**Rationale for Update:**
- Clarifying eligibility for individuals with cancer and past history of cancer.

Please consult the Product Monograph for further information about the product.

<table>
<thead>
<tr>
<th>PNEUMOVAX® 23</th>
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<tbody>
<tr>
<td><strong>Manufacturer</strong></td>
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<tr>
<td><strong>Licensed use</strong></td>
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<td><strong>Off-license use</strong></td>
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**Indications for use of provincially funded vaccine**
- All individuals 65 years of age and older.
  - **Note:** All individuals should receive one dose of Pneu-P-23 after they turn 65 years of age – as long as 5 years have passed since a previous Pneu-P-23, regardless of their prior immunization history.
- All residents of long-term facilities
- All individuals 2 years of age and older with:
  - Alcoholism.
  - Asplenia/hyposplenism (functional or anatomic).
  - Chronic cardiac disease.
  - Chronic cerebral spinal fluid (CSF) leak.
  - Chronic liver disease, including hepatic cirrhosis due to any cause, hepatitis B carriers and hepatitis C infection.
  - Chronic neurologic conditions that may impair clearance of oral secretions.
  - Chronic pulmonary disease (including asthma requiring medical treatment within the last 12 months regardless of whether they are on high dose steroids).
  - Chronic renal disease, including nephrotic syndrome.
  - Cochlear implants (candidates and recipients).
  - Congenital immune deficiencies 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.
  - Diabetes mellitus.
  - Hematopoietic stem cell transplant (HSCT) recipients. See: [Immunization for Child Hematopoietic Stem Cell Transplant Recipients](#) and [Immunization for Adult Hematopoietic Stem Cell Transplant Recipients](#).
  - HIV infection.
- **Immunosuppressive therapy including:**
  - use of long term corticosteroids,
  - chemotherapy,
  - radiation therapy,
  - 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®) are at increased risk of serious infections, especially with encapsulated bacteria, such as *Streptococcus pneumoniae*, therefore, they should receive pneumococcal polysaccharide vaccine at least eight weeks after receiving Prevnar® 13. See scheduling for further spacing information.

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 non-Hodgkin’s lymphomas, and multiple myeloma.
- Malignant solid organ tumors either currently or within past 5 years.
- Living in homeless/chronically disadvantaged situations:
  - Definition: At the time of diagnosis, the individual did not have an address or home (apartment, townhouse, etc.). This would include people staying in shelters, cars, etc.
  - Document “No Fixed Address” under home address. If the individual is using a friend/relative’s mailing address, it can be included in brackets under home address.
- Sickle cell disease and other hemoglobinopathies.
- Solid organ or islet transplant (SOT) candidates and recipients

Pneumococcal conjugate vaccine may also be recommended for individuals at highest risk of invasive pneumococcal disease (IPD).

See Biological Products: [Pneumococcal 13-valent Conjugate Vaccine](#) for these risk groups.

### Post-exposure

Previous IPD does not confer immunity or preclude immunization with pneumococcal vaccine.

For disease investigation and reporting requirements refer to [Public Health Notifiable Disease Management Guidelines – Invasive Pneumococcal Disease](#).

