

The new recommendations from the Belgian Superior Health Council (SHC) regarding the replacement of Prevenar 13® (PCV13) by Prevenar 20® (PCV20) in the infant vaccination schedule (report 9836) reopen the discussion on what information should be given to parents regarding vaccines that are recommended but not reimbursed, especially for the prevention of severe infectious diseases, including meningitis. This issue is particularly relevant given that vaccines against meningococcus B are also not reimbursed, despite a still significant prevalence of infections caused by this pathogen recently recorded in Belgium. [Epidemiologische surveillance van invasieve meningokokkeninfecties, Neisseria Meningitidis - 2024 | sciensano.be](https://www.sciensano.be/en/epidemiologische-surveillance-van-invasieve-meningokokkeninfecties-neisseria-meningitidis-2024)

Summary of the SHC reports

Meningococcal prevention

In 2019, in response to changing epidemiology (emergence of serogroups W and Y) and to counter waning protective immunity in adolescents vaccinated in early childhood against Men C (introduced in 2001 in the infant schedule), the SHC recommended replacing the monovalent conjugate Men C vaccine with the quadrivalent ACWY meningococcal conjugate vaccine in the basic vaccination schedule for children aged 15 months and adolescents aged 15–16 years (SHC report 9485). It wasn't until September 2023 that the ACWY vaccine became available free of charge for 15-month-old infants — but still without consideration for adolescents, who still don't benefit from any reimbursement for a vaccine that is recommended and important.

In 2023, the SHC published a complementary report detailing its recommendations for meningococcal vaccination (B and ACWY) for at-risk individuals (report 9759). This includes those at risk due to medical conditions (e.g., complement deficiency, asplenia), occupational exposure (e.g., lab personnel), or travel. In this opinion, the SHC has not yet changed its recommendation for individual MenB vaccination in children under 5 and those aged 15–19. As of now, this vaccination is not reimbursed.

Pneumococcal prevention

In March 2024, the EMA approved PCV20 for the prevention of invasive diseases, otitis media, and pneumonias caused by pneumococcus starting at 6 weeks of age. The vaccine is authorized following a 3+1 primary series schedule, with a booster recommended between 11 and 15 months ([EMA PCV20 product info](#)).

In April 2025, the SHC updated its recommendations on pneumococcal vaccination in children (report 9836). It currently recommends vaccinating all infants with PCV20 using a 3+1 schedule, with 8-week intervals between the first three doses (i.e., at 8, 16, and 24 weeks) and a booster at 12 months. This schedule also applies to at-risk children and preterm infants. Catch-up vaccination is recommended for children under 5 years who are un- or incompletely vaccinated against pneumococcus or for children at risk ([SHC Report link](#)).

This recommendation is based on the Belgian epidemiological evolution, where a phenomenon of "replacement" by new pneumococcal serotypes is conventionally observed after the broad implementation of PCV13 in the population (in 2023, only 14.1% of the serotypes responsible for invasive infections in children under 2 years old are included in PCV 13 compared to 58.6% included in PCV 20). In addition, the SHC also aligned with EMA's recommendations of PCV20 only via the 3+1 schedule, based on the lower immunogenicity (a known issue for higher-valency vaccines) and promoting an 8-week interval between each primary vaccination dose (details see SHC report).

Among others, according to current data, a 2+1 scheme would offer less protection against two serotypes that are currently very prevalent in Belgium: serotypes 10A and 12F, and this during the post-primary vaccination period until the booster dose, i.e., in age group 6-12 months which represented -in 2023- 37% of the cases of invasive pneumococcal infections in children under 2 years old.

Cost of Vaccination Against Meningococcus B and Pneumococcus (PCV20)

A complete infant primary vaccination course (with booster) including the meningococcal B vaccine and PCV 20 costs 527 euros (268 for PCV 20 and 259 for Bexséro®)

For adolescents, vaccination costs 154 to 173 euros respectively for the 2 doses of meningococcal B vaccine (depending on the vaccine administered: Trumenba®/ Bexséro®) and 52.6 euros for the combined ACWY vaccine.

A recent study in Belgium showed a large disparity in meningococcal B vaccination coverage among infants between low-income municipalities compared to high-income municipalities (Georgios N, Raes M et al BJP 2024; 26(3): 186-192. <https://www.belgipaediatrics.com/index.php/bjp/article/view/343>).

