Pneumococcal Conjugate Vaccine 20-valent (PCV20) Immunization Program Questions and Answers for Immunization Providers – July 2025

1. What is invasive pneumococcal disease (IPD)?

Table 1.* Epidemiology of IPD	
Infectious agent	The bacterium *Streptococcus pneumoniae* (*S. pneumoniae*) is the cause of IPD and a common cause of respiratory infections including community acquired pneumonia and acute otitis media.
Mode of transmission	*S. pneumoniae* is transmitted by direct contact and respiratory droplets or indirect contact with respiratory secretions of infected or colonized persons. The incubation period for IPD has not been clearly defined and may be as short as 1 to 3 days.
Risk factors	IPD is most common in the very young, older adults, and groups at increased risk due to underlying medical, social, behavioral, or environmental conditions. The incidence rate of IPD in pediatric populations under 19 years of age is significantly higher in northern Canada compared to the rest of Canada.
Spectrum of clinical illness	Asymptomatic upper respiratory tract colonization with *S. pneumoniae* is common. Infection with *S. pneumoniae* may result in bronchitis, otitis media, sinusitis, or invasive disease when *S. pneumoniae* invades normally sterile sites, such as the blood or central nervous system. **Children:** Bacteremia and meningitis are the most common manifestations of IPD in children 2 years of age and younger. The case-fatality rate of pneumococcal meningitis is 8% among children and 22% among adults. Permanent neurologic damage is common among survivors. **Adults:** Pneumococcal pneumonia with or without bacteremia is the most common presentation among adults and is a common complication following viral infections. The case fatality rate of bacteremic pneumococcal pneumonia is 5% to 7% and is higher among older adults and those with multiple co-morbidities.

*Information drawn from the Canadian Immunization Guide[1]

2. Why does the pneumococcal immunization program primarily target young children, older adults, and individuals at increased risk of IPD?

Pneumococcal immunization programs are focused on these populations as the risk of severe illness is highest.

Worldwide, pneumococcal disease is a major cause of morbidity and mortality. In 2019, the World Health Organization (WHO) estimated that more than 700,000 deaths among children under 5 years of age were attributable to pneumococcal disease.[1]

In Canada, IPD is most common among the very young and adults 65 years of age and older. The serotype distribution of IPD cases varies by age group and risk factors.[1] There is also regional variation in circulating serotypes.

3. What pneumococcal vaccine products are approved for use by Health Canada, and which are currently publicly funded in BC?

Table 2.* Pneumococcal vaccines currently authorized for use in Canada

Type of Vaccine	Brand Name	Abbreviation	Authorized age groups	Publicly funded in BC?
Pneumococcal Conjugate Vaccines (PCV)	SYNFLORIX	PCV10	≥ 6 weeks – 5 years	X
	PREVNAR®13	PCV13	≥ 6 weeks	X
	VAXNEUVANCE®	PCV15	≥ 6 weeks	X
	PREVNAR 20™	PCV20	≥ 6 weeks	✓
	CAPVAXIVE™	PCV21	≥ 18 years	X
Pneumococcal Polysaccharide Vaccine (PPV)	PNEUMOVAX®23**	PPV23	≥ 2 years	X

*Information drawn from the Canadian Immunization Guide[1]
**As of July 2025, PPV23 remains on the private market and is expected to be removed in the near future.

Note: Not all preparations authorized for use in Canada may be available for purchase.

4. For which serotypes does each pneumococcal vaccine authorized by Health Canada provide coverage?

See Table 3 below for the specific *S. pneumoniae* serotypes for which each pneumococcal vaccine provides protection.

