



## 2020 Pneumococcal Disease Webinar Questions and Answers

July 2020

**Prevenar 13 is a conjugated vaccine and the pneumovax is a polysaccharide vaccine. Are the 13 strains included in the 23 strains or are they different?**

There is cross over with some of the strains. These are highlighted

PNEUMOVAX®23 - 23 serotypes contained in the vaccine	1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, and 33F
PREVENAR 13 – 13 serotypes in the vaccine	1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F

The NCIRS “Pneumococcal vaccines for Australians” Fact Sheet might be a handy resource tool.... [http://ncirs.org.au/sites/default/files/2020-07/Pneumococcal-fact-sheet\\_1%20July%202020\\_FINAL.pdf](http://ncirs.org.au/sites/default/files/2020-07/Pneumococcal-fact-sheet_1%20July%202020_FINAL.pdf)

**What are the catch-up vaccines for Indigenous and Torres Strait Islander children and Pneumovax 23?**

Aboriginal and Torres Strait Islander children in SA, NT, WA and Qld, born on or after 1 July 2015, are eligible to receive 2 doses of 23vPPV vaccine as a catch-up.

**When giving infants multiple injections at one time, should we use separate arms for Prevenar 13 and influenza? This is for the 12-month vaccine when we give 3 vaccines on NIP schedule and usually give Prevenar on its own in left arm. If the parent opts to give influenza vaccine at this time should it go in right arm, opposite to Prevenar?**

Prevenar 13 and Influenza may be administered in the same limb to an infant. It is recommended to separate the injection sites by 2.5cm and document each vaccine site. It is recommended to administer the most painful vaccine last (such as Prevenar 13) however, Bexsero is a painful vaccine too if you are vaccinating Aboriginal and Torres Strait Islander infants, or others where the parent has purchased the vaccine.

If a child requires 3 or 4 intramuscular vaccines at the same visit, the options will depend on the child's deltoid muscle mass. If the deltoid mass is large enough, give up to 2 injections into each deltoid muscle (separated by 2.5 cm). If the deltoid muscle mass is small, give further injections into either anterolateral thigh (2.5 cm apart if 2 vaccines are given in the same thigh).

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If you are experienced with using the ventrogluteal area, you have the option to give one injection into each ventrogluteal area.

Both Prevenar 13 and Influenza vaccines are reactogenic in young children. Both vaccines may induce a febrile response. It is important for providers to discuss fever management with parents and recommend they have infant paracetamol on hand at home.

The Immunisation Handbook states:

**Children who need both influenza and 13vPCV**

*Children can receive 13vPCV and inactivated influenza vaccine at the same visit if they need both vaccines. One study found a slightly higher risk of fever and febrile convulsions in children aged 6 months to <5 years (especially those aged 12–24 months) when they received inactivated trivalent influenza vaccine and 13vPCV at the same time, compared with receiving the vaccines separately. The risk was about 18 more cases per 100,000 doses in children aged 6 months to <5 years. The highest risk was 45 per 100,000 doses in children aged 16 months. This is a relatively small risk increase.*

*A later study did not show an association between co-administering these 2 vaccines and febrile seizures.*

**If the patient is 65 years of age or older, and does not have a chronic condition eg lung issues, diabetes etc, is it true that they do not receive a Pneumovax 23, but get a Prevenar 13 when they turn 70yrs?**

That is correct. If the person is non-Aboriginal and does not have medical risk conditions, they are recommended to receive Prevenar 13 vaccine at 70 years of age instead of Pneumovax 23 vaccine at 65.

If the person is Aboriginal and does not have medical risk conditions, they are recommended to receive Prevenar 13 at 50 years followed by x 2 doses Pneumovax 23.

If individuals have certain risk factors, they are recommended to receive x 1 Prevenar 13 vaccine and x 2 Pneumovax 23 vaccines, but providers will need to check if they meet funded vaccine criteria or not.

**If a patient with T2DM had his pneumovax 23 at 69yo, he would get the pcv13 at 70yo as scheduled. Will he need another Pneumovax 23 as per the flowchart for people at medical risk? If so, when and how many more doses?**

If your patient had 23vPPV at 69 years of age, he should have a Prevenar 13 at 70 years of age (12 months after the 23vPPV dose). This is NIP funded. He is recommended to receive a second dose of 23vPPV. This dose is recommended to be given 12 months after the Prevenar 13 dose and a minimum interval of 5 years after the first dose (whichever is later), but this dose is not funded.

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**If a non-indigenous person with diabetes who has had Pneumovax 23 vaccinations at < 65 years of age, and is due for 2nd and not yet 70, do they wait until 70 to get funded or have Prevenar 13 now?**

Pneumococcal vaccines are recommended for a person with diabetes; however, they are not funded. The patient is recommended to receive Prevenar 13 vaccine now, followed by 2 doses of Pneumovax 23 vaccine, but they would need to be purchased on private script. This individual will not need another dose of Prevenar 13 vaccine when they are 70.

**Does a patient with a previous episode of pneumonia have funded vaccination on the new NIP?**

If the episode pneumonia was diagnosed as Invasive Pneumococcal Disease (IPD), the patient would be eligible for funded pneumococcal vaccines.

**Is the pneumococcal vaccine funded for smokers?**

No. It is certainly recommended to provide protection to smokers but is not currently funded through the NIP. It would need to be self-funded.

**If there is only limited reduction in immune response from Pneumovax 23, why do we use it?**

Even if protection is limited, Pneumovax 23 provides protection from 23 strains of *s. pneumoniae* so is beneficial for our patients and our communities.

**Do pneumococcal vaccines reduce carriage rates?**

Pneumococcal vaccination plays an important role in herd immunity. The NCIRS Fact Sheet “Pneumococcal vaccines” discusses the positive impact pneumococcal vaccine have had on carriage: “A booster of pneumococcal vaccine at 12 months of age leads to greater reduction in carriage, which in turn, results in better herd protection”. Another paper, “The fundamental link between pneumococcal carriage and disease” <https://doi.org/10.1586/erv.12.53> summarizes pneumococcal conjugate vaccine are known to reduce carriage acquisition and density, resulting in reduced risk of pneumococcal disease.

**Why has the age for funded vaccination changed from 65 to 70 years?**

According to the evidence, the risk of IPD increases as we age. The incidence of IPD is much greater from 70 years of age that from 65 to 69 years. Pneumococcal vaccine effectiveness reduces over time so moving the age of vaccination to 70 years will provide better protection as people age. Prevenar 13 will also provide more assured protection against community acquired pneumonia.

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### **Can Prevenar 13 be given at the same time as flu vaccination in children?**

Yes, but please be aware that both vaccines are more reactogenic in children. This means that fever is a risk after vaccination. It is, therefore, vital to have a conversation with parents and carers regarding identifying and managing fever in young children. The alternative would be to separate these vaccinations by at least 3 days.

### **What are the possible reactions to Pneumovax 23?**

- Low grade fever and localised pain
- redness and swelling around the injection site can be experienced

More significant localised reactions have been reported but are rare. Please note that you should advise the patient that the benefit of the vaccination outweighs the risk of the localised reaction.

### **Is the vaccination funded for Gold Card Veterans?**

According to the Department of Veteran's Affairs website, Veteran Gold Card holders will need to pay \$6.60 for each prescription item until the individual reaches their safety net threshold for the calendar year. After the threshold has been reached, medicines are free for the remainder of the calendar year.