

Transcript Details

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Expert Insights on Pneumococcal Pneumonia Prevention

Announcer:

Welcome to ReachMD.

This medical industry feature is titled Expert Insights on Pneumococcal Pneumonia Prevention. This podcast is intended only for healthcare professionals in the United States and is intended to be listened to as it was originally produced by Pfizer.

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Joyce:

Hi, I'm Joyce Riley, Senior Medical Director at Pfizer. Today I'm excited to introduce Dr Lance Sloan, who is going to share his experience implementing the CDC's adult pneumococcal vaccination recommendations for adults aged 65 years or older and 19 to 64 years with certain chronic medical conditions and discuss how Prevnar 20 can help protect these adults from pneumococcal pneumonia.

Dr Sloan is an endocrinologist, nephrologist, and metabolist in Lufkin, Texas, and is affiliated with the Texas Institute for Kidney and Endocrine Disorders.

Welcome, Dr Sloan.

Dr Sloan:

Thanks Joyce, I'm happy to be here.

Announcer:

- Prevnar 20[®] is indicated for active immunization for the prevention of invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 6 weeks of age and older
- Prevnar 20[®] is indicated for active immunization for the prevention of pneumonia caused by *S. pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 18 years of age and older
- The indication of Prevnar 20[®] for the prevention of pneumonia caused by *S. pneumoniae* serotypes 8, 10A, 11A, 12F, 15B, 22F, and 33F in individuals 18 years of age and older is approved under accelerated approval based on immune responses as measured by opsonophagocytic activity (OPA) assay. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial
- Prevnar 13[®] is indicated for active immunization for the prevention of pneumonia and invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F in adults 18 years of age and older

Joyce:

Dr Sloan, as an endocrinologist you have a lot of experience treating adults with diabetes. As we know, adult pneumococcal vaccination recommendations include guidance for adults 19 to 64 years with certain chronic medical conditions like diabetes, chronic heart disease, and asthma. Can you tell us why it is important to vaccinate these patients?

Dr Sloan:

Well, I think a lot of providers focus on older adults when they think about adult vaccination, but younger adults with certain chronic medical conditions are also at increased risk for pneumococcal pneumonia. For our purposes today, let's consider older adults as those aged 65 years or older and younger adults as those aged 19 to 64 years.

For example, adults aged 18 to 64 years with diabetes are at approximately 5-times higher risk for pneumococcal pneumonia compared with healthy adults in the same age group.

So, I make time to talk to all my eligible adult patients about getting vaccinated. We discuss their increased risk and how vaccination is a simple way to help reduce that risk. I think much more progress is needed in educating patients about vaccination against pneumococcal pneumonia, especially those younger than 65 years of age with certain medical conditions.

Joyce:

I agree. We definitely need to make sure younger adults are getting their recommended vaccines. However, the rates of pneumococcal vaccination for these patients have been historically low. As you can see here, they've hovered around 23 to 36 percent for the past decade. Why do you think that is?

Dr Sloan:

Well Joyce, I think a lot of factors contribute to low vaccination rates, but I'll just mention 2 that I think are the most impactful.

In my opinion, one of the major barriers is the lack of awareness of the pneumococcal vaccination recommendations for adults 19 to 64 years with certain medical conditions. Unfortunately, a lot of healthcare professionals don't remember that like adults aged 65 years or older, these patients are also eligible for vaccination due to their increased risk for pneumococcal disease. In October 2021, the CDC recommended the use of a conjugate vaccine for the first time ever in adults 19 to 64 years with certain chronic medical conditions such as diabetes, asthma, and chronic heart disease.

Another barrier is that healthcare providers have a lengthy "checklist" in their head and they need to get through in a short amount of time during a patient visit. Assessing vaccination history and having a detailed discussion about pneumococcal vaccination might seem unrealistic for some providers.

For example, I had a 49-year-old patient with diabetes come into my office for a regular visit. As you can imagine, most of the visit was primarily focused on managing her diabetes. But as part of our discussion about things she needed to do to help keep herself healthy, we talked about her risk for pneumococcal pneumonia, and I strongly recommended that she get vaccinated.

Joyce:

Thank you for that insight. Now let's talk a little bit more about one of the barriers you mentioned—lack of awareness and understanding of the pneumococcal vaccination recommendations for adults. The CDC updated them to include 2 higher-valent pneumococcal conjugate vaccines, one of which is Prevnar 20. To help clarify who is eligible for vaccination, could you briefly describe the recommendations for Prevnar 20?

Dr Sloan:

I'd be happy to. The CDC now recommends one dose of Prevnar 20 for adults aged 65 years or older, as well as for adults aged 19 to 64 years with certain chronic medical conditions or immunocompromising conditions.

In October 2022, the CDC voted to update their adult pneumococcal recommendations. The update clarified the use of Prevnar 20 in adults who previously received Prevnar 13 only or both Prevnar 13 and PPSV23. The previous recommendations for eligible adults who are pneumococcal vaccine-naïve, have an unknown vaccination history, or had previously received PPSV23 are unchanged. Now one dose of Prevnar 20 can help protect all eligible adult patients regardless of their previous vaccination history, including those previously vaccinated with Prevnar 13 only, with a minimal interval between vaccinations of at least 1 year, or those previously vaccinated with both Prevnar 13 and PPSV23 who received their last pneumococcal vaccine dose at least 5 years prior.

It should be noted that for adults who previously received Prevnar 13 and PPSV23 after age 65, an additional dose of Prevnar 20 is recommended based on shared clinical decision-making, in which the appropriateness of Prevnar 20 should be assessed based on the patient's individual risk for pneumococcal disease. In my opinion, the CDC has simplified the adult pneumococcal vaccination recommendations by providing us with an option of a single-dose vaccine which will probably help improve vaccination rates by making the logistics of vaccination more manageable.

