

February 2026

Discontinuation of Pneumovax 23 (PPV23) and implications for immunodeficiency diagnosis and immunoglobulin access

BSI-CIPN consensus position

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Background

Pneumovax 23 (PPV23), a 23-valent pneumococcal polysaccharide vaccine, is being discontinued from routine use in the UK with remaining stock running down in early 2026. Existing UK guidance on the diagnosis of antibody deficiency and eligibility for immunoglobulin replacement has traditionally included demonstration of impaired antibody responses to unconjugated polysaccharide vaccines such as PPV23.

The discontinuation of PPV23 necessitates an interim consensus approach to avoid unnecessary diagnostic delay or inequity of access to care.

BSI-CIPN consensus position

The British Society for Immunology Clinical Immunology Professional Network (BSI-CIPN) recommends the following approach in the short term:

- 1. Diagnosis of immunodeficiency does not depend on PPV23**

The diagnosis of primary or secondary immunodeficiency can be made in the absence of PPV23. Vaccine responses represent only one component of a broader diagnostic assessment.

- 2. Polysaccharide vaccine responses are supportive, not definitive**

Failure to demonstrate an antibody response to an unconjugated polysaccharide vaccine should not be regarded as essential or mandatory evidence of clinically

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significant antibody deficiency.

3. Clinical assessment remains paramount

Diagnostic and treatment decisions should be based on:

- Clinical history, including infection burden and severity
- Baseline immunoglobulin levels
- Responses to other vaccines
- Additional immunological investigations as clinically indicated

4. Implications for immunoglobulin commissioning

Where PPV23 is unavailable, the lack of a documented response to an unconjugated polysaccharide vaccine should not preclude consideration or approval of immunoglobulin replacement therapy when there is clear clinical need and other clinical criteria are met.

The BSI-CIPN will undertake a structured review of the evidence supporting the clinical utility and cost-effectiveness of assessing polysaccharide vaccine responses, with a view to updating national guidance through appropriate processes in 2026. There was broad consensus for this approach from attendees at the BSI-CIPN annual conference in December 2025.

About BSI-CIPN

The *BSI Clinical Immunology Professional Network (BSI-CIPN)* is an integrated and impactful professional network for individuals working within clinical immunology. The BSI-CIPN's membership includes over 220 professionals in the clinical immunology space including clinical immunologists, healthcare scientists, allergists, pharmacists and immunology specialist nurses. The network is used to share best practice and guidelines and to foster collaboration, ultimately improving care for patients.

For further information please contact: cipn@immunology.org