

Media release

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Pneumococcal vaccine protects vulnerable Australians

The 2011 Federal budget has allocated \$40.7 million over four years to fund a more comprehensive vaccine to protect children against new strains of pneumococcal disease. The announcement follows the April announcement that all doctors were to suspend the second dose of pneumococcal vaccine for the elderly due to an increased rate of adverse events.

In the current edition of ePathWay, Professor Lyn Gilbert, Director of Public Health Laboratory Research at the Centre for Infectious Diseases and Microbiology in Sydney addresses the reasons why the catch up program is necessary, and highlights the benefits it may have for the elderly.

Professor Gilbert says the new vaccine, which is given to children at two, four and six months of age, has increased the number of strains it protects against from seven to 13.

“Some of the serotypes not in the earlier vaccine for children have become more common and some of them are relatively antibiotic resistant,” she says.

“When it was first released in 2003, the initial vaccine did cover the most common strains – but pneumococcus is a very adaptable organism,” she says.

“Overall the number of cases of pneumococcal infection has dropped enormously, but we are continually finding new strains of these bacteria. We hope this new vaccine will cut rates even further.”

Professor Gilbert says there has been a positive flow-on effect of the childhood vaccination program for the elderly.

She says the decreased rate of pneumococcal infection amongst older people is due to the effectiveness of the childhood vaccine, as children are no longer passing the bacteria to the elderly people they have close contact with. Despite this fact, Gilbert still stresses the importance of vaccination for the elderly.

Pneumovax 23 is highly recommended for individuals 65 years and over, or for those with health issues such as respiratory or autoimmune diseases. It is also recommended for Aboriginal and Torres Strait Islander people from age 55. Only a limited number of doses of the vaccine are required, and they are normally given five years apart.

“This vaccine covers more strains than the one for children and was traditionally only given once, but it doesn’t have the same responsiveness as the childhood vaccine, so a second dose was recommended,” says Professor Gilbert.

“However, the recent report of an increase in local reactions means that the need for the second dose is being reassessed.”

The full article can be found in the [current edition](#) of ePathWay.

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