

Saskatchewan Immunization Manual Amendments January 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **January 2013** (please note that some pages in chapter 9 are dated December 2012).

Chapter 9 - Management of Biological Products

- Address and contact information updated on forms in sections 5.3, 5.4 and 5.5 and dated December 2012 (from April 2012).

Chapter 10 – Biological Products

- BOOSTRIX (dated August 2012)
 - Last sentence in vaccine components section now states, “Dry natural rubber in vial stoppers and prefilled syringes”, as per Ministry of Health consultation with a GSK medical information representative.

Chapter 14 – Appendices

- Appendix 14.3 Immunization Fact Sheets (dated October 2012)
 - HAHB Vaccine fact sheet revised Jan. 2013.

Saskatchewan Immunization Manual Amendments February 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **February 2013**.

Chapter 9 Management of Biological Products

- p.1 Section 1.0 (dated April 2012)
 - New reference document added: *CDC Vaccine Storage and Handling Toolkit* (CDC, 2012), available at: <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>
 - Fahrenheit temperatures added for reference.
- p.2 (dated April 2012)
 - Fahrenheit temperatures added for reference.
- p.4 Section 2.1 (dated April 2012)
 - New statement added to 4th bullet: “Avoid using power outlets with built-in circuit switches (they have little red reset buttons), outlets that can be activated by a wall switch, or power strips. These can be tripped or switched off, resulting in loss of electricity to the storage unit”.
 - 7th bullet revised, now states, “Install back-up power generators to automatically provide power and maintain the ideal storage temperatures. Back-up generators should be of a sufficient capacity to run continuously for 72 hours if necessary. Plans should be made to ensure that an adequate supply of fuel is on hand. The generators should be regularly tested as per the manufacturer’s instructions”.
- p.5 Section 2.2 (dated April 2012)
 - Fahrenheit temperatures added for reference.
- p.7 (dated April 2012)
 - New section added: 2.2.4 Freezers – “Vaccines should be stored away from the freezer walls and vents in the part of the freezer best able to maintain the required temperature range -15°C to -50°C (+5°F to -58°F). Vaccines must not be stored in the freezer door. The temperature in the door is unstable and differs from that inside the unit. Frozen cold packs can be stored in the freezer door”.
- p.10 (dated April 2012)
 - New directions to check door seals on refrigerators.
 - Please review: Sections 2.5 and 2.5.1 updated as per Vaccine Storage and Handling Toolkit; Comment box removed from section 2.5.
- p.11 (dated April 2012)
 - Chart recorder section updated as per Vaccine Storage and Handling Toolkit.
 - Section 2.5.2 – last 2 sentences revised into 1 stating, “It is important to manually reset the minimum and maximum temperatures to the current temperature each time the temperatures are recorded for meaningful readings”.
 - Section 2.5.3 –The manufacturer of Freeze Watch monitors has confirmed that these monitors may be reused as long as they have not been activated or expired.
- p. 14 (dated April 2012)
 - Section 3.1.3 – New 1st bullet added, “Multidose vaccine vials contain bacteriostatic agents that prevent the growth of bacteria”.

