



Saskatchewan Immunization Manual Amendments August 2012

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 **August 2012**.

Immunization Screening Questions

- Form updated for August 2012.

Chapter 1 Introduction

- p. 4 (dated May 2012) Section 2.2 Community
 - Last paragraph 2nd sentence typo (*diseases*) corrected to state **disease**.
- p. 7 (dated April 2012) Table 1 Evidence-Based Strategies to Improve Vaccine Update
 - Typo corrected 6th bullet in first column (*calendars*) to state **calendar**.
- p. 11 (dated May 2012) Section 5.1 School Immunization Programs
 - MMRV added as approved vaccine for grade 6 students who are 13 years and older until they begin their grade 7 school year.
- pp. 12-14 (dated April 2012) Section 5.2 History of Publicly Immunizations and Programs in Saskatchewan
 - DTaP-IPV-Hib added on page 12 as approved for short term replacement of DTaP-IPV during nation DTaP-IPV shortage July-October 2012.
 - MMRV moved to page 14 and its approval for grade 6 students who are 13 years and older until they begin their grade 7 school year has been added.

Chapter 5 Immunization Schedules

- TOC page 2 (dated May 2012)
 - Section 4.2 vaccine Interchangeability renumbered to page 22
- p. 1 (dated May 2012) Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
 - New footnote: “* In some provinces and territories, Tdap-IPV has been approved for this dose in children 4 -6 years who have completed a 3- or 4-dose primary DTaP-IPV-Hib series”.
 - Addition to footnote 6: “Individuals 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”.
 - New footnote 10: “MMRV is approved for administration to grade 6 students who are 13 years and older until they begin their grade 7 school year”.
 - Grade 12 MMR removed from table.
- p. 2 (dated April 2012) Section 1.2 Hib Schedule for Children Delayed by 1 Month or More
 - New footnote 4 added: “Children who have had invasive Hib disease at less than 24 months of age must be re-immunized with a Hib-containing vaccine according to their age at presentation. Refer to the *Saskatchewan Communicable Disease Control Manual* at <http://www.health.gov.sk.ca/communicable-disease-control-manual> for further information”.



- p. 4(dated May 2012) Section 1.3B Pneumococcal Conjugate Schedule for medically High Risk Children Delayed by 1 Month or More
 - 2 new directional statements added if client has previously received or requires Pneu-P-23 vaccine.
 - Correction made for 24-59 months with 0 previous doses – now corrected to state they require 2 doses given min, 8 weeks apart.
- p. 5 (dated May 2012) Section 1.4 Children 1 Year and Older but less than 7 Years When Starting Immunizations
 - New footnote added: “* In some provinces and territories, Tdap-IPV has been approved for this dose in children 4 -6 years old who have completed a 3- or 4-dose primary DTaP-IPV-Hib or DTaP-IPV series”.
 - Footnote 4 final original sentence deleted as MMRV now approved for use in grade 6 students 13 years and older.
 - New footnote 10 added: “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”.
- p. 6 (dated May 2012) Section 1.5 Children 7 to 17 Years When Starting Immunizations
 - Grade 12 deleted from table and from footnote 5.
 - Footnote 3: original 2nd sentence re: giving separate MMR and Varicella to children 13 and older deleted.
 - Addition to footnote 6: “Individuals 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”.
 - New footnote 14 added: “MMRV is approved for administration to grade 6 students who are 13 years and older until they begin their grade 7 school year. Give separate MMR and Var vaccines to students in grades 7-12”.
- p. 7 (dated May 2012) Section 1.6 Adults 18 Years and Older When Starting Immunization
 - Additional information added to footnote 4: “Those 13 years and older require 2 doses given a minimum of 6 weeks apart. Individuals 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”.
 - New row added to table to reflect that 3rd HB dose may be given 6 months after the first visit to abide with 0-1-6 month scheduling.
- p. 8 (dated June 2012) Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series
 - Reference to the Infant Pertussis Cocooning Strategy referenced in 3rd bullet of Td (or Tdap row).
- p. 9 (dated June 2012) Section 1.8 Publicly Funded Vaccine Eligibility Criteria
 - Polio added to chart noting adult travellers to polio endemic countries as eligible for 3-dose series.



