

Saskatchewan Immunization Manual Amendments May 2012

Instruction: Please remove and discard the corresponding pages in each chapter section dated April 2012 and insert the revised pages as noted below in each chapter section dated May 2012.

Main Table of Contents

- **p. 3 Chapter 12 Section 2.0**
 - Section title amended to [ANAPHYLACTIC REACTION VERSUS FAINTING OR ANXIETY](#).

Chapter 1 Introduction

- **p. 4 Section 2.2 Community Immunity**
 - Last sentence in first paragraph revised to state, “It is important to note that tetanus is a vaccine-preventable disease, but it is not affected by community (herd) immunity.”
 - 3rd bullet in last paragraph revised to state, “Prior to routine immunization of children against pertussis, 30,000 – 50,000 cases occurred in Canada, with 50 to 100 individuals (children and adults) dying per year.”
- **p. 6 Section 2.3 Barriers and Strategies that Effect Vaccine Uptake**
 - Point 2 revised to state, “... with greatest need, [distances between residences and clinics](#), public transportation accessibility ...”
- **p. 11 Section 5.1 School Immunization Programs**
 - [HPV-4 cohort defined cell merged](#), as females born since Jan. 1, 1996 considered eligible cohort regardless if in grade 6 or 7 when program implemented.
 - Grade 12 MMR program end date corrected to [2011-12 school year](#).

Chapter 2 Authorization to Immunize

- **p. 1 Section 1.1 Authorization to Immunize**
 - 4th bullet – Appendix 1 renumbered and corrected to state to [Appendix 2.1](#).
- **p. 1 Section 1.3 Provision of Publicly Funded Immunizations by Community Vaccine Providers that are not Registered Nurses**
 - First paragraph revised to state, “Community vaccine providers may include [physicians, pharmacists, licensed practical nurses and emergency medical technicians \(paramedics\) who work within their legislated professional scope of practice](#).”

Chapter 5 Immunization Schedules

- **Main Table of Contents**
 - Typos corrected in 1.3A and 3.7.1; section 4 header moved to next page.
- **p. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents**
 - * Footnote and symbol removed from 4 yrs. schedule.
 - Footnote 2 section title corrected.
 - Footnote 6 – amended to note 6 weeks apart instead of 4 weeks apart.
 - Footnote 8 amended to refer to second dose MMR catch up program.
- **p. 3 Section 1.3A Pneumococcal Conjugate Schedule for Healthy Children Delayed by 1 Month or More**
 - ‘1’ at end of section title superscripted.
 - New scenario added to 12-23 months row: “2 or 3 doses at less than 12 months and 1 dose at 12 months or older.”
- **p. 4 Section 1.3B Pneumococcal Conjugate Schedule for Medically High Risk Children Delayed by 1 Month or More**
 - 1st bullet now states, “Refer to Chapter 10, Biological Products for specific vaccine information and specific health conditions”.
 - New scenario added to 12-23 months row: “2 or 3 doses at less than 12 months and 1 dose at 12 months or older.”
- **p. 5 Section 1.4 Children 1 Year and Older but less than 7 Years When Starting Immunizations**
 - 3rd bullet added, “...and specific health conditions.”
 - * Footnote and symbol removed from 6th row, 2nd column schedule.
 - Foot note 2 section number corrected to 3A.
 - Pneu-P-23 and footnote 9 added to schedule.
- **p. 6 Section 1.5 Children 7 to 17 Years When Starting Immunization**
 - 3rd bullet added, “...and specific health conditions.”
 - * Footnote and symbol removed from 6th row, 2nd column schedule.
 - Pneu-P-23 and footnote 13 added to schedule.
- **p. 7 Section 1.6 Adults 18 Years and Older When Starting Immunization**
 - 3rd bullet added, “◆ Denotes special population application; refer to Chapter 10, Biological Products for information and specific health conditions.”
 - Varicella (table) – footnote 2 removed, footnote 3 added.
 - Pneu-P-23 added to schedule.
 - Footnote 1 – Reference to chapter 7 added.
 - Footnote 7 corrected to state, “For individuals born since January 1, 1984.”
 - Footnote 8 added for Pneu-P-23 indications.
 - * Footnote and symbol removed from 2nd row, 3rd and 4th columns schedule.
- **p. 8 Section 1.7 Recommended Immunization for Adults Who Completed a Primary Childhood Vaccine Series**
 - Tetanus prophylaxis referral section corrected to 3.7 from 3.6.
 - Pneu-P-23 – first and second bullets revised to state:
 - One routine dose for adults 65 years and older.
 - One dose for adults up to and including 64 years old who have specific health conditions. Refer to Chapter 7, Immunization of Special Populations for more information.

