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433 Blvd de L'Ile
Pincourt, Québec
Canada J7W 8Z6

Every Atlantic Canadian Child, Equally Protected

An Atlantic Position Statement of the Pneumonia Awareness Consortium

Closing the Gap in Pediatric Pneumococcal Protection in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland and Labrador

National Child Day, November 20, 2026

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Executive Summary

Children in the Atlantic provinces deserve the same protection as children in Vancouver and Montréal. Invasive pneumococcal disease (IPD) causes meningitis, bloodstream infections and pneumonia, and young children are among those at greatest risk. British Columbia and Québec now offer every infant the 20-valent pneumococcal conjugate vaccine (PCV20). Infants in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland and Labrador receive the 15-valent vaccine (PCV15). The five additional serotypes in PCV20 accounted for roughly one in four IPD isolates from Canadian children under five in 2023, including the most common serotype in infants under two. How much disease a change would prevent depends on vaccine effectiveness and changing serotype patterns, but the gap in coverage is clear.

Building on strong foundations, the Atlantic provinces offer every infant free pneumococcal vaccination and moved quickly to newer vaccines after national guidance. The National Advisory Committee on Immunization (NACI) considers both PCV15 and PCV20 appropriate for healthy children and expects PCV20 to have a larger impact on IPD. Offering PCV20 to every infant is a natural next step.

Why it matters now

- Pneumococcal disease has returned to pre-pandemic levels, and rates in children aged one to four reached a ten-year high in 2022.
- Multidrug-resistant IPD rose from 8.4% to 13.2% of tested isolates, across all ages, between 2019 and 2023.
- Children at higher risk, often not yet diagnosed when vaccination begins, would receive broader serotype coverage from their first dose.

An investment in healthier communities. Preventing severe pneumococcal disease can reduce emergency visits and hospital stays, ease pressure on paediatric hospitals, reduce workdays lost by parents and caregivers, and reduce antibiotic use.

Our call to Atlantic Provincial governments

We respectfully ask the Ministers of Health and Chief Medical Officers of Health of the four Atlantic provinces the following questions:

- What is the rationale for not broadening access to PCV20 to every infant in the routine program?
- Is there interest for the provinces to act together as a region, sharing implementation tools, public messaging and clinician training?
- Will Atlantic provincial governments ensure children at higher risk receive PCV20 as per NACI's recommended four-dose schedule?
- Will Atlantic provincial governments measure and report results each year, starting with vaccine coverage and serotype-specific IPD in young children?

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About the Pneumonia Awareness Consortium

The Pneumonia Awareness Consortium is a collaboration of health advocates, including non-governmental organizations, dedicated to spreading evidence-based knowledge. Our goal is to drive meaningful change across Canada by investing in both individual and societal health literacy, encouraging critical thinking, and empowering people to make informed, independent decisions.

Our mission is to prevent respiratory diseases through proactive education, targeted outreach, and strong community support. We are committed to delivering accurate, unbiased information that helps individuals take charge of their health. To learn more about the consortium, visit https://pneumoawareness.ca/

About the Society for Intelligence Management (SIM)

The Society for Intelligence Management (SIM) is an independent association that promotes evidence-based knowledge translation, education and training, communication, and decision-making. Its mandate is to ensure that the flow of information is accurate, reliable, and contributes to informed decision-making in a rapidly evolving world. SIM provides secretariat support to the consortium. To learn more about SIM, visit https://intelsociety.org/

This statement is issued by the consortium on behalf of its member organizations.

The Issue

A child's protection against invasive pneumococcal disease (IPD) now depends on the province where that child is born. British Columbia moved its routine infant program to the 20-valent pneumococcal conjugate vaccine (PCV20) in July 2025, and Québec followed in 2026.[1,2] Infants in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland and Labrador continue to receive the 15-valent vaccine (PCV15).[3,4,5]

The five serotypes that PCV20 adds to PCV15 (8, 10A, 11A, 12F and 15B) accounted for roughly one in four IPD isolates from Canadian children under five in 2023.[6] That share signals an opportunity for broader prevention; the reduction a program change achieves will depend on vaccine effectiveness, uptake and evolving serotype patterns. National surveillance reports serotypes 15B and 15C as one group, 15B/C, because the two can switch during infection. Serotype 15B/C was the most common serotype among IPD isolates from Canadian infants under two, at 17.8%.[6]

Families in Atlantic Canada deserve to know about this gap, and their governments have the means to close it. We ask the governments of all four Atlantic provinces to broaden access to PCV20 by offering it in their routine pediatric pneumococcal programs, so that every child in Atlantic Canada receives the same breadth of vaccine serotype coverage as children in Vancouver or Montréal.

