

27 June 2019

Ms Jo Watson
Deputy Chair
Pharmaceutical Benefits Advisory Committee

Email: Jo.Watson@health.gov.au

Dear Ms Watson,

Re: Pharmaceutical Benefits Advisory Committee (PBAC) review of pneumococcal vaccines (13vPCV;23vPPV) on the National Immunisation Program for older adults

The Royal Australian College of General Practitioners (RACGP) thanks the Pharmaceutical Benefits Advisory Committee for the opportunity to provide input on their re-consideration of pneumococcal vaccines in older adult populations.

The RACGP's response covers:

1. Vaccine effectiveness and cost effectiveness against invasive pneumococcal disease and community-acquired pneumonia
2. Impact of removing a vaccine from the National Immunisation Program

1. Vaccine effectiveness and cost effectiveness against invasive pneumococcal disease and community-acquired pneumonia

The use of the 13-valent pneumococcal conjugate vaccine (13vPCV) in the National Immunisation Program (NIP) since 2011 has provided progressively increasing herd immunity for older adults. The reduction in disease burden due to 13vPCV serotypes greatly reduces both the necessity for adult pneumococcal immunisation with 13vPCV and its likely cost effectiveness.

Cost effectiveness studies should also consider that in at-risk populations such as Aboriginal and Torres Strait Islanders >50 years and other adults >65 years, circulating strains of pneumococcus that are not covered by 13vPCV will likely increase.

Pneumococcal disease contributes a significant burden of morbidity in older adults. Two percent of the older population will be hospitalised for community-acquired pneumonia annually¹ and of those, one in ten will die.² Age is a significant risk factor for both community-acquired pneumonia and invasive pneumococcal disease.³ There is good evidence of 23-valent pneumococcal polysaccharide vaccine (23vPPV) effectiveness against invasive pneumococcal disease and moderate evidence of vaccine effectiveness against community-acquired pneumonia. Numerous studies support a long-term duration of 23vPPV effectiveness, and European recommendations in several countries support a booster after 5 years.⁴

2. Impact of removing a vaccine from the National Immunisation Program

The implications of removing a vaccine from the National Immunisation Program or changing the immunisation schedule are far reaching and therefore such a decision requires robust justification. The guidelines for pneumococcal recommendations in older people are complex. Removing an at-risk group from the vaccine recommendations will likely have a detrimental impact on implementation. Furthermore, general practitioners (GPs) have invested considerable time and effort setting up reminder systems, populating pneumococcal immunisation databases and educating patients. Changes that negate these efforts will undermine adult immunisation programs in general practice.

We note that most countries across Europe recommend using 23vPPV, and most recommend pneumococcal vaccination at ages up to and including 65 years.⁴

Any changes that remove immunisation coverage from populations should stand up to public scrutiny if invasive pneumococcal infections occur. There needs to be sound evidence-based reasons for the removal of a vaccine. This is particularly important where a number of risk groups will be exposed to a higher burden of disease.

The RACGP thanks the Pharmaceutical Benefits Advisory Committee again for the opportunity to comment. If you have any further queries please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669-0544 or at stephan.groombridge@racgp.org.au

Yours sincerely



Dr Harry Nespolon

President



References

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4. Bonnave CD., Mertens W., Peetermans K., et al. Adult vaccination for pneumococcal disease: a comparison of the national guidelines in Europe. 2019 Eur J Clin Microbiol Infect Dis 38(4):785-791