

Pneumococcal Conjugate Vaccine PREVNAR® 13

Supplier: Pfizer Canada Inc.

INDICATIONS:

- Healthy infants and children 2-59 months of age to start or complete a pneumococcal vaccine series
- Children 2-59 months of age who are at high risk of pneumococcal disease due to: ^A
 - Sickle cell disease and other hemoglobinopathies
 - Immunosuppression related to disease [e.g. malignant neoplasm (including leukemia and lymphoma), HIV, multiple myeloma] or therapy ^B (e.g., high dose, systemic steroids or severe rheumatoid arthritis requiring immunosuppressive therapy)
 - Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell mediated) immunity, complement system (properdin or factor D deficiencies) or phagocytic function
 - Receipt of hematopoietic stem cell transplant (HSCT)
 - Solid organ or islet cell transplant (candidate or recipient)
 - Chronic heart or lung disease (except asthma, unless management involves ongoing high dose oral corticosteroid therapy)
 - Chronic liver disease including cirrhosis, chronic hepatitis B, chronic hepatitis C
 - Chronic kidney disease
 - Diabetes, cystic fibrosis or chronic CSF leak
 - Chronic neurological conditions that may impair clearance of oral secretions
 - Cochlear implant (candidate or recipient)
 - Anatomic or functional asplenia
- Children 5-18 years of age (inclusive) who are at high risk of pneumococcal disease due to:
 - Asplenia (anatomical or functional)
 - Receipt of HSCT
 - HIV infection ^B
 - Malignant neoplasm (including leukemia and lymphoma)
- Adults at high risk of pneumococcal disease due to:
 - Receipt of HSCT
 - HIV infection ^B

^A High risk children to 59 months of age who have completed a PCV7 or PCV10 vaccine series should receive 1 dose of PCV13 at least 8 weeks after a previous dose of PCV7 or PCV10 (see [Completing a Pneumococcal Conjugate Vaccine Series](#)).

^B Give vaccine before initiation of immunosuppressive therapy, and early in the course of HIV infection.

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RECOMMENDED BY THE NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION BUT NOT PROVIDED FREE IN BC:

Recommended based on Good Evidence:

- Children up to 18 years of age (inclusive) with asthma which required medical attention in the past 12 months.

Recommended based on Fair Evidence:

- Adults with:
 - Asplenia (anatomical or functional)
 - Sickle cell disease or other hemoglobinopathies
 - Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin or factor D deficiencies), or phagocytic functions
 - Immunosuppressive therapy including use of long term corticosteroids, chemotherapy, radiation therapy, post-organ-transplant therapy, biologic and non-biologic immunosuppressive therapies for rheumatologic and other inflammatory diseases.
 - Malignant neoplasms including leukemia and lymphoma
 - Solid organ or islet cell transplant (candidate or recipient)

DOSES AND SCHEDULE: ^{A, B}

Children 2-59 months of age:

- Healthy children: 3 doses given as 0.5 mL **IM** at 2, 4 and 12 months of age.
- Children medically at high risk: ^{C, D} 4 doses given as 0.5 mL **IM** at 2, 4, 6 and 12 months of age.

High risk children 5-18 years of age (inclusive):

- Unimmunized/incompletely immunized with:
 - Asplenia: 1 dose given as 0.5 mL **IM**. ^D
 - HIV Infection: 1 dose given as 0.5 mL **IM**.
- HSCT recipients: see [Part 2 - Immunization of Special Populations, Hematopoietic Stem Cell Transplantation \(HSCT\)](#).
- Malignant neoplasm (including leukemia and lymphoma): see [Part 2 - Immunization of Special Populations, Immunization of Pediatric \(those under 18 years of age\) Oncology Clients who have Completed Treatment, Including Autologous HSCT](#).

Adults:

- With HIV infection: 1 dose given as 0.5 mL **IM**.
- HSCT recipients: see [Part 2 - Immunization of Special Populations, Hematopoietic Stem Cell Transplantation \(HSCT\)](#).

^A High risk individuals 2 years of age and older should receive a dose of PPV23 at least 8 weeks after completion of an age appropriate PCV series.

^B Unimmunized individuals should receive PCV13 vaccine first followed by PPV23 at least 8 weeks later. If PPV23 has already been administered, PCV13 should be administered at least one year later.

^C Children previously immunized with PCV7 or PCV10 should receive one dose of PCV13 after 12 months of age and at least 8 weeks after a previous dose of PCV7 or PCV10.

^D Give vaccine at least 14 days prior to elective splenectomy, or, if not possible, 14 days post-splenectomy. If there is concern that the patient may not present later for immunization, give at hospital discharge.

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ADMINISTRATION:

No additional requirements.

BOOSTER DOSES:

No booster doses are recommended at this time.

SEROLOGICAL TESTING:

Serological testing is not recommended before or after immunization.

CONTRAINDICATIONS:

1. History of an anaphylactic reaction to a previous dose of any pneumococcal vaccine or to any component of PREVNAR® 13.
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PRODUCT COMPONENTS:

Potential allergens: diphtheria CRM₁₉₇ toxoid protein, polysorbate 80.
Other components: succinic acid, aluminum phosphate.

PRECAUTIONS:

If PPV23 has already been administered, PCV13 should be administered at least one year later.

SPECIAL CONSIDERATIONS:

Not applicable.

ADVERSE EVENTS:

Local: redness, swelling, tenderness.

Systemic: fever (and rarely, febrile seizures in young children), headache, irritability, drowsiness, restless sleep, decreased appetite, vomiting, diarrhea, muscle and joint pain, rash.