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Background: The Threat of Pneumococcal Disease in Children

Streptococcus pneumoniae is a leading cause of serious bacterial infection in young children, including bacteremia, meningitis and pneumonia.[7] When the bacteria invade normally sterile sites such as the blood or the fluid around the brain, the illness is called invasive pneumococcal disease (IPD). Children under five, older adults and people with weakened immune systems are at greatest risk.[6]

IPD is a medical emergency. A 20-year Alberta cohort found that 2.5% of children with IPD died within 30 days of diagnosis, compared with 0.3% of matched children without IPD (adjusted hazard ratio 8.78); the excess risk was highest among children with meningitis.[9] Children who survive meningitis can live with permanent hearing loss or neurological disability.

Children at higher risk. Some children face a much greater risk of severe pneumococcal disease. NACI identifies medical conditions such as an absent or poorly functioning spleen, sickle cell disease, immune-weakening conditions or treatments, chronic heart, lung, kidney or liver disease, cerebrospinal fluid leaks and cochlear implants, as well as social and environmental circumstances that raise risk.[7,14] For these children, NACI recommends PCV20 on a four-dose schedule at 2, 4, 6 and 12 to 15 months.[14] The burden on these families is real: in a national paediatric surveillance network, 43% of children with recurrent IPD had an immunocompromising condition.[10] Many risk conditions are not diagnosed until after a child's first vaccine doses. Offering PCV20 to every infant would give these children broader serotype coverage from their first dose. Identifying them early still matters, because they need the additional dose and the clinical follow-up their condition requires.

Pneumococcal disease has returned to pre-pandemic levels. National IPD incidence rose from 5.6 per 100,000 in 2021 to 10.2 in 2022, and rates in children aged one to four (16.3 per 100,000) were the highest recorded in the past decade. In 2023, the National Microbiology Laboratory received 4,760 IPD isolates, the highest annual total on record.[6]

Resistance is also rising. Across all ages, multidrug-resistant IPD increased from 8.4% of tested isolates in 2019 to 13.2% in 2023, and penicillin resistance nearly tripled over the same period (2.9% to 8.0%).[6] National surveillance has linked rising penicillin resistance to increases in serotypes 9V and 19A, both included in PCV15 and PCV20.[8] Resistant infections are harder to treat when they occur.

Conjugate vaccines work. Since infant programs began in Canada in 2002, IPD incidence in children under five has fallen by roughly 65%, with the largest declines in serotypes covered by each vaccine.[7] However, serotypes outside the vaccine in use continue to cause disease, a process known as serotype replacement. Each new generation of vaccine has been designed to close that gap.

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Current Status

In March 2024, the National Advisory Committee on Immunization (NACI) recommended that either PCV15 or PCV20 be the product of choice for routine immunization of children under five, noting that PCV20, with five more serotypes, is expected to have a larger impact on IPD and that its use for all children may simplify programs and provide the most indirect benefit to other populations.[7] NACI recommends PCV20 alone for children at increased risk of IPD.[7,14] Provinces now make different choices under the same national guidance.

Province	Routine infant vaccine	Schedule
British Columbia	PCV20 (since July 2025)	2, 4, 12 months
Québec	PCV20 (since 2026)	2, 4, 12 months
Nova Scotia	PCV15	2, 4, 12 months
New Brunswick	PCV15	2, 4, 12 months
Prince Edward Island	PCV15	2, 4, 12 months
Newfoundland and Labrador	PCV15	2, 4, 12 months

IPD isolate numbers in Atlantic Canada are small: in 2023, the four provinces together submitted 173 isolates, 10 of them from children under five.[6] The most common serotypes in the region in 2023, across all ages, were 3, 22F and 4, all of which are covered by both PCV15 and PCV20.[6] National paediatric surveillance therefore provides a broader evidence base for policy decisions, although the share of Atlantic childhood disease caused by the additional serotypes remains uncertain. Pooled, multi-year Atlantic paediatric data would help close that gap.