- p. 19 (dated May 2012) Section 3.8.2.2 Rabies Immune Globulin
 - 3rd bullet now states, “**If Rablg is not administered on day 0, it can be administered up to and including day 7 of the RPEP series**” for clarity.
 - Second last bulleted now states, “... Rablg administered at each site should not exceed...”
 - Last bullet revised into 2 separate bullets for clarity:
 - Do not administer Rablg in the same syringe as rabies vaccine.
 - Do not administer Rablg in the same anatomical site on the same day that rabies vaccine is given.
- p. 21 (dated April 2012) Section 4.1 Unknown or Uncertain Immunization Status
 - Content revised for Canadian and foreign-born children and adults; verbal history acceptances clarified.
 - Section 4.2 Vaccine Interchangeability moved to begin on page 22.
- pp. 22-23 (dated May 2012) Section 4.4 Individuals Who Received an Inappropriate Vaccine Dose
 - ROTARIX (Rot-1) added to point number 2.
- p. 24 Section 4.5.2 Personal Care Homes
 - Moved to begin on page 24.

Chapter 6 Contraindications and Precautions

- p. 1 (dated May 2012) Section 1.1 Contraindication to Immunization
 - Rabies vaccine added as exception to contraindication in 1st bullet.
 - GBS must occur within 6 weeks of receiving an influenza vaccine or a tetanus-containing vaccine.
- p. 1 (dated May 2012) Section 1.3 Client Assessment
 - 3rd last bullet now states, “Receipt of a live vaccine in previous 3 months”.
- p. 8 (dated May 2012) Appendix 6.1
 - Footnote 4 now states, “Injectable live viral vaccines must be administered on the same day or separated by intervals as per Chapter 5, Section 3.3.1 Minimum Spacing between MMRV, MMR and Varicella Vaccines Doses. There is no minimum interval between administration of an oral or intranasal live virus vaccine and an injectable live virus vaccine”.
 - History of intussusception and/or uncorrected congenital gastrointestinal malformation and contraindication to rotavirus vaccines added to table.
 - Severe immunodeficiency disorder cited as example of severely immunocompromised condition.

Chapter 7 Immunization of Special Populations

- p. 30 (dated April 2012) Section 3.2 HCW
 - SaskHealth HCW definition provided.
- p. 35 (dated May 2012) Section 3.5 Unknown or Uncertain Immunization Status/Inadequate Immunization Records
 - Content deleted, with directive to refer to Ch.5 Section 4.1.
 - Section 3.6 International Traveler – revision of wording, content unchanged.
- p. 37 (dated May 2012) Appendix 7.1 Publicly Funded Vaccine Recommendations for Selected Special Populations
 - Children on anticoagulant therapy caution for varicella-containing vaccines noted.



Chapter 8 Administration of Biological Products

- p. 1 (dated April 2012) Section 1.1.1 General Screening Questions
 - Revisions include:
 - a) Questions related to the administration of rotavirus vaccines
 - b) History of positive TB skin test.
- p.4 (dated June 2012) Section 1.3.4 Vaccines with Diluents
 - 2nd point 3rd bullet now states, “Inject diluent into vaccine vial and gently agitating to thoroughly dissolve the lyophilized powder. Draw up all of the vaccine after it is reconstituted to ensure client receives full concentration of antigens (e.g. client may receive slightly more or less than actual 0.5 mL dose)”.
- p. 5 (dated April 2012) Section 1.3.5 Ampoules
 - The following insertion has been added to point number 5: ... (using a filter needle is recommended if available).
- p. 7 (dated June 2012) Section 1.5.1 Vaccines Given at Less than the Recommended Interval
 - 3rd bullet corrected to state, “If two live injectable vaccines or an intranasal ...”
- p. 8 (dated May 2012) Section 2.1 Special Considerations
 - Administrative sites removed from 3rd bullet.
- p. 15 (dated May 2012) Section 2.4.3 Ventrogluteal
 - First paragraph amended and now states “Do not use this site in infants and children. If the deltoid and vastus lateralis sites cannot be used, then the ventrogluteal is the tertiary administration site for IM injections in adolescents and adults. This site provides the greatest thickness of gluteal muscle, and is free of penetrating nerves and blood vessels”.
- p. 16 (dated April 2012) Section 2.4.4 Dorsogluteal
 - First sentence revised to state, “...when the deltoid, vastus lateralis and ventrogluteal sites ...”
- pp. 18-19 (dated May 2012) Section 2.7 Intradermal Tuberculosis Skin Test
 - TB Control Saskatchewan has reviewed section and made minor amendments according to their proposed draft TST policy and procedure documents kindly shared with the Ministry of Health.
- p. 20 (dated April 2012) Section 2.8 Infiltration of Rabies Immune Globulin
 - First bullet deleted.
 - 6th bullet corrected to state that Rablg should be injected in the deltoid in those 12 months and older, and the vastus lateralis all age. All gluteal sites removed.
 - 7th bullet deleted and 2 new bullets added:
 - Do not administer Rablg in the same syringe as rabies vaccine.
 - Do not administer Rablg in the same anatomical site on the same day that rabies vaccine is given.
- p. 21 (dated April 2012) Section 2.10 Oral (PO)
 - Amendment made to 2nd paragraph includes deletion original content stating to re-administration ROTARIX vaccine if infants regurgitates or spits up vaccine dose.
- p. 26 (dated April 2012) Section 3.3.2 Older Toddlers and Children
 - Typo corrected in 3rd sentence; no change to content.
 - Additional wording added 4th bullet first sentence: “...during each immunization ...”
- p. 27 (dated April 2012) Section 3.4.1.2 EMLA®
 - Contraindication clarified in 2nd sentence.



