

Pneumococcal Vaccination Eligibility for Adults

PROVINCE OR TERRITORY	WHERE TO RECEIVE VACCINATION?	VACCINE RECOMMENDATIONS			IS THE RECOMMENDED VACCINE FREE?	VACCINE RECOMMENDATIONS FOR HIGH-RISK GROUP(S)			IS THE RECOMMENDED VACCINE FOR SPECIFIED HIGH-RISK GROUP(S) FREE?
		DOSE	VACCINE	AGE		DOSE	VACCINE	POPULATION	
ALBERTA	PHYS PHARM PH/CH/N CTR	1 1	PPV23 PCV20	 	YES NO	1 >1 1	PPV23 PPV23 PCV13	   	YES YES NO
BRITISH COLUMBIA	PHYS PHARM NP PH/CH/N CTR	1 1 1	PPV23 PCV15 PCV20	  	YES NO NO	1 >1 1	PPV23 PPV23 PCV13	  	YES YES YES
MANITOBA	PHYS PHARM NP PH/CH/N CTR	1	PPV23		YES	1 1	PCV13 PPV23	 	YES YES
NEW BRUNSWICK	PHYS PHARM PH/CH/N CTR	1	PPV23		YES	1 1	PPV23 PPV23	 	YES YES
NEWFOUNDLAND AND LABRADOR	PHARM NP	1	PPV23		YES	1	PPV23	  	YES
NORTHWEST TERRITORIES	NP PH/CH/N CTR HCP <i>NOT SPEC</i>	1	PPV23		YES	1	PPV23		YES
NOVA SCOTIA	PHYS PHARM NP PH/CH/N CTR	1	PPV23		YES	1 1	PPV23 PCV13	 	YES YES
NUNAVUT	NP MIDWIVES	1	PPV23		YES	1	PPV23		YES
ONTARIO	PHYS PHARM NP PH/CH/N CTR	1	PPV23		YES	1 1	PPV23 PPV23	 	YES YES
PRINCE EDWARD ISLAND	PHYS NP LTC STAFF PH/CH/N CTR	1	PPV23		YES	1 1	PPV23 PCV13	   	YES YES
QUEBEC	NP PHARM HCP <i>NOT SPEC</i>	1	PPV23		YES	1 1 1	PPV23 PCV20 PCV20	  	YES YES YES
SASKATCHEWAN	PHYS PHARM NP PH/CH/N CTR	1	PPV23		YES	1 1	PPV23 PCV13	 	YES YES
YUKON	PHYS PHARM NP PH/CH/N CTR	1	PPV23		YES	≥1 1	PPV23 PCV13	  	YES YES



WHERE TO RECEIVE VACCINATION?	VACCINE RECOMMENDATIONS	AT-RISK GROUP(S)	VACCINATION COVERAGE
	DOSE VACCINE AGE	DOSE VACCINE POPULATION	
<p>PHYS: PHYSICIAN</p> <p>NP: NURSE PRACTITIONER</p> <p>PHARMA: PHARMACIST</p> <p>PH/CH/N CTR: LOCAL PUBLIC HEALTH AND COMMUNITY HEALTH CENTRES, PUBLIC HEALTH NURSING OFFICE</p> <p>LTC STAFF: LONG-TERM CARE STAFF</p> <p>HCP NOT SPEC: NOT SPECIFIED/NOT SPECIFIED BEYOND HEALTH CARE PROVIDER</p> <p>MIDWIVES</p>	<p>VACCINE:</p> <p>* PNEU-P-23 OR PPV23 (PNEUMOCOCCAL POLYSACCHARIDE 23-VALENT VACCINE)</p> <p>* PNEU-C-20 OR PCV20 (PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE)</p> <p>* PNEU-C-15 OR PCV15 (PNEUMOCOCCAL CONJUGATE 15-VALENT VACCINE)</p> <p>AGE:</p> <p>* 18 YEARS OF AGE AND OLDER</p> <p>* 50 YEARS OF AGE AND OLDER</p> <p>* 65 YEARS OF AGE AND OLDER</p>	<p>VACCINE:</p> <p>* PNEU-P-23 OR PPV23 (PNEUMOCOCCAL POLYSACCHARIDE 23-VALENT VACCINE)</p> <p>* PNEU-C-20 OR PCV20 (PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE)</p> <p>* PNEU-C-15 OR PCV15 (PNEUMOCOCCAL CONJUGATE 15-VALENT VACCINE)</p> <p>AT-RISK POPULATION</p> <p>* NOT SPECIFIED</p> <p>* RESIDENTS OF LTC, CONGREGATE, AND ASSISTED LIVING SETTINGS</p> <p>* SPECIFIED MEDICAL, CHRONIC, OR IMMUNOCOMPROMISING CONDITIONS (HIGH-RISK)</p> <p>* <65 YEARS OF AGE AT RISK OF IPD (INVASIVE PNEUMOCOCCAL DISEASE) OR EXPERIENCING A SPECIFIC CONDITION OR ILLNESS</p> <p>* HAS SELECT RISK FACTORS</p>	<p>VACCINATION MAY BE SUBJECT TO A FEE IN SOME PHARMACIES IN CERTAIN PROVINCES AND TERRITORIES.</p> <p>THIS MAY BE TRUE EVEN WHEN THERE IS COVERAGE FOR THE VACCINE ELSEWHERE SUCH AS AT A CLINIC WITH A NURSE OR PHYSICIAN.</p>



PLEASE CONTACT YOUR PRIMARY HEALTHCARE PROVIDER OR PUBLIC HEALTH UNIT FOR MORE SPECIFIC INFORMATION ON THE PNEUMOCOCCAL VACCINE THAT MAY BE RIGHT FOR YOU AND THAT IS BASED ON YOUR PROVINCIAL OR TERRITORIAL IMMUNIZATION PLAN.

