

## Significant events in pneumococcal vaccination practice in Australia

Year	Month	Intervention
1986		Vaccination recommended for individuals with specified underlying medical conditions that increase the risk of pneumococcal disease or complications, using either 23-valent pneumococcal polysaccharide vaccine (23vPPV) or 14-valent pneumococcal polysaccharide vaccine (14vPPV)
1991		Revaccination with 23vPPV every 5 years recommended for immunocompromised individuals and those with asplenia
1994	July	Vaccination with 17vPPV no longer recommended
	July	23vPPV recommended for Aboriginal and Torres Strait Islander people living in communities with a high rate of pneumococcal disease aged >50 years
	July	Revaccination with 23vPPV every 5 years recommended for those with additional medical conditions: nephrotic syndrome and sickle cell disease
1997	February	Vaccination recommended for all adults aged >65 years and subsidised under the PBS
	February	Vaccination recommended for all Aboriginal and Torres Strait Islander people aged >50 years
	February	Revaccination with 23vPPV every 5 years recommended for Aboriginal and Torres Strait Islander people aged >50 years
1998		VIC only: 23vPPV funded for all adults aged $\geq 65$ years and all Aboriginal and Torres Strait Islander people aged $\geq 50$ years
1999		23vPPV funded (under the National Indigenous Pneumococcal and Influenza Immunisation [NIPII] Program) for all Aboriginal and Torres Strait Islander people aged >50 years and those aged 15–50 years with any of the specified underlying medical conditions
2000	March	Vaccination recommendation for Aboriginal and Torres Strait Islander people changed from age >50 to $\geq 50$ years
	March	Vaccination recommendation for all persons changed from age >65 to $\geq 65$ years
	March	Revaccination with 23vPPV every 5 years recommended for all those at increased risk of pneumococcal disease
	May	23vPPV funded in the NT for all Aboriginal and Torres Strait Islander people aged $\geq 15$ years
	December	7-valent pneumococcal conjugate vaccine (7vPCV) registered for use in infants and children aged 6 weeks to 9 years
2001	June–July	Funded program using 7vPCV for children at highest risk for invasive pneumococcal disease (all Aboriginal and Torres Strait Islander infants, all children with specified underlying medical conditions that predispose them to invasive pneumococcal disease, and non-Indigenous children residing in Central Australia)
	June–July	Funded catch-up program using 7vPCV for non-Indigenous children residing in Central Australia <2 years of age, Aboriginal and Torres Strait Islander children in Central Australia <5 years of age, and Aboriginal and Torres Strait Islander children in northern NT <2 years of age
	June–July	A dose of 23vPPV recommended and funded for Aboriginal and Torres Strait Islander children aged 18–24 months, living in NT, SA, QLD and WA, following completion of a primary 7vPCV 3-dose course
	June–July	A dose of 7vPCV recommended and funded for children with specified underlying medical conditions aged 12 months, following completion of a primary 7vPCV 3-dose

