

10a Jornada de
Recerca de l'ICS
11a Jornada de
Recerca de l'IDIAP



La recerca amb
grans bases de
dades clíiques
millora la salut

7 de juny de 2018

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COSMOCAIXA

Vacunació antipneumocòccica en adults: estudi EPIVAC-SIDIAP



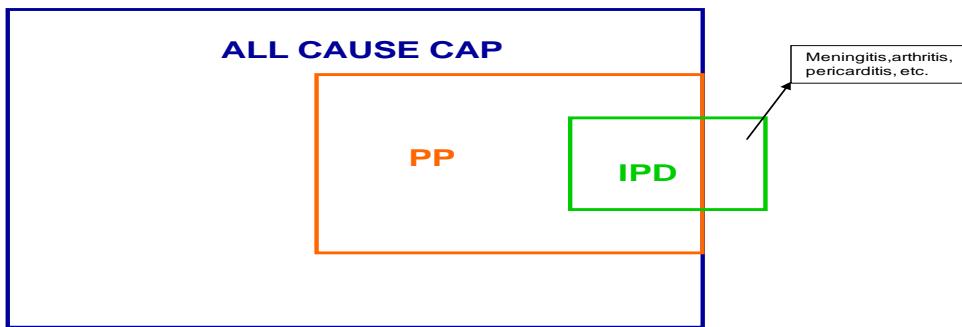
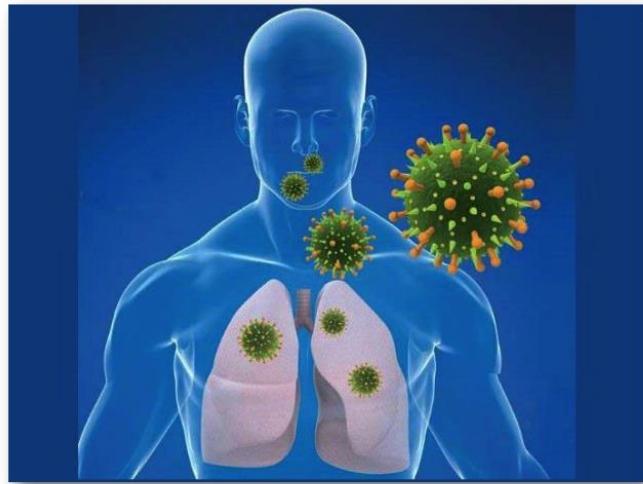
Grup de Recerca EPIVAC (*)
DAP Camp de Tarragona, ICS

(*) GRC acreditat per l'IDIAP Jordi Gol i l'AGAUR de la Generalitat de Catalunya.

Finançat amb Beques/Ajuts IDIAP, ISCIII i PERIS



PNEUMOCOCCAL DISEASES



PNEUMOCOCCAL SEROTYPES



| | | | | | | | | | |
|------------------------------------|---|--|--|--|--|---|-------------------------------------|--|--|
| 1 ⁴ | 2 | 3 ²¹ | 4 ³ | 5 | 6A, 6B ³ , 6C ⁷ , 6D, 6E, 6F, 6G, 6H | 7A ¹ , 7C, 7D, 7F ¹⁶ | 8 ²⁷ | 9A, 9L ¹ , 9N, 9V ² | 10A ⁶ , 10B, 10C, 10F |
| 11A, 11B, 11C, 11D, 11E, 11F | 12A ⁴ , 12B, 12F ²⁷ | 13 | 14 ¹⁸ | 15A ⁴ , 15B ⁵ , 15C ² , 15F ¹ | 16A, 16F ³ | 17A, 17F ³ | 18A, 18B, 18C ¹ , 18F | 19A ²⁰ , 19B, 19C, 19F ³ | 20A, 20B |
| 21 ² | 22A ¹ , 22F ¹² | 23A ¹ , 23B ⁹ , 23F | 24A ⁴ , 24B ² , 24F ⁵ | 25A 25F | | 27 | 28A 28F | 29 | |
| 31 ¹⁵ | 32A 32F | 33A, 33B 33C, 33D 33E, 33F ³ | 34 ¹ | 35A, 35B ⁵ 35C, 35F ² | 36 | 37 | 38 ² | 39 ¹ | 40 |
| 41A 41F | 42 | 43 | 44 ⁴ | 45 | 46 ⁴ | 47A 47F | 48 | | |

PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23-VALENT (PPV23)



| 1 | 2 | 3 | 4 | 5 | 6A, 6B , 6C, 6D, 6E, 6F, 6G, 6H | 7A, 7C, 7D, 7F | 8 | 9A, 9L, 9N , 9V | 10A , 10B, 10C, 10F |
|--|----------------------------|---|---------------------|-------------------------------|--|--------------------------|-------------------------------|--------------------------------------|-------------------------------|
| 11A , 11B, 11C, 11D, 11E, 11F | 12A, 12B, 12F | 13 | 14 | 15A, 15B , 15C, 15F | 16A, 16F | 17A, 17F | 18A, 18B, 18C , 18F | 19A , 19B, 19C, 19F | 20A, 20B |
| 21 | 22A, 22F | 23A, 23B, 23F | 24A, 24B, 24F | 25A 25F | | 27 | 28A 28F | 29 | |
| 31 | 32A 32F | 33A, 33B 33C, 33D 33E , 33F | 34 | 35A, 35B 35C, 35F | 36 | 37 | 38 | 39 | 40 |
| 41A 41F | 42 | 43 | 44 | 45 | 46 | 47A 47F | 48 | | |

- Licensed in 1983 (serotype-coverage = 90%)
- Efficacy/effectiveness around 40-60% against IPD in immunocompetent adults
- Inadequate/poor immunogenicity in children <2 years and immunocompromised persons

PNEUMOCOCCAL CONJUGATE VACCINE 7-VALENT (PCV7)



| | | | | | | | | | |
|------------------------------------|---------------------|----------------------------------|---------------------|-----------------------|--|-------------------|-------------------------------|------------------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6A, 6B , 6C, 6D, 6E, 6F, 6G, 6H | 7A, 7C, 7D, 7F | 8 | 9A, 9L, 9N, 9V | 10A, 10B, 10C, 10F |
| 11A, 11B, 11C, 11D, 11E, 11F | 12A, 12B, 12F | 13 | 14 | 15A, 15B, 15C, 15F | 16A, 16F | 17A, 17F | 18A, 18B, 18C , 18F | 19A, 19B, 19C, 19F | 20A, 20B |
| 21 | 22A, 22F | 23A, 23B, 23F | 24A, 24B, 24F | 25A 25F | | 27 | 28A 28F | 29 | |
| 31 | 32A 32F | 33A, 33B 33C, 33D 33E, 33F | 34 | 35A, 35B 35C, 35F | 36 | 37 | 38 | 39 | 40 |
| 41A 41F | 42 | 43 | 44 | 45 | 46 | 47A 47F | 48 | | |

- T cell-dependent mode of action (adequate immune response in young children)
- Licensed in 2000 for children (serotype-coverage: 70-80%)
- Sustained effect reducing vaccine-type IPD in children and indirect effect among adults

PNEUMOCOCCAL CONJUGATE VACCINE 13-VALENT (PCV13)



| 1 | 2 | | 4 | 5 | 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H | 7A, 7C, 7D, 7F | 8 | 9A, 9L, 9N, 9V | 10A, 10B, 10C, 10F |
|------------------------------------|---------------------|----------------------------------|---------------------|-----------------------|--------------------------------------|-------------------|-----------------------|-----------------------|-----------------------|
| 11A, 11B, 11C, 11D, 11E, 11F | 12A, 12B, 12F | 13 | 14 | 15A, 15B, 15C, 15F | 16A, 16F | 17A, 17F | 18A, 18B, 18C, 18F | 19A, 19B, 19C, 19F | 20A, 20B |
| 21 | 22A, 22F | 23A, 23B, 23F | 24A, 24B, 24F | 25A 25F | | 27 | 28A 28F | 29 | |
| 31 | 32A 32F | 33A, 33B 33C, 33D 33E, 33F | 34 | 35A, 35B 35C, 35F | 36 | 37 | 38 | 39 | 40 |
| 41A 41F | 42 | 43 | 44 | 45 | 46 | 47A 47F | 48 | | |