Joyce:

Dr. Sloan, you mentioned the “checklist” of topics healthcare providers need to address besides vaccination, but on top of that there is a growing list of ACIP-recommended vaccines for adults, such as flu, shingles, and COVID-19 vaccines, just to name a few. How do you keep pneumococcal vaccines top of mind in the crowded vaccine schedule?

Dr Sloan:

That’s a very important question. Well, I think the first step is to look at which vaccines the individual patient needs, and what makes sense based on what’s going on at the time. For example, if it’s right before flu season, or COVID-19 cases are increasing in the area, I would want to make sure my patient had the appropriate vaccines to help protect them. Fortunately, CDC guidance states that Prevnar 20 can be co-administered with other vaccines like seasonal flu or COVID-19.

But, in the end, the important thing to remember is that pneumococcal vaccination isn’t restricted to a specific season like flu vaccine. The right time to vaccinate with Prevnar 20 is today; then patients don’t have to come back for another pneumococcal vaccine.

Joyce:

Well said. As we’ve discussed, vaccines are not always on the forefront of a healthcare provider’s mind. For specialists, I would imagine their first priority is managing their patient’s disease. How can specialists help to improve pneumococcal vaccination rates in adults?

Dr Sloan:

All healthcare providers share the responsibility for improving pneumococcal vaccination rates. This includes primary care physicians and pharmacists as well as specialists. There is often a communication gap between a primary care physician and a specialist regarding a patient’s vaccination needs. Additionally, now in the era of telehealth, there may be fewer in-person opportunities to vaccinate. So, we really need to try to assess a patient’s vaccination needs at every visit.

That said, we also need to realize that different healthcare providers work in different practice settings. It may not be realistic to stock pneumococcal vaccines in your practice, or you may not have input into which vaccines are stocked. Even if you aren’t able to personally provide a vaccine, a strong recommendation and referral to the patient’s primary care provider or pharmacy for Prevnar 20 can go a long way in helping to make sure your patient is protected against pneumococcal pneumonia.

Joyce:

That’s a great suggestion Dr. Sloan. As you know, the CDC has multiple options for adult pneumococcal vaccination. What factors do you consider when deciding which vaccine to recommend?

Dr Sloan:

A few important factors I look at are the type of vaccine, serotype coverage, and the number of doses needed. Conjugate vaccines stimulate a T-cell dependent immune response, which is important to help produce a robust and lasting immune response. Of all the currently available pneumococcal conjugate vaccines, Prevnar 20 has the most serotypes, adding 7 additional serotypes to those included in Prevnar 13, and eligible adults only need one dose.

Joyce:

Once you recommend vaccination with Prevnar 20, are any of your patients still hesitant to be vaccinated? How do you usually address that?

Dr Sloan:

Well, usually if my patients are on the fence about vaccination, it’s because they’re worried about side effects. I assure them that I’ve been administering Prevnar 13 for years, and I had no concerns transitioning to Prevnar 20.

Having said that, every vaccine has some side effects. The Prevnar 20 safety profile is similar to that of Prevnar 13 in adults 18 years of age or older. The most common side effects are pain at the injection site, muscle pain, fatigue, headache, and arthralgia. Additionally, injection site swelling was also reported in adults 18 through 59 years of age.

Joyce:

Thanks so much, Dr Sloan. I really appreciate you sharing your time today and your insights on the importance of pneumococcal vaccination to help protect eligible adults against pneumococcal pneumonia.

Dr Sloan:

Thank you, Joyce, for having me. I think this is an important discussion. As healthcare providers, we all need to do our part to help protect patients, and Prevnar 20 is a one-dose option that completes the CDC's recommendation for adult pneumococcal vaccination.

Joyce:

Absolutely. Thanks again Dr. Sloan

Announcer:

For more information about Prevnar 20 and how you can help protect your eligible adult patients against pneumococcal pneumonia, please contact your Pfizer representative or visit www.Prevnar20HCP.com.

INDICATIONS

- Prevnar 20® is indicated for active immunization for the prevention of invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 6 weeks of age and older
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Prevnar 13® Limitations of Use: Prevnar 13® will only help protect against *S. pneumoniae* serotypes in the vaccine

Announcer:

A few important things to note about Prevnar 20 and Prevnar 13:

- Do not administer Prevnar 20® or Prevnar 13® to individuals with severe allergic reaction (eg, anaphylaxis) to any component of Prevnar 20® or Prevnar 13® or to diphtheria toxoid
- Safety and immunogenicity data on Prevnar 20® are not available for individuals in immunocompromised groups and vaccination should be considered on an individual basis. Based on experience with pneumococcal vaccines, individuals with altered immunocompetence may have reduced immune responses to Prevnar 20®
- Immunocompromised individuals or individuals with impaired immune responsiveness due to the use of immunosuppressive therapy may have reduced antibody response to Prevnar 13®
- For Prevnar 20®, in individuals 18 years of age and older, the most commonly reported solicited adverse reactions (>10%) were pain at the injection site, muscle pain, fatigue, headache, and arthralgia. Additionally, injection site swelling was also reported (>10%) in individuals 18 through 59 years of age
- For Prevnar 13®, in adults 18 years of age and older, the most commonly reported solicited adverse reactions (>5%) were pain, redness, and swelling at the injection site, limitation of arm movement, fatigue, headache, muscle pain, joint pain, decreased appetite, vomiting, fever, chills, and rash

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