If no action is taken, this gap will widen further with the arrival of PCV 20.

Actions taken

In response to a parliamentary question regarding the protection of children against meningitis, the SHC submitted the following requests to the cabinet of Minister Vandenbroucke:

- obtain the gratuity (inclusion in the national calendar) of the vaccines recommended by the SHC, namely the ACWY vaccine for adolescents and the PCV 20 vaccine for infants (plus catch-up)
- obtain reimbursement for meningococcal vaccines (B and ACWY) and PCV 20 among people in risk groups regardless of their age (as defined in report 9759 and 9485).

In return, the SHC commits to reviewing the sheet concerning infant and adolescent vaccination against meningococcus type B.

The complexity of our Belgian health system is well known to all. On the side of the regions, discussions are underway between the officials for the inclusion of PCV 20 in the schedule. Moreover, on the Dutch-speaking side, the decision will be made based on a cost-effectiveness study requested from the KCE. Other changes in the infant vaccination schedule could also influence these decisions.

How to best advise the parents?

As we can see, it will take many months to hope to be able to offer a more widespread vaccination against severe pneumococcal and meningococcal infections free of charge.

The vaccinators thus find themselves in an uncomfortable position facing the parents, because the delay in introducing these vaccines into the basic vaccination schedule could lead in the near future to a substantial increase in cases of invasive pneumococcal and meningococcal diseases, and related deaths

On the ONE side, the doctor is free to talk about these non-reimbursed vaccines, prescribe them and administer them provided no further consultation is required.

On the side of K&G, the doctor is free to talk about non-reimbursed vaccines but can only administer the PCV20.

Based on current Belgian epidemiology, the burden (in terms of incidence) of pneumococcus is significantly higher than that of meningococcal disease in infants because, in addition to invasive infections (sepsis and meningitis), pneumococcus is the primary bacterial agent responsible for acute otitis media and pneumonia. Nevertheless, invasive meningococcal infections are potentially very severe infections also justifying the proposed prevention strategy.

It is therefore difficult for the vaccinator to prioritize one vaccine over another based on the number of cases or severity. It should also be noted that these two vaccines are currently implemented in the national immunization program of many European and transatlantic neighboring countries.

As an example, in 2023 the reference laboratory recorded 128 cases of invasive pneumococcal infections only in children under 2 years old, including 19 cases of meningitis. For meningococcus, 83 cases of invasive infections were reported this year at all ages combined, including 36 cases related to type B. In

2024, 77 cases of invasive meningococcal infections are reported, including 23.4% (18 cases) in children under 5 years old; in this age group: 12 cases were linked to meningococcus B, including 2 deaths

BAoP recommendations

The Belgian Academy of Paediatrics (BAoP) strongly encourages pediatricians to discuss with parents the possibility of better protecting their infants from severe meningococcal and pneumococcal infections, using the SHC's recommended schedules.

The BAoP also encourages pediatricians to discuss MenB and ACWY vaccination with adolescents and their parents.

Given the cost of infant vaccination and while waiting for the PCV 20 vaccine to be free, an alternative would be to propose this year to infants partially vaccinated by PCV13 to do their 12-month booster with PCV 20 instead of PCV 13. Indeed, a dose of PCV 20 as a booster after a primary vaccination with PCV 13 provides very good protection against common serotypes and the majority of additional serotypes. Of course, such a scheme will not optimally protect children under 12 months old who -as a reminder- accounted for 37% of the cases of invasive pneumococcal infections in children under 2 years old in 2023. This option is therefore not to be retained over time as a vaccination strategy per se, especially since the immunogenicity against serotype 12F (very prevalent in Belgium) did not seem optimal in the first studies, and that the impact at medium/long-term on the global circulation of additional serotypes involved in invasive infections (direct and indirect effect) remain uncertain with such a composite scheme if applied on a large scale. We emphasize on this occasion the importance of continuing to monitor the Belgian epidemiology of invasive pneumococcal and meningococcal infections, by systematically reporting the cases concerned to the reference laboratories

The scientific committee of the BAoP is committed to regularly updating healthcare professionals on this evolving complex issue to help vaccinators properly inform parents and adolescents.

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