Pneumococcal Vaccine, 15-valent Conjugate (Pneu-C15): Vaxneuvance®

Implementation Date: June 24, 2024

Please consult the Product Monograph for further information about the product.			
	Vaxneuvance [®] Pneumococ	cal 15-valent Conjugate Vaccine (Pneu-C15)	
Manufacturer	Merck Canada Inc.		
Licensed use	Individuals 6 weeks of age	e and older. ⁽¹⁾	
Off-license use	None		
Indications for use of provincially funded vaccine	Children two months up to and including 59 months of age who are not considered high risk for invasive pneumococcal disease (IPD).		
	Note: Regardless of previous IPD, pneumococcal conjugate vaccine is recommended. If a series is interrupted due to IPD, the series should be continued once the individual has recovered. For disease investigation and reporting requirements, refer to <u>Public Health Notifiable</u> <u>Disease Management Guidelines – Invasive Pneumococcal Disease.</u> ⁽²⁾		
Dose	0.5 mL ⁽¹⁾		
Route	Intramuscular injection ⁽¹⁾		
Schedule	Healthy children who started a series with another pneumococcal conjugate vaccine (i.e., Pneu-C, Pneu-C10 or Pneu-C13) should complete their series with Pneu-C15 conjugate vaccine. Previous doses will be counted, and the series will not be restarted. ⁽³⁾		
	Healthy Children – Routine Schedule ⁽⁴⁾		
	Starting immunization at:		
	2 months up to and including 11 months of age (3 doses)	 Dose 1: two months of age Dose 2: four months of age Dose 3: 12 months of age. 	
	12 months up to and including 23 months of age (2 doses)	 Dose 1: primary dose - day 0 Dose 2: reinforcing dose - eight weeks after 1st dose 	
	24 months up to and including 59 months of age	✤ 1 dose	
	 Dose 1 may be administered to infants as early as six weeks of age.⁽¹⁾ The recommended interval between doses 1 and 2 for children younger than one year of age is eight weeks. However, the interval may be shortened to four weeks.⁽¹⁾ 		

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	• For children 2 months up to and including 11 months of age, the third dose should	
	be given in the second year of life (12 months of age or older) ^(3,4) , and at least 8 weeks from second dose. ⁽¹⁾	
	• The minimum interval between doses for children receiving immunization after 12 months of age is eight weeks. ⁽¹⁾	
	Note:	
	• For individuals that belong to a population that puts them at <u>higher risk of IPV</u> , the series should be completed with Pneu-C20, following the appropriate number of doses and intervals for Pneu-C20. ^(3,4)	
	 An individual who does not belong to a population that puts them at <u>a higher risk</u> of IPD and who previously completed a pneumococcal conjugate vaccine series is considered up to date and is not eligible for any additional doses.⁽⁴⁾ 	
	• Children who are eligible for Pneu-C20 may receive Pneu-C15 in the event Pneu-C20 supply is not available. Once Pneu-C20 supply is available, eligible children can receive Pneu-C20 following that vaccine's schedule to complete their pneumococcal series. Previous doses will be counted, and the series will not be restarted. ⁽⁴⁾	
High-risk populations	Children and adults who belong to one or more of the populations listed below may be at a higher risk for IPD and should receive Pneu-C20 vaccine instead of Pneu-C15. ^(3,4)	
	Populations with sustained high rates of IPD:	
	 Residents of continuing care homes and senior supportive living accommodations 	
	First Nations, Métis, and Inuit peoples, regardless of where they live	
	Individuals with the following medical conditions:	
	 Asplenia/hyposplenism (functional or anatomic)^(3,5) <u>See Special Situations for</u> <u>Immunization – Immunization of Specific Populations</u> 	
	 Chronic cardiac disease (including congenital heart disease and cyanotic heart disease).^(3,5) 	
	Chronic cerebral spinal fluid (CSF) leak. ^(3,5)	
	• Chronic liver disease (including biliary atresia, fatty liver, hepatitis B and C and hepatic cirrhosis due to any cause). ^(3,5)	
	• Chronic neurologic condition that may impair clearance of oral secretions. ^(3,5)	
	• Chronic pulmonary disease (including asthma requiring medical treatment within the last 12 months regardless of whether they are on high dose steroids). ^(3,5)	
	• Chronic renal disease, including nephrotic syndrome, on dialysis, or with renal transplant. ^(3,5)	
	Cochlear implants (candidates and recipients). ^(3,5)	
	• 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. ^(3,5)	
	• Diabetes mellitus. ^(3,5)	
	Hematopoietic stem cell transplant (HSCT) and/or CAR T-cell therapy recipients. ^(3,5) See - <u>Immunization for Child Hematopoietic Stem Cell</u> <u>Transplant Recipients</u> or <u>Immunization for Adult Hematopoietic Stem Cell</u>	
	Transplant Recipients.	

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	• HIV infection. ^(3,5)	
	 Immunosuppressive therapy including: ^(3–5) 	
	 long-term use of corticosteroids, 	
	 chemotherapy (undergoing or anticipating), 	
	 radiation therapy (undergoing or anticipating), 	
	 post-organ transplant therapy, 	
	 biologic and non-biologic immunosuppressive therapies for: 	
	 inflammatory arthropathies, e.g., systemic lupus erythematosus (SLE), rheumatoid or juvenile arthritis, inflammatory dermatological conditions, e.g., psoriasis, severe atopic dermatitis and eczema, and inflammatory bowel disease, e.g., Crohn's disease, ulcerative colitis 	
	Note: Individuals prescribed eculizumab (Soliris [®]) or other complement C5 inhibitors are at increased risk of serious infections, especially with encapsulated bacteria, such as <i>Streptococcus pneumoniae;</i> ⁽⁶⁾ therefore, they should receive Pneu-C20 at least two weeks before receiving the first doses of complement C5 inhibitors, if possible. ⁽⁴⁾	
	For additional information see: Immunization of Specific Populations.	
	 Malignant hematologic disorders (affecting the bone marrow or lymphatic system) including leukemia, lymphoma, Hodgkin's disease and multiple myeloma.^(3,5) 	
	• Malignant solid organ tumors either currently or within past 5 years ^(3,5)	
	• Sickle-cell disease and other hemoglobinopathies. ^(3,5)	
	 Solid organ or islet transplant (SOT) candidates and recipients.^(3,5) See <u>Immunization for Children Expecting Solid Organ Transplant before 18</u> <u>Months of Age (Accelerated)</u> and <u>Immunization for Children Expecting Solid</u> <u>Organ Transplant at 18 Months of Age or Older (Catch-up Schedule)</u> or <u>Immunization for Adult Solid Organ Transplant Candidates and Recipients.</u> 	
	Individuals who:	
	Have an alcohol use disorder ⁽⁵⁾	
	Use illicit drugs ⁽⁵⁾	
	• Smoke ⁽⁵⁾ or vape	
	 Have poor indoor air quality in the home (including, but not limited to, second- hand smoke, wood fired stoves) 	
	• Are experiencing houselessness ^(3,5)	
	 Definition: At the time of immunization assessment, the individual did not have an address or home (apartment, townhouse, etc.). This would include people staying in shelters, cars, etc. 	
Contraindications	• History of a severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine or any diphtheria toxoid-containing vaccine. ⁽¹⁾	
Precautions	Pneu-C15 will not protect against <i>S. pneumoniae</i> serotypes not included in the vaccine. ⁽¹⁾	
Program notes	• July 1, 2024 – Introduced into routine program for children replacing Pneu-C13.	

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