Australian recommendations for pneumococcal vaccination in adults and availability under the NIP[1-3]

PNEUMOVAX®23 (pneumococcal vaccine, polyvalent) is the only pneumococcal vaccine funded on the NIP and subsidised on the PBS for eligible adults

Risk of invasive disease	Indigenous status	Age	13-valent conjugate vaccine*	NIP	PNEUMOVAX 23**	NIP
Healthy	Non-indigenous	≥65 years	–	–	1 dose	Yes
	Indigenous	≥50 years	–	–	2 doses#	Yes
Increased risk category (B): • Diabetes mellitus • Chronic lung disease • Chronic cardiac disease • Chronic liver disease • Down Syndrome • Alcoholism • Tobacco smoking	Non-indigenous	18–64 years	–	–	3 doses##	No‡ (PBS)
		≥65 years	–	–	2 doses#†	Yes
	Indigenous	15–49 years	–	–	3 doses##	Yes
		≥50 years	–	–	2 doses#	Yes
Highest risk category (A): • Functional or anatomical asplenia • Immunocompromised persons (e.g. chronic renal failure) • Cerebrospinal fluid leaks • Cochlear implants • Intracranial shunts	Non-indigenous	18–64 years	1 dose	No	3 doses##	No‡ (PBS)
		≥65 years	1 dose	No	3 doses#	Yes
	Indigenous	15–49 years	1 dose	No	3 doses##	Yes
		≥50 years	1 dose	No	3 doses#††	Yes

The minimum interval between any 2 doses of PNEUMOVAX 23 is 5 years with a maximum of 3 lifetime adult doses[1]

Please refer to the 10th Edition Australian Immunisation Handbook[1] for comprehensive listing of at risk conditions and recommendations

* Recommended for those with risk factors for invasive disease who have never received the 13-valent conjugate vaccine. This dose should precede the first dose of PNEUMOVAX 23 by 2 months. For those who have had PNEUMOVAX 23, the 13-valent vaccine dose should be given at least 12 months later.

** The minimum interval between any 2 doses of PNEUMOVAX 23 is 5 years with a maximum of 3 lifetime adult doses.

The second dose should be given 5 years after the first dose.

The second dose should be given 5–10 years after the first. The third dose should be given at 65 years for non-indigenous people and 50 years for indigenous people, or 5 years after the second dose, whichever is later.

† Those diagnosed as being at increased risk after receiving PNEUMOVAX 23 at age 65 should receive a second dose at time of diagnosis or 5 years after the previous dose, whichever is later.

†† The third dose should be given at 65 years or 5 years after the second dose, whichever is later.

‡ The 3rd dose, if given at 65 years or later for non-indigenous people and 50 years or later for indigenous people is funded on the NIP. Refer to NIP Schedule.

Adapted from Chiu *et al.* 2013[3]

PNEUMOVAX 23
(Pneumococcal Vaccine Polyvalent)

PBS Information: This product is listed on the National Immunisation Program (NIP) Schedule and the Pharmaceutical Benefits Scheme (PBS). Refer to the NIP and PBS Schedule.

REFERENCES: 1. NHMRC, The Australian Immunisation Handbook 2013, 10th Edition, Chapter 4.13. **2.** Department of Health, Immunise Australia. National Immunisation Program Schedule, page last modified 14 September 2016. http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips. Last accessed January 2018. **3.** Chiu C, McIntyre P. *Aust Prescr* 2013; 36(3):88–93.

Before prescribing, please review Product Information available at www.seqirus.com.au/PI

MINIMUM PRODUCT INFORMATION. PNEUMOVAX®23 (Pneumococcal vaccine, polyvalent). Purified capsular polysaccharides from 23 pneumococcal types. **INDICATIONS:** Immunisation against pneumococcal disease of the specified capsular types in all persons over 65 years; Aboriginal and Torres Strait Islander people over 50 years; individuals over age 2 with asplenia; immunocompromised patients at increased risk of pneumococcal disease; immunocompetent persons at increased risk of complications from pneumococcal disease; patients with cerebrospinal fluid (CSF) leaks; tobacco smokers. **CONTRAINDICATIONS:** Hypersensitivity to any component of the vaccine. **PRECAUTIONS: Immunocompromised Patients:** Chemotherapy or immunosuppressive therapy (e.g. in Hodgkin's disease); continue proven antibiotic prophylaxis against pneumococcal infection after vaccination. **General:** Intradermal administration may cause severe local reactions. May not be effective in preventing meningitis in patients with chronic CSF leakage. Exercise care with individuals with severely compromised cardiac and/or pulmonary function; consider delaying vaccination in febrile respiratory illness or active infection. **Paediatric Use**: Not recommended in children aged under 2; **Pregnancy**: Category B2. Lactation: Caution in nursing mothers. **ADVERSE EFFECTS:** Most commonly, fever and injection site reactions including soreness, erythema, warmth, swelling and local induration. Compared with primary vaccination, an increased rate of local reactions has been observed with revaccination at 3–5 years following primary vaccination. Cellulitis-like reactions have been reported in post-marketing experience. **DOSAGE AND ADMINISTRATION:** 0.5mL subcutaneously or intramuscularly only. Do not inject intravenously. Intradermal administration should be avoided. Give two weeks before elective splenectomy, commencement of cancer chemotherapy, or immunosuppressive therapy. Avoid vaccination during chemotherapy or radiation therapy. Revaccination is recommended in some at risk individuals; consult the Australian Immunisation Handbook regarding revaccination. **Based on approved Product Information**: 09 March 2017.

Seqirus (Australia) Pty Ltd. ABN 66 120 398 067. 63 Poplar Road, Parkville, VIC 3052. Medical Information: 1800 642 865. ® PNEUMOVAX23 is a registered trademark of Merck & Co. Inc. Whitehouse Station, NJ, USA. Seqirus™ is a trademark of Seqirus UK Limited or its affiliates. Date of preparation: February 2018. PNEU/0415/0028(3). 14592.

Seqirus