

Invasive Pneumococcal Disease in Germany and Possible Impact of new Pneumococcal Conjugate Vaccine Formulations

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BACKGROUND

Streptococcus pneumoniae remains a leading cause of infectious disease among children and older adults. In July 2006, vaccination with pneumococcal conjugate vaccine (PCV) was generally recommended in Germany for all children ≤24 months of age. Apart from a strong direct effect, pneumococcal conjugate vaccination has shown herd protection among non-vaccinated children and adults. For adults ≥60 years of age, a recommendation for vaccination with pneumococcal polysaccharide vaccine (PPV23) has been in place since 1998.

METHODS

The GNRCS has monitored the epidemiology of invasive pneumococcal disease (IPD) in Germany in children since 1997 and adults since 1992. All isolates were serotyped using the Neufeld-Quellung-reaction.

RESULTS

Pneumococcal vaccines have been developed as early as 1911, first as whole cell vaccines, then as polysaccharide vaccines. Interest in vaccine development was lost with the discovery of penicillin, but regained with the emergence of penicillin resistant pneumococci. However, neither the use of antibiotics, nor polysaccharide vaccines induced any change in the epidemiology and mortality of IPD. Only with the introduction of conjugate vaccines, which are effective in children under the age of two, dramatic changes in the epidemiology of pneumococcal diseases were observed, in all ages groups (Fig. 1).

Currently, only one 23-valent polysaccharide vaccine (PPV23) is available, whereas six different conjugate vaccines have been developed, of which five are still marketed. With the exception of serotype 6A, the serotype composition of each of the different PCVs represents a subset of the 23 serotypes included in PPV23 (Fig. 2).

Childhood PCV-vaccination in Germany has changed the serotype distribution both among children as well as among adults. The prevalence of PCV13 vaccine serotypes among children <18 years reduced from 84% in the pre-PCV period to 20% in 2019-2020, among adults ≥18 years and ≥60 years from 72% to 30%. The percentage of PCV13 serotypes in IPD among adults has remained stable ≈30% for 7 seasons. However, serotype coverage showed slight differences during the SARS-CoV-2 pandemic, especially among children. (Tabs. 1, 2, 3).

New PCV-formulations containing 15 and 20 serotypes have been approved for adults over 18 years of age. PCV15 would have increased serotype coverage among children from 18.5% to 25.3% in 2018-2019, and from 31.8% to 34.6% in 2021-2022. PCV20 would have covered 55.6% and 58.9%, respectively. Relative coverage increase was lower in 2021-2022, due to effects induced by the SARS-CoV-2 pandemic. For adults ≥18 years coverage increase for PCV15 (compared to PCV13) would have been 8.6% in 2018-2019, and 5.2% in 2021-2022, for PCV20 35.1% and 26.8%, respectively. For adults ≥60 years the coverage increase was 9.1% and 5.4% for PCV15 in 2018-2019 and 2021-2022, respectively, for PCV20, 33.4% and 25.9%, respectively (Figs. 3, 4, 5).

In 2021-2022, the difference in coverage between PCV20 and PPV23 was 7.1% for adults ≥18 years and 6.6% for adults ≥60 years of age. This difference was mainly caused by serotype 9N (Tabs 2, 3).

CONCLUSIONS

- Pneumococcal conjugate vaccines have drastically changed the epidemiology of invasive pneumococcal disease
- The herd protection effect of PCV7/PCV13 on the serotype distribution of IPD among adults in Germany has reached its limit, with PCV13 serotypes remaining at a prevalence of about 30%.
- PCV15 would increase serotype coverage (compared to PCV13) among children by 3% to 7%, among adults ≥18 years or ≥60 years by 5% to 9%.
- PCV20 would increase serotype coverage (compared to PCV13) among children by 27% to 37%, among adults ≥18 years or ≥60 years by 26% to 35%.
- For adults ≥60 years, the current coverage of PCV20 and PPV23 is very similar: 59.2% vs. 65.7%. The small difference is mainly caused by serotype 9N.

