

NS Health Vaccine Consult Service: Pneumococcal Vaccine FAQ

The [Publicly Funded Vaccine/Immunoglobulin Eligibility Policy, Routine Immunization Schedules](#), and [Publicly Funded Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Disease](#) were updated September 2024.

1. What changes were made?

- Pneu-C-15 (Vaxneuvance®) has replaced the use of Pneu-C-13 (Prevnar®13) in the routine childhood immunization schedule.
- Pneu-C-20 (Prevnar®20) has replaced the use of Pneu-P-23 (PNEUMOVAX®23) in the routine immunization of adults 65 years and older.
- Pneu-C-20 (Prevnar®20) has replaced the use of Pneu-P-23 (PNEUMOVAX®23) alone or in combination with Pneu-C-13 (Prevnar®13) for individuals at high risk of invasive pneumococcal disease (IPD) in individuals 2 months of age and older.

2. What is the difference between the newer pneumococcal conjugate vaccines and Pneu-C-13 (Prevnar®13)?

- Pneu-C-15 (Vaxneuvance®) and Pneu-C-20 (Prevnar®20) are designed to prevent infection from a larger number of serotypes than previous pneumococcal conjugate vaccines.
- Pneu-C-15 (Vaxneuvance®) protects against the same 13 serotypes as Pneu-C-13 (Prevnar®13) plus 2 additional serotypes.
- Pneu-C-20 (Prevnar®20) protects against the same 15 serotypes as Pneu-C-15 (Vaxneuvance®) plus 5 additional serotypes.
- Serotype coverage for pneumococcal vaccines is shown in the chart below:

Table 3. Serotypes included in current and new pneumococcal vaccine formulations

Vaccine	Serotypes in Pneumococcal Vaccines																								
	1	4	6B	9V	14	18C	19F	23F	5	7F	3	6A	19A	22F	33F	8	10A	11A	12F	15B	2	9N	17F	20	
PNEU-C-10																									
PNEU-C-13																									
PNEU-C-15																									
PNEU-C-20																									
PNEU-P-23																									

[NACI Recommendations for public health programs on the use of pneumococcal vaccines in children, including the use of 15-valent and 20-valent conjugate vaccines](#)

3. Why do new provincial recommendations endorse vaccines covering less pneumococcal serotypes (Pneu-C-15, Pneu-C-20) over one with more serotypes (Pneu-P-23)?

- Conjugated vaccines (Pneu-C-15, Pneu-C-20) induce memory, provide longer duration of protection, and provide boosting by involving T cells in a way that polysaccharide vaccines (Pneu-P-23) cannot. The durable protection offered by conjugate vaccines may result in fewer cases of pneumococcal disease, even though they protect against fewer serotypes than polysaccharide vaccine.
- In immunocompetent adults 65 years of age and older, Pneu-C-20 (Prevnar®20) has been shown to have superior immune responses compared to Pneu-P-23 (PNEUMOVAX®23) for shared serotypes.

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4. What conditions result in increased risk of IPD?

- High risk medical or living conditions eligible for publicly funded vaccine can be found in the Nova Scotia [Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#) and in the chart below:

Pneu-C-20	Pneumococcal Conjugate	Pneumar 20	<ul style="list-style-type: none"> Routine immunization of adults 65 years and older (older adults) who have not previously received a pneumococcal vaccine, as part of the universal program for older adults¹. *Pre-exposure immunization for individuals 2 months and older with high-risk medical or living conditions: <ul style="list-style-type: none"> Cancers Congenital Immunodeficiency Chronic cerebral spinal fluid (CSF) leak Chronic liver disease Chronic lung disease Chronic renal disease Chronic neurological conditions that may impair clearance of oral secretions Cochlear implants including those scheduled to receive implants Diabetes Congenital immunodeficiency Cystic fibrosis Chronic heart disease Hematopoietic stem cell transplant (HSCT) HIV Homelessness Substance use or harmful use of alcohol Immunosuppressive therapy Residing in long term care facilities Living in residential care for children with complex medical needs Living in communities or settings experiencing sustained high invasive pneumococcal disease (IPD) rates as determined by Public Health Solid organ transplant Splenic disorders including asplenia, sickle cell disease or other hemoglobinopathies <p>¹ Individuals who have received Pneu-P-23 or Pneu-C-13 as part of the high-risk program are eligible for the universal program once they turn 65 years of age as long as it has been at least 5 years from the last dose of a previous pneumococcal vaccine (Pneu-P-23 or Pneu-C-13).</p>
Pneu-C-20 (continued)	Pneumococcal Conjugate	Pneumar 20	<ul style="list-style-type: none"> *Pre-exposure immunization for individuals 2 months until their 18th birthday with asthma requiring acute medical care in the past 12 months *Pre-exposure immunization for individuals 50 years until their 65th birthday with asthma requiring treatment within the past 12 months Smokers 50 years until their 65th birthday All eligible individuals with the above high-risk medical or living conditions: <ul style="list-style-type: none"> Catch up immunization for infants and children If a series was started with Pneu-C-13 or Pneu-C-15, it should be completed with Pneu-C-20 If a series was started with Pneu-P-23, it should be completed with Pneu-C-20 <p>For schedule and dosing recommendations consult the Canadian Immunization Guide and/or a specialist.</p>