The Atlantic provinces have built strong foundations for protecting their residents against respiratory and vaccine-preventable diseases. All four offer pneumococcal conjugate vaccination to every infant at no cost, and all four moved from PCV13 to PCV15 after NACI's guidance; Nova Scotia and New Brunswick have also adopted PCV20 for older adults.[2,3,4] We commend the public health teams, immunizers and families across the region for this work. Offering PCV20 to every infant is a natural next step that builds on it.

Nova Scotia

Nova Scotia replaced PCV13 with PCV15 for routine infant and childhood immunization and adopted PCV20 for older adults.[3] Nova Scotia is the region's most populous province and home to the IWK Health Centre, where the most seriously ill children from across the Maritimes are often cared for. Moving its infant program to PCV20 would align it with its own adult program and simplify ordering, storage and clinician training across age groups.

New Brunswick

New Brunswick provides PCV15 to all children at two, four and 12 months, and PCV20 to adults 65 and older and to adults newly admitted to long-term care.[4] As Canada's only officially bilingual

province, and a neighbour to Québec, New Brunswick families in border and francophone communities can readily see that infants a few kilometres away now receive broader serotype coverage. Adopting PCV20 would remove that disparity and allow a single conjugate vaccine for children and older adults.

Prince Edward Island

Prince Edward Island provides PCV15 to all infants at two, four and 12 months, with an additional six-month dose for children at high risk.[2,13] PEI's small birth cohort means a smaller total vaccine requirement than in larger provinces, while giving every Island infant the broadest serotype coverage available. Because Island children who need specialized paediatric care may be referred out of province, consistent protection across the region matters.

Newfoundland and Labrador

Newfoundland and Labrador provides PCV15 to infants on a three-dose schedule at two, four and 12 months, and PCV20 to children at increased risk.[5] The province includes rural, remote and Indigenous communities where access to acute care is more difficult; national surveillance shows IPD rates in northern regions, including northern Labrador, have been higher than in the rest of Canada, especially in infants.[7] For these families, preventing infection in the first place is especially important. Using PCV20 for all children would also remove the need to manage two pediatric products.

Key Considerations for Action

We respectfully call on the Ministers of Health and Chief Medical Officers of Health of Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland and Labrador to:

1. Broaden access to PCV20 by offering it to every infant in the routine program, using the current 2, 4 and 12-month schedule.
2. Act together as a region, so that protection does not differ from one Atlantic province to the next and the four provinces can share implementation tools, public messaging and clinician training.
3. Allow children part-way through their series to complete it with PCV20, consistent with NACI guidance that conjugate vaccines may be interchanged within a series.[7]
4. Ensure every child at increased risk of IPD receives PCV20 on NACI's recommended four-dose schedule, maintaining this where it is already in place and introducing or expanding it where it is not, including for children with medical conditions and those whose living conditions raise their risk.[7,14]
5. Measure and report the results, by publishing program indicators each year (coverage, timeliness and product use) alongside age- and serotype-specific IPD, and by evaluating broader outcomes over several years using pooled data from Atlantic Canada. The national goal of 95% coverage at age two, set for 2025, remains a useful benchmark.[7]
6. Invest in public and professional education, so that families and clinicians understand why the program is changing and continue to vaccinate on time.

The Evidence

Broader coverage of the serotypes now causing disease in children. PCV20 contains all 15 serotypes in PCV15 plus serotypes 8, 10A, 11A, 12F and 15B. In 2023, these five additional serotypes (with 15B and 15C reported together) accounted for 24.5% of IPD isolates from Canadian children under five, up from 20.7% in 2019.[6] NACI's analysis of 2022 data showed a similar picture across all paediatric age groups: these serotypes accounted for 24.2% of IPD isolates in children under two, 22.2% in children two to four, and 21.7% in those five to 17.[7] Serotype 15B/C was the most common serotype among IPD isolates from Canadian infants under two in 2023.[6]

Serotypes that matter clinically. Several of the added serotypes carry particular risk. In international studies across all ages, serotypes 8 and 12F rank among the most invasive pneumococcal serotypes, and 11A among the most likely to cause death.[11] In 2023, across all ages in Canada, more than 40% of serotype 12F isolates were resistant to doxycycline and to trimethoprim-sulfamethoxazole, and roughly one in four 11A and 15B/C isolates were resistant to clarithromycin.[6] A Canadian analysis concluded that replacing PCV13 with PCV15 in children could allow highly invasive serotypes such as 8 and 12F to fill the gap left by vaccine serotypes, a risk largely avoided with PCV20; it identified a 2+1 PCV20 schedule as the optimal choice for Canadian children.[11]

