

Saskatchewan Immunization Manual Amendments June 2018

Instructions: 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 2018.

Chapter 1 Introduction

- P. P. 14 Section 5.2 Hx of PF Vaccines and programs in SK

- Revision to meningococcal vaccines

October 2004	Meningococcal conjugate C (Men-C-C) routine for: <ul style="list-style-type: none"> • All children at 12 months of age born since October 1, 2003 • Preschool catch-up for children born since October 1, 2000 • Grade 6 students born January 1, 1993 to Dec. 31, 1999
Sept. 2011	<ul style="list-style-type: none"> • Meningococcal conjugate ACYW-135 for Grade 6 students born since January 1, 2000. • Menveo® approved for children ≥ 2 months of age for outbreaks

Chapter 5 – Immunization Schedules

- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
 - **New!** Footnote * now states: **Refer to SIM Ch. 10 Tdap (Adacel and Boostrix) and Tdap-IPV (Adacel-Polio and Boostrix-Polio) pages for directives in completing all series, based on immunization status and/or age when first dose of a DTaP-containing vaccine was received (e.g., before or after 1 year old).**
 - Footnote #7 now reads, “Grade 6 students can receive Men-C-ACYW-135 a minimum of 4 weeks after a previous Men-C-C vaccine and 3 or more years after previous Men-C-ACYW-135 dose.
 - Last sentence removed from footnote 8.
- P. 27 Appendix 5.2: Adult Eligibility for Publicly Funded MMR Vaccine
 - **New!** Bullet added in bottom text box: **Although a second dose of rubella is not considered necessary for immunity, it is not harmful and may benefit the 1% to 5% of people who do not respond to primary immunization (CIG).**

Chapter 7 Immunization of Special Populations

- TOC (2nd page) update to reflect changes below.
- P. 26 Section 6.3 retitled as: Publicly Funded Vaccines - Healthcare – *AHA/SHA/SCA/CC/FNJ Workers and Students*
- P. 27 Section 6.5 Publicly Funded Vaccines - Healthcare – *AHA/SHA/SCA/CC/FNJ Workers and Students*
 - **New!** Note added to Rubella row: **NOTE: Although a second dose of rubella is not considered necessary for immunity, it is not harmful and may benefit the 1% to 5% of people who do not respond to primary immunization (CIG)” for clarification.**

Chapter 8 – Administration of Biological Products

- TOC both pages updated to reflect new content sections as noted below.
- P. 1 Section 1.1.1 General Screening questions
 - **New question** added as #9: **Is there a history of severe combined immunodeficiency (SCID) or a history of recurrent, unexplained early deaths in the family?**
- P. 2 Section 1.3 Product Preparation
 - **New sections!**
 - Section 1.3.1.1 Filter Needles
 - Section 1.3.1.2 Combination of Contents of Multi-Dose Vials
- P. 5 Section 1.3.5 Ampoules
 - Sub-section a removed under #5 as now under section 1.3.2.
- P. 8 Section 2.1.1 Limb Integrity
 - Section updated as per CIG 2017.
- P. 26 Section 3.3 Evidence-Based Interventions for Pain and Anxiety
 - **New!** CIG resource for pain reduction all ages is noted.

Saskatchewan Immunization Manual Amendments June 2018

- P. 29 Post-Immunization Client Care
 - #2 Updated:
Prophylactic administration of acetaminophen prior to or immediately post-immunization for pain management is ineffective and is not recommended because of interference with vaccine induced immune responses. The March 2018 *Pediatrics and Child Health* article **Fever prophylaxis can reduce vaccine responses: A caution** states:
 “Prophylactic use of antipyretic/analgesic drugs can reduce immune responses to some infant vaccines, warranting judicious use. The clinical significance of such reduced responses is uncertain but stronger responses are obtained in the absence of prophylaxis. In contrast, using these drugs to treat symptoms once they appear is unlikely to interfere with immune responses and would reduce the number of asymptomatic children exposed to other potential drug adverse effects. The above observations that anti-inflammatory drugs only interfere with antibody responses if present during the first 6 to 8 hours after immunization serve as a reminder that injection site inflammation is an essential first step in initiating responses to vaccines, activating dendritic cells and recruiting macrophages that rapidly transport vaccine antigens to regional lymph nodes where antibody responses begin. Acetaminophen and ibuprofen target different parts of the inflammatory response cascade, likely explaining their differing effects on immune responses.”
- Pp. 30-31 Section 4.0 References
 - Updated.
- P. 34 **New!** Appendix 8.3: Immunization pain management strategies, by age group (CIG)

Chapter 10 Biological Products

- ToC first page updated
- **New!** Hepatitis B Series Completion Recommendations for Children Presenting at 11-15 Years Old (applies to those 10 years in Grade 6)
 - Includes SCOI recommendations to complete the HB schedules of those with a history of previous HB or HAHB vaccines.
- Hepatitis B Completion Scenarios (excluding children 11-15 years old)
 - Has been revised, replacing client for child or adult; and
 - Previous scenarios for clients presenting between 11-15 years have been removed as now addressed in separate new section as noted in previous bullet.
- MMR II and Priorix (2nd pages of both vaccines)
 - Footnote 1 now states: Travelling infants 6 months to younger than 12 months of age should be offered an early publicly funded dose of MMR vaccine if they are travelling to:
 - Countries outside of North America; **or**
 - Mass gatherings (generally defined of ≥ 25,000 people according to the WHO) of international travellers (e.g. sporting events, pilgrimages, etc.) anywhere in the world.
- Inactivated Polio Vaccine
 - Intervals now state months instead of weeks.
- RotaTeq
 - Revised Contraindication: Infants diagnosed with Severe Combined Immunodeficiency (SCID) disorder or who have a family history of SCID or recurrent, unexplained early deaths in the family.
- **Attention:** Adacel and Boostrix
 - Complete reformatting of indications, doses and formatting, including requirements for children 7-17 who have/have not received a dose of a DTaP-containing vaccine before/after 1 year old.
 - All footnotes revised as well.
 - **Please ensure all staff are familiar with the revisions!**
- **Attention:** Adacel-Polio and Boostrix-Polio

Saskatchewan Immunization Manual Amendments **June 2018**

- Complete reformatting of indications, doses and formatting, including requirements for children 7-17 who have/have not received a dose of a DTaP-containing vaccine before/after 1 year old.
- All footnotes revised as well.
- **Please ensure all staff are familiar with the revisions!**
- Tubersol
 - TB Prevention and Control Policy for Diagnosis now referenced under indications.
- HYPERTET® S/D (page 1)
 - 30 days deleted from 2nd bullet under DOSE/SERIES and replaced with approximately 28 days based on Tlg half-life of 3.5-4.5 weeks (ImmunoFacts, 2013).

Chapter 14 Appendices

- TOC updated
 - **New section!** Select Immunization-Related Letters From The Ministry Of Health
- **New!** Starting on page 23, a new section titled Select Immunization-Related Letters from the Ministry of Health will be a reference area for selected immunization-related letters for ease of reader access. 3 letters from 2018 have been posted:
 - Immunization with Tdap in every pregnancy (March 22/18)
 - New Rotavirus Vaccine Implementation – RotaTeq (March 29, 2018)
 - Re-immunization Directive – Oral Polio Vaccine Doses Documented as of April 1, 2016 (May 15/18)