Image accurate as of 13:00 on Sept 26, 2024

5. For an infant that is part way through their routine childhood Pneu-C-13 (Pneumar[®]13) vaccination series, what vaccine should be used to complete their vaccination series?

- Children who are **not** at increased risk of IPD should complete their vaccine series using Pneu-C-15 (Vaxneuvance[®]).
- Children 2 months of age and older who have started their pneumococcal vaccine series with Pneu-C-13 (Pneumar[®]13) or Pneu-C-15 (Vaxneuvance[®]) and are at increased risk of IPD should complete their vaccine series using Pneu-C-20 (Pneumar[®]20).

6. Can a child receive Pneu-C-20 (Pneumar[®]20) instead of Pneu-C-15 (Vaxneuvance[®]) as part of the routine vaccination schedule?

- Only children 2 months of age and older with an increased risk of IPD due to medical and/or environmental/living conditions can receive a publicly funded dose of Pneu-C-20 (Pneumar[®]20) as part of their routine childhood immunization schedule.

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- Pneu-C-15 (Vaxneuvance®) is publicly funded for children **not** at increased risk of IPD. Parents and guardians can pay privately for Pneu-C-20 (Prevnar®20). NACI recommends either Pneu-C-15 or Pneu-C-20 for routine childhood immunization programs.

7. Should children not at increased risk of IPD who have completed their routine childhood pneumococcal vaccination series with Pneu-C-13 (Prevnar®13), get a dose of Pneu-C-15 (Vaxneuvance®) or Pneu-C-20 (Prevnar®20) for better protection?

- No, children **not** at increased risk of IPD who have completed a recommended immunization series with Pneu-C-13 (Prevnar®13) do not require a catch-up (additional) dose of Pneu-C-15 (Vaxneuvance®) or Pneu-C-20 (Prevnar®20).
- If a child who completed their routine schedule develops an eligible high-risk condition, they would then be eligible to receive Pneu-C-20 at the minimum interval.

8. Should children at increased risk for IPD that previously received Pneu-P-23 (PNEUMOVAX®23), alone or in combination with Pneu-C-13 (Prevnar®13), get an additional dose of Pneu-C-15 (Vaxneuvance®) or Pneu-C-20 (Prevnar®20)?

- The NS [Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#) does not recommend additional doses of publicly funded pneumococcal vaccine for children at increased risk for IPD who previously received Pneu-P-23 (PNEUMOVAX®23) alone or in combination with Pneu-C-13 (Prevnar®13).
- Parents and guardians may choose to pay privately for Pneu-C-20 (Prevnar®20) as [NACI](#) recommends children under 18 years of age who have medical risk factors and who have completed their immunization schedule with Pneu-C-13, Pneu-C-15, or Pneu-P-23 should receive one additional dose of Pneu-C-20.
 - Pneu-C-20 (Prevnar®20) should be provided at a minimum interval of 8 weeks following the last dose of Pneu-C-13 (Prevnar®13) or Pneu-C-15 (Vaxneuvance®), or at least 1 year following a dose of Pneu-P-23 (PNEUMOVAX®23).
 - NOTE: Children at increased risk of IPD who have completed a vaccine series appropriate for age that includes at least one dose of Pneu-C-20 (Prevnar®20) do not require additional doses of Pneu-C-20 (Prevnar®20).