- Fahrenheit temperatures added to Section 3.1.5 3rd bullet.
- p. 15 (dated April 2012)
 - Sections updated to replace Ministry of Health with Saskatchewan Disease Control Lab where appropriate.
- pp.17-18 (both dated April 2012)
 - Appropriate sections updated to replace Ministry of Health with Saskatchewan Disease Control Lab and phone and/or fax numbers.
- p. 21 (dated April 2012)
 - Section 3.4.1.2 1st bullet revised, now states, “Promptly remove expired vaccines and diluent from the refrigerator. Consult with the Saskatchewan Disease Control Lab Vaccine Management Assistant at 306-787-7104 to see if they can be returned to the Ministry of Health”.
 - Sections updated to replace Ministry of Health with Saskatchewan Disease Control Lab where appropriate.
- p.22 (dated April 2012)
 - Appropriate sections updated to replace Ministry of Health with Saskatchewan Disease Control Lab and phone and/or fax numbers.
- p.23 (dated April 2012)
 - Point 6. revised, now states, “If the indicator windows show pink/red colour in the ‘brief’ or ‘moderate’ windows, or if the indicator shows red colour in the ‘prolonged’ window, place vaccine in a separate bag in the refrigerator and contact the Ministry of Health for further instructions”.
- p.24 (dated April 2012)
 - Sections updated to replace Ministry of Health with Saskatchewan Disease Control Lab where appropriate.
- p.26 (dated 2012)
 - Section 4.1.2 point 3. revised, now states, “Document recommendations on the report form and fax pieces of incident report to the Ministry of Health Public Health Nursing Consultant at 306-787-3148 for vaccine specific recommendations”.
 - Section 4.2 – New 1st bullet which states, “To protect the vaccine inventory and to minimize potential monetary loss, every facility that stores vaccine should have a written Emergency Event Recovery Plan. If a problem is short term (usually 2 hours or less) and depending on ambient room temperature, the storage temperature can probably be maintained with the water containers in the refrigerator, with frozen coolant packs in the freezer, and by keeping the storage unit door(s) closed” (CDC, 2012, p.16).
- P.40 (dated May 2012)
 - Section 6 - new reference added - Centres for Disease Control and Prevention (2012). *Vaccine Storage and Handling Toolkit*. Available from:
<http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>

Chapter 10 Biological Products

- IMOVAX Rabies (April 2012, p. 2) and Rab-Avert (April 2012, p. 2)
 - New statement noted on bottom both pages regarding interchangeability of rabies vaccines: “Wherever possible, an immunization series should be completed with the same product. However, if this is not feasible, PCECV and HDCV are considered

interchangeable. People who require a booster dose of rabies vaccine can be given PCECV or HDCV regardless of the vaccine used for the initial vaccination series (CIG, 2012 Rabies : <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-rabi-rage-eng.php>)

- ROTARIX™ (P.1 dated October 2012)
 - Reference to Appendix 7.7 removed in 3rd bullet, Contraindications; form not developed.
- Prevnar 13 (p.1 dated November 2012)
 - Bottom row 24-59 months: 3rd column recommendation for number of doses for child with 0 previous dose now corrected to note 2 doses, and aligns with Ch. 5, section 1.3B.



Saskatchewan Immunization Manual Amendments March 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **March 2013**

Chapter 7 Immunization of Special Populations

- TOC (dated May 2012)
 - Hyposplenism added to title of section 1.5.3.
- p.6 (dated May 2012) Section 1.5.1 Chronic Kidney Disease
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
- p.7 (dated May 2012) Section 1.5.2 Chronic Kidney Disease
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
- p.8 (dated April 2012) Section 1.5.3 Anatomic or Functional Asplenia
 - New section title: Anatomic or Functional Asplenia, or Hyposplenism
 - Essential thrombocytopenia removed as a condition noted in 1st paragraph as a cause of asplenia.
- p.9 (dated May 2012) Section 1.5.3A vaccines for section 1.5.3
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
 - Updated Men-C-ACYW-135 vaccine recommendations for this high risk group:
 - “2 doses given not less than 4 weeks apart for those 2 years and older (8 weeks apart is ideal).
 - Revaccination:
 - If vaccinated at 6 years of age or younger, give a booster dose 3-5 years after the last dose, and then give a booster dose every 5 years thereafter.
 - If vaccinated at 7 years of age and older, give a booster dose not less than 5 years after the last dose, and then give a booster dose every 5 years thereafter”.
- p. 12 (dated April 2012) Section 1.5.4A Recommended Vaccine and Immune Globulins for those with illness that progressively weakens the immune system.
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
 - Updated HB vaccine dosages for HIV+ individuals:
 - 40µg dose for adults 18 years of age and older.
 - Double dose for children up to and including 17 years of age.
- p. 13 (dated April 2012) Section 1.5.5 Congenital Immunodeficiency States
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
 - Rotavirus vaccine added as contraindication.
- p.15 (dated April 2012) Section 1.5.6A Vaccines for those on immunosuppressive therapy
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.



