

2025 Area of Interest for Pneumococcus

Pneumococcus Areas of Interest

Effective January 2, 2025, the Pneumococcus Investigator-Initiated Studies Program (MISP) Committee will accept protocols within our current Areas of Interest (Aols). This is a competitive process that will be conducted by the Pneumococcus MISP Review Committee. Decisions will be made on the basis of scientific merit and strategic fit within the Aols. Please review the critical activities and abide by the timelines as outlined below. The program requests that investigators specify how they will support diversity in enrollment to include traditionally underrepresented minorities/ethnic groups.

***Streptococcus pneumoniae* MISP Areas of Interest 2025**

1. Studies supporting V114 including:

- a. Impact on nasopharyngeal carriage, acute otitis media (AOM), pneumonia and invasive pneumococcal disease (IPD) including the complications arising, in areas and populations where data does not exist
- b. Impact in those considered to be high risk, in areas and populations where data does not exist
- c. Data on duration of protection of pneumococcal conjugate vaccines (PCVs) in immunocompromised patients including:
 - i. Revaccination and timing of revaccination
- d. Viral co-infection and bacterial/viral interactions
- e. Co-administration of V114 with other pediatric vaccines
- f. Changes in serotype distribution after V114 introduction for pneumococcal disease including IPD, AOM, and/or other disease manifestations.

2. Studies supporting V116 including:

- a. Impact on nasopharyngeal carriage and pneumonia across diverse settings including in the community, acute care and/or long term care facilities
- b. Studies on the complications/sequelae of pneumonia
- c. The disease burden, for example invasive pneumococcal disease, pneumococcal pneumonia and sequelae, especially with regard to the unique V116 serotypes
- d. Adult-to-adult transmission, for example healthcare professionals working in long-term care facilities
- e. Burden of disease of pneumococcal pneumonia and potential use of Serotype-specific urinary antigen detection (SSUAD) studies, in areas and populations where data does not exist .
- f. Studies assessing vaccination coverage rates (VCRs) for adult pneumococcal vaccination not only in age-based programmes but also in different risk-groups.
- g. Adult pneumococcal vaccine acceptance

3. Mucosal immunity studies

4. Studies focusing on the durability of PCVs using the real-world data such as administrative databases

5. Serotype coverage and burden of pneumococcal disease in:

- a. The at-risk paediatric population aged 2 to 18 years
- b. At-risk adults, for example, based on age, risk factor, location, etc

6. Epidemiology and surveillance studies, including pneumonia, re-infections and the impact of the introduction of different pneumococcal vaccines and/or schedules, including reduced schedules and fractional dosing

7. Studies relating to antimicrobial resistance

8. Microbiome studies

9. Head-to-head comparisons with nasopharyngeal carriage as the primary endpoint
10. Whole genome sequencing and molecular detection
11. Protein-based pneumococcal vaccines