9. When an adult turns 65 years old, are they eligible for a pneumococcal vaccine?

- When an individual turns 65 years old, they are eligible for Pneu-C-20 (Prevnar®20) as part of the universal (routine) program for adults provided they have not previously received a pneumococcal vaccine as part of the universal (routine) program for older adults.
- Adults 65 years and older who have been *previously vaccinated* with Pneu-P-23 (PNEUMOVAX®23) alone or in combination with Pneu-C-13 (Prevnar®13) **for a high-risk condition** before turning 65 are eligible for a Pneu-C-20 (Prevnar®20) when they turn 65 years of age provided it has been at least 5 years from their last pneumococcal vaccine. *Note: publicly funded in NS as of September 24, 2024.*
- If someone who completed their routine schedule develops an eligible high-risk condition, they are eligible to receive Pneu-C-20 at the minimum interval.

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10. How do health care providers determine if a patient has received a pneumococcal vaccine in the past?

- Health care providers along with their patients should make their best effort to determine vaccine history. Professional judgement may be required to determine the best option in any particular situation.
- Documentation of vaccine histories can be found in multiple locations. The most common locations are outlined below:
 - Personal immunization records held by the recipient or a parent/guardian
 - Personal immunization records may be handwritten, printed, or in digital format. Inquire with your patient whether they have any of these records at home.
 - Immunization records maintained by a health care provider who administered the vaccine
 - Primary care providers, specialty clinics (including travel), occupational health offices and DIS may have record of previous immunizations. Inquire with your patient if they recall receiving vaccine(s) in any of these settings. If so, the patient can request the vaccine record or in some instances the health care provider may be able to request on the patient's behalf.
 - Provincial immunization registries
 - The provincial immunization registry maintained by Public Health in Nova Scotia is called Panorama. Individuals 16 years of age and older with a NS health card may access their own Panorama record using the [VaxRecordNS](#) webpage or app. Parents and guardians can access the records of their dependents who are under 16 years of age. More information about accessing provincial immunization records including options for those without digital access can be found on the [VaxRecordNS FAQ page](#).
- If a patient requires a full vaccine eligibility assessment for all privately and publicly funded vaccines, the NS Health Vaccine Consult Service can complete a Best Possible Vaccination History and eligibility assessment on a referral basis.

11. Can I administer Pneu-C-15 (Vaxneuvance®) or Pneu-C-20 (Prevnar®20) vaccine at the same time as other vaccines?

- Pneumococcal conjugate vaccines including Pneu-C-15 (Vaxneuvance®) or Pneu-C-20 (Prevnar®20) may be administered at the same time or any time before or after another live or non-live vaccine, except for Pneu-P-23 (PNEUMOVAX® 23) which has spacing requirements in relation to pneumococcal conjugate vaccines.
 - Pneu-C-15 (Vaxneuvance®) and Pneu-C-20 (Prevnar®20) should be provided at a minimum interval of at least 1 year since a dose of Pneu-P-23 (PNEUMOVAX®23)
- Separate syringes, needles, and injection sites should be used for all vaccines given concurrently.

12. What is the recommended route of administration for Pneu-C-15 (Vaxneuvance®) or Pneu-C-20 (Prevnar®20)?

- Both Pneu-C-15 (Vaxneuvance®) and Pneu-C-20 (Prevnar®20) are administered by intramuscular injection.

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13. Can a pharmacist prescribe Pneu-C-15 (Vaxneuvance®) or Pneu-C-20 (Pevnar®20)?

- Yes, pneumococcal vaccines are included in the list of vaccines pharmacists may prescribe as outlined in the [NSCP Standards of Practice: Prescribing Drugs](#).

14. Can a pharmacist administer Pneu-C-15 (Vaxneuvance®) and Pneu-C-20 (Pevnar®20) vaccines to infants as part of their routine childhood immunizations?

- The age limit for all drug administration by injection by pharmacists is 2 years of age and older.
- Exception: Pharmacists may provide influenza and COVID-19 vaccinations to patients 6 months of age and older provided they have the necessary competencies as per the [NSCP Standards of Practice: Drug Administration](#).
- While pharmacists in NS cannot administer Pneu-C-15 (Vaxneuvance®) and Pneu-C-20 (Pevnar®20) to infants, pharmacists can administer in the context of catch-up routine childhood immunization as long as the child is 2 years of age or older.
 - Note: the new publicly funded community pharmacy pneumococcal vaccine program is available for eligible individuals 65 years of age or older as part of the routine immunization program. If a patient is eligible for publicly funded pneumococcal vaccine due to a high risk condition, they should be referred to a Community Pharmacy Primary Care Clinic (CPPCC) or another provider that has access to publicly funded vaccines. Although all pharmacists can administer pneumococcal vaccines to patients 2 years of age or older, only pharmacists working in CPPCC clinics have access to a publicly funded supply for those at high risk.