- **p. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria**
 - Influenza and Pneu-P-23 added to table.
 - Rubella – 2nd bullet revised to state, “Susceptible childbearing-aged females who have a documented history of receiving 2 previous doses of rubella-containing vaccines are ineligible to receive further doses of rubella-containing vaccine; document as a non-responder.”
 - Varicella – Bullets amended and/or revised to provide clearer eligibility guidelines.
- **p. 10 Section 2.0 Minimum Intervals Between Vaccine Doses**
 - New 1st bullet added, “Minimum intervals are useful to assess the validity of vaccine doses an individual has previously received.”
 - 2nd last bullet revised to state, “Vaccine doses that were given at intervals shorter than those shown in Table 2.1: Minimum Intervals for Specific Vaccine Series may be considered valid; refer to Chapter 8, Section 1.5 Immunization Following Non-Conforming Situations for more information.”
- **p. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series**
 - 1st bullet revised to state, “Refer to Chapter 10, Biological Products for specific vaccine information.”
- **p. 12 Section 3.2 Timing and Spacing of Inactivated Vaccines**
 - Men-C-ACYW-135 typo corrected.
- **p. 13 Section 3.4 Spacing of Vaccines and Blood Donation**
 - Table revised.
- **p. 18 Section 3.8.2 Post-Exposure Prophylaxis**
 - Additional statements added to point 2, “Rabies post-exposure prophylaxis should be offered to exposed individuals regardless of the elapsed interval since exposure. The longest incubation periods for rabies have been reported to be several years.”
- **p. 18 Section 3.8.2.1 Previously Immunized Individuals**
 - 3rd sub-bullet of 1st bullet referring to documented titres deleted.
- **p. 19 Section 3.8.2.2 Previously Unimmunized Individuals (Rablg)**
 - **3rd bullet revised to state**, “Rablg must be administered as soon as possible after exposure to unvaccinated persons. If Rablg is not administered on day 0 of the RPEP regimen, it can be administered up to 8 days after initiating an approved vaccine course. Since vaccine-induced antibodies begin to appear within one week, there is no value in administering Rablg more than 8 days after initiating an approved vaccine course. The recommended dose is 20 IU/kg body weight. This formula is applicable to all age groups including children.”
- **p. 19 Section 3.8.2.2 Previously Unimmunized Individuals (Rabies Vaccine)**
 - 2nd last bullet – statement added, “Do not give rabies vaccine in the dorsogluteal or ventrogluteal sites.”

- **p. 22 Section 4.3 Individuals Who Received a Vaccine by a Route Other than that Recommended**
 - 2nd last sentence revised to state, “Generally, most vaccines that are indicated for IM injection but administered SC and vice versa, do not warrant re-immunization but the provider should consult with the regional MHO about such cases (e.g. exception includes HB and rabies vaccine doses which must be administered IM to be considered valid).”
 - Original final sentence deleted.
- **p. 22 Section 4.4 Individuals Who Received an Inappropriate Vaccine Dose**
 - Original 1st sentence deleted.

