Health, Seniors and Long-Term Care
Public Health
300 Carlton Street
Winnipeg, Manitoba Canada R3B 3M9

June 27, 2024

Re: Updates to the Pneumococcal Immunization Program for Children and Adults

Dear Health Care Provider,

The Manitoba Immunization Program is completing the transition from the previous pneumococcal vaccines (Pneu-C-13 [Prevnar®13] and Pneu-P-23 [Pneumovax® 23]) to the newer conjugate vaccines. The routine pediatric schedule will use Pneu-C-15 [Vaxneuvance®], as previously communicated. The high-risk pediatric schedule, routine adult schedule (for individuals 65 years and older), and high-risk adult schedule will all use Pneu-C-20 [Prevnar 20®].

The updated pneumococcal vaccine eligibility criteria are available at: https://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html French web updates will be available shortly. Please see a summary of the updated eligibility criteria on the next page.

Routine Immunization Schedules and Immunization Schedules for Adults Not Previously Immunized were updated and posted here:

- https://www.gov.mb.ca/health/publichealth/cdc/div/schedules.html
- https://www.gov.mb.ca/health/publichealth/cdc/div/not.html

Vaccine factsheets and resources, including an FAQ for health care providers, are available on the Pneumococcal Disease Page at: https://www.gov.mb.ca/health/publichealth/diseases/pneumococcal.html

As a reminder, tariff codes are as follows:

- Pneumococcal Conjugate-15-Valent (Pneu-C-15): 8222
- Pneumococcal Conjugate-20-Valent (Pneu-C-20): 8223

Pneu-C-15 and Pneu-C-20 are available to order through the Order Form (https://www.gov.mb.ca/health/publichealth/cdc/protocol/vaccinebiologics.pdf) and through PHIMS, where applicable. Providers can transition to both vaccines as soon as they receive stock. Any remaining Pneu-C-13 and Pneu-P-23 stock can be returned using the regular processes (https://www.gov.mb.ca/health/publichealth/cdc/div/docs/vbrpp.pdf).

Age and risk factors for IPD	Immunization history	Recommended vaccine and intervals between doses
Children 2 months to ≤ 23 months of age <u>without</u> risk factors for IPD	Not previously immunized or vaccination status unknown	**Pneu-C-15**: **3 doses** (2, 4 and 12 months of age) *If a schedule was started with Pneu-C-13, it does not need to be repeated and can be completed with Pneu-C-15*
Children 24 months to ≤ 59 months of age <u>without</u> risk factors for IPD	Not previously immunized or if vaccine series is incomplete	**Pneu-C-15: 1 dose**
Children 2 months to ≤ 23 months of age at high risk of invasive pneumococcal disease* and/or living in First Nations communities.	Not previously immunized or vaccination status unknown	**Pneu-C-20: 4 doses** (2, 4, 6 and 18 months of age). *If a schedule was started with Pneu-C-13, it does not need to be repeated and can be completed with Pneu-C-20*
Individuals 24 months to 64 years of age at high risk of invasive pneumococcal disease*	Not previously immunized or vaccination status unknown	**Pneu-C-20: 1 dose**
	Previously immunized with Pneu-C-13	**Pneu-C-20: 1 dose** at least 8 weeks after any previous dose
	Previously immunized with Pneu-P-23	**Pneu-C-20: 1 dose** at least 5 years after any previous dose
Individuals ≥ 65 years of age <u>without</u> risk factors for IPD	Not previously immunized with Pneu-P-23 or Pneu-C-20, or vaccination status unknown	**Pneu-C-20: 1 dose**
	Previously immunized with Pneu-P-23 alone after turning 65 or 1 dose of Pneu-C-20	No additional doses. Vaccines are complete
Individuals ≥ 65 years of age with the following medical conditions: • Asplenia (functional or anatomic); • Sickle cell disease; • Hepatic cirrhosis; • Chronic renal failure; • Nephrotic syndrome; • HIV infection; • Immunosuppression related to disease or therapy	Not previously immunized with Pneu-P-23 or Pneu-C-20, or vaccination status unknown	**Pneu-C-20: 1 dose**
	Previously immunized with Pneu-P-23 after turning 65	**Pneu-C-20: 1 dose** at least 5 years after any previous dose
	Previously immunized with 1 dose of Pneu-C-20	No additional doses. Vaccines are complete
Patients of any age currently under the care of a haematologist or oncologist from Cancer Care Manitoba (CCMB) with the following conditions: • Malignant neoplasms (solid tissue and haematological) including leukemia and lymphoma, or clonal blood disorder, and who will receive or have completed immunosuppressive therapy including chemotherapy or radiation therapy, **<u>or</u>** • Hypo- or asplenic (Sickle Cell Disease, etc.)		CCMB directed Immunization Schedule

The high-risk criteria for invasive pneumococcal disease are as follows:

- Chronic cerebral spinal fluid (CSF) leak
- Chronic neurologic condition that may impair clearance of oral secretions
- Cochlear implants (including those who are to receive implants)
- Chronic cardiac or pulmonary disease
- Diabetes mellitus
- Asplenia (functional or anatomic)
- Hemoglobinopathies
- HIV infection
- 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, post-organ transplant therapy, and certain anti-rheumatic drugs
- Chronic kidney disease, including nephrotic syndrome
- Chronic liver disease (including hepatic cirrhosis due to any cause)
- Solid organ or islet transplant (candidate or recipient)
- Residents of a personal care home or a long-term care facility OR in residential care due to complex medical needs
- Persons with alcoholism
- Persons who are homeless
- Persons who use illicit drugs
- Hematopoietic stem cell transplant recipient (as per CancerCare Manitoba Blood and Marrow Transplant (BMT) Immunization Schedule)

Any questions regarding these changes can be emailed to vaccines@gov.mb.ca. Please share this information with all relevant colleagues in your facility.

Sincerely,

Richard Baydack, PhD
Director
Communicable Disease Control

Natalie Casaclang, MD, CCFP, FRCPC
Medical Officer of Health,
Population and Public Health