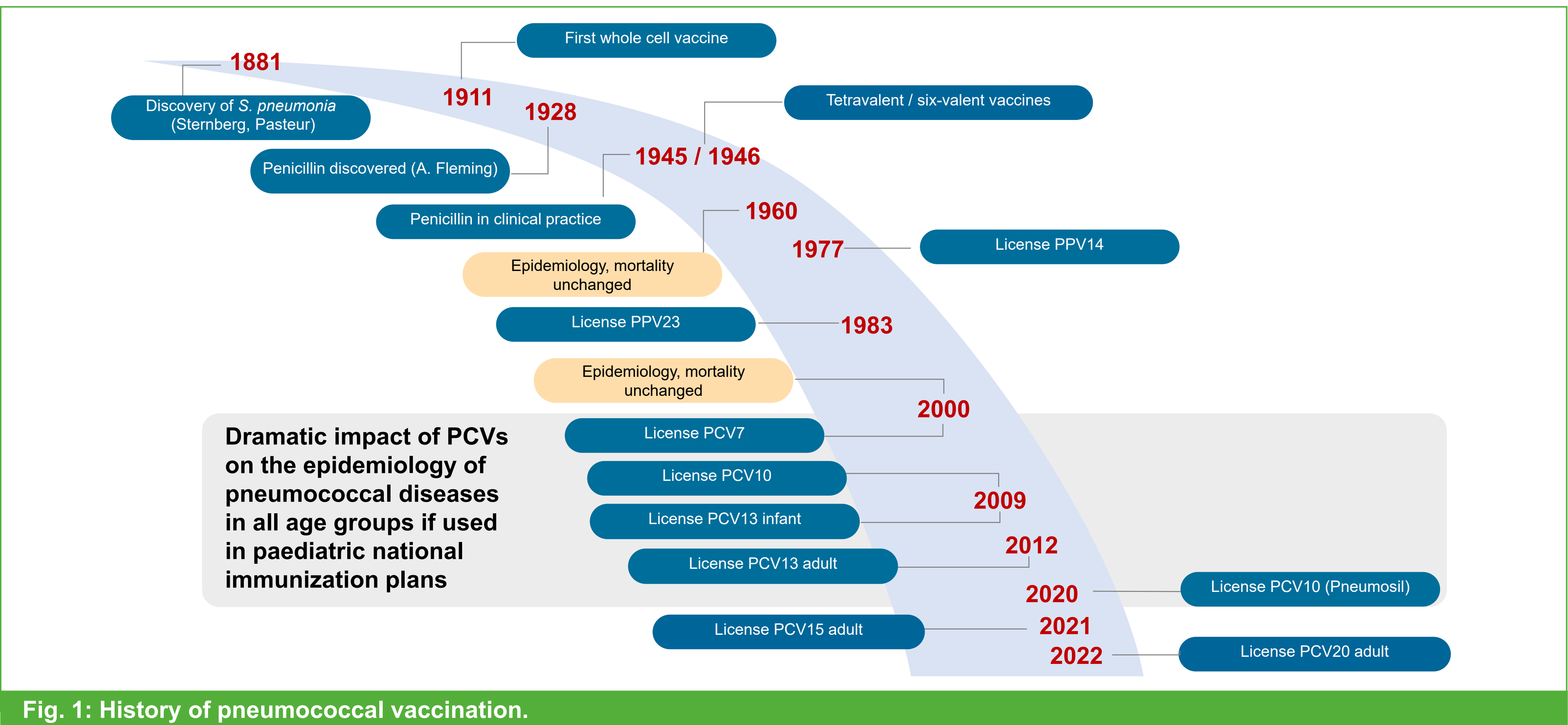


Fig. 1: History of pneumococcal vaccination.

Polysaccharide vaccines																										
1983	PPV 23		4	6B	9V	14	18C	19F	23F	1	5	7F	3	6A	19A	22F	33F	10A	15B	8	11A	12F	2	9N	17F	20
Conjugate vaccines																										
2000	PCV 7	CRM	4	6B	9V	14	18C	19F	23F	1	5	7F	3	6A	19A	22F	33F	10A	15B	8	11A	12F	2	9N	17F	20
2009	PCV 10	PD TT DT	4	6B	9V	14	18C	19F	23F	1	5	7F	3	6A	19A	22F	33F	10A	15B	8	11A	12F	2	9N	17F	20
2009	PCV 13	CRM	4	6B	9V	14	18C	19F	23F	1	5	7F	3	6A	19A	22F	33F	10A	15B	8	11A	12F	2	9N	17F	20
New Conjugate vaccines																										
2020	Pneumosil	CRM	4	6B	9V	14	18C	19F	23F	1	5	7F	3	6A	19A	22F	33F	10A	15B	8	11A	12F	2	9N	17F	20
2021	PCV 15	CRM	4	6B	9V	14	18C	19F	23F	1	5	7F	3	6A	19A	22F	33F	10A	15B	8	11A	12F	2	9N	17F	20
2022	PCV 20	CRM	4	6B	9V	14	18C	19F	23F	1	5	7F	3	6A	19A	22F	33F	10A	15B	8	11A	12F	2	9N	17F	20