Chapter 10 Biological Products

- Table of Contents p.1 (dated May 2012) updated as INFANRIX™-IPV-Hib (DTaP-IPV-Hib) and INFANRIX™-IPV (DTaP-IPV) have been added.
- New product information for INFANRIX™-IPV-Hib (DTaP-IPV-Hib) and INFANRIX™-IPV (DTaP-IPV).
- Priorix-Tetra (dated June 2012)
 - Family history of congenital immunodeficiency added to Precautions area.
 - New indication added: Grade 6 students who are ≥13 yrs until they begin their grade 7 school year.
 - New footnote 4 added: “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”. Also noted in Dose/Series header.
- Pediacel & Quadracel (both dated April 2012)
 - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
- Td Adsorbed (dated May 2012)
 - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
 - Systemic expected reactions added.
- Adacel (dated May 2012)
 - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
 - Footnote 1 corrected to read as footnote 1 for Boostrix.
 - New indication added: Adult caregivers of infants (<6 months old) who have not received Tdap in the past 5 years.
 - Dose/Series #4 Dose 2 amended to state, “Dose 2: 0.5 mL IM 4 weeks later or 6-12 month later if required to complete the primary series of 3 doses.
- Boostrix (dated May 2012)
 - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
 - New indication added: Adult caregivers of infants (<6 months old) who have not received Tdap in the past 5 years.
 - Dose/Series #4 Dose 2 amended to state, “Dose 2: 0.5 mL IM 4 weeks later or 6-12 month later if required to complete the primary series of 3 doses.
- Td-Polio Adsorbed (dated April 2012)
 - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
 - Systemic expected reactions added.
- Adacel-Polio & Boostrix-Polio (both dated April 2012)
 - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
 - Expected reactions updated.
- Twinrix & Twinrix Junior (dated May 2012)
 - New 2012 monograph link.
 - Expected reaction rates provided as per 2012 product monograph.



- Varilrix & Varivax III (both dated May 2012)
 - New footnote added: “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”. Also noted at dose/series header.
 - Last sentence in footnote 2 deleted as pertains to rubella.
 - 3rd precaution bullet amended to state, “...of any other live vaccine other than the second dose of varicella which should be delayed for 6 weeks to 3 months”.
 - Family history of congenital immunodeficiency moved to Precautions area.
- Tubersol (dated April 2012)
 - Situations when results considered positive noted to align with chapter 8 section 2.7 Intradermal Tuberculosis Skin Test.

Chapter 12 Management of Anaphylaxis

- p. 12 (dated May 2012) Appendix 12.1 Recommended Treatment of Anaphylaxis
 - A 1 amended to state, “... or arm (if client \geq 12 months)”.
- p. 13 (dated May 2012) Appendix 12.2 Anaphylaxis Treatment Worksheet
 - Capillary refill time amended to note > 3 seconds.