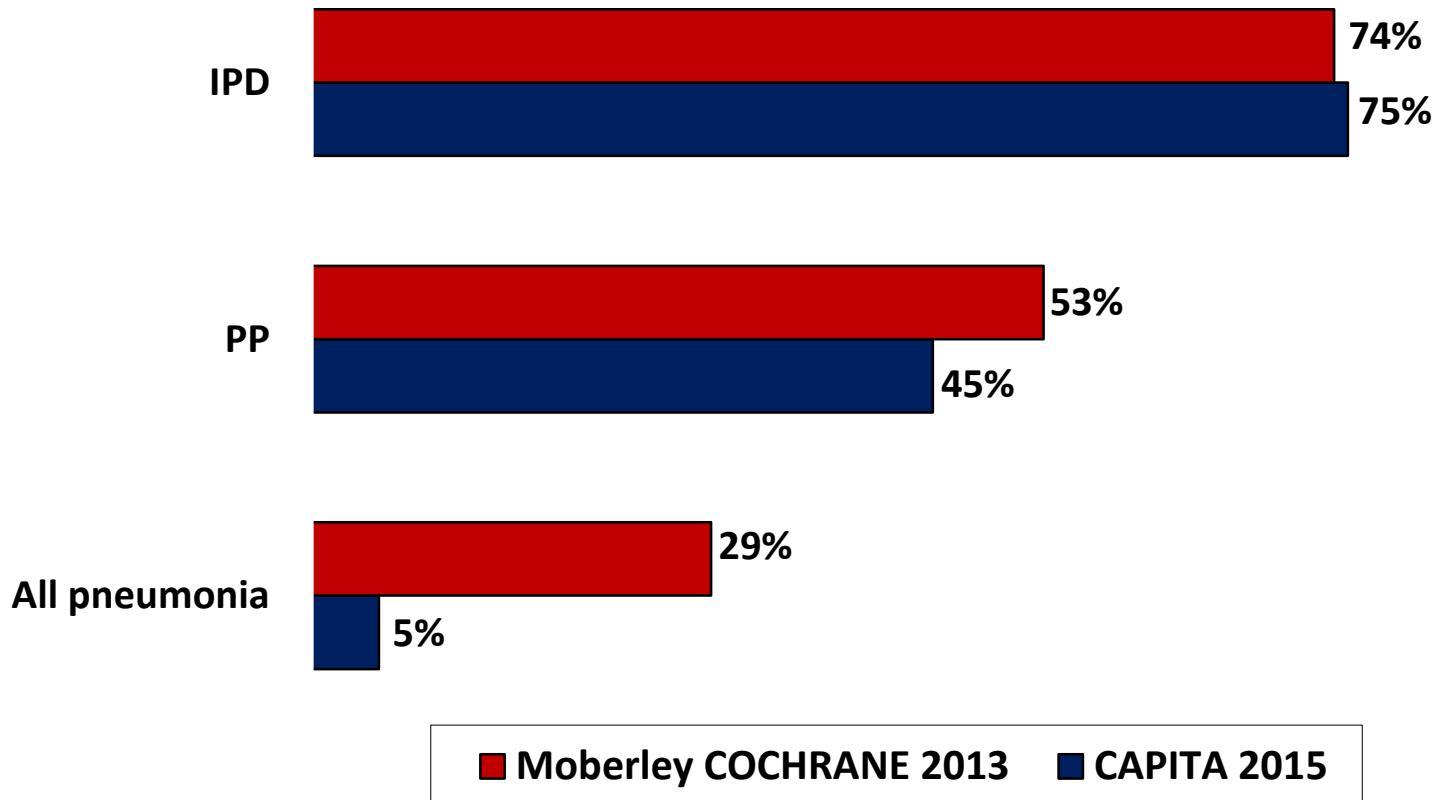
- Marketed in 2010 to replace PCV7 in children (after serotype replacement phenomenon)
- Licensed in 2012 for use in adults (after immunogenicity studies)
- Efficacy of 46% against vaccine-type IPD among Netherlands elderly (RCT CAPITA, 2014)

RECOMENDACIONES PARA LA VACUNACIÓN ANTINEUMOCÓICA EN ADULTOS SEGÚN GENERALITAT/MINISTERIO DE SANIDAD, CDC Y SOCIEDADES PROFESIONALES



| | Generalitat/Ministerio de Sanidad | CDC | Sociedades Profesionales |
|--|-----------------------------------|-------------------------------|-------------------------------|
| 15-64 años | | | |
| Inmunocompromiso y/o otras condiciones de alto riesgo (fistulas, asplenia, fistulas LCR, implante coclear) | VNC13 + VNP23 | VNC13 + VNP23 | VNC13 + VNP23 |
| Inmunocompetentes con ciertas patologías crónicas o factores de riesgo (enfermedad pulmonar o cardiaca crónica, diabetes, alcoholismo y tabaquismo) | VNP23 | VNP23 | VNC13 |
| Inmunocompetentes sin factores de riesgo | No vacunación antineumocócica | No vacunación antineumocócica | No vacunación antineumocócica |
| >65 años | | | |
| Inmunocompromiso y/o otras condiciones de alto riesgo (fistulas, asplenia, fistulas LCR, implante coclear) | VNC13 + VNP23 | VNC13 + VNP23 | VNC13 + VNP23 |
| Inmunocompetentes con ciertas patologías crónicas o factores de riesgo (enfermedad pulmonar o cardiaca crónica, diabetes, alcoholismo y tabaquismo). | VNP23 | VNC13 + VNP23 | VNC13 |
| Inmunocompetentes sin factores de riesgo | VNP23 | VNC13 + VNP23 | VNP23 |

COMPARISON EFFICACY/EFFECTIVENESS PPV23 vs PCV13



- Moberley S, et al. Vaccines for preventing pneumococcal infection in adults. Cochrane Database Syst Rev. 2013;1:CD000422.
- Bonten MJ, et al. Polysaccharide conjugate vaccine against pneumococcal pneumonia in adults. N Engl J Med. 2015; 372: 1114-25.