included in vaccine formulation. not included in vaccine formulation. **CRM:** Diphtheria CRM₁₉₇; **PD:** Haemophilus influenzae-derived protein D, non-typeable *H. influenzae* carrier for all serotypes except 18C (TT: Tetanus toxoid) and 19F (DT: Diphtheria toxoid).

Fig. 2: Serotype composition of different pneumococcal vaccine formulations.

■ included in vaccine formulation. ■ not included in vaccine formulation. CRM: Diphtheria CRM₁₉₇, PD: Haemophilus influenzae-derived protein D, non-typeable *H. influenzae* carrier for all serotypes except 18C (TT: Tetanus toxoid) and 19F (DT: Diphtheria toxoid).

Fig. 2: Serotype composition of different pneumococcal vaccine formulations.

Serotype	1997-2006	%	Serotype	2018-2019	%	Serotype	2019-2020	%	Serotype	2020-2021	%	Serotype	2021-2022	%
total	2171	100.0	total	178	100.0	total	187	100.0	total	70	100.0	total	107	100.0
PPV23	1904	87.7	PPV23	108	60.7	PPV23	105	56.1	PPV23	29	41.4	PPV23	69	64.5
PCV15	1856	85.5	PCV15	45	25.3	PCV15	57	30.5	PCV15	12	17.1	PCV15	37	34.6
PCV13	1627	74.9	PCV13	33	18.5	PCV13	44	23.5	PCV13	9	12.9	PCV13	34	31.8
PCV10	1623	74.8	PCV10	10	5.6	PCV10	9	4.8	PCV10	1	1.4	PCV10	7	6.5
PCV7	1297	59.7	PCV7	10	5.6	PCV7	8	4.3	PCV7	1	1.4	PCV7	7	6.5

Tab. 1: Serotype distribution among IPD isolates from children <18 years of age in Germany. Single serotype prevalences are ranked.

Serotype	all 1992-2006	%	Serotype	2018-2019	%	Serotype	2019-2020	%	Serotype	2020-2021	%	Serotype	2021-2022	%
total	4441	100.0	total	3183	100.0	total	2388	100.0	total	1001	100.0	total	1345	100.0
PPV23	3883	87.4	PPV23	2365	74.3	PPV23	1702	71.3	PPV23	696	69.5	PPV23	919	68.3
PCV20	3835	86.4	PCV20	2076	65.2	PCV20	1528	64.0	PCV20	607	60.6	PCV20	821	61.2
PCV15	3358	75.6	PCV15	1231	38.7	PCV15	922	38.6	PCV15	367	36.7	PCV15	533	39.6
PCV13	3220	72.5	PCV13	959	30.1	PCV13	708	29.6	PCV13	307	30.7	PCV13	463	34.4
PCV10	2665	59.8	PCV10	101	3.2	PCV10	75	3.2	PCV10	1	0.1	PCV10	3	0.2
PCV7	1938	43.6	PCV7	171	5.4	PCV7	142	5.9	PCV7	66	6.6	PCV7	80	5.9

Tab. 2: Serotype distribution among IPD isolates from adults ≥18 years of age in Germany. Single serotype prevalences are ranked.

