to those in grades 11 and 12
2003	<p>September</p> <p>September</p> <p>September</p> <p>September</p>	<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 was expanded</p> <p>23vPPV revaccination/booster dose recommendations changed as follows:</p> <ul style="list-style-type: none"> • Non-Indigenous 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-Indigenous adults aged ≥65 years should have a single booster 5 years • 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 later <p>NT school-based pneumococcal vaccination (23vPPV) targeted 15-year-olds in grade 10</p>
2005	January	Nationally funded 7vPCV program for all infants replaced the previous targeted childhood program, with a catch-up program for children aged <2 years
2008	January	23vPPV funded for all adults aged ≥65 years, replacing previous subsidy through the PBS

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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 age 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
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 2, 4 and 6 months of age (and at 12 months for children with specified underlying medical conditions)
	October	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
	October	13vPCV replaced 10vPCV for use in the NT. A supplementary dose of 13vPCV was provided to those who had received the 10vPCV
	October	13vPCV registered for use in adults aged ≥ 50 years
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
	December	Resumption of the prevailing recommendations for revaccination with 23vPPV, with the exception that a 2nd dose is no longer recommended for non-Indigenous adults aged ≥ 65 years who do not have any conditions that predispose them to an increased risk of invasive pneumococcal disease
2013	September	13vPCV catch-up program ceased
	March	<p>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 (Category A – highest increased risk of invasive pneumococcal disease; Category B – increased risk of invasive pneumococcal disease)</p> <p>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)</p> <p>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:</p> <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 and a subsequent dose 10 years after that For those with a Category B medical condition, a 2nd dose of 23vPPV recommended 10 years after the 1st dose

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2013 (cont.)	March	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
	March	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
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	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 (3+1) for Aboriginal and Torres Strait Islander children living in NT, SA, Qld and WA, and children with specified underlying medical conditions that predispose them to invasive pneumococcal disease
		List of risk conditions for which vaccination recommended expanded to include previous invasive pneumococcal disease infection in a child
2020	July	Categories A and B risk group lists consolidated into single list of risk conditions List of risk conditions for which vaccination recommended expanded to include previous invasive pneumococcal disease infection in an adult
	July	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 Children with any risk condition diagnosed <12 months of age are recommended to receive 13vPCV at 2, 4, 6 and 12 months (3+1), followed by a dose of 23vPPV at 4 years of age and a 2nd dose of 23vPPV 5–10 years later Doses of 13vPCV and 23vPPV funded under the NIP for many risk conditions (refer to the Australian Immunisation Handbook)
	July	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 (3+1) to include an additional dose of 23vPPV at 4 years of age and a 2nd dose 5–10 years later
	July	A single dose of 13vPCV recommended and funded for Aboriginal and Torres Strait Islander adults at 50 years of age, followed by a dose of 23vPPV 12 months later and a 2nd dose of 23vPPV 5–10 years after that
	July	A single dose of 13vPCV is recommended and funded for non-Indigenous adults at 70 years of age, replacing the previously funded dose of 23vPPV at 65 years of age
2022	January	A single dose of 15vPCV vaccine (Vaxneuvance) registered for use in adults aged ≥18 years
	December	A single dose of 20vPCV vaccine (Prevenar 20) registered for use in adults aged ≥18 years

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2023	January	Vaxneuvance recommended as an equal alternative to Prevenar 13 in adults aged ≥ 18 years
	March	Vaxneuvance registered for use in children aged ≥ 6 weeks
	May	Prevenar 20 recommended as an equal alternative to Prevenar 13 in adults aged ≥ 18 years
	June	Vaxneuvance and Prevenar 20 available on private prescriptions
	October	Vaxneuvance recommended as an equal alternative to Prevenar 13 in children aged ≥ 6 weeks