Similar immune response and safety. Both PCV15 and PCV20 produce somewhat lower antibody levels than PCV13 for shared serotypes, and the clinical significance of this difference is not yet known.[7] When functional (OPA) antibody responses are compared indirectly, PCV15 and PCV20 perform similarly to each other in both 2+1 and 3+1 schedules.[11] Clinical trials found similar safety profiles across all three vaccines.[7] National guidance allows either vaccine to be given to healthy infants on the three-dose (2+1) schedule at 2, 4 and 12 to 15 months already used in Atlantic Canada.[14] At the time of NACI's review, effectiveness data from routine use in children were not yet available for either vaccine.[7]

Value for money depends on assumptions. NACI's own model, which excluded herd effects, estimated that moving from PCV15 to PCV20 would cost $135,200 per quality-adjusted life year gained from the health system perspective and $93,400 from the societal perspective, at assumed prices of $78 and $90 per dose.[7] NACI noted that these results were highly sensitive to vaccine price, that ratios would fall substantially if indirect protection of adults were included, and that PCV20 was less costly and more effective than both alternatives in a setting with higher disease burden and medical costs.[7] A manufacturer-sponsored Canadian model that included herd effects found PCV20 more effective and less costly than PCV15.[12] A change could reduce disease-related costs to the health system and to families; its overall budget impact will depend on program costs and the benefits achieved.

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Immunization as an Investment

Preventing pneumococcal disease in children is an investment in healthier communities, a healthier workforce and a stronger economy in Atlantic Canada.

Fewer emergency visits and hospital stays

Invasive pneumococcal disease often requires hospital care, and meningitis or bacteremia in an infant can mean days in intensive care. Preventing severe cases can reduce emergency visits, hospital admissions and specialist care, keeping that capacity available for other children. Many Atlantic families travel long distances to paediatric hospitals such as the IWK Health Centre in Halifax and the Janeway Children's Health and Rehabilitation Centre in St. John's. For them, prevention also means less time away from home, work and their other children.

A healthier workforce and a stronger economy

When a child is seriously ill, a parent or caregiver is away from work too. Time off, travel for care and lifelong disability after meningitis carry costs that reach employers and communities, not only the health system. NACI's analysis found PCV20 more favourable when these broader costs were counted.[7]

Antimicrobial resistance

Pneumococcal vaccination is an established part of antimicrobial stewardship: every infection prevented is one that does not need antibiotics. As global context, the World Health Organization estimates that vaccines against Streptococcus pneumoniae could prevent 33 million antibiotic doses a year worldwide if coverage targets were met.[15] The Pan-Canadian Action Plan on Antimicrobial Resistance, jointly released by federal, provincial and territorial governments, names vaccination as an infection-prevention measure.[16] The additional benefit of PCV20 over PCV15 comes from covering added serotypes that already show notable resistance, such as 12F and 11A.[6] The size of that additional benefit for Atlantic children is not yet known.

Measurable outcomes

We encourage the four provinces to set baselines and report each year on program indicators: pneumococcal vaccine coverage and timeliness at two years of age, and product use. Disease outcomes should be tracked as well, above all IPD in children under five by age group and serotype, together with antimicrobial resistance in paediatric isolates. Broader measures, such as paediatric hospital admissions for pneumonia and antibiotic prescribing for young children, are shaped by many factors besides a vaccine change. They are best assessed through a multi-year evaluation using pooled Atlantic data, since annual case counts in each province are small.

Conclusion

Atlantic Canada has well-established infant pneumococcal programs; the question now is not whether to protect children, but how broadly. The five additional serotypes in PCV20 accounted for roughly one in four IPD isolates from young Canadian children in 2023, including the most

common serotype in infants and several highly invasive or drug-resistant strains. Two provinces have already made this change, and Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland and Labrador can follow.

By acting together, the four Atlantic provinces can ensure that a baby born in Halifax, Moncton, Charlottetown or St. John's is offered the same breadth of vaccine serotype coverage as a baby born in Vancouver or Montréal, while simplifying their own programs. On National Child Day, we ask Atlantic governments to make that commitment.

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