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:
  o Sickle cell disease and other hemoglobinopathies
  o 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)
  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 function
  o Receipt of hematopoietic stem cell transplant (HSCT)
  o Solid organ or islet cell transplant (candidate or recipient)
  o Chronic heart or lung disease (except asthma, unless management involves ongoing high dose oral corticosteroid therapy)
  o Chronic liver disease including cirrhosis, chronic hepatitis B, chronic hepatitis C
  o Chronic kidney disease
  o Diabetes, cystic fibrosis or chronic CSF leak
  o Chronic neurological conditions that may impair clearance of oral secretions
  o Cochlear implant (candidate or recipient)
  o Anatomic or functional asplenia
• Children 5-18 years of age (inclusive) who are at high risk of pneumococcal disease due to:
  o Asplenia (anatomical or functional)
  o Receipt of HSCT
  o HIV infection B
• Adults at high risk of pneumococcal disease due to:
  o Receipt of HSCT
  o HIV infection B

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

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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 based on Fair Evidence (continued):
  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 therapies 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: C
  • Healthy children: 3 doses given as 0.5 mL IM at 2, 4 and 12 months of age.
  • Children medically at high risk: D, E 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. E
    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).

ADMINISTRATION:
No additional requirements.

BOOSTER DOSES:
No booster doses are recommended at this time.

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 See Part 4 – Biological Products, Completing a Pneumococcal Conjugate Vaccine Series when the basic schedule has been delayed.
D 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.
E 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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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:

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

SPECIAL CONSIDERATIONS:
• Health Canada has approved PCV15 for individuals 6 weeks of age and older and PCV20 for individuals 18 years of age and older; however, these vaccines are not publicly funded in BC. ACIP recommends PCV13 and PCV15 can be used interchangeably within a series. If PCV15 is provided first, there should be a minimum interval of 8 weeks between doses of PCV15 and PPV23. If PPV23 has already been administered, a PCV should be administered at least one year later. ACIP recommends if PCV20 has been provided, PPV23 is not required.

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.