- p.16 (Dated May 2012) Section 1.5.7 Malignant Neoplasm
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
- P.24 (dated November 2012) Section 2.4
 - **Varicella and MMRV removed from table 2.4A.**
- p.25 (dated April 2012) Sections 2.5 and 2.6
 - New bullet added to both vaccine tables: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
- p.26 (dated April 2012) Section 2.7 Cochlear Implant
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
- p.27 (dated April 2012) Sections 2.8 and 2.9
 - New bullet added to both vaccine tables: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
- p.28 (dated May 2012) Section 2.10 Individuals with Neurological Disorders
 - New bullet added to vaccine table: “As of April 1, 2013: 1 dose for Pneu-C-13 naïve children aged 60 months up to and including 17 years of age.”.
- P.36 (dated May 2012)
 - **3 new references added.**
- pp. 37 & 38 (dated August 2012 & June 2012 respectively) Appendix 7.1 Publicly Funded Vaccines for Selected Special Populations
 - **New column added for rotavirus vaccine.**
 - **Bleeding disorders – Varicella dot removed along with statement, “child on anti-coagulant therapy.**
 - **Congenital immunodeficiency – Rotavirus added as contraindication.**
 - **Individuals living in facilities – new footnote #12 - Pneu-C-13 for Pneu-C-13 naïve children 60 month-17 years.**
 - **HIV – new foot note #13 - 40µg for those ≥ 18 years; double dose for those birth up to and including 17 years of age.**
 - **Footnote #11 – Essential thrombocytopenia removed; ‘asplenia’ added in before hyposplenia.**
- p. 43 Appendix 7.6 (dated June 2012) Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients
 - **Schedule revised as requested by the Saskatchewan Cancer Agency.**
 - **The SCA endorses that this schedule is to be strictly followed by healthcare providers at the determined intervals.** When questions or concerns arise that are related to the SCA’s HSCT immunization schedule, please direct them to SCA or the regional Medical Health Officer.

Chapter 8 – Administration of Biological products

- TOC 1st page (dated June 2012) table title updates
 - **TABLE 1: VACCINE INTRAMUSCULAR INJECTION SITE, NEEDLE LENGTH AND TOTAL SITE VOLUME PER AGE GROUP**
 - **TABLE 2: IMMUNE GLOBULIN PREPARATION INJECTION SITE, NEEDLE LENGTH AND TOTAL SITE VOLUME PER AGE GROUP**



- p.10 (dated June 2012)
 - Table 1 revised.
 - New table 2 as noted in TOC.

Chapter 10 – Biological Products

- TOC 2nd page (dated May 2012)
 - NIMENRIX™ added as new Men-C-ACYW-135 vaccine from GSK
- TOC 3rd page (dated May 2012)
 - Immune globulin sites table renamed as Immune Globulin Preparation Injection Site, Needle Length and Total Site Volume per Age Group
- HA Eligibility (dated November 2012)
 - Update:
 - Sexual partners and household contacts of individuals who use illicit drugs.
- HB Eligibility (dated November 2012)
 - Updates:
 - Healthcare workers and healthcare students (refer to SIM chapter 7 for definition).
 - Sexual partners and household contacts of individuals who use illicit drugs.
- New vaccine added - NIMENRIX™ added as new Men-C-ACYW-135 vaccine from GSK
- PRIORIX-TETRA (dated August 2012)
 - New product monograph.
 - Expected reaction rates quantified.
 - Adverse event section verbatim from new product monograph re: incidence of fever with 1st vaccine dose.
- p. 2 of 2 Prevnar 13 (dated April 2012)
 - New section C added - (As of April 1, 2013) Medically High-Risk Children Aged 60 Months - 17 Years Who Are at Risk of Invasive Pneumococcal Disease as per Ministry of Health memo dated March 18, 2013.
- Immune Globulin Preparation Injection Site, Needle Length and Total Site Volume per Age Group (dated June 2012)
 - Table revised and updated.