Table 3.* Pneumococcal disease serotype coverage by pneumococcal vaccine

Serotype Coverage	Pneumococcal vaccines					
	PCV10	PCV13	PCV15	PCV20	PCV21	PPV23**
1	✓	✓	✓	✓		✓
4	✓	✓	✓	✓		✓
6B	✓	✓	✓	✓		✓
9V	✓	✓	✓	✓		✓
14	✓	✓	✓	✓		✓
18C	✓	✓	✓	✓		✓
19F	✓	✓	✓	✓		✓
23F	✓	✓	✓	✓		✓
5	✓	✓	✓	✓		✓
7F	✓	✓	✓	✓	✓	✓
3		✓	✓	✓	✓	✓
6A		✓	✓	✓	✓	
19A		✓	✓	✓	✓	✓
22F			✓	✓	✓	✓
33F			✓	✓	✓	✓
8				✓	✓	✓
10A				✓	✓	✓
11A				✓	✓	✓
12F				✓	✓	✓
15B				✓	✓	✓
2						✓
9N					✓	✓
17F					✓	✓
20						✓
15A					✓	
16F					✓	
20A					✓	
23A					✓	
23B					✓	
24F					✓	
31					✓	
35B					✓	

*Information drawn from the Canadian Immunization Guide[1]

**As of July 2025, PPV23 remains on the private market and will be removed in the near future.

5. As of July 2025, what are the changes to BC's pneumococcal immunization program?

As of July 2025, PCV13 and PPV23 will be replaced with a single PCV20 product in BC's publicly funded pneumococcal immunization program. Vaccination using PCV20 in BC offers increased ability to prevent IPD and its adverse outcomes via broader disease coverage in older adults and the very young in BC.

Key changes to the indications for this immunization program are listed in Table 4 below.

Table 4.* Summary of changes to BC's pneumococcal immunization program as of July 2025

While the indications for PCV20 are the same as PCV13 and PPV23, additional specificity (indicated in **bold**) has been incorporated to align with current National Advisory Committee on Immunization (NACI) recommendations, reflect updated language and terminology, enhance clarity and consistency, and support clinical-decision-making:

- **Active** malignant neoplasm (including leukemia and lymphoma)
- Anatomic or functional asplenia **(congenital or acquired) or splenic dysfunction**, including sickle cell disease and other hemoglobinopathies
- Diabetes **mellitus**
- Chronic liver disease including cirrhosis, **biliary atresia**, chronic hepatitis B **or individuals who are anti-HCV positive**
- Hematopoietic stem cell transplant (HSCT) or **Chimeric Antigen Receptor T-cell (CART) Therapy** (recipient)
- Immunocompromising conditions or immunosuppressive therapy **within the past 2 years, including use of long-term corticosteroids, chemotherapy, radiation therapy, and immunosuppressive biologics**
- Chronic heart disease **requiring regular medication/follow-up**
- Chronic lung disease, **including asthma requiring acute medical care (e.g., emergency department visit, hospitalization, or treatments such as oral steroids) in the preceding 12 months and infants born prematurely with lung impairment**
- Social, behavioural, and environmental factors:
    - Residents of **long-term care (LTC) homes or assisted living facilities**
    - People experiencing homelessness/**and those who are underhoused**
    - **Substance use disorders** (e.g., alcohol, cocaine, and injection drug use, etc.)

*Information drawn from BC Immunization Manual; see Part 4 – Biological Products, Pneumococcal Conjugate Vaccine (PCV20) for further details and eligibility for PCV20[2]

6. Will there be changes to the Product Identification Number (PIN) and Medical Services Plan (MSP) fee code for the administration of PCV20?

PIN (for pharmacists): The PIN for PCV20 is 66128549. For more information about PINs, visit Publicly funded vaccine PINs.

MSP (for physicians and nurse practitioners): Effective July 1, 2025, the description of fee item 10023 has been amended from *Pneumococcal Conjugate (PCV13)* to 10023 *Pneumococcal Conjugate*, allowing the fee item to be used for pediatric administration of any pneumococcal conjugate vaccines.

As PCV20 becomes available, please use fee item 10023 for administration of the vaccine to pediatric patients. Once PCV20 is available, please discontinue use of Pneumococcal Polysaccharide Vaccine (PPV23) in all populations. Fee item 10024 for the pediatric administration of PPV23 will no longer be applicable.

For more information about Medical Services Commission payment schedules, visit MSC Payment Schedule.