Serotype	all 1992-2006	%	Serotype	2018-2019	%	Serotype	2019-2020	%	Serotype	2020-2021	%	Serotype	2021-2022	%
total	2786	100.0	total	2343	100.0	total	1723	100.0	total	698	100.0	total	955	100.0
PPV23	2423	87.0	PPV23	1709	72.9	PPV23	1173	68.1	PPV23	469	67.4	PPV23	627	65.7
PCV20	2402	86.3	PCV20	1500	64.0	PCV20	1096	63.3	PCV20	407	58.3	PCV20	565	59.2
PCV15	2120	76.1	PCV15	959	40.9	PCV15	667	38.7	PCV15	260	37.4	PCV15	370	38.7
PCV13	2055	73.0	PCV13	718	30.6	PCV13	494	28.7	PCV13	218	31.0	PCV13	318	33.3
PCV10	1556	55.9	PCV10	110	4.7	PCV10	77	4.5	PCV10	34	4.9	PCV10	43	4.5
PCV7	1249	44.7	PCV7	101	4.3	PCV7	75	4.3	PCV7	32	4.6	PCV7	42	4.4

Tab. 3: Serotype distribution among IPD isolates from adults ≥60 years of age in Germany. Single serotype prevalences are ranked.

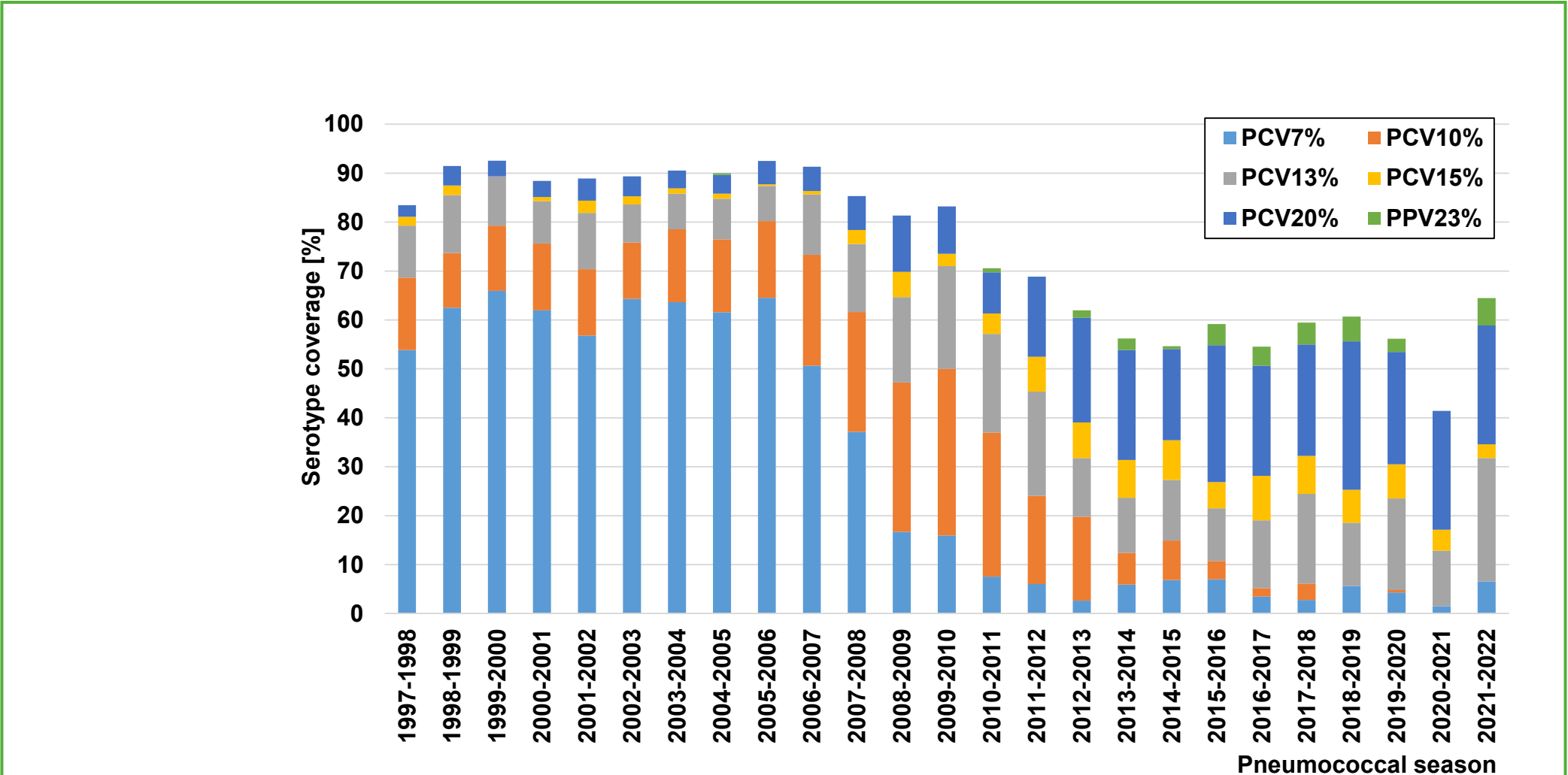


Fig. 3: Serotype coverage of different vaccine formulations among IPD isolates from children <18 years of age in Germany.