Saskatchewan Immunization Manual Amendments April 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **April 2013**

Chapter 5 MMR

- p. 5 (dated August 2012) Section 1.4 Children 1 yr and Older but <7 years When Starting Immunizations
 - Pneu-C-13 – New footnote #10 - *One dose for Pneu-C-13 naïve medically high-risk children aged 60 months up to and including 17 years old. When possible, give Pneu-C-13 before Pneu-P-23 vaccine. 8 week minimum interval required between Pneu-C-13 and Pneu-P-23 vaccines.*
 - Pneu-P-23 moved to 2 month after 2nd visit.
- p. 6 (dated November 2012) Section 1.5 Children 7-17 years When Starting Immunizations
 - Pneu-C-13 added to table. New footnote 15 - *One dose for Pneu-C-13 naïve medically high-risk children aged 60 months up to and including 17 years old. When possible, give Pneu-C-13 before Pneu-P-23 vaccine. 8 week minimum interval required between Pneu-C-13 and Pneu-P-23 vaccines.*
 - Pneu-P-23 added to 6 months after 2nd visit, but as above 8 weeks minimum interval required between Pneu-C-13 and Pneu-P-23.
- pp. 27-28 Appendix 5.2 (dated April 2012)
 - Updated to reflect that all persons born since January 1, 1970 are eligible for 2 doses MMR as opportunities for immunization present.
 - New wording for question #3 in scenarios 3, 4a, 4b.
 - #5 in scenario 4b corrected and now reads, *“If NO: then the client **does not qualify** to receive 1 dose of MMR vaccine, unless their situation changes to reflect the criteria for eligibility as noted in #3.*

Chapter 6 Contraindications and Precautions

- pp. 2-3 (dated April 2012) section 2.2 Anaphylactic Reaction to Eggs
 - Content revised as per 2012 CDC Pink Book.
- p. 7 (dated May 2012) Section 5.0 References
 - New reference added: Centers for Disease Control and Prevention (2012). *Epidemiology and Prevention of Vaccine-Preventable Diseases.*

Chapter 7 Immunization of Special Populations

- p. 12 (dated March 2013) Section 1.5.4A
 - Added to HB row of table: For HIV infected persons, refer to SIM chapter 10: *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children*

- p. 22 (dated May 2012) Section 2.3.1A
 - New footnote added to table - #4: *“Tdap may be administered any time during pregnancy, but vaccination during the third trimester would provide the highest concentration of maternal antibodies to be transferred closer to birth. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation although Tdap may be given at any time during pregnancy (CDC, 2012, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>).*

Chapter 10 – Biological Products

- TOC page 1 (dated September 2012) updated to include new bullet: *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children*
- New HB vaccine reference document re: HIV infected persons
 - *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children* addresses adult 40 mcg and birth-17 years double dosage and schedule.
- ENGERIX-B (dated April 2012) and RECOMBIVAX HB (dated October 2012)
 - Reference made in both to: *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children*
- Menactra (October 2012), Menveo (April/June 2012) and NIMENRIX (March 2013)
 - New 2012 product monograph link for Menveo
 - Specific scheduling information in tables to address Men-C-ACYW-135 vaccine for those with functional or anatomic asplenia/hyposplenia.
 - All 3 vaccines have same 4 footnotes now.

Saskatchewan Immunization Manual Amendments June 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **June 2013**

Chapter 5 Immunization Schedules

- pp. 5-6 (dated April 2013) Sections 1.4 and 1.5
 - Footnote reinstated to section 1.4 #11 and section 1.5 #16, as was erroneously removed when pages last updated. “Individuals who are cohort-eligible for a 2-dose varicella series who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose as they will have developed immunity. If disease history is uncertain provide a second dose of varicella-containing vaccine”.