7. How is PREVNAR 20™ (PCV20) supplied?

PREVNAR 20™ is a homogeneous white suspension for intramuscular injection supplied in a single-dose pre-filled syringe containing 0.5 mL of vaccine.[3]

PREVNAR 20™ is supplied in a carton of ten single-dose pre-filled syringes, without needles.
The tip cap and plunger stopper of the pre-filled syringe are not made with natural rubber latex.[3]

8. Why does the PCV20 product packaging state that it should be stored flat or upright only, and what should I do if the vaccine has not been stored this way?

During storage of PREVNAR 20™, the vaccine may separate, with a white layer settling at the bottom of the pre-filled syringe, and a clear liquid portion staying on top. To make it easier to re-disperse (i.e., to mix again before use) the vaccine, syringes should be stored horizontally.[4]

If PREVNAR 20™ is inadvertently stored in a tip-up or tip-down orientation, the product can still be used if it is **resuspended** (see Question 9). If the vaccine cannot be resuspended, it should not be used.[4]

9. What are some considerations for preparing to administer PREVNAR 20™?

1. Vaccine resuspension: PREVNAR 20™ must be resuspended before administration. Hold the pre-filled syringe horizontally between the thumb and the forefinger and shake vigorously until the contents of the syringe are a homogenous white suspension. Do not use the vaccine if it cannot be resuspended.

See PREVNAR 20™ product monograph **section 4.4 Administration** for image depicting how to resuspend PREVNAR 20™.[4]

2. Visual inspection: Visually inspect the vaccine for large particulate matter and discoloration prior to administration. Do not use if large particulate matter or discoloration is found. If the vaccine is not a homogeneous white suspension, repeat steps 1 and 2.[4]

See the PREVNAR 20™ product monograph for details.

10. What are the differences between PCV20 and PPV23?

See Table 5 below for the key differences between PCV20 and PPV23.

Table 5.* Differences between PCV20 and PPV23	
Questions	**Answers**
What is PCV20?	PCV20 is a type of pneumococcal conjugate vaccine that protects against 20 different strains of *S. pneumoniae* bacteria. A conjugate vaccine is a type of vaccine that joins a protein to a polysaccharide antigen in order to improve the immune response to the vaccine. In the case of pneumococcal vaccines, the protein is connected to each of many unique pneumococcal polysaccharide antigens in order to provide protection against these strains. Conjugate vaccines stimulate T cells and B cells, resulting in a T cell dependent immune response. The antibodies produced include IgG, providing longer protection and immunologic memory compared to polysaccharide vaccines. Conjugate vaccines were primarily and initially designed to generate immunity and immune memory in children < 2 years of age. Pneumococcal conjugate vaccines offer more durable protection compared to pneumococcal polysaccharide vaccines, and provide a boostable response i.e., these vaccines 'prime' the immune system and subsequent vaccination or exposure results in a memory or anamnestic response.
What is PPV23?	PPV23 is a pneumococcal polysaccharide vaccine that protects against 23 types of pneumococcal bacteria that can cause serious illnesses like pneumonia, meningitis, and bacteremia. A polysaccharide vaccine is a type of vaccine that is composed of long chains of sugar molecules, called polysaccharides, which resemble the surface of certain serotypes of pneumococcal bacteria in order to help the immune system mount a response. Polysaccharide vaccines stimulate B cells without the help of T cells, resulting in a T cell independent immune response. The antibody made in response to these vaccines is mostly of the IgM class and immunologic memory is not produced. Polysaccharide vaccines are not immunogenic in children < 2 years of age. Protection induced by polysaccharide vaccines wanes faster (within 5 years of vaccination) compared to conjugate vaccines due to their T cell independent mode of action. Polysaccharide vaccines have also been associated with hyporesponsiveness (i.e., lower antibody titres against serotypes) with subsequent dosing. However, this has rarely been demonstrated to affect clinical outcomes. The conjugate vaccines have not been associated with hyporesponsiveness.
How else does PCV20 differ from PPV23?	PCV20 covers close to 90% of serotypes included in PPV23, with the additional benefit of being a conjugate vaccine and is thought to be a superior vaccine overall PPV23 is not offered to infants less than 2 years of age as it is less immunogenic in children compared to pneumococcal conjugate vaccines. While not all PPV23 serotypes are contained in PCV20, the extent to which this will result in additional cases of IPD is unclear.

