

Caveats for PCV schedules that rely on herd effects in countries with intensive transmission

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MRF 2021 13th International Conference
3 November 2021

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Conflicts of interest

None

The problem

Main burden of pneumococcal disease in first year of life

Do we need direct protection in the first year of life or could we rely on indirect protection?

If we can, then

- Protect others via indirect protection
- Reduce costs

Caveats for indirect protection through PCV

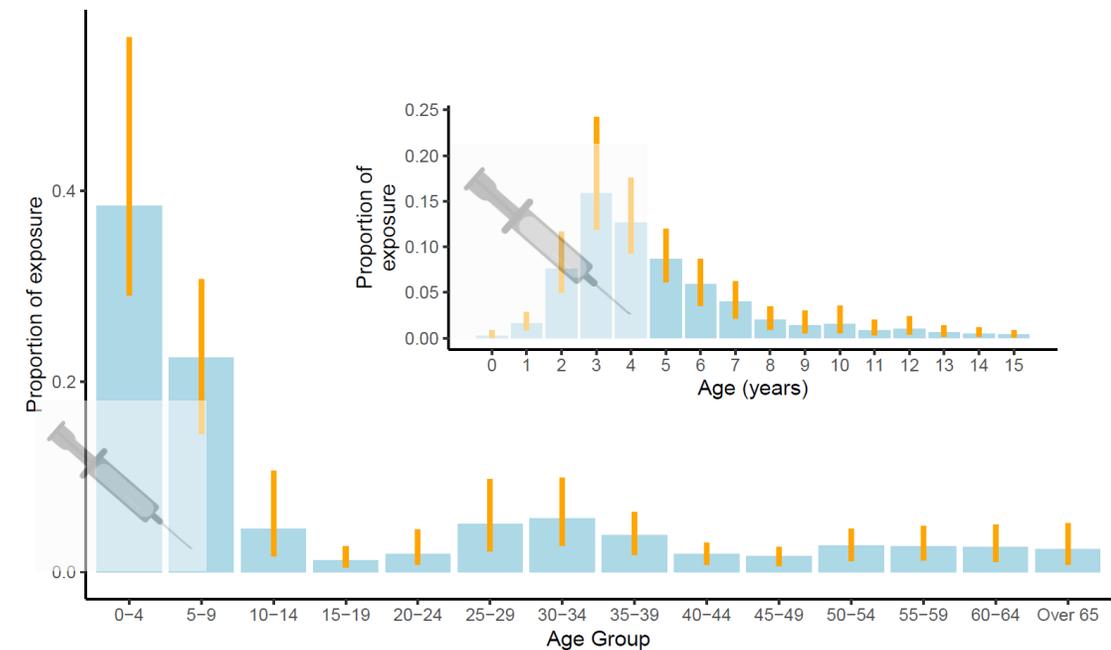
Indirect protection \leftarrow direct protection for main transmitters

Key questions:

- Who transmits?
- Duration of protection after booster?

Watch out for:

- 2p+1 vs 3p+0 cRCT in Malawi
- 1p+1 vs 3p+0 cRCT in Gambia



Other considerations

Programmatic and logistical concerns:

- (Booster dose) coverage
- Incomplete dosing schedule
- Travel / border spill-over
- Lack of routine surveillance