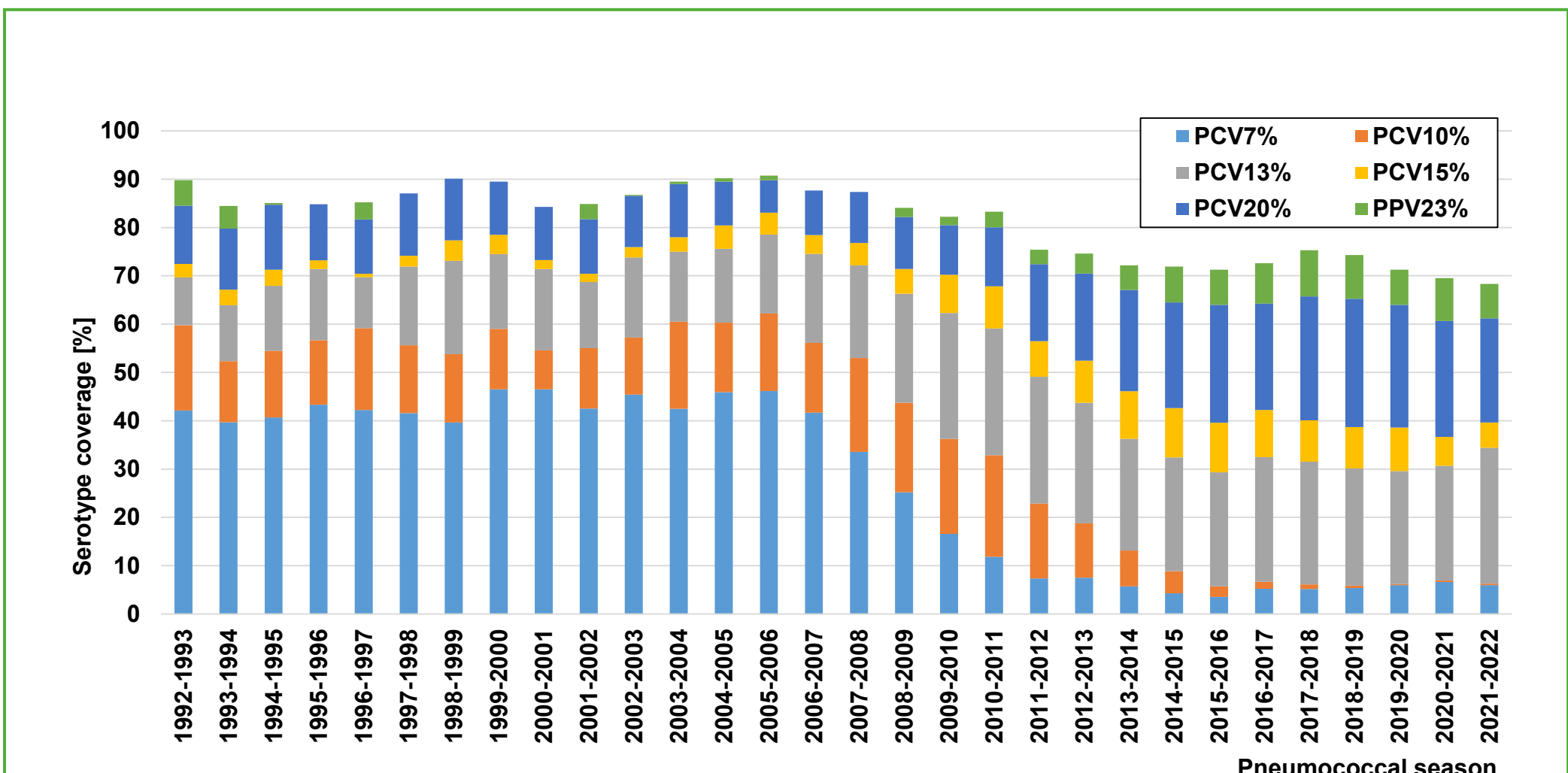


Fig. 4: Serotype coverage of different vaccine formulations among IPD isolates from adults ≥18 years of age in Germany.