Nom del projecte:

Efectivitat clínica de la vacunació antipneumocòccica conjugada versus polisacárida en adults de Catalunya: estudi de cohorts de base poblacional.

Ref study protocol:

Vila-Córcoles A, Ochoa-Gondar O. Evaluating Clinical Effectiveness of 13-Valent and 23-Valent Pneumococcal Vaccination among People Over 50 Years in Catalonia: The EPIVAC Cohort Study. J Respir Med Lung Dis. 2018; 3 (1): 1032



To investigate clinical effectiveness of anti-pneumococcal vaccination (PCV13 and PPV23) in preventing hospitalisation for pneumococcal disease (IPD/PP), all-cause pneumonia and death among adults over 50 years in Catalonia.

- ... considering the debate about current PCV13/PPV23 recommendations, vaccination effectiveness will be assessed according to baseline risk strata of study subjects:
 - **High-risk:** asplenia and/or immunocompromising conditions
 - **Medium-risk:** immunocompetent subjects with certain chronic diseases/risk conditions
 - **Low-risk:** immunocompetent subjects without risk conditions



- Population-based prospective cohort study
(funded by grants from IDIAP, ISCIII and PERIS)
- Involving 274 primary care centres and 68 reference hospitals
- In Catalonia



- All persons aged 50 years or older
- Assigned to any of the 274 Primary Care Centres of the Institut Català de la Salut
- Registered in SIDIAP
- Sistema d'Informació per al Desenvolupament de la Investigació en Atenció Primària
- At January 1, 2015 (first day of follow-up)

SAMPLE SIZE:

2,025,730 (77%) of the total 2,617,336 inhabitants over 50 years in Catalonia

EPIVAC-SIDIAP Cohort Study. DATA SOURCES



TO ESTABLISH STUDY COHORT:

Sistema d'Informació per al Desenvolupament de la Investigació (IDIAP), which compiles clinical data contained in primary care “e-CAP” records.

TO CAPTURE STUDY EVENTS:

Hospital discharge data (CMBD) of 68 Catalonian hospitals will be used



□ Hospitalisation from:

- Invasive Pneumococcal Disease
- Pneumococcal Pneumonia
- All-cause pneumonia

□ Death from:

- Invasive Pneumococcal Disease
- Pneumococcal Pneumonia
- All-cause pneumonia
- All-cause death



- **EXPOSURE:** Vaccination status (according to e-CAP data) for both PPV23 and PCV13 will be as a time-varying condition given some individuals can receive the vaccine after the study start.

- **COVARIABLES:** Age, sex, influenza vaccine status, history of previous IPD/pneumonia, presence of chronic pulmonary/respiratory disease, chronic heart disease, diabetes mellitus, chronic liver disease, immunodeficiency/HIV infection, asplenia, chronic renal disease, bone marrow transplantation, recent cancer or immunosuppressive therapy, alcoholism, smoking and influenza vaccination status.



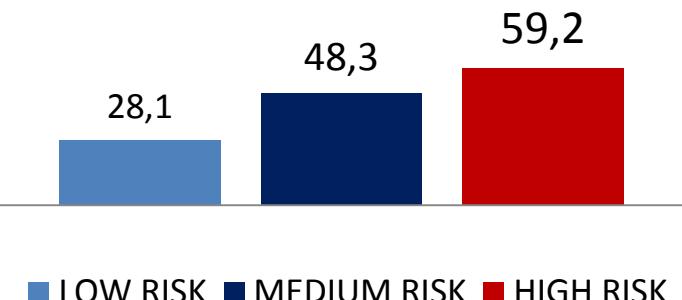
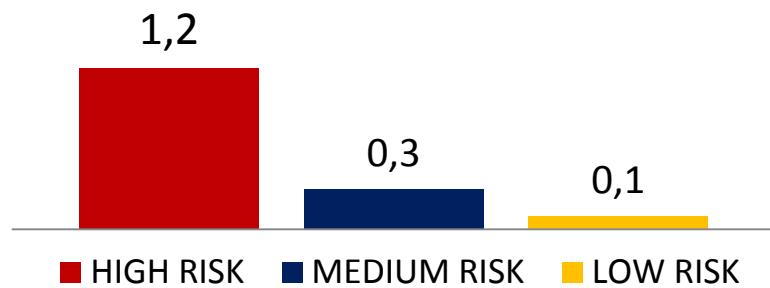
- Cox Regression models for time-varing covariables will be used to evaluate the association between PCV13/PPV23 and the risk of each outcome adjusted for age, sex and major comorbidities/underlying risk conditions.