Chapter 7 Immunization of Special Populations

- ToC first page (dated March 2013)
 - Rotavirus removed from title in section 1.4.1 - Consideration for MMR and Varicella or Immunization of Immunocompromised Individuals.
- p.22 (dated April 2013) Section 2.3.1A: Publicly Funded Vaccines during Pregnancy
 - Tdap wording clarified to indicate that a MHO consultation required prior to the administration of Tdap to a pregnant women in high-risk situations.
- p.22 (dated March 2013) Section 2.4
 - The following statement added to bullet #7: It is advisable to administer the vaccine approximately 3-4 hours after the anti-haemophilia therapy which decreases the risk of bleeding and haematoma. If bleeding does not stop after administering the vaccine, contact the MHO for further assistance (more anti-haemophilia therapy may be needed).

Chapter 8 Administration of Biological Products

- Table of Contents (first page dated March 2013)
 - New section added: 1.37 Prefilled Syringe-Vaccine Vial Format added.
- Table of Contents (second page dated April 2013)
 - Revised to accommodate changes to first ToC page.
- p.6 (dated April 2012)
 - New section added: 1.37 Prefilled Syringe-Vaccine Vial Format added.

Chapter 9 Management of Biological Products

- p.26 (dated February 2013) Section 4.1.2
 - Bullet #3 – PHN consultant fax number corrected.

Chapter 10 Biological Products

- Toc page 1 (dated April 2013)
 - Vaqta Jr. removed from HA heading as does not have own product monograph anymore.
- HB vaccine dosage/formulation options for HIV+ (dated April 2013)
 - Spacing between doses 3-4 for adults corrected to 16 weeks, not 26 weeks.
- Adacel-polio (dated August 2012) indicated as a non-publicly funded vaccine.
- MMR II (dated June 2012) and Priorix (dated June 2012) – indications amended to reflect that adults born since 1970-01-01 qualify for 2 MMR doses.

- New product monograph updates for:

- Boostrix
- Cervarix
- HIBERIX
- Menjugate
- INFANRIX-hexa
- Varilrix
- Vaqta (Vaqta Jr, removed as not noted as having separate monograph)
- RotaTeq
- Vivotif
- Zostavax
- Menveo
- Priorix
- SYNFLORIX

Chapter 13 Principles of Immunology

- p.19 (dated April 2012) Resources
 - Both web links updated

Chapter 14 Appendices

- p. 21 (dated January 2013)
 - Men-C-ACYW-135 fact sheet date changes to May 2013

Saskatchewan Immunization Manual Amendments September 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **September 2013**.

Chapter 1 Introduction

- pp. 12-13 (dated August 2012) & p. 14 (dated October 2012) section 5.2 History of publicly funded immunization and programs in SK
 - 40 mcg HB approved for persons ≥ 18 years with HIV or specific high risk conditions
 - Adult born since Jan. 1, 1970 eligible for 2 MMR doses
 - One dose Pneu-C-13 approved for high risk children 5-17 years of age who are Pneu-C-13 naïve.

Chapter 5

- Table of Contents first page (dated June 2012)
 - Titles 1.4, 1.5 and 1.6 re-titled "... Who Present for Immunizations".
- p. 1 (dated Nov. 2012) Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
 - MMR removed from schedule for gr. 6 & 8 students.
 - Latter footnotes renumbered because of above change.
- p. 5 (dated June 2013) Section 1.4 Children 1 Year and Older but less than 7 Years When Starting Immunizations
 - New title: Children 1 Year and Older but less than 7 Years Who Present for Immunizations
 - New bullet added: **Previous vaccine doses administered when child was younger are counted toward doses required in this schedule.**
- p. 6 (dated June 2013) Section 1.5 Children 7 to 17 Years When Starting Immunizations
 - New title: Children 7 to 17 Years Who Present for Immunizations
 - New bullet added: **Previous vaccine doses administered when child was younger are counted toward doses required in this schedule.**
 - Grade 12 rows deleted.
 - MMR removed from grade 6 & 8 rows.
 - Footnote 16 now #5.
 - Footnote 15 now #14.
- p. 7 (dated November 2012) Section 1.6 Adults 18 Years and Older When Starting Immunization
 - New title: Adults 18 Years and Older Who Present for Immunizations
 - New bullet added: **Previous vaccine doses administered when person was younger are counted toward doses required in this schedule.**
- P.17 (dated April 2012) Section 3.7 Tetanus Prophylaxis in Wound Management
 - New bullet added: "Refer to Chapter 10, Biological Products for specific vaccine and tetanus immune globulin (Tlg) information".

