

April 2, 2024

IHS CMO Highlights Importance of PCV-20 Vaccination: Increase in Invasive Pneumococcal Disease from Serotype 4

On April 2, 2024, IHS Chief Medical Officer Dr. Loretta Christensen issued a call to action to increase 20-valent pneumococcal conjugate vaccine (PCV20) vaccination rates among American Indians and Alaska Natives to mitigate the risk of invasive pneumococcal disease (IPD) in tribal communities. Dr. Christensen is challenging all facilities to target 85% PCV20 vaccination rates for those impacted by the CDC [Advisory Committee on Immunization Practices \(ACIP\) recommendations](#) for this vaccine.

Serotype 4 Epidemiology:¹

Over the last decade, there has been a measurable rise in the proportion of cases of IPD due to serotype 4, especially in the [Navajo Area](#) and [Alaska Area](#) for which [data](#) is available. In the Navajo Area, since 2022 the median age of serotype 4 IPD (n = 44) is 39 years with higher prevalence among those with pre-existing risk factors, including smokers and those with alcohol use disorder. Adults in Alaska, especially Alaska Native adults, have experienced an [88-fold increase](#) in serotype 4 IPD from 2019-2020 compared to 2011-2018.

Recommendations:²

On October 20, 2021, the ACIP recommended 15-valent pneumococcal conjugate vaccine (PCV15) or 20-valent pneumococcal conjugate vaccine (PCV20) for PCV-naïve adults who are either aged ≥65 years or aged 19–64 years with certain underlying conditions. When PCV15 is used, it should be followed by a dose of pneumococcal polysaccharide vaccine (PPSV23), typically ≥1 year later.

Underlying medical conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease or other hemoglobinopathies). **IHS also recommends targeting vaccination for persons experiencing homelessness, those suffering from alcohol use disorder, and recreational tobacco users.*

IHS National E3 Vaccine Strategy:³

Following [announcement](#) by Dr. Christensen in November 2022, vaccination remains the IHS clinical and public health prevention priority. The [IHS National E3 Vaccine Strategy](#) is designed to ensure that every patient at every encounter will receive every recommended vaccine, when appropriate.

Clinician Resources:

- FDA Package Insert. [Prevnar-20](#).
- FACT SHEET (Pfizer): [Important Safety Information and Use](#).

References:

1. Johns Hopkins Center for Indigenous Health. Navajo Epidemiology Center. [Active Bacterial Surveillance Alert, March 2024](#). Accessed April 1, 2024.
2. Kobayashi M, Farrar JL, Gierke R, et al. [Use of 15-Valent Pneumococcal Conjugate Vaccine and 20-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022](#). MMWR Morb Mortal Wkly Rep 2022; 71:109–117.
3. Indian Health Service. [IHS Announces Vaccine Strategy](#). Published November 17, 2022.