*Information drawn from multiple sources[1,5–8]

11. Why is PCV20 being introduced into BC's publicly funded vaccine program instead of PCV15 or PCV21?

The decision to publicly-fund a vaccine in BC is based on several factors, including:

- NACI recommendations
- Strength of evidence
- Local epidemiology
- Cost

Table 6 and Table 7 below outline some of the key considerations in adopting a PCV20 immunization program in BC.

Table 6.* Why is PCV20 being introduced into BC's publicly funded vaccine program instead of PCV15 or PCV21?

PCV20 is publicly funded instead of PCV21 for the following reasons:

- Based on most recent epidemiology and serotype information, of the currently available higher-valent PCV products (PCV15, PCV20, PCV21), PCV20 appears to offer the highest coverage of pneumococcal serotypes causing IPD in BC for older adults and the very young. See Table 7 below.
- As of July 2025, PCV21 is only approved for use in Canada for adults 18 years of age and older.
- Replacing PCV13 and PPV23 with PCV20 allows the use of a single vaccine product across all population groups in BC, simplifying immunization program roll-out and implementation.

*Program information provided by BCCDC Immunization Program

The most common IPD serotypes in BC for 2024 per key age group (% of cases) are summarized in Table 7 below.

Table 7.* Most common IPD serotypes in BC and PCV serotype coverage by vaccine

Most common IPD serotypes in confirmed cases reported in BC for 2024 per key age group (% of cases):		**PCV vaccines that cover serotypes noted in column to left**			
		PCV13	**PCV15**	**PCV20**	**PCV21**
Aged ≥65 years	3 (17%) and 9V (15%)	✓	✓	✓	X**
Aged 5-17 years	19F (19%) and 3 (19%)	✓	✓	✓	N/A***
Aged <5 years	15B/C (19%) and 22F (19%)	X	X****	✓	N/A***

*Information about common IPD serotypes in BC provided by BCCDC Immunization Program
**PCV21 covers serotype 3 but not serotype 9V.
***As of July 2025, PCV21 is only approved for use in Canada for adults 18 years of age and older.
****PCV15 covers serotype 22F but not serotype 15B/C.

12. Will additional consent need to be obtained for PCV20 if an individual already consented to a PCV13 series? Are there any considerations when an individual was previously advised they are eligible for PPV23?

No. Individuals provide consent to receive a vaccine for the purposes of vaccine-preventable disease protection, and not for the specific serotypes for which the vaccine provides protection. Parent(s) and/or guardian(s) of children who previously consented to a routine PCV13 series should be advised of the change in vaccine product from PCV13 to PCV20, which offers broader coverage against IPD serotypes.

If a client or parent(s) and/or guardian(s) was/were previously informed that they/their child would be eligible for PPV23 based on medical risk, they should be advised that PPV23 has been replaced with PCV20, and that the number of PCV20 doses for which they would be eligible is based on their medical risk and previous immunization history.

13. What is the routine pneumococcal conjugate vaccine series schedule for children under 5 years of age?

The routine immunization schedule for infants and children 2-59 months of age (inclusive) remains the same, with the exception that PCV20 now replaces PCV13:

- Healthy infants and children: 3 doses of PCV20 given at 2, 4, and 12 months of age.
- Infants and children at increased risk of IPD: 4 doses of PCV20 at 2, 4, 6 and 12 months of age.

See Part 4 – Biological Products, Pneumococcal Conjugate Vaccine (PCV20) for further details.

14. Are healthy children who have previously completed an age-appropriate lower valency pneumococcal conjugate vaccine (e.g., PCV10, PCV13, PCV15) series eligible for PCV20?

No. Healthy children who have previously completed an age-appropriate lower valency pneumococcal conjugate vaccine series are not eligible for PCV20, as they are still considered complete for age.

15. How do I know whether an individual under 5 years of age is eligible for PCV20 based on their previous pneumococcal immunization history?