Chapter 10 Biological Products

- Twinrix/Twinrix Jr (August 2012)
 - 2013 product monograph link.
 - Populations recommended receiving Twinrix vs. separate HA and HB vaccines are noted for clarification.
- Gardasil (April 2012)
 - 2013 product monograph link.
- Influenza vaccine section
 - All vaccine information and links have been updated for the 2013-14 seasonal influenza season.
- MMR II page 1 of 2 (dated June 2013)
 - Date typo in 1st row of indications corrected to 1970 from 1990.
- Prevnar 13 (p. 1 dated February 2013 & p. 2 dated March 2013)
 - 2013 product monograph link.

Saskatchewan Immunization Manual Amendments October 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **October 2013**.

Chapter 1 Introduction

- p. 10 (dated April 2012) Section 4.0 Vaccine Development and Licensing
 - [Content updated regarding homeopathic nosodes.](#)

Chapter 8 Administration of Biological Products

- TOC 2nd page (dated June 2013)
 - [Page number corrected for section 2.8](#)
- P. 2 (dated April 2012) Section 1.2 Standard Precautions
 - [Third bullet re: glove use revised to state non-sterile or sterile glove use is not recommended and unnecessary with exceptions.](#)

Chapter 10 Biological Products

- [BCG vaccine added to section and TOC 1st page.](#)
- [FSME-IMMUN 2011 product monograph link.](#)

Chapter 14 Appendices

- p. 20 (dated May 2012) Appendix 14.2
 - [RHA and FNJ contact information updated.](#)
- p. 21 (dated June 2103) Appendix 14.3 Immunization Fact Sheets
 - [Updated list.](#)

Saskatchewan Immunization Manual Amendments November 2013

Instruction: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated **November 2013**.

GBS ch. 7 p.29

Chapter 1 Introduction

- pp. 12-13 (dated August 2012) & p. 14 (dated October 2012) section 5.2 History of publicly funded immunization and programs in SK
 - Men-C-ACYW-135 specific high risk populations
 - Varicella HCWs, mothers

Chapter 3 Informed Consent

- p. 1 (dated April 2012) Section 1.0 Communication of Immunization Benefits and Risks
 - Clarify last sentence about exclusions during CD outbreaks.
 - Updated appendix 3.2 with CIG

Ch. 5

- p.15 – 3 month interval live vaccines and Rhlg??

Chapter 7 Special Populations

- Men-C-ACYW-135 immunization recommendations for the following child & adult populations:
 - 1.5.3 ANATOMIC OR FUNCTIONAL ASPLENIA, AND HYPOSPLENIA
 - 1.5.4 ILLNESSES THAT PROGRESSIVELY WEAKEN THE IMMUNE SYSTEM
 - 1.5.5 CONGENITAL IMMUNODEFICIENCY STATES
- Varicella, HCWs. Post-natal women

Chapter 8

Chapter 10 Biological Products

- Tuberculin (dated October 2012)
 - Publicly funded indications noted.
 - 2-step testing added as separate row.
 - Other sections updated.
- **NEW!** School Aged Student Tdap Scenarios
 - Directives as to how to address tetanus-related vaccine scenarios, especially as pertaining to the grade 8 Tdap program.
- Varicella...
- MenCACYW-135

Chapter 14 Appendices

- P. 21 (dated October 2103) Appendix 14.3 Immunization Fact Sheets

- Updated as applicable.