

BC immunization program update

There have been significant changes and expansions to several publicly funded immunization programs in British Columbia, including changes to the human papillomavirus (HPV), pneumococcal, avian influenza, and infant respiratory syncytial virus (RSV) programs that enable more people to access publicly funded immunizations. Detailed information about these changes can be found in the *BC Immunization Manual*.¹

HPV vaccination program

HPV vaccines (Gardasil 9 is used in Canada) are highly protective against many cancers (cervical, vaginal, vulvar, anal, and head and neck) and genital warts. As of 31 July 2025, eligibility for HPV vaccination was expanded [Box 1], including coverage for everyone up to 26 years of age (increased from 19), high-risk populations up to 45 years of age (increased from 26), and people receiving postcolposcopy treatment.

There has also been a change to the dosing schedule [Table], as several clinical trials have demonstrated that even one dose of HPV vaccine for those under 21 years of age can provide long-lasting protection against HPV and associated cancers.²

Increased eligibility and changes to the dosing schedule will enable many more people in the province to be fully protected against HPV. Further information on HPV vaccination is available in the BCCDC HPV Q&A for immunization providers.³

Pneumococcal vaccine program

Pneumococcal vaccines prevent disease caused by *Streptococcus pneumoniae*, which can cause invasive (e.g., meningitis, bacteraemia) and noninvasive (e.g., pneumonia, otitis media, sinusitis) pneumococcal disease,

particularly in very young children, older adults, people with chronic medical conditions, and those with weakened immune systems. In BC, two types of immunizations have historically been used to protect against pneumococcal disease: a polysaccharide vaccine (PPV23) that was generally offered to adults and a conjugate vaccine (PCV13) that was part of the routine childhood vaccination program.

As of July 2025, BC replaced PCV13 and PPV23 with a single PCV20 product (Prevnar 20) for both children and adults. PCV20 is a superior vaccine due to its broad serotype coverage and increased effectiveness compared with polysaccharide vaccines.

For children 2 months to less than 5 years of age who are starting or completing a primary pneumococcal vaccination series, PCV20 replaces PCV13. Individuals 2 months of age or older at increased risk of invasive pneumococcal disease (e.g., chronic

medical conditions, certain social/behavioral risk factors such as substance use disorder) and healthy adults over the age of 65 are now eligible for PCV20 rather than PPV23.

Of note, adults who have previously received PPV23 are generally not eligible for publicly funded PCV20 but can purchase the vaccine privately. Further information on pneumococcal vaccination is available in the BCCDC PCV20 Q&A for immunization providers.⁴

Human avian influenza vaccine program

For the first time, human avian influenza vaccine (Arepanrix) is available in Canada. While BC did have Canada's first case of human avian influenza in the fall of 2024, overall risk of human avian influenza infection is extremely low for most people. Therefore, this vaccine (given as a two-dose series, 3 weeks apart) is being offered only

BOX 1. BC's HPV immunization program eligibility.

- All individuals up to 26 years of age (inclusive).
- Individuals living with HIV who are between 27 and 45 years of age (inclusive).
- Individuals between 27 and 45 years of age (inclusive) who self-identify as belonging to the gay, bisexual, and/or men who have sex with men communities (including those who are not yet sexually active and/or are questioning their sexual orientation).
- Individuals who have received postcolposcopy treatment for cervical dysplasia on or after 31 July 2025.

TABLE. Changes to BC's HPV immunization program schedule.

	Prior to 31 July 2025	On or after 31 July 2025
Immuno-competent individuals	<ul style="list-style-type: none"> • 9–14 years of age (inclusive): 2 doses separated by at least 6 months. • Individuals 15 years of age or older: 3 doses given at 0, 2, and 6 months. 	<ul style="list-style-type: none"> • 9–20 years of age (inclusive): 1 dose. • 21–45 years of age (inclusive): 2 doses given at 0 and 6 months.
Immuno-compromised individuals	<ul style="list-style-type: none"> • Those who are immunocompromised will continue to require a 3-dose series. 	
Postcolposcopy treatment for cervical dysplasia	N/A	<ul style="list-style-type: none"> • 3 doses given at 0, 2, and 6 months.

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to people who may have repeated and prolonged exposure to avian influenza [Box 2]. Further information on avian influenza vaccination is available in the BCCDC avian influenza Q&A for immunization providers.⁵

Infant RSV immunoprophylaxis program

RSV is a very common infection among infants and young children, with approximately 1% of infants in BC requiring hospitalization due to RSV infection in their first year of life.⁶ In BC, there are two products available to protect infants against RSV, which both offer robust protection (70%–80%) against RSV hospitalization:

- Nirsevimab (Beyfortus): A monoclonal antibody administered to the infant after birth.
- RSVpreF (Abrysvo): A maternal vaccine administered during pregnancy between 32 and 36 weeks of gestation that provides protection via passive antibody transfer.

This fall, there is an expansion of BC's publicly funded nirsevimab program, which will cover infants at moderate to high risk of severe RSV infection (approximately 10% of total births). Specific eligibility for the publicly funded program is available in the 2025–2026 provincial infant RSV program eligibility criteria⁷ and includes:

- Infants born prematurely (i.e., before 35 weeks of gestational age).
- Infants with specific chronic medical conditions.
- Infants living in remote communities, isolated Indigenous communities, or congregate settings.

Most infants will be eligible for nirsevimab only as they enter their first RSV season. A smaller subset of children with certain health conditions will be eligible in their second RSV season if they are under 2 years of age.

RSVpreF is not publicly funded in BC; however, the First Nations Health Authority Health Benefits Program will cover it⁸ for the 2025–2026 RSV season for eligible pregnant people. Both nirsevimab and

BOX 2. BC's human avian influenza vaccine eligibility.

- Lab workers who routinely handle samples that are known or likely to contain live or culture avian influenza virus.
- Veterinary staff performing necropsies on potentially infected animals.
- People working in diagnostic laboratories in contact with a large volume of potentially infected carcasses.
- People who repeatedly contribute to the management of infected animals, including animal destruction and disposal or building cleaning and disinfection.
- People working in close contact with wild birds or in and around waterfowl habitats (e.g., wildlife/animal control officers, wildlife rehabilitation workers, wildlife researchers, hunters and trappers, people working on environmental impact assessments and surveys, people working with waterborne pathogens).

RSVpreF will be available for private purchase this year and may be covered by private insurance plans. Infants whose birthing parent received RSVpreF at least 14 days before delivery generally do not need nirsevimab unless they have specific health conditions (e.g., bronchopulmonary dysplasia, significant congenital cardiac disease).

Further information on nirsevimab, RSVpreF, and the RSV immunoprophylaxis program is available in the BCCDC infant RSV Q&A for immunization providers.⁶ ■

—Jia Hu, MD, MSc, CCFP, FRCPC
Interim Medical Director, Immunization Programs and Vaccine Preventable Disease Service, BCCDC

—Julene Cranch, RN, MPH
Senior Practice Leader, Immunization Programs and Vaccine Preventable Disease Service, BCCDC

—Michelle Takeuchi, RN, MHA
Vaccine Educator, Immunization Programs and Vaccine Preventable Disease Service, BCCDC

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