



SUMMARY OF THE NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) STATEMENT OF MARCH 11, 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



Également disponible en français sous le titre :

Recommandations pour les programmes de santé publique concernant l'utilisation de vaccins contre le pneumocoque chez les enfants, y compris l'utilisation des vaccins conjugués 15-valent et 20-valent

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Publication date: March 2024

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Cat.: HP5-239/2-2024E-PDF

ISBN: 978-0-660-70389-3

Pub.: 230767

OVERVIEW

- Health Canada extended the authorized age range for two pneumococcal vaccines to children 6 weeks to 17 years of age: Pneu-C-15 vaccine (Vaxneuvance®) on July 8, 2022, and Pneu-C-20 vaccine (Prevnar 20®) on July 23, 2023.
- On March 11, 2024, the Public Health Agency of Canada (PHAC) released the National Advisory Committee on Immunization's (NACI) Public health recommendations on the use of pneumococcal vaccines in children, including the use of 15-valent and 20-valent conjugate vaccines. This guidance is based on current evidence and NACI expert opinion.
- One of the most effective ways to prevent pneumococcal infections is through immunization. Routine immunization programs for children in Canada include the use of pneumococcal conjugate (Pneu-C) vaccines to protect against invasive pneumococcal disease (IPD), a severe form of infection that occurs when the bacteria enters the bloodstream (called sepsis) or the central nervous system (called meningitis).
- NACI continues to recommend that all routine immunization programs for children in Canada include a conjugate pneumococcal vaccine for their more durable and longer lasting protection.

Updated guidance

Following a thorough review of the evidence for Pneu-C-15 and Pneu-C-20 vaccines, and analyzing their potential impact on reducing pneumococcal disease among children in Canada, **NACI has made the following strong recommendations:**

- **Either Pneu-C-15 or Pneu-C-20 should be the current product of choice for routine immunization programs in children less than 5 years of age who are not at increased risk of IPD.**
- **Pneu-C-20 should be the product of choice for routine immunization programs in children less than 5 years of age who are at increased risk of IPD.**
- Medical risk factors and certain environmental and living conditions can increase the risk of severe IPD illness in infants, children and adolescents. Recommendations specific for these children and a full list of risk conditions can be found within the statement.

NACI will continue to monitor the evolving evidence and will update guidance as needed.

For the full statement, including supporting evidence and rationale, please see NACI's Public health level recommendations on the use of pneumococcal vaccines in children, including the use of 15-valent and 20-valent conjugate vaccines.

WHAT YOU NEED TO KNOW

- Pneumococcal infections, caused by bacteria called *Streptococcus pneumoniae*, can range from ear and sinus infections, to pneumonia, to more serious conditions called invasive pneumococcal disease (IPD). There are more than 100 different types (serotypes) of these bacteria, and the extent of protection provided by a pneumococcal vaccine depends on the vaccine formulation.
- Pneumococcal conjugate (Pneu-C) vaccines engage the immune system in a different way than the pneumococcal polysaccharide (Pneu-P) vaccine and offer more durable and longer lasting protection.
- Currently in Canada, children who are at high risk of IPD due to medical risk conditions receive a Pneu-P vaccine in addition to a Pneu-C vaccine as part of their routine immunization schedules.
- While IPD is most common in infants and children under 5 years of age with medical risk conditions, children and adolescents 5 to 17 years of age with medical risk conditions are also at increased risk of IPD.
- NACI is recommending the use of Pneu-C-15 or Pneu-C-20 in routine immunization programs for children under 5 years of age who are not at increased risk of IPD. Both Pneu-C-15 and Pneu-C-20 are expected to provide better protection for children as they offer additional serotype coverage compared to Pneu-C-13.
- NACI is recommending the use of Pneu-C-20 in all children under the age of 18 at risk of IPD because it includes all the serotypes of the bacteria in Pneu-C-15, and can protect against most of the serotypes contained in the Pneu-P vaccine, with the added benefit of a conjugate vaccine.
- In comparison to the rest of Canada, northern regions of the country report higher rates of IPD infections across most age groups, and particularly in children less than one year of age. This can be attributed to environmental and living factors (such as crowding), the younger age distribution in Northern Canada, and decreased access to medical services and health care.
- In communities and settings where the rate of IPD infection is consistently high, an assessment of local disease trends should be used to inform groups for vaccination programs.
- In First Nations, Métis, or Inuit communities, autonomous decisions should be made by Indigenous Peoples with the support of healthcare and public health partners in accordance with the United Nations Declaration on the Rights of Indigenous Peoples.
- NACI continues to recommend that all pneumococcal vaccines may be given concurrently (i.e., same day) or at any time before or after other routine childhood vaccines, with the exception of a different formulation of a pneumococcal vaccine.
- Canadian provinces and territories will decide which vaccine is the best fit for their pediatric pneumococcal program, considering their epidemiology, clinical impacts, and costs.
- NACI has previously issued [guidance](#) on the use of the Pneu-C-15 and Pneu-C-20 vaccines in adults.

For more information on NACI's recommendations on the use of Pneumococcal vaccines, please refer to the [Pneumococcal vaccine chapter](#) in the [Canadian Immunization Guide \(CIG\)](#), as well as additional statements on the [NACI web page](#).