In-hospital Pneumococcal Polysaccharide Vaccination Is Associated With Detection Of Pneumococcal Vaccine Serotypes In Adults Hospitalized For Community-acquired Pneumonia



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ABSTRACT

During an etiology study of adults hospitalized for pneumonia that collected urine specimens for serotypespecific pneumococcal antigen detection, we observed that some patients received 23-valent pneumococcal polysaccharide vaccine (PPV23) before urine collection. Some urine samples became positive for specific vaccine pneumococcal serotypes shortly after vaccination, suggesting false positive test results.

BACKGROUND

- Baseline burden estimates of community-acquired pneumonia (CAP) attributable to serotypes covered by the 13-valent pneumococcal conjugate vaccine (PCV13) in adults are needed to assess the impact of adult vaccination with PCV13
- · Available diagnostic tests are limited in their sensitivity for pneumococcal detection.
- · We used novel urine antigen detection assays for identification of PCV13 serotypes among adults hospitalized with CAP.
- · We noted that some patients received PPV23 (which includes all PCV13 serotypes) early in their hospitalization, occasionally before urine samples were collected for pneumococcal studies.
- We explored the impact of in-hospital PPV23 vaccination serotype-specific urinary pneumococcal antigen detection results.

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METHODS

- Data from the CDC Etiology of Pneumonia in the Community (EPIC) study were used.
- Adults hospitalized with CAP at five hospitals in Chicago, IL and Nashville, TN; 2010-2012. Diagnostic samples were collected and tested for etiology. Vaccination history was selfreported and confirmed through records review, when feasible.
- Archived urine aliquots were used for this study.
- Serotype-specific urinary antigen detection (SSUAD) assays used monoclonal antibodies to identify each of the serotypes included in PCV13. SSUAD tests were done by Pfizer Inc.
- · We compared SSUAD results from samples collected prior to the date of confirmed in-hospital PPV23 vaccination with SSUAD results from samples collected on the same date or after vaccination

RESULTS

- Urine samples from 2026 adults hospitalized with CAP were available for SSUAD testing. Median age: 58 years (IQR 47–71)
- 230 (11%) had confirmed in-hospital vaccination
- In serial samples, negative samples became positive after PPV23 vaccination (see examples below)

Detected serotypes	Patients with samples collected before in-hospital vaccination or with unknown vaccination (n=1917)	Patients with samples collected on the date or afte in-hospital vaccination (n=109		
At least a PCV13 serotype, % (n)	7%	33%*		
Co-detection of serotypes, % (n)	0.4%	8%*		
Specific serotypes				
Serotype 5	0.8%	16%*		
Co-detection(s) including serotype 5	0.3%	6%*		
Serotype 19A	2%	18%*		
Co-detection(s) including serotype 19A	0.1%	6%*		
Serotype 7F	1%	0%		
Co-detection(s) including serotype 7F	0.2%	0%		
Serotype 23F	0.9%	1.8%		
Co-detection(s) including serotype 23F	0.2%	0%		
Serotype 3	1%	2%		
Co-detection(s) including serotype 3	<0.1%	0.9%*		
All other PCV13 serotypes (1, 4, 6A, 14, 18C, 19F)**	1%	4%*		
All serotypes in PCV7	1.7%	4.6%*		
Co-detection(s) including PCV7 serotypes	0.3%	2.8%*		

*p<0.05 comparing detections between groups; ** no 6B, 9V detections

	Admission		Day 1 after admission		Day 2 after admission		Day 3 after admission		Day 4 after admission	Day 5 after admission	Day 6 after admission	Day 7 admis		Day 8 after admission
Patient 1		Neg	Salah Tan	Neg		Pos (19A)		Pos (19A)	Discharged					
Patient 2		Neg	Salah T	Neg		Pos (5) charged								
Patient 3		Neg	S. The										Pos (5)	Discharged

CONCLUSION

 Our observations suggest that vaccination can cause false positive detections of pneumococcal serotypes in urine samples tested through SSUAD assays, favoring the preferential detection of certain serotypes.