<table>
<thead>
<tr>
<th>Dose</th>
<th>0.5 mL</th>
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<tbody>
<tr>
<td>Route</td>
<td>Intramuscular or subcutaneous injection</td>
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<tr>
<td><strong>Schedule</strong></td>
<td><strong>One dose for most individuals</strong></td>
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<tr>
<td><strong>Notes:</strong></td>
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<tr>
<td>• If possible, vaccine should be administered at least 14 days before splenectomy or initiation of immunosuppressive therapy.³</td>
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<td>• If vaccine cannot be administered before initiation of immunosuppressive therapy, generally a period of at least 3 months should elapse between therapy cessation and the vaccine.³</td>
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<td>➢ If immunosuppressive therapy will be long term/ongoing and/or for those with malignant solid organ tumors or malignant hematological disorders, currently undergoing immunosuppressive therapy the vaccine should be administered as soon as possible.³</td>
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<tr>
<td>• When both pneumococcal conjugate vaccine and pneumococcal polysaccharide vaccine are indicated, the pneumococcal conjugate vaccine should be administered first with a minimum interval of at least eight weeks between the two vaccines.³ However, if pneumococcal polysaccharide vaccine has already been administered, there must be an interval between doses as specified below:</td>
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<tr>
<td>• Children 2 – 17 years of age: pneumococcal conjugate vaccine may be administered with a minimal interval of at least three months after the pneumococcal polysaccharide vaccine.³⁷⁸</td>
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<tr>
<td>• Adults 18 years of age and older: pneumococcal conjugate vaccine may be administered with a minimal interval of at least one year after the pneumococcal polysaccharide vaccine.³⁹¹⁰</td>
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<td><strong>Reinforcing dose:</strong> A one-time reinforcing dose should be offered 5 years later to those who have:</td>
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<tr>
<td>• Asplenia/hyposplenism (functional or anatomic).¹²³</td>
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<td>• Chronic renal failure or nephrotic syndrome.¹²³</td>
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<td>• Chronic liver disease including hepatic cirrhosis.²</td>
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<td>• Congenital immunodeficiencies involving any part of the immune system.²³</td>
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<td>• HIV infection.¹²³</td>
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<td>• HSCT recipients may be an exception to this recommendation – see:</td>
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<tr>
<td>➢ <a href="#">Immunization for Child Hematopoietic Stem Cell Transplant Recipients</a> and</td>
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<td>➢ <a href="#">Immunization for Adult Hematopoietic Stem Cell Transplant Recipients</a></td>
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<tr>
<td>• Immunosuppression related to therapy including:³</td>
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<td>➢ use of long term corticosteroids,</td>
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<td>➢ post-organ transplant therapy,</td>
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<td>o inflammatory arthropathies, e.g. systemic lupus erythematosus (SLE), rheumatoid or juvenile arthritis,</td>
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- Malignant hematological disorders (affecting the bone marrow or lymphatic system) including leukemia, lymphoma Hodgkin’s disease and non-Hodgkin’s lymphoma and multiple myeloma\textsuperscript{1,2,3}
- Sickle cell disease\textsuperscript{1,2,3}
- SOT candidates and recipients - see:
  - Immunization for Children Expecting Solid Organ Transplant at 18 Months of Age or Older (Catch-up Schedule) and
  - Immunization for Adult Solid Organ Transplant Candidates and Recipients.\textsuperscript{1,2,3}

Notes: Individuals with underlying medical conditions would be eligible for a dose after turning 65 years of age – as long as 5 years have passed since a previous Pneumo-P, regardless of their prior immunization history.\textsuperscript{2,8}

Pneumococcal conjugate vaccine may also be recommended for individuals at highest risk of IPD. See Pneumococcal 13-valent Conjugate Vaccine: Prevnar\textsuperscript{® 13} for risk groups.

### Contraindications
- Known severe hypersensitivity to any component of Pneumovax\textsuperscript{® 23}.
- Anaphylactic or other allergic reaction to a previous dose of vaccine containing pneumococcal antigen

### Precautions
- Pneumovax\textsuperscript{® 23} will only protect against serotypes of \textit{S. pneumoniae} that are contained in the vaccine. It will not protect against other micro-organisms that cause invasive infection, otitis media and pneumonia.\textsuperscript{1}
- If antibiotics for prophylaxis against pneumococcal infection are required, these should not be discontinued after immunization with Pneumovax\textsuperscript{® 23}.\textsuperscript{11}
- Pneumococcal vaccine should be given at least 14 days prior to initiation of immunosuppressive therapy (cancer chemotherapy and other immunosuppressive therapies)\textsuperscript{1,3} when possible.

### Possible reactions
See Product Monograph

### Pregnancy
Pregnant women with conditions that are a risk for IPD should receive pneumococcal vaccine as indicated.\textsuperscript{3}

### Lactation
Breastfeeding women with conditions that are a risk for IPD should receive pneumococcal vaccine as indicated.\textsuperscript{3}

### Program Notes
- 1997 April – Pneumovax\textsuperscript{® 23} and Pneumo 23\textsuperscript{®} Pneumococcal polysaccharide vaccine introduced into program for high risk groups except 65 years of age and older. End date for Pneumo 23\textsuperscript{®} 2008-09.
- 1998 Fall – Pneumococcal polysaccharide vaccine for individuals 65 years of age and older.
- 2014 October – Illicit drug use added to indications.
- 2015 February 10 – Expanded indication for immunosuppressive therapy regarding medication Solaris\textsuperscript{®}
- 2019 January 1 – Vaccine becomes available at pharmacies for healthy individuals age 65 years of age and older.
References