Chapter 6 Contraindication and Precautions

- **p. 1 Section 1.1 Contraindications to Immunization**
 - 2nd bullet revised to state, “In general, severe immunosuppression and pregnancy are contraindications to live vaccines only.”
- **p. 1 Section 1.3 Client Assessment**
 - 2nd last bullet pertaining to GBS removed as inaccurate.
 - 3rd last and the very last bullet have been moved to above section as not applicable to live vaccines.
- **p. 4 Section 3.0 Latex Allergy**
 - Final sentence reference to Appendix 6.2 title revised as *Appendix 6.2: Selected Publicly Funded Biological Products That Contain Latex*.
- **p. 5 Section 4.1 Antibiotics and Antivirals**
 - 1st bullet revised to state, “Live oral typhoid vaccine should be delayed 72 or more hours after antibiotics were taken to treat Salmonella typhi infection.”
- **p. 5 Section 4.4 Breastfeeding**
 - Both bullets removed and paragraph revised to state, “Generally, there are no contraindications or precautions to immunizing breastfeeding women with inactivated vaccines or live attenuated vaccines like varicella or MMR. After immunization, there is: no reduction in antibody response to vaccines or increased risk of adverse events for the woman (or her infant). Breastfeeding (and pregnancy) are precautions to the administration of yellow fever vaccine in women, as cases of viral transfer to the newborn through vertical transmission or breastfeeding have been documented. Consult a travel centre for further information.”
- **p. 6 Section 4.5 Neonatal Abstinence Syndrome**
 - Definition added; paragraph states, “(Post-natal) neonatal abstinence syndrome is caused by discontinuation of drugs (e.g., opioids, selective serotonin reuptake inhibitors (SSRIs), benzodiazepines) or alcohol directly to the infant (after birth). The treatment aims to slowly wean the neonate off the substance(s) that he/she was exposed to in utero. There are no contraindications or precautions for immunization of infants with neonatal abstinence syndrome.”
- **p. 7 Section 5.0 References**
 - 2 New references added to list.

- **p. 8 Appendix 6.1 Contraindications and Precautions for Inactivated or Live Vaccine Administration**
 - Footnote 3 – chapter 5 section numbers corrected.
- **p. 9 Appendix 6.2 Selected Publicly Funded Biological Products That Contain Latex**
 - List updated.

Chapter 7 Immunization of Special Populations

- **Table of Contents**
 - Typos corrected sections 2.2.1, 3.4.1 and Appendix 7.1; title amended section 2.2.1.
 - Section 2.10.1 Title revised as, “Recommended Vaccines for Those with Neurological Conditions That Impede the Clearance of Respiratory Secretions.”
 - Section 3.2.1 re-titled as *Recommended Vaccines for Healthcare Workers and Healthcare Students*.
 - New Appendix 7.6: IMMUNIZATION SCHEDULE FOR ADULT POST-HEMATOPOIETIC STEM CELL TRANSPLANT RECIPIENTS.
- **p. 3 Section 1.4 Immunization with Live Vaccines**
 - 3rd paragraph Appendices renumbered correctly.
 - 4th paragraph - “...and older and no history of varicella immunization” added to varicella susceptibility definition.
- **p. 4 Section 1.4.1 Consideration for MMR and Varicella Immunization of Immunocompromised Individuals**
 - HIV Infection – 1st and 2nd bullets revised to note that MMR and Varicella vaccines require a specialist’s approval for administration.
- **p. 6 Section 1.5.1 Chronic Kidney Disease**
 - Varicella deleted from table 1.5.1A, as is a routine vaccine for eligible cohorts.
- **p. 7 Section 1.5.2A: Recommended Vaccines for Those with Chronic Liver Disease**
 - “HB vaccine is not recommended for clients who are HB chronic carriers added to HB vaccine” in table
- **p. 9 Section 1.5.3 Anatomic or Functional Asplenia**
 - Men-C-C deleted from table 1.5.3A as routine vaccine for children at 12 months of age.
 - ‘2’ deleted at end of Pneu-C-13 info in 2nd column of table 1.5.3A.
 - Footnotes 4 and 5 deleted.
- **p. 11 Section 1.5.4 Illnesses that Progressively Weaken the Immune System**
 - Original 3rd and 4th bullets deleted as specific to travel programs and beyond SIM purpose.
 - BCG deleted from last sentence as not publicly funded in SK.
- **p. 16 Section Malignant Neoplasm**
 - 2nd paragraph referral section number corrected.
- **p. 17 Section 1.5.8 Candidate for or Recipient of a Solid Organ or Islet Cell Transplant**
 - Grammar corrected 1st paragraph (not bullet) 3rd sentence.
 - Typo corrected 3rd paragraph 1st sentence.

