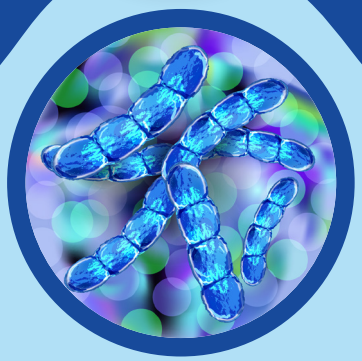
PNEUMO SHOTS



Bridging Gaps in Adult Immunization Across India

Low Vaccination Coverage Among Older Adults In India

A population-based study (N=64,714) in India on adults ≥45 years revealed the estimated percentages of respondents reporting ever being vaccinated as:[1]

- **<2%** coverage for all 4 vaccines (typhoid, hepatitis B, influenza, pneumococcal)
- **1.9%** for typhoid
- **1.9%** for hepatitis B
- **1.5%** for influenza
- **0.6%** for pneumococcal disease

Factors Related To Low Vaccine Uptake In Patients[1,2]

- **Lack of awareness and knowledge**[1]
- **Vaccine hesitancy**[1,2]
- **Limited access to vaccines**[1,2]
- **Financial constraints**[1,2]

Why Prioritizing HCP Conviction To Enhance Vaccination Rates Is Important?

- Vaccination rates increased by **3x** with physician recommendations.[3]
- Healthcare personnels often exhibit hesitancy due to **inadequate knowledge and low vaccine confidence, which leads to suboptimal uptake among themselves.**[4]
- **Most adults aged ≥50 (69%) and their caregivers (76%) do not inquire about adult vaccination** because they assume their doctors would recommend it if necessary.[5]

Indian Consensus Guideline on Adult Immunization[6]

The Indian Consensus on Adult Immunization Guideline is a pivotal initiative developed by the **Association of Physicians of India (API) in collaboration with representatives from 13 diverse medical societies**. In a landscape where existing adult immunization guidelines vary based on age and risk-based conditions, the need for a unified approach becomes imperative.

The medical societies include:

- Cardiological Society of India (CSI)
- Clinical Infectious Disease Society (CIDS)
- Federation of Obstetric & Gynecological Societies of India (FOGSI)
- Geriatric Society of India (GSI)
- Heart Failure Association of India (HFAI)
- Indian Association of Preventive & Social Medicine (IAPSM)
- Indian Chest Society (ICS)
- Indian Medical Association (IMA)
- Indian Rheumatology Association (IRA)
- Indian Society of Critical Care Medicine (ISCCM)
- Indian Society of Nephrology (ISN)
- Indian Society of Oncology (ISO)
- Research Society of Study of Diabetes in India (RSSDI)

The emergence of new medical challenges, coupled with the increasing geriatric population, **necessitates a proactive approach to immunization**.

These guidelines aim to bridge the existing gaps in understanding and implementation by offering a consolidated approach to provide clarity for adult vaccination decision-making.

Indian consensus recommendation for risk conditions

Age	Pregnancy	Immunocompromised	HIV infection	Asplenia, complement deficiencies	CKD | HD	Heart | Lung disease alcoholism	CLD	DM	HCP	Traveler	Mass gathering
Chickenpox											
COVID-19											
Td											
Tdap											
Hib											
Hep A											
Hep B											
HPV											
IIV4 or RIV4											
LAIV4											
MMR											
MenACWY											
PCV13											
PPSV23											
Rabies											
Typhoid											
Shingles (herpes zoster)											

Legend to read the table

Recommended	Not recommended	Benefit–risk ratio	Additional risk factor	No guidance

Adapted from: Indian Consensus Guideline on Adult Immunization, 2024.
Please note that for comprehensive recommendations on all vaccines, kindly refer to API guidelines (Indian Consensus Guideline on Adult Immunization. Available at: https://apiindia.org/reader/immunization).

