



Invasive pneumococcal disease (IPD) burden after the introduction of routine pediatric PCV13: where do we go from here?

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The Toronto Invasive Bacterial Diseases Network

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Background

- PCVs introduced into routine pediatric vaccination programs have had a substantial impact on IPD in both children and adults
- We need an understanding of the residual burden in order to understand the potential value of PCV program for adult, and of extended spectrum PCV vaccines



TIBDN surveillance

- Population-based surveillance for IPD since 1995.
- Cases reported to central study office.
- One isolate/case serotyped at a central research lab.
- Clinical information and demographics are collected from:
 - Chart review, patient interview, family and attending physicians
- Demographic data from Statistics Canada:
 - Rates calculation adjusted for missing serology results



PCV programs in Ontario

Date	Vaccine/program change
June 2001	PCV7 authorized
Jan 2005	Publicly funded routine infant PCV7 (2,4,6,15 months)
Oct 2009	PCV10 replaces PCV7 in routine infant program Children started on PCV7 continue on PCV7
Nov 2010	PCV13 replaces PCV10 – schedule 2,4,12 months Catch-up PCV13 for 12-35 months olds



IPD case characteristics, 1995-2017

- 9933 cases
 - 9486 (95%) with clinical data
 - 9041 (91%) with serotype
 - 18% pediatric; 41% younger adult (15-64y); 41% older (≥65y)
- 5943 (63%) with chronic illness predisposing to IPD
- Presenting diagnoses:
 - 6311 (67%) pneumonia
 - 1670 (18%) bacteremia without focus
 - 605 (6%) meningitis
- Outcomes
 - 2476 (26%) ICU admission
 - 1721 (18%) died



Population incidence of IPD, Toronto/Peel,1995–2018



Incidence — Mortality

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Population incidence of IPD, Toronto/Peel,1995–2018



Incidence —mortality



Incidence of IPD, Toronto/Peel, 2013–2018 As a proportion of average annual incidence 1997-2000



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Incidence of IPD by serotype group and age TIBDN, 2013-2018





Incidence of IPD by serotype group and age TIBDN, 2013-2018





Proportion of disease due to different serotype groups, 2015-2018

	PCV13	PCV15/ not 13	PCV20/ not 15	PPV23/ not PCV	NVT
Children N=156	25%	13%	17%	5%	40%
Adults 15-64y N=493	38%	10%	14%	8%	30%
Older adults N=546	30%	11%	13%	5%	41%



Distribution of serotypes causing IPD TIBDN, 2015-2018



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Distribution of serotypes TIBDN, 2015-2018 By age group



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In sum

- There is a significant residual burden of IPD in Canadian children and adults
- The cost-effectiveness of PCV13 for adults may need to be re-calculated if disease persists at its current rate
- Extended spectrum vaccines have the potential to significantly reduce residual burden



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