- **p. 18 Section 1.5.9 Haematopoietic Stem Cell Transplant**
 - 3rd bullet added, “Refer to Appendix 7.6 *Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients* (all types) for recommended schedule.”
- **p. 19 Section 2.1 Infants Born Prematurely**
 - 3rd paragraph, referral section number corrected.
- **p. 20 Section 2.2 Infants at High Risk of Hepatitis B**
 - 2nd paragraph – Final statement revised to state, “It is recommended that these infants be tested for HBsAg and anti-HBs between 1 to 5 months (not later than 6 months) after HB series is completed.”
 - 3rd paragraph (1 sentence) – referral Appendix number corrected.
- **p. 22 Table 2.3.1A Recommended Vaccines during Pregnancy**
 - Footnote 3 - “...and older and no history of varicella immunization” added to varicella susceptibility definition.
- **p. 23 Section 2.3.1.3 Passive Immunizing Agents and Blood Products during Pregnancy**
 - 2nd paragraph – last 3 sentences revised to state, “In situations when Rh immune globulin (RhIg) and MMR vaccine have been given concurrently postpartum, check rubella antibody status at 2 months postpartum for this dose and re-vaccinate if the result is negative. Antibody testing is not required after receiving a second MMR dose. If an immune globulin is given more than 14 days after MMR or varicella vaccine, neither vaccine needs to be repeated.”
- **p. 24 Section 2.4 Individuals with Bleeding Disorders**
 - Original sentence now 1st bullet.
 - Original 1st bullet is now 2nd bullet; amended to note natural varicella associated with Reye’s syndrome; new final statement, “Therefore, those 18 years or younger on salicylate therapy must be able to discontinue it for 6 weeks post vaccination and require a consultation with a medical specialist before receiving a varicella-containing vaccine.”
 - Original 2nd bullet now 3rd bullet, amended to state, “Always consult with the child’s physician/specialist prior to MMR immunization if they have had an episode of thrombocytopenic purpura (ITP) or thrombocytopenia in the past, which may or may not have occurred within 6 weeks of a previous MMR vaccine.”
 - Original 3rd bullet now 4th bullet; referral section number corrected.
 - Table 2.4A – Varicella and MMRV vaccines – “New notification: Individuals on chronic salicylate therapy (those 18 years or younger) must be able to discontinue therapy for 6 weeks post vaccination and require specialist consult prior to immunization”.
- **p. 28 Section 2.10 Individuals with Neurological Disorders**
 - Section and main paragraph fully reordered and revised; Section 2.10.1 amended and re-titled to 2.10.1 *Recommended Vaccines for Those with Neurological Conditions That Impede the Clearance of Respiratory Secretions* and states, “Individuals with neurological conditions that impair the clearance of respiratory secretions may be at higher risk of morbidity and mortality from vaccine-preventable diseases and their sequelae.”

