

Important safety information

PREVNAR 20

Relevant warnings and precautions:

- Immunocompromised individuals may have a reduced antibody response to the vaccine.³
- Safety and immunogenicity data on PREVNAR 20 are not available for individuals in certain immunocompromised groups (e.g., those with malignancy or nephrotic syndrome) and vaccination should be considered on an individual basis. Some safety and immunogenicity data are available in individuals with sickle cell disease, HIV infection, or hematopoietic stem cell transplant.³
- The administration of PREVNAR 20 should be postponed in individuals with acute severe febrile illness.³
- As with any intramuscular injection, PREVNAR 20 should be given with caution in individuals with thrombocytopenia or any coagulation disorder, or receiving anticoagulant therapy.³
- May not protect all individuals from pneumococcal disease.³

For more information:

Please consult the Product Monograph at www.pfi.sr/pm_en_prevnar20 for important information relating to adverse reactions, drug interactions, and dosing information, which have not been discussed in this piece. The Product Monograph is also available on request by calling **1-800-463-6001**.

PREVNAR 13

Consult the Product Monograph at www.pfi.sr/pm_en_prevnar13 for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available on request by calling **1-800-463-6001**.

References: 1. An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI) Public health level recommendations on the use of pneumococcal vaccines in adults, including the use of 15-valent and 20-valent conjugate vaccines. February 2023. 2. Pfizer Inc. Data on file. 2024. 3. PREVNAR 20 Product Monograph. Pfizer Canada ULC. 4. PREVNAR 13 Product Monograph. Pfizer Canada ULC. 5. McNeil SA, Ozilbash N, Ye J, et al. A retrospective study of the clinical burden of hospitalized all-cause and pneumococcal pneumonia in Canada. *Can Respir J*. 2016;2016:3605834. 6. Torres A, Menéndez R & Wunderink RG. Bacterial pneumonia and lung abscess. In: Murray and Nadel's Textbook of Respiratory Medicine (Sixth Edition). Philadelphia: Elsevier Saunders; 2016. 7. Shea KM, Edelsberg J, Weycker D, et al. Rates of Pneumococcal Disease in Adults With Chronic Medical Conditions. *Open Forum Infect Dis*. 2014;1(1):1-9. 8. Public Health Agency of Canada. Notifiable Diseases On-Line. Invasive Pneumococcal Disease. <http://diseases.canada.ca/notifiable/charts?c=abs>. Accessed on September 21, 2018. 9. Kyaw MH, Rose CE Jr, Fry AM, et al, for the Active Bacterial Core Surveillance Program of the Emerging Infections Program Network. The influence of chronic illnesses on the incidence of invasive pneumococcal disease in adults. *J Infect Dis*. 2005;192(3):377-386. 10. Van Hoek AJ, Andrews N, Waight PA, et al. The effect of underlying clinical conditions on the risk of developing invasive pneumococcal disease in England. *J Infect*. 2012;65(1):17-24. 11. Nuorti JP, Butler JC, Farley MM, et al. Cigarette smoking and invasive pneumococcal disease. *N Engl J Med*. 2000;342(10):681-689. 12. Immunize Canada. Protect Yourself from Pneumococcal Disease. 13. Centers for Disease Control and Prevention. Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine for Adults with Immunocompromising Conditions: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm>. Accessed on April 1, 2024.

Study parameters

‡ In a retrospective cohort study using data from 3 US-based healthcare claims repositories from 2006 to 2010, rates of pneumococcal disease were compared in immunocompetent adults with chronic medical conditions, immunocompromised adults, and in adults without these conditions. These rates were stratified among age groups 18-49 years, 50-64 years and ≥65 years. Risk profiles and episodes of pneumococcal disease—all-cause pneumonia, pneumococcal pneumonia, and IPD—were established according to diagnosis, procedure, and drug codes.

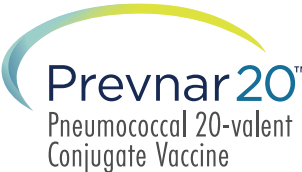
§ Over 22,000 IPD patients in England (from March 2002 to March 2009, aged ≥2) were linked to their hospitalization records. The prevalence of risk factors in these patients was compared to the prevalence of risk factors in the general population.

¶ The 1999 and 2000 data from the Active Bacterial Core surveillance (ABCs) and the National Health Interview Survey (NHIS) were used to determine rates of IPD in healthy adults (18 years old) and in adults with various high-risk conditions. The risks of IPD in persons with specific chronic illnesses were compared with those in healthy adults, controlling for age, race, and the other chronic illnesses.

** Immunocompetent patients aged 18-64 and who had IPD (as defined by the isolation of *Streptococcus pneumoniae* from a normally sterile site) by active surveillance of laboratories in Atlanta, Baltimore and Toronto, were selected for the study. Telephone interviews were conducted with 228 patients and 301 control subjects who were reached by random-digit dialing.



