

Prevnar-20 and Vaxneuvance is now funded publicly – for some patients

Prevnar-20 and Vaxneuvance is now included in the publicly funded immunization schedule for Ontario to reduce invasive pneumococcal disease (IPD). However, publicly funded Prevnar-20 may not be available to some patients who agree to have their pneumococcal vaccines updated per NACI recommendations. An updated document of the Ontario immunization schedule including the new vaccines is pending.

NACI recommendations		Eligibility for publicly funded vaccine depends on:		
		Prevnar-20 for Age 65+	Prevnar-20 for Age 50-64 High Risk	Prevnar-20 for Age 18-49 High Risk
ADULT <ul style="list-style-type: none"> Age 65+ Age 50-64 with underlying medical conditions and/or risk factors for IPD Age 18+, immunocompromised 		Eligibility for publicly funded vaccine depends on: <ol style="list-style-type: none"> Age Risk criteria^a (type of risk factor for IPD) <ul style="list-style-type: none"> Criteria 1-7 (e.g. asplenia, immunocompromised, HIV, transplants) Criteria 8-9 (e.g. cirrhosis, CKD) Criteria 10-17 (e.g. diabetes, cardiac/liver/resp disease, NH residents) HSCT recipients^b # Pneumovax-23 (Pn23) doses already received, and # Prevnar-13 dose received # Pneumovax-23 (Pn23) doses already received at age≥65 		
If no previous pneumococcal vaccine	Prevnar-20 x 1 dose	Yes	Yes	Yes
If only Prevnar-13 received	Prevnar-20 x 1 dose, 1 yr ^c later	Yes	Yes	Yes
If only Pneumovax-23 received	Prevnar-20 x 1 dose, 5 yrs ^d later	Routine (low risk): Yes... If Pn23 received at age<65	--	--
		Criteria 1-7: Yes	Criteria 1-7: Yes	Criteria 1-7: Yes... If Pn23 <2 doses
		Criteria 8-9: Yes... If Pn23 <3 doses, OR all Pn23 doses given at age<65	Criteria 8-9: Yes... If Pn23 <2 doses	Criteria 8-9: Yes... If Pn23 <2 doses
		Criteria 10-17: Yes... If Pn23 <2 doses, OR all Pn23 doses given at age<65	Criteria 10-17: No	Criteria: 10-17: No
If Prevnar-13 and Pneumovax-23 received	Prevnar-20 x 1 dose 5yrs ^d later, after last pneumococcal vaccine dose	Routine (low risk): Yes... If Pn23 received at age<65	--	--
		Criteria 1-7: Yes... If Pn23 <3 doses, OR all Pn23 doses given at age<65	Criteria 1-7: Yes... If Pn23 <2 doses	Criteria 1-7: Yes... If Pn23 <2 doses
		Criteria 8-9: Yes... If Pn23 <3 doses, OR all Pn23 doses given at age<65	Criteria 8-9: Yes... If Pn23 <2 doses	Criteria 8-9: Yes... If Pn23 <2 doses
		Criteria 10-17: Yes... If Pn23 <2 doses OR all Pn23 doses given at age<65	Criteria 10-17: No	Criteria 10-17: No

NACI recommendations		Publicly funded vaccine program	
		Vaxneuvance	Prevnar-20
PEDIATRIC • Age 6 wks to 4yrs, routine vaccination, no risk factors for IPD			
If no previous pneumococcal vaccine	Offer Vaxneuvance OR Prevnar-20 series 1 or more doses depending on age	Yes Give 1 or more doses depending on age (Table 3)	--
If incomplete Prevnar-13 series	Offer to complete series with Vaxneuvance or Prevnar-20	Yes	--
If completed Prevnar-13 series	No additional Vaxneuvance or Prevnar-20 recommended	No	--
PEDIATRIC • Age <18, at high risk of IPD due medical, environmental or living conditions		Prevnar-20 for High Risk, Age 6wk-4yr	Prevnar-20 for High Risk, Age 5-17yr
If no previous pneumococcal vaccine	Prevnar-20 series 1 or more doses depending on age	Yes Give 1 or more doses depending on age (Table 4)	Yes 1 dose
If incomplete Prevnar-13 series	Complete series with Prevnar-20	Yes	Criteria 1-7: Yes... If Pn23 <2 doses Criteria 8-9: Yes... If Pn23 <2 doses Criteria 10-17: No
If completed Prevnar-13 series, and received Pneumovax-23	Offer Prevnar-20 x 1 dose, after last pneumococcal dose, 8 wk after last Prevnar-13, or 1yr after last Pneumovax-23	Criteria 1-7: Yes... If Pn23 <2 doses Criteria 8-9: Yes... If Pn23 <2 doses Criteria 10-17: No	No

^a High risk criteria for IPD

- Asplenia (functional or anatomic), splenic dysfunction
- Congenital (primary) 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
- HIV infection
- Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy
- Malignant neoplasms, including leukemia and lymphoma
- Sickle-cell disease and other sickle cell hemoglobinopathies
- Solid organ or islet cell transplant (recipient)
- Hepatic cirrhosis due to any cause
- Chronic renal disease, including nephrotic syndrome
- Chronic cardiac disease
- Chronic liver disease, including hepatitis B and C
- Chronic respiratory disease, excluding asthma, except those treated with high-dose corticosteroid therapy
- Chronic neurologic conditions that may impair clearance of oral secretions
- Diabetes mellitus
- Cochlear implant recipients (pre/post implant)
- Chronic cerebral spinal fluid leak
- Residents of nursing homes, homes for the aged and chronic care facilities or wards

^b HSCT recipients not discussed in this chart. See references 4-6.

^c Minimum interval 8 wks, if immunocompromised, or more time-effective schedule needed (NACI)

^d Minimum interval 1 yr (MOH)

References

- NACI 2023. [Public health level recommendations on the use of pneumococcal vaccines in adults, including the use of 15-valent and 20-valent conjugate vaccines](#)
- NACI 2024. [Recommendations for public health programs on the use of pneumococcal vaccines in children, including the use of 15-valent and 20-valent conjugate vaccines.](#)
- Toronto Public Health (July 17, 2024, email communication). Changes to Ministry of Health's Pneumococcal Vaccine Program.
- Ministry of Health (June 2024). [HCP Fact Sheet: pneumococcal conjugate vaccine for individuals aged 65 years and older.](#)
- Ministry of Health (June 2024). [HCP Fact Sheet: pneumococcal conjugate vaccine for individuals aged 5-64 years at high risk for IPD.](#)
- Ministry of Health (June 2024). [HCP Fact Sheet: pneumococcal conjugate vaccines for children aged 6 wks to 4 yrs.](#)