- **p. 31 Section 3.2.1 Recommended Vaccines for Healthcare Workers and Healthcare Students**
 - Section re-titled to include Healthcare Students
 - Measles, Mumps and Rubella Immunity Criteria amended – assumption of immunity if born before Jan. 1, 1970 removed as titres or documentation required in these populations.
- **p.32 Section 3.4 Individuals Recently New to Canada**
 - All hyperlinks amended.
- **p. 34 Section 3.4.1 Recommended Vaccines for Individuals Recently New to Canada**
 - Vaccine abbreviations in 2nd row corrected.
 - 9th row Pneu-P-23 eligibility amended 2nd bullet.
- **p. 35 Section 3.6 International Travelers**
 - 1st paragraph revised to include IPV, MMR and tetanus-containing vaccines as publicly funded for travellers.
- **p. 36 Section 4.0 References**
 - CIG hyperlinks amended.
- **p. 37 Appendix 7.1 Publicly Funded Vaccine Recommendations for Selected Special Populations**
 - Last condition in last row original p. 37 (*Infant at high risk of HB infection at birth related to mother's status or risk of infection*) moved to next page because of formatting.
 - Splenic disorders – Contraindications to MMR and Varicella vaccines deleted.
- **p. 39 Appendix 7.2 Varicella Immunization Referral Form**
 - Footnote 3 deleted.
- **p. 40 Appendix 7.3 MMR Immunization Referral Form**
 - Original footnote 1 deleted; all other footnotes renumbered accordingly.
- **p. 41 Appendix 7.4 Hepatitis B Immunization Algorithm for Clients with Chronic Kidney Disease**
 - Statement revised as, “Annual anti-HBs testing is only appropriate once dialysis is started.”
- **p. 42 Appendix 7.5 Infant Hepatitis B Prophylaxis Record Referral Form**
 - Middle name removed from Infant information section; replaced with PHN if known.
- **p. 43 Appendix 7.6 Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients**
 - New Appendix which replaces previous SIM section 3-90 pp. 4-5.

Chapter 8 Administration of Biological Products

- **p. 7 Section 1.5 Immunization Following Non-Conforming Situations**
 - Bullet revised to state, “Vaccine doses administered up to 4 days before the minimum age or minimum interval can be counted as valid. Doses administered 5 days or more before the minimum age or minimum interval are invalid and need to be repeated at the appropriate minimum interval from the invalid dose. In certain situations, a MHO may at their discretion, mandate that doses of selected vaccines administered on or before specific ages or minimum interval supersede the 4-day

rule. This 4-day rule does not apply to rabies vaccine because of the unique schedule for this vaccine.”

- **p. 7 Section 1.5.2 Vaccines Given at Less than the Recommended Minimum Age**
 - New last sentence added which states, “Refer to section 1.5 above.”
- **p. 8 Section 2.1.2 Persons with Bleeding Disorders**
 - Third sentence revised to state, “...the injection site for 5 (or more) minutes.”
- **p. 15 Section 2.4.3 Ventrogluteal**
 - 1st paragraph final sentence deleted.
- **p. 19 Section 2.7 Intradermal Tuberculosis Skin Test (TST)**
 - 4th bullet revised to state, “Refer to Table 2: TB Skin Test Result Interpretations below.”
- **p. 30 Section 4.0 References**
 - BCCDC hyperlink corrected.

Chapter 9 Management of Biological Products

- **p. 12 Section 2.6 Checking and Recording Temperatures**
 - Point 4 – Last sentence section number corrected to state, “Refer to Section 4.0, Management of Cold Chain Incidents in this chapter for direction.”
- **pp. 38-39 Section 5.7 Vaccine Problem Supply Report Form**
 - Directive added under form title:
“Mail completed report and defective product to:
Vaccine Management Assistant
3475 Albert Street, Regina, SK S4S 6X6”
- **p. 40 Section 6.0 References**
 - BCCDC hyperlink corrected.

Chapter 10 Biological Products

- **Table of Contents**
 - **New section added: Hepatitis B Vaccine Series Completion Scenarios**
 - **HPV** moved to 2nd page before Influenza vaccines section.
 - **Tdap-IPV** moved onto 3rd page.
- **Publicly Funded Hepatitis A (HA) Vaccine Indications** updated; HIV positive individuals no longer eligible based on diagnosis as per CIG, 2006.
- **Hepatitis A and B Vaccine (combined) (TWINRIX VACCINES)** – hyperlink to product monograph corrected; 2 dose series for children 1-15 added; Adult rapid dosing