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		course
2001 (cont.)	June–July	A booster dose of 23vPPV recommended and funded for children with specified underlying medical conditions at 4–5 years of age
	June–July	NT commenced school-based pneumococcal vaccination (23vPPV) for 15–19 year olds in grades 10 to 12
2002		NT school-based pneumococcal vaccination (23vPPV) targeting 15–19 year olds changed to grades 11 and 12
2003	September	7vPCV recommended for all infants at 2, 4 and 6 months of age (but funded only for children with specified underlying medical conditions that predispose them to invasive pneumococcal disease)
	September	List of high-risk medical conditions for which a child became eligible for the nationally funded 7vPCV was expanded
	September	23vPPV revaccination/booster dose recommendations changed as follows: <ul style="list-style-type: none"> <li>• non-Indigenous adults aged &lt;65 years with underlying medical conditions or who are smokers should have a single booster at 65 years of age or 10 years after the 1st dose (whichever is later)</li> <li>• non-Indigenous adults aged ≥65 years should have a single booster 5 years later</li> <li>• Aboriginal and Torres Strait Islander people aged 15–49 years with underlying medical conditions or who are smokers should have a booster dose 5 years after the 1st dose, with a subsequent booster dose at 50 years of age or 10 years after the first booster (whichever is later)</li> <li>• Aboriginal and Torres Strait Islander people aged ≥50 years should have a single booster 5 years later</li> </ul>
	September	NT school-based pneumococcal vaccination (23vPPV) targeted 15-year olds in grade 10
2005	January	Nationally funded 7vPCV program for all infants replaced the previous targeted childhood program, with a catch-up program for children aged <2 years
	January	23vPPV funded for all adults aged ≥65 years replacing previous subsidy through the PBS
2008	March	23vPPV revaccination/booster dose recommendations changed as follows: <ul style="list-style-type: none"> <li>• non-Indigenous adults aged &lt;65 years with underlying medical conditions or who are smokers should have a booster dose 5 years after the 1st dose, with a subsequent booster dose at 65 years of age or 5 years after the first booster (whichever is later)</li> <li>• Aboriginal and Torres Strait Islander people aged 15–49 years with underlying medical conditions or who are smokers should have a booster dose 5 years after the 1st dose, with a subsequent booster dose at 50 years of age or 5 years after the first booster (whichever is later)</li> </ul>
2009	February	10-valent pneumococcal conjugate vaccine (10vPCV) registered for use in children aged 6 weeks to <2 years
	October	10vPCV funded for all children in the NT at age 2, 4, 6 and 18 months of age, replacing the use of the 7vPCV (3 doses) with or without a booster dose of 23vPPV
2010	February	13-valent pneumococcal conjugate vaccine (13vPCV) registered for use in children aged 6 weeks to 5 years
2011	April	Temporary recommendation to cease any revaccination with 23vPPV, while awaiting further investigation, in response to increased number of reported injection site adverse events after receiving this vaccine
	July	13vPCV replaced the 7vPCV at 2, 4 and 6 months of age (and 12 months for children with specified underlying medical conditions)
	October	Funded national program commenced providing children aged 12–35 months who have completed a primary 7vPCV course with a supplementary dose of 13vPCV

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	October	23vPPV booster dose for Aboriginal and Torres Strait Islander children aged 18–24 months living in NT, SA, QLD and WA ceased, following implementation of the 13vPCV catch-up program for children aged 12–35 months
	October	13vPCV replaced the 10vPCV for use in the NT. A supplementary dose of 13vPCV was provided to those who had received the 10vPCV
	October	13vPCV registered for use in adults aged $\geq 50$ years
	December	Resumption of the prevailing recommendations for revaccination with 23vPPV, with the exception that a 2nd dose is no longer recommended for non-Indigenous adults aged $\geq 65$ years who do not have any conditions that predispose them to an increased risk of invasive pneumococcal disease
2012	September	13vPCV catch-up program ceased
	October	Booster dose of 13vPCV recommended and funded for Aboriginal and Torres Strait Islander children at 12–18 months of age living in NT, QLD, SA and WA
2013	March	List of high-risk medical conditions in a child or adult, for which vaccination recommended, revised and split into two groups based on severity of risk (Category A – highest increased risk of IPD; Category B – increased risk of IPD)
	March	A single dose of 13vPCV recommended for adults with a Category A high-risk medical condition, preferably as the 1st dose before 23vPPV or at least 12 months after a dose of 23vPPV (except stem cell transplant recipients for whom 3 doses of 13vPCV recommended)
	March	Recommendation on repeat dose of 23vPPV for children with pre-existing medical conditions who received a dose of 23vPPV at age 4–5 years clarified: for those with a Category A high-risk medical condition, a 2nd dose of 23vPPV recommended 5 years after the 1st and a subsequent dose 10 years after that; for those with a Category B medical condition, a 2nd dose of 23vPPV recommended 5 years after the 1st
	March	A single dose of 13vPCV recommended for children $>5$ years of age with a Category A high-risk medical condition if a dose of 13vPCV not previously received (except stem cell transplant recipients for whom 3 doses of 13vPCV recommended). 23vPPV recommended approximately 2 months later (if no previous dose received) or a minimum of 5 years after a prior 23vPPV dose.
	March	Advice provided that 1st dose of 13vPCV could be given as early as 6 weeks of age
	October	Upper age for which 13vPCV registered for use in children extended to 17 years
2014	May	Age for which 13vPCV registered for use extended in adults (now registered for use in children from 6 weeks of age and adults)
2018	July	Schedule for routine childhood vaccination with 13vPCV changed from 3+0 at 2, 4 and 6 months of age to 2+1 at 2, 4 and 12 months of age. Schedule remained as 2, 4, 6 and 12 months (3+1) for Aboriginal and Torres Strait Islander children and children with specified underlying medical conditions that predispose them to invasive pneumococcal disease.