Indian consensus recommendation based on age

Age	18–26 years	27–49 years	50–64 years	≥65 years
Chickenpox				
COVID-19	During pandemic or epidemic			
Hib				
Hep A				
Hep B				
HPV	3 doses	3 doses		
IIV4 or RIV4				
LAIV4				
MMR				
MenACWY				
PCV13				
PPSV23				
Rabies (postexposure)	4 doses			5 doses
TdaP | Td	First dose of Tdap followed by booster dose of Td | AdaP every 10 years			
Typhoid	At risk			
Shingles (herpes zoster)				

Legend to read the table

Recommended	Not recommended	Benefit–risk ratio	Additional risk factor	No guidance

Adapted from: Indian Consensus Guideline on Adult Immunization, 2024.
Please note that for comprehensive recommendations on all vaccines, kindly refer to API guidelines (Indian Consensus Guideline on Adult Immunization. Available at: https://apiindia.org/reader/immunization).

Pneumococcal Vaccine Recommendation[6]

Pneumococcal											
Indian Consensus Recommendations											
Age ≥50 years	**Age 18–49 years**										
	Pregnancy	**Immunocompromised**	**HIV infection**	**Asplenia, complement deficiencies**	**CKD|HD**	**Heart | Lung disease**	**CLD| alcoholism**	**DM**	**HCP**	**Traveler**	**Mass gathering**
R	—	R	R	R	R	R	R	R	AR	R	R

Key Considerations

Recommended for all, especially those with increased risk irrespective of age

Above 50 years: PCV13 followed by PPSV23; 1 year later

18–49 years: Single dose of PCV13 first followed by PPSV23 after 1 year (in at-risk) or 8 weeks later (in high-risk condition)

AR: With additional risk; CKD: Chronic kidney disease; CLD: Chronic liver disease; Covid-19: Corona virus disease 2019; DM: Diabetes mellitus; HCP: Healthcare personnel; HD: Hemodialysis; Hep A: Hepatitis A; Hep B: Hepatitis B; Hib: *Haemophilus influenzae* type B vaccine; HIV: Human immunodeficiency virus; HPV: Human papillomavirus; ICU: Intensive care unit; IIV4: Inactivated influenza vaccine; LAIV4: Live attenuated influenza vaccine; MenACWY: Meningococcal conjugate vaccine; MMR: Measles, mumps, and rubella vaccine; PCV13: Pneumococcal conjugate vaccine 13 variant; PPSV23: Pneumococcal polysaccharide vaccine 23 variant; R: Recommended; RIV4: Recombinant influenza vaccine; Td: Tetanus-diphtheria vaccine; Tdap: Tetanus, diphtheria, pertussis vaccine.

References: 1. Rizvi AA, Singh A. Vaccination coverage among older adults: A population-based study in India. *Bull World Health Organ*. 2022;100(6):375–384. **2.** Sabu TM, Noronha V, Rao AR, *et al*. Uptake of vaccination in older Indian patients with cancer: A cross-sectional observational study. *Cancer Res Stat Treat*. 2023;6(1):52–61. **3.** Stinchfield PK. Practice-proven interventions to increase vaccination rates and broaden the immunization season. *American Journal Medicine*. 2008;121(7):S11–S21. **4.** Lin C, Mullen J, Smith D, *et al*. Healthcare providers' vaccine perceptions, hesitancy, and recommendation to patients: A systematic review. *Vaccines (Basel)*. 2021;9(7):713. **5.** API-Ipsos survey shows that doctors surveyed believe formal guidelines will help increase adoption of adult immunisation. Available at: https://go.gale.com/ps/i.do?id=GALE%7CA762002450&sid=sitemap&v=2.1&it=r&p=HRCA&sw=w&userGroupName=anon%7Efac 81201&aty=open-web-entry. Accessed on: 16 May 2024. **6.** Indian Consensus Guideline on Adult Immunization. Available at: https://apiindia.org/reader/immunization. Accessed on: 09 May 2024.

https://www.pfizermcm.com/files/PREVENAR13IndiaSPI01NOV2023.pdf

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