- Supplementary stratified analyses focused on age subgroups and baseline risk strata:
 - Immunocompromised
 - Immunocompetent with other risk conditions



Pneumococcal vaccination coverages among low-, intermediate-, and high-risk adults in Catalonia

Angel Vila-Corcoles, Olga Ochoa-Gondar, Imma Hospital, Cinta de Diego, Eva Satué, Jordi Bladé, Xabier Ansa, Jorge A. Guzmán, Elisabet Salsench & Francisca Ramos

PPV23**PCV13**

Overall PPV23 coverage = 38.8%
Overall PCV13 coverage = 0.3%



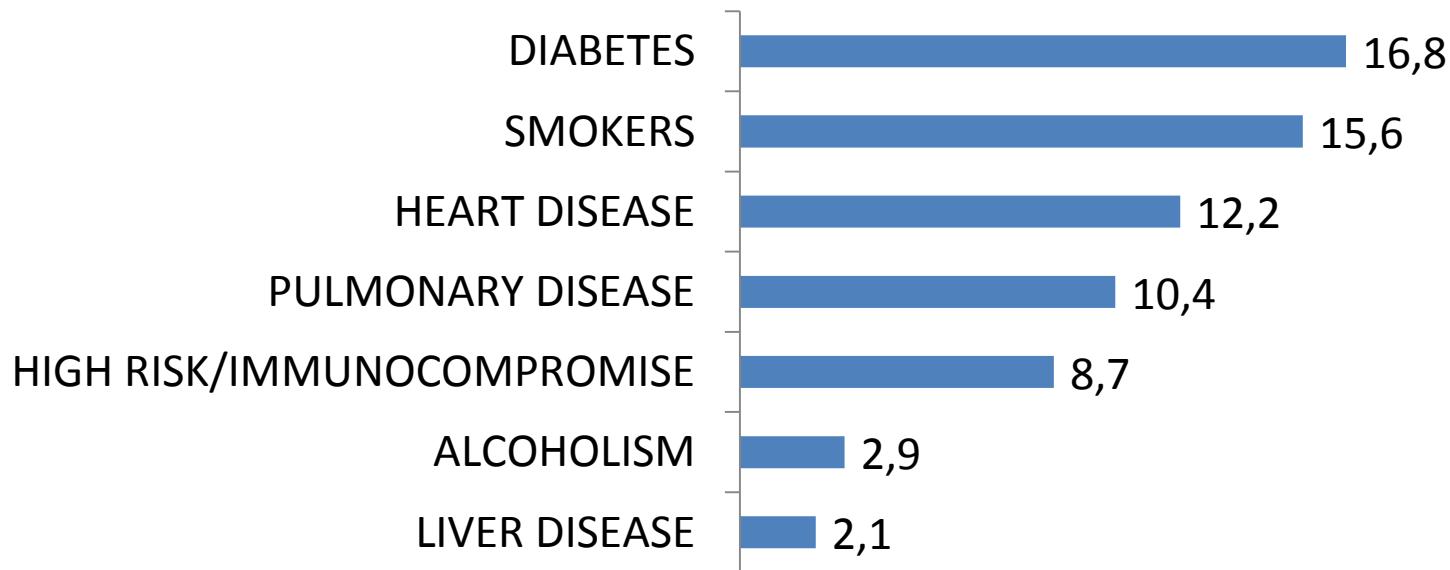
RESEARCH ARTICLE

Open Access



Prevalence of high, medium and low-risk medical conditions for pneumococcal vaccination in Catalonian middle-aged and older adults: a population-based study

O. Ochoa-Gondar^{1,2*}, I. Hospital¹, A. Vila-Corcoles^{1,2}, M. Aragon³, M. Jariod⁴, C. de Diego¹, E. Satue¹ and EPIVAC Study Group



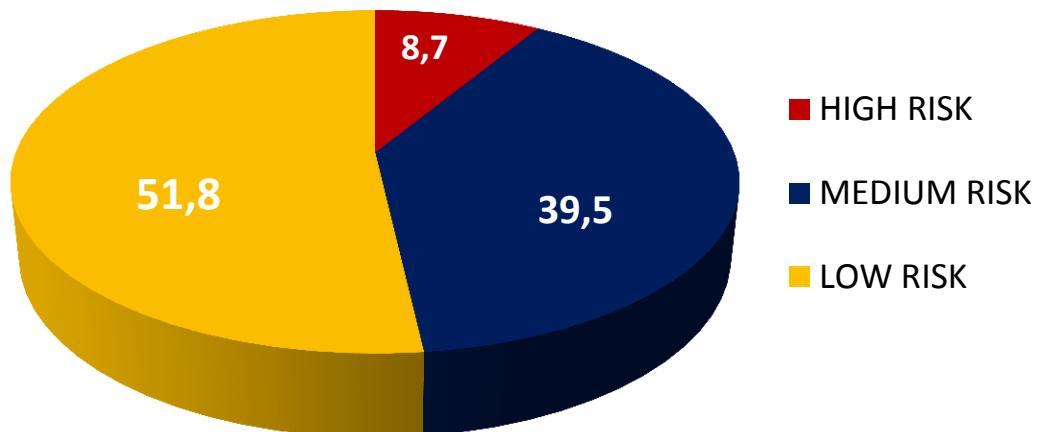


ORIGINAL BREVE

Recibido: 10 de marzo de 2017
Aceptado: 15 de marzo de 2017
Publicado: 16 de marzo de 2017