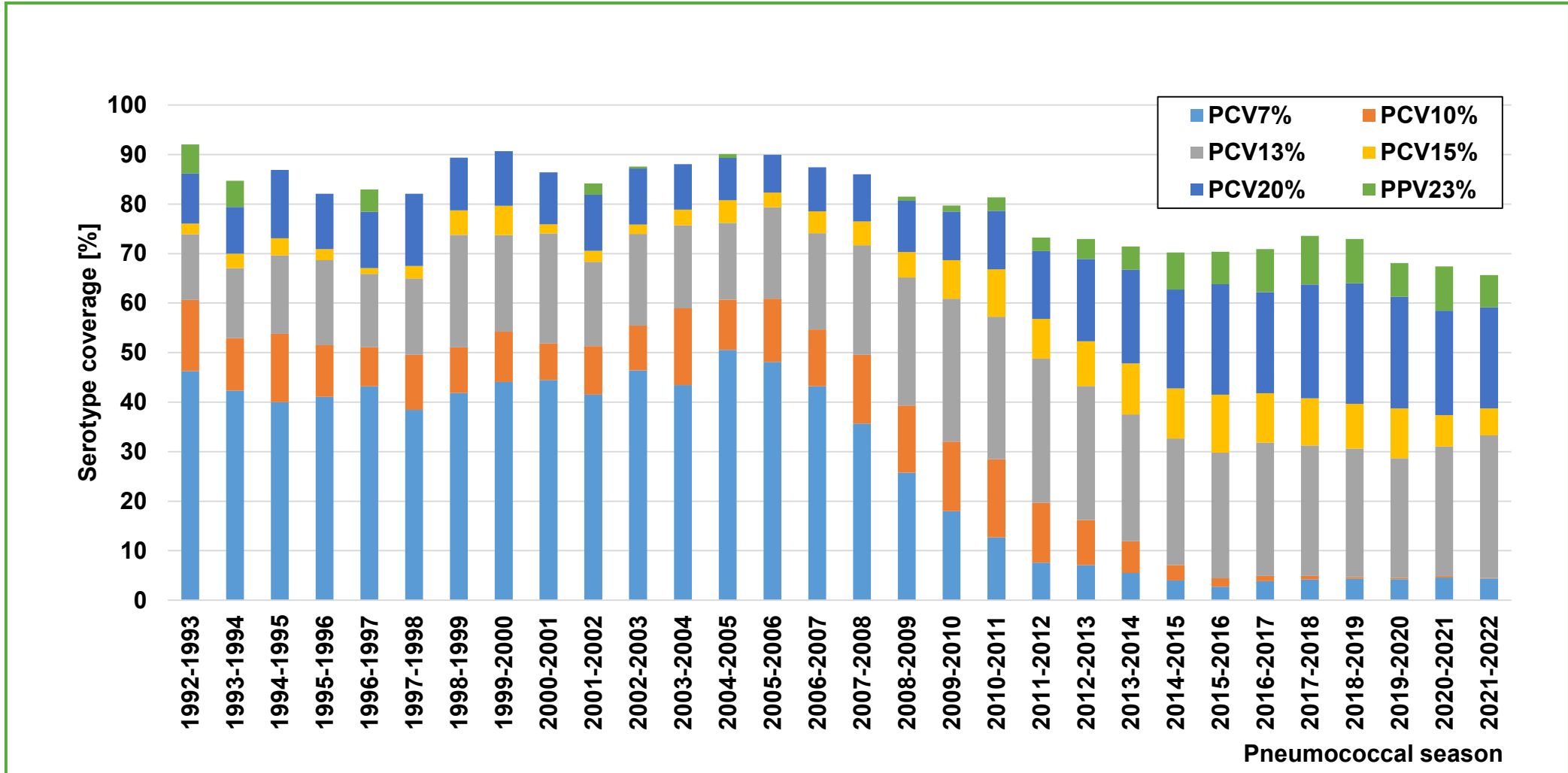


Fig. 5: Serotype coverage of different vaccine formulations among IPD isolates from adults ≥60 years of age in Germany.