Children who started a series with a lower valency PCV (e.g., PCV13, PCV15) should complete their series with PCV20 based on their age at presentation, see Part 4 – Biological Products, Completing a Pneumococcal Conjugate Vaccine Series for further guidance.

For guidance on the immunization of children who are at increased risk of IPD and have already **completed a lower-valency PCV primary series**, see "Recommendations for children at increased risk of invasive pneumococcal disease (IPD)" in Part 4 – Biological Products, Completing a Pneumococcal Conjugate Vaccine Series.

See Table 8 below for a summary of eligibility for PCV20 for individuals 2 months to <5 years of age based on past immunization history.

Table 8.* Summary of PCV20 eligibility based on past immunization history and age	
Individuals 2 months to <5 years of age	
Eligibility criteria	**Eligible for PCV20?**
Healthy infants and children to start or complete a pneumococcal vaccine series	If not fully vaccinated with a lower-valency PCV vaccine series. See Completing a Pneumococcal Conjugate Vaccine Series.
Individuals at increased risk of invasive pneumococcal disease (IPD) due to medical conditions and social, behavioural, and environmental factors as indicated in Part 4 – Biological Products, Pneumococcal Conjugate Vaccine (PCV20)	See Completing a Pneumococcal Conjugate Vaccine Series (use the table to complete the PCV series as "high risk").

*Information drawn from BC Immunization Manual; see Part 4 – Biological Products, Pneumococcal Conjugate Vaccine (PCV20)[2]

16. How do I know if an individual 5 years of age and older is eligible for PCV20 based on their previous pneumococcal immunization history?

Individuals are eligible based on their previous pneumococcal vaccine history.

For individuals who have received previously recommended doses of pneumococcal vaccine, due to limited vaccine supply, **only those at highest medical risk** are eligible for PCV20 *regardless of* their previous PPV23 vaccination history as long as they have not yet received PCV20 or PCV21.

See Table 9 below for a summary of eligibility for PCV20 for individuals ≥5 years of age based on past immunization history. See Part 4 – Biological Products, Pneumococcal Conjugate Vaccine (PCV20) for full details.

Table 9.* Summary of PCV20 eligibility based on past immunization history and age		
Individuals ≥ 5 years of age		
Eligibility criteria	**Age**	**Eligible for PCV20?**
Individuals with one of the following high-risk medical conditions: • Anatomic or functional asplenia (congenital or acquired) or splenic dysfunction, including sickle cell disease and other hemoglobinopathies • Solid organ or islet cell transplant (candidates or recipients)	≥ 5 years	If not previously vaccinated with PCV20, PCV21, and regardless of PPV23 vaccine history.
Individuals with active malignant neoplasm	≥ 18 years	
	< 18 years	See Pediatric Oncology Clients who have Completed Treatment.
HSCT and CART therapy recipients	≥ 5 years	See Part 2 - Immunization of Special Populations, Hematopoietic Stem Cell Transplantation (HSCT) and Chimeric Antigen Receptor T-cell (CART) Therapy.
Individuals with the following medical conditions: • Chronic kidney disease • Chronic liver disease including cirrhosis, biliary atresia, chronic hepatitis B; or individuals who are anti-HCV positive • 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 • Immunocompromising conditions or immunosuppressive therapy within the past 2 years, including use of long-term corticosteroids, chemotherapy, radiation therapy, and immunosuppressive biologics	≥ 5 years	If not previously vaccinated with PCV20, PCV21 or 2 doses of PPV23 provided 5 years apart.
Individuals living with HIV	≥ 5 years	If not previously vaccinated with PCV20, PCV21; or PCV 13 and 2 doses of PPV23 provided 5 years apart.
Healthy individuals	≥ 65 years	If not previously vaccinated with PCV20, PCV21 or PPV23.
Individuals with the following medical conditions: • Chronic cerebrospinal fluid (CSF) leak • Chronic heart disease requiring regular medication/follow-up • Chronic lung disease, including asthma requiring acute medical care (e.g., emergency department visit, hospitalization, or treatments such as oral steroids) in the preceding 12 months and infants born prematurely with ongoing lung impairment • Chronic neurological conditions that may impair clearance of oral secretions • Cochlear implant (candidate or recipient) • Cystic Fibrosis • Diabetes Mellitus	≥ 5 years	
Individuals with social, behavioural, and environmental factors: • People experiencing homelessness and those who are underhoused • Residents of long-term care (LTC) homes or assisted living facilities • Substance use disorders (e.g., alcohol, cocaine, and injection drug use, etc.)	≥ 5 years	