ESTIMACIÓN DE LA POBLACIÓN MAYOR DE 50 AÑOS SUSCEPTIBLE DE RECIBIR LA VACUNACIÓN ANTINEUMOCÓCICA EN CATALUÑA Y ESPAÑA (*)

Angel Vila-Córcoles (1), Olga Ochoa-Gondar (1), Eva Satué (1), (1), Marc Vila-Rovira (2) y Manel Jariod (3).



The target population for pneumococcal vaccination varied between 0.2-1.9 million in Catalonia and 1.5-12.3 million in Spain (depending on distinct risk strata considered).

Cohort EPIVAC-SIDIAP . FIRST-YEAR FOLLOW-UP



TIME FOLLOW-UP until first event/one-year (persons-year)

| PCV13 vaccinated | PPV23 vaccinated | Unvaccinated | Overall |
|------------------|------------------|--------------|-----------|
| 6,913 | 777,477 | 1,206,311 | 1,990,701 |

Cohort EPIVAC-SIDIAP. FIRST-YEAR FOLLOW-UP



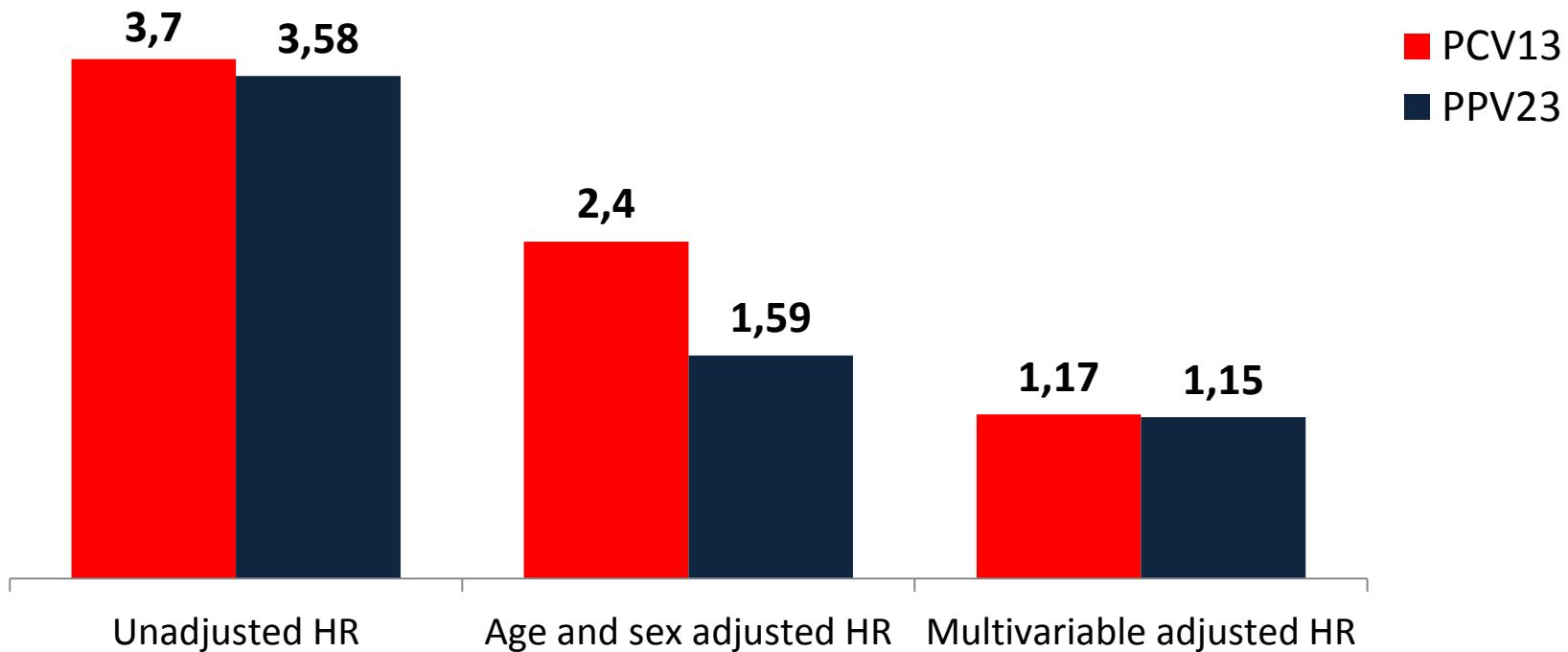
RESULTS: GLOBAL INCIDENCE OF STUDY EVENTS