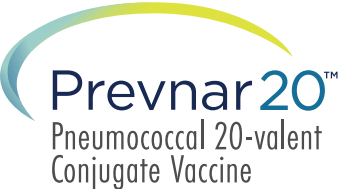
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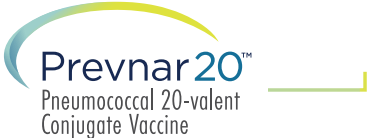
Included in the NACI recommendations¹

See inside to learn more

Brought to you by
Pfizer Vaccines



PREVNAR 20: **Broad** serotype coverage
from a pneumococcal **conjugate** vaccine for adults^{2-4*}



PREVNAR 20™ (Pneumococcal 20-valent Conjugate Vaccine [Diphtheria CRM₁₉₇ Protein]) is indicated for active immunization in adults 18 years of age and older for the prevention of pneumonia and invasive pneumococcal disease (including sepsis, meningitis, bacteremic pneumonia, pleural empyema and bacteremia) caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F.³

PREVNAR 13 is indicated for active immunization of adults 18 years of age and older for the prevention of pneumonia and invasive pneumococcal disease (including sepsis, meningitis, bacteremic pneumonia, pleural empyema and bacteremia) caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F.⁴

NACI: National Advisory Committee on Immunization.

* Comparative clinical significance is unknown.

Help prevent pneumococcal pneumonia and IPD with **one dose**^{2*}

PREVNAR 20 helps prevent pneumococcal diseases caused by 20 serotypes of *Streptococcus pneumoniae* covered by the vaccine:³

Clinical efficacy for the prevention of pneumonia was studied with PREVNAR 13 for the shared serotypes, but not for the additional serotypes 8, 10A, 11A, 12F, 15B, 22F, and 33F.
PREVNAR 20 may not prevent disease caused by *S. pneumoniae* serotypes that are not contained in the vaccine.

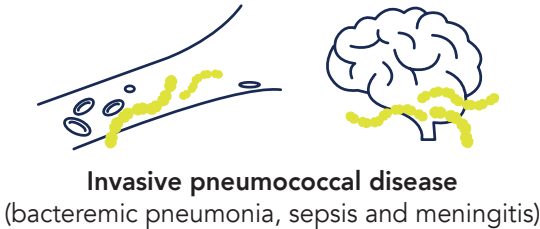
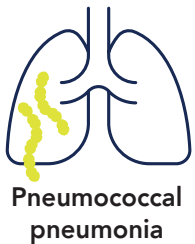
PREVNAR 20: Recommended by NACI¹

Pneumococcal vaccine naïve adults or adults whose vaccination status is unknown: PREVNAR 20 should be offered to those ≥65 years of age, or 50–64 years of age living with risk factors placing them at higher risk of pneumococcal disease, or who are 18–49 years of age living with immunocompromising conditions.

Adults previously immunized with PNEU-P-23: PREVNAR 20 should be offered to adults ≥65 years of age if it has been at least five years from the last dose of a previous pneumococcal vaccine (PNEU-P-23).

For other vaccination schedules and additional recommendations, please consult the NACI guidelines.[†]

IPD: Invasive pneumococcal disease; NACI: National Advisory Committee on Immunization.
* Please refer to the Product Monograph for complete dosing information.
† Please consult the Product Monograph for authorized use.



Is your patient at risk for pneumococcal pneumonia and IPD?

The risk of developing pneumococcal pneumonia and IPD has been observed to be **higher in patients 50 and over**, and in patients 18 and older with the following:^{5-11§¶**}

	Chronic lung disease (including asthma and COPD)	Chronic heart disease	Diabetes	Cancer	Smoking
	4–10X vs. healthy adults ^{6,7}	4–5X vs. healthy adults ⁷	3X vs. healthy adults ⁷	Increased risk vs. healthy adults ⁶	3–4X vs. healthy adults ⁷
IPD ^{9–11}	5–17X vs. healthy adults ^{10§}	3–7X vs. healthy adults ^{10§}	2–5X vs. healthy adults ^{10§}	22–38X vs. healthy adults ^{9¶}	Found to be the strongest independent factor in immunocompetent adults 18–64 years ^{11**}

Adapted from Torres et al., Shea et al., Kyaw et al., Van Hoek et al., Nuorti et al.^{6,7,9-11§¶**}

Patients 18 and over living with **immunocompromising conditions** and those who take immunosuppressants were also at risk.^{7†}

Other conditions that have been observed to **increase risk** include:^{6,7,12,13}

- Chronic liver disease
- Certain neurological conditions
- Alcoholism
- Living in long-term care facilities

COPD: Chronic obstructive pulmonary disease; IPD: Invasive pneumococcal disease.
‡, §, ¶, ** For information regarding study design, data collection and analysis, please refer to “Study parameters” located on the back