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:
  - Sickle cell disease and other hemoglobinopathies
  - Immunosuppression related to disease [e.g. malignant neoplasm (including leukemia and lymphoma), HIV, multiple myeloma] or therapy (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
- Malignant neoplasm (including leukemia and lymphoma)
- Adults at high risk of pneumococcal disease due to:
  - Receipt of HSCT
  - HIV infection

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:
  o Asplenia (anatomical or functional)
  o Sickle cell disease or other hemoglobinopathies
  o 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
  o Immunosuppressive therapy including use of long term corticosteroids, chemotherapy, radiation therapy, post-organ-transplant therapy, biologic and non-biologic immunosuppressive therapeutics for rheumatologic and other inflammatory diseases.
  o Malignant neoplasms including leukemia and lymphoma
  o 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:
  o Asplenia: 1 dose given as 0.5 mL IM. D
  o 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.

PRODUCT COMPONENTS:
Potential allergens: diphtheria CRM$_{197}$ 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.