| Event | Number of cases | Incidence Rate (per 100,000 persons-year) |
|-----------------------------|-----------------|--|
| Invasive Disease (IPD) | 447 | 22.4 |
| Pneumococcal Pneumonia (PP) | 1648 | 82.8 |
| All-cause pneumonia | 12,699 | 637.9 |
| Death from IPD | 45 | 2.3 |
| Death from PP | 81 | 4.1 |
| Death from pneumonia | 855 | 43.0 |
| Death from any cause | 47,265 | 2367.2 |



Cohort EPIVAC-SIDIAP. FIRST-YEAR FOLLOW-UP

RESULTS: RISK OF PNEUMOCOCCAL PNEUMONIA ACCORDING TO PNEUMOCOCCAL VACCINE STATUS

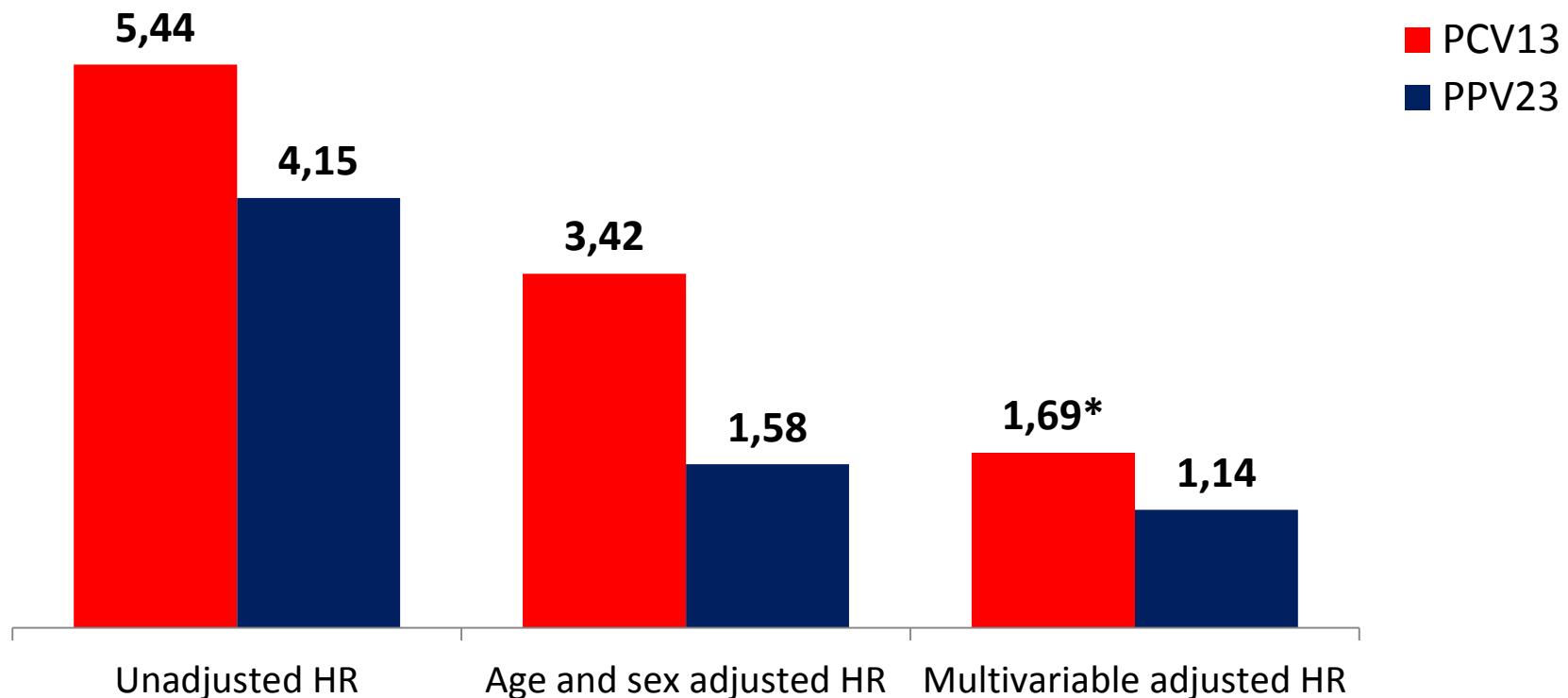


Hazard Ratio (HR) are for vaccinated as compared with unvaccinated subjects



Cohort EPIVAC-SIDIAP. FIRST-YEAR FOLLOW-UP

RESULTS: RISK OF ALL-CAUSE PNEUMONIA ACCORDING TO PNEUMOCOCCAL VACCINE STATUS

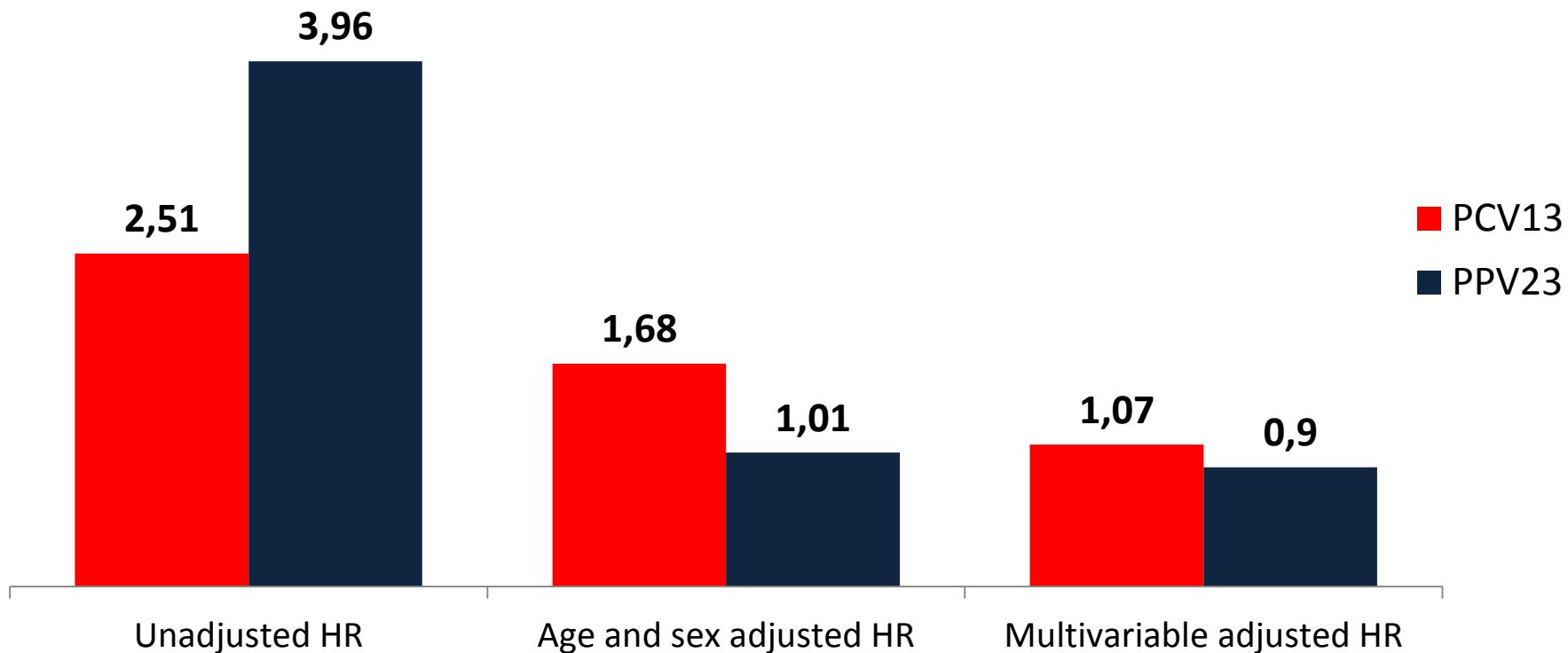


Hazard Ratio (HR) are for vaccinated as compared with unvaccinated subjects



Cohort EPIVAC-SIDIAP. FIRST-YEAR FOLLOW-UP

RESULTS: RISK OF ALL-CAUSE DEATH ACCORDING TO PNEUMOCOCCAL VACCINE STATUS (47,265 EVENTS)



ALL-CAUSE DEATH RATES (per 100,000 person/years)

PCV13 vaccinated = 5944 (IC95% 5385-6562) **PPV23 vaccinated** = 4348 (IC95% 4083-4627)
Unvaccinated = 1092 (IC95% 1026-1162)

CONCLUSIONS



- ✓ In this population-based prospective cohort study involving more than 2 million people over 50 years-old around Catalonia, clinical benefits from pneumococcal vaccination have not emerged after one-year follow-up.

- ✓ Our preliminary data does not exclude a possible negative/harm effect of PCV13 (increasing risk of all-cause pneumonia among PCV13 vaccinated subjects), which should be closely monitored in future studies involving more vaccinated person-time at-observation.



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