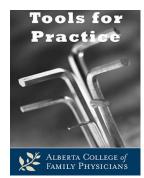
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Reviewed: August 27, 2018
Evidence Updated: Slight change to first systematic review's population and vaccine subtypes
Bottom Line: No Change

First Published: July 30, 2018



Pneumonia Vaccine for Adults: Is the efficacy as effective as the effort?

Clinical Question: How effective is the pneumococcal vaccine in preventing pneumonia or other clinically important outcomes in adults?

Bottom Line: At best, pneumococcal vaccines may prevent pneumonia for an additional 1 in 55 adults and 1 in 20 COPD patients, and COPD exacerbations for 1 in 8, over ~3 years. Pneumococcal 23 polysaccharide vaccine (PPV23) prevents pneumonia for 1 in 13 long-term care residents. Pneumococcal 13 conjugate vaccine (PCV13) does not decrease pneumonia. No systematic review of randomized controlled trials (RCTs) or high-quality RCTs found a reduction in mortality.

Evidence:

- Any pneumococcal vaccine:
 - Systematic review of 18 RCTs, 64,901 heterogeneous patients and eight different vaccine serotypes:¹
 - Pneumonia (at 2-3 years): Vaccine 4.3%, placebo 6.2%, Number Needed to Vaccinate (NNV)=55.
 - Systematic review of 12 RCTs, 2,171 community-dwelling COPD patients, up to 32 months:²
 - Pneumonia: Vaccine 9.4%, control 14.3%, NNV=20.
 - COPD exacerbations: Vaccine 48.2%, control 60.8%, NNV=8.
 - Hospital admissions: No difference.
 - Vaccine effectiveness appears to show greater benefit in:³
 - Miners, soldiers, and patients from developing countries.
 - Lower quality (example non-blinded) studies.
- PPV23 highest quality RCTs at 2-3 years of:
 - Long-term care: 1,006 Japanese residents.⁴
 - Pneumonia: Vaccine 12.6%, placebo 20.6%, NNV=13.
 - ≥65 years: 778 Japanese patients.⁵

- Pneumonia: Vaccine 17.1%, control 20.9%, not statistically different.
- o COPD: 596 Spanish patients.⁶
 - Pneumonia: Vaccine 12.4%, control 13.1%, not statistically different.
- o Previous pneumonia: 691 Swedish patients.⁷
 - Pneumonia: Vaccine 18.6%, placebo 16.2%, not statistically different.
 - Study stopped for futility.
- PCV13 RCT of 84,492 healthy Dutch patients ≥65 years at four years:⁸
 - o Pneumonia: Vaccine 1.8%, placebo 1.9%, not statistically different.
- No systematic review of RCTs or high-quality RCTs demonstrated mortality reduction.

Context:

- Guidelines recommend:^{9,10}
 - o PPV23 for:
 - Adults ≥65 years.
 - Long-term care residents.
 - PPV23 booster (after five years) if:
 - PPV23 given before 65 years.
 - "High risk" for pneumococcal disease: Example chronic kidney/liver disease or immunocompromised.
 - PCV13 (in addition to PPV23):
 - Canada: Only if immunocompromised.⁹
 - US: For all ≥65 years.¹⁰

Authors:

Jamil Ramji BSP ACPR, Michael R. Kolber MD CCFP MSc

Disclosure:

Authors do not have any conflicts of interest to declare.

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Tools for Practice is a biweekly article summarizing medical evidence with a focus on topical issues and practice modifying information. It is coordinated by G. Michael Allan, MD, CCFP and the content is written by practising family physicians who are joined occasionally by a health professional from another medical specialty or health discipline. Each article is peer-reviewed, ensuring it maintains a high standard of quality, accuracy, and academic integrity. If you are not a member of the ACFP and would like to receive the TFP emails, please sign up for the distribution list at http://bit.ly/signupfortfps. Archived articles are available on the ACFP website.

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