*Information drawn from BC Immunization Manual; see Part 4 – Biological Products, Pneumococcal Conjugate Vaccine (PCV20)[2]

17. Is a PCV20 booster recommended?

For individuals who have received PCV20 and/or completed a primary series with PCV20, no additional doses are recommended at this time as it is not known whether additional doses will confer an added benefit.[1]

18. Is re-immunization with PCV20 vaccine following the completion of an age-appropriate PCV series recommended?

Only HSCT and CART therapy recipients require re-immunization after treatment if they had received immunization prior to treatment, as the recipient's immune memory may be lost following treatment. See Part 2 - Immunization of Special Populations, Hematopoietic Stem Cell Transplantation (HSCT) and Chimeric Antigen Receptor T-cell (CART) Therapy.[9]

All other immunocompromised individuals should be immunized according to past immunization history and review of recommendations within Part 2 – Immunization of Special Populations, Specific Immunocompromising Conditions and Part 4 – Biological Products, Pneumococcal Conjugate Vaccine (PCV20).[2,10]

Healthy infants and children 2-59 months of age who completed a pneumococcal vaccine series are not eligible to restart a series with PCV20. As per Part 4 – Biological Products, Completing a Pneumococcal Conjugate Vaccine Series, when an individual is identified at increased risk for IPD after completion of a PCV series that includes PCV20 in infants and children in this age group, no further doses are recommended, except for specific conditions outlined in Part 2 – Immunization of Special Populations (e.g., HSCT recipients).[11]

19. Can PCV20 be administered concurrently with other vaccines?

Pneumococcal vaccines may be administered concurrently with other vaccines, **except for a different formulation of pneumococcal vaccine** (e.g., concurrent use of conjugate and polysaccharide).[8] For more information about the recommended interval between pneumococcal vaccines, see Question 20.

20. What is the recommended interval between pneumococcal vaccines?

The recommended interval between PPV23 and subsequent conjugate vaccine (e.g., PCV20) is 1 year; however, an interval as short as 8 weeks may be considered in those who might be anticipating initiation of immunosuppressive treatments or who have diseases that might lead to immunodeficiency.

21. If I have received PCV20 and still have unexpired PCV13 and PPV23 available, can I continue to offer PCV13 and PPV23?

If PCV20 is available in your clinic, PCV13 and PPV23 should not be used. See Question 23 for what to do with unused PCV13 and PPV23.

22. What if I have not yet received PCV20 but have PCV13 and PPV23 available?

As BC transitions to this new program, there may be need to utilize PCV13 and/or PPV23 until PCV20 is fully stocked in BC. PCV20 should be available throughout BC within the coming weeks.

To support autonomous nursing practice, PCV13 and PPV23 product pages will remain in the BC Immunization Manual until clinics in BC are stocked with PCV20. Once PCV20 is received, PCV13 and PPV23 should no longer be used and should be returned per Question 23.

If PCV20 is not available, as part of informed consent, it is important to discuss the risks, benefits and individual circumstances related to deferring pneumococcal immunization until PCV20 is available. Doing so will support clients in making an informed choice.

Considerations surrounding the receipt of PCV13 (or PPV23, if eligible) versus deferring pneumococcal immunization until PCV20 becomes available include:

- Risk of exposure to *S. pneumoniae*
- Potential severity of IPD
- Receiving PCV13 and/or PPV23 may make individuals ineligible for PCV20
- PCV20 offers better protection compared to PCV13 and PPV23

For individuals eligible for PCV20 as part of a routine childhood primary series when only PCV13 is available: PCV doses needed as part of a routine childhood primary series should be given at the recommended ages to ensure immune system priming. However, in general, it is preferred that the final dose, given on or after 1 year of age, be deferred until PCV20 is available. This will offer broader IPD serotype protection.

