Should the Indication of Pneumococcal Polysaccharide Vaccine in Children Be Definitively Withdrawn?

TO THE EDITOR—After reading the article from Ladhani et al, I believe that we should seriously consider no longer recommending the use of the pneumococcal polysaccharide vaccine (PPV) in children [1]. Like the United Kingdom, many countries have been recommending vaccination with the 23-valent PPV in individuals >2 years of age with increased risk of invasive pneumococcal disease [2]. Notwithstanding the different categories included in this “at-risk” definition, and well-established limitations of PPV as compared with pneumococcal conjugate vaccines (PCVs), the actual evidence supporting the use of PPV in children with or without increased risk is very limited. Furthermore, we now know that PPV vaccination of toddlers after receiving a PCV may compromise subsequent responses to other PCVs [3]. We do not know the actual magnitude of this immune interference, but we do know that the clinical benefit of PPV is negligible and that more PCVs (eg, Merck’s 15-valent PCV) are under development and will eventually be indicated in this population. Why should we risk the best possible immune response to this and other future pneumococcal vaccines?

In the United Kingdom, only 1 out of each 4 children eligible to receive the PPV shot was actually receiving it [1]. This might indicate not only poor uptake of the vaccine among at-risk individuals but also the healthcare providers’ sensible lack of trust in this recommendation. Ladhani et al’s data should help us bury this largely tradition-based recommendation. With no expected benefit, no risk should be taken—thus, PPV should no longer be recommended in children.

Notes

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