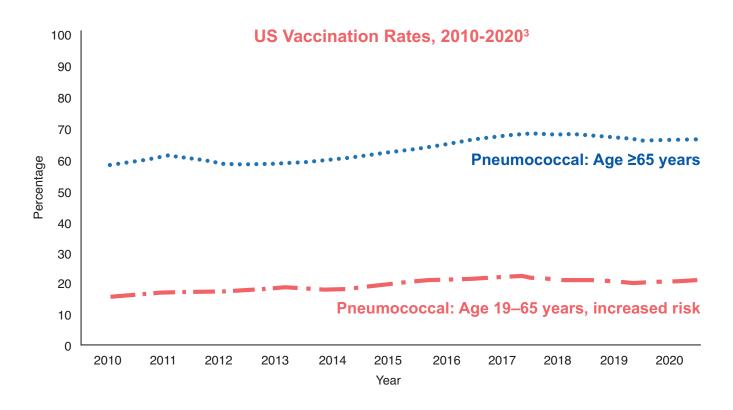


Low vaccination rates for patients ≥ 65 years of age and ages 18-64 with increased risk contribute to a high burden of pneumococcal disease.^{1,2}

Estimated burden of pneumococcal disease in U.S. adults aged ≥ 19 years:

- In 2017, ≥ 100,000 hospitalized pneumococcal pneumonia cases occured¹
- In 2019, ~30,000 IPD cases and ~3,000 IPD deaths occurred²
 - ~43% of IPD in adults aged ≥ 65 years
 - ~48% of IPD in adults aged 19–64 years with risk-based indications
- 90% of the current adult IPD burden is in persons aged 19–64 years with risk-based indications and persons aged ≥ 65 years





In February of 2022, the Advisory Committee on Immunization Practices published updated recommendations for pneumococcal immunizations based on age and factors that increase risk of pneumonia.⁴

Ages 18-64 With Increased Risk

Factors that Increase Risk	Previous Recommendations	Current Recommendations*
Chronic Medical Conditions	PPSV23	PCV15 and PSV23 or PCV20
Cochlear Implant, CSF Leak	PCV13 then PPSV23	
Immunocompromising Conditions	PCV13 then PPSV23 repeat PPSV23 after 5 years	

Ages ≥65 years

Factors that Increase Risk	Previous Recommendations	Current Recommendations*
With Chronic Medical Conditions	PCV13 (if not given earlier) followed by PPSV23 (final dose at age 65 or older)	PCV15 and PSV23 or PCV20
Age-Related Only	PPSV23, can give PCV13 first if clinical shared decision making indicates	

^{*}As of February 2022





Updated CDC recommendations based on current pneumococcal immunization status can be summarized as follows:⁵

Not previously vaccinated/unknown

Give PCV15 followed by PPSV23 a year later

– OR –

Give PCV20

Previously received PCV13 and PPSV23 at age less than 65

Give PPSV23 per previous recommendations

1 dose of PCV20 can be given if PPSV23 not available

Previously received PPSV23

Give one dose of PCV15 or PCV20 at least 1 year after PPSV23 dose

Previously received PCV13 at any age

Give PPSV23 per previous recommendations

1 dose of PCV20 can be given if PPSV23 not available

The SHARE model provides a structured approach to immunization discussions with patients.⁶



SHARE tailored reasons why the vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors



HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination



ADDRESS patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language



REMIND patients that vaccines protect them and their loved ones from serious illnesses and complications



EXPLAIN the potential costs of getting infectious diseases, including serious health effects, time lost (such as missing work or family obligations), and financial costs



Resources

- 1. CDC SNiPP, 2017. https://www.cdc.gov/pneumococcal/surveillance.html
- 2. CDC ABCs, 2018. https://www.cdc.gov/abcs/overview/index.html
- 3. https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2019-2020.html
- 4. https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm?s_cid=mm7104a1_w
- 5. https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf
- 6. https://www.nfid.org/2015/08/18/a-strong-vaccine-recommendation-makes-a-difference/