15. If a child does not have a primary care provider, where can I refer the family for their routine childhood vaccinations?

- Public Health's Early Years program has set up Early Childhood Immunization Clinics in Central, Eastern, and Northern Zones to help support access to routine early childhood vaccines for children who do not have a primary care provider. In Central and Northern Zones, support is also available for children who do not have an MSI number (health card).
- Appointments are required and further information is found on the public health [booking site](#) and in the following overviews:
 - [Central Zone Public Health Early Years Handout.pdf \(nshealth.ca\)](#)
 - [Northern Zone Public Health Early Years Handout.pdf \(nshealth.ca\)](#)
 - [Eastern Zone Public Health Early Years Handout.pdf \(nshealth.ca\)](#)

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16. What is a completed pneumococcal schedule for high-risk conditions?

- Newly identified individuals with high-risk conditions only need to receive one dose of Pneu-C-20 (Pneumovax®20) to complete their schedule.
- Prior to the adoption of Pneu-C-20 (Pneumovax®20) in Nova Scotia, specified high-risk conditions for invasive pneumococcal disease (IPD) were eligible for Pneu-P-23 (Pneumovax®23). Individuals at “**highest risk**” of IPD were eligible to receive one dose of Pneu-C-13 (Pneumovax®13) in series with Pneu-P-23 (Pneumovax®23) administered 8 weeks after Pneu-C-13 (Pneumovax®13). Note: if Pneu-P-23 (Pneumovax®23) was administered first, an interval of 1 year was required before administering Pneu-C-13 (Pneumovax®13).
- Individuals at high-risk who were only eligible for Pneu-P-23 (Pneumovax®23) and received their dose are NOT eligible for publicly funded Pneu-C-20 (Pneumovax®20).
 - Some adults may choose to pay privately for Pneu-C-20 (Pneumovax®20) as [NACI](#) recommends adults with increased risk of IPD be immunized with Pneu-C-20 (Pneumovax®20) regardless of their pneumococcal vaccination status with Pneu-C-13 (Pneumovax®13) or Pneu-P-23 (Pneumovax®23).
 - Individuals will be eligible for the universal older adult program when they reach 65 years of age.
- Individuals at “highest risk” of IPD who received both Pneu-C-13 (Pneumovax®13) and Pneu-P-23 (Pneumovax®23), are NOT eligible for publicly funded Pneu-C-20 (Pneumovax®20).
 - Some adults may choose to pay privately for Pneu-C-20 (Pneumovax®20) as [NACI](#) recommends adults with increased risk of IPD be immunized with Pneu-C-20 (Pneumovax®20) regardless of their pneumococcal vaccination status with Pneu-C-13 (Pneumovax®13) or Pneu-P-23 (Pneumovax®23).
 - Individuals will be eligible for the universal older adult program when they reach 65 years of age.
- Individuals at “highest risk” of IPD who have a history of receiving **only** Pneu-P-23 (Pneumovax®23) should have their schedule completed with a dose of publicly funded Pneu-C-20 (Pneumovax®20) as long as an interval of one year has passed since receipt of Pneu-P-23 (Pneumovax®23).
- Individuals at “highest risk” of IPD who have a history of receiving **only** Pneu-C-13 (Pneumovax®13) should have their schedule completed with a dose of publicly funded Pneu-C-20 (Pneumovax®20) as long as an interval of 8 weeks has passed since receipt of Pneu-C-13 (Pneumovax®13).

Previous versions of the eligibility policy identified individuals at “highest-risk” as those living with:

- Cancers
- Congenital immunodeficiency
- HIV
- Immunosuppressive therapy
- Solid organ transplant
- Splenic disorders including sickle cell disease or other hemoglobinopathies
- Note –Hematopoietic stem cell transplant patients are at highest risk and receive full revaccination as detailed in their post-transplant immunization recommendations/schedule