For other individuals eligible for PCV20 when only PCV13 and PPV23 are available: In general, deferring immunization until PCV20 becomes available is preferred, as it will offer better protection.

23. What should community vaccine providers do with unused PCV13 and PPV23?

Once PCV20 is received, as per standard processes, unused PCV13 and PPV23 can be returned to local public health units or community health centres. Local public health units and community health centres will return unused PCV13 and PPV23 vaccines to the vaccine distribution centre and will document this in Panorama.

Note: Maintenance of cold chain is not required when returning PCV13 and PPV23.

24. If individuals are interested in purchasing a pneumococcal vaccine, which pneumococcal vaccines are recommended by the National Advisory Committee on Immunization (NACI)?

PCV20 and PCV21 both broaden the range of protection but provide different serotype coverage. Some groups develop IPD caused by serotypes that may not be included in both PCV20 and PCV21 vaccines, so the benefit of each vaccine can differ in different age groups and populations due to varying serotype distribution.[12] As of July 2025, PCV21 is only approved for use in Canada for adults 18 years of age and older.

NACI's recommendations are focused on public health program level decision making. Thus, NACI recommendations are intended to guide public health level rather than individual level decision-making.[8] Clients who wish to purchase additional PCV may wish to discuss this with their primary care provider.

References

1. Public Health Agency of Canada. Pneumococcal vaccines: Canadian Immunization Guide. Published July 18, 2007. Accessed April 22, 2025. https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-16-pneumococcal-vaccine.html

2. BCCDC. Part 4 - Biological Products, Pneumococcal Conjugate Vaccine (PCV20). http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part4/PCV20.pdf

3. Pfizer Canada. Pfizer Medical Information. Pfizer medical information. Accessed June 10, 2025. https://www.pfizermedicalinformation.ca/en/prevnar-20/6-dosage-forms-strengths-composition-and-packaging-en

4. Pfizer Canada. Prevnar 20 Product Monograph. https://webfiles.pfizer.com/file/eaacb9cc-8b8c-4ddf-af69-93e374730387?referrer=ccb731e5-4f2d-4f4a-b2dc-e5e912145fc6

5. Immunize.org. Ask The Experts About Vaccines: Pneumococcal. Immunize.org. Accessed June 12, 2025. http://www.immunize.org/ask-experts/topic/pneumococcal/

6. O'Brien KL, Hochman M, Goldblatt D. Combined schedules of pneumococcal conjugate and polysaccharide vaccines: is hyporesponsiveness an issue? *Lancet Infect Dis*. 2007;7(9):597-606. doi:10.1016/S1473-3099(07)70210-4

7. BCCDC. Communicable Disease Control Manual Chapter 2: Immunization Appendix F - Principles of Immunology. http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Appendix_F_PrinciplesImmunology.pdf

8. National Advisory Committee on Immunization (NACI). Public health level recommendations on the use of pneumococcal vaccines in adults, including the use of 15-valent and 20-valent conjugate vaccines. https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/public-health-level-recommendations-use-pneumococcal-vaccines-adults-including-use-15-valent-20-valent-conjugate-vaccines/recommendations-use-pneumococcal-vaccines-adults-15-20-valent-conjugate.pdf

9. BCCDC. Hematopoietic Stem Cell Transplantation (HSCT) and Chimeric Antigen Receptor T-cell (CART) Therapy. http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HSCT.pdf

10. BCCDC. Part 2: Immunization of Special Populations, Specific Immunocompromising conditions. http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations

11. BCCDC. Completing a Pneumococcal Conjugate Vaccine Series. http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part4/CompletingPCVSeries.pdf

12. National Advisory Committee on Immunization (NACI). Recommendations on the use of pneumococcal vaccines in adults, including PNEU-C-21. https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-recommendations-use-pneumococcal-vaccines-adults-pneu-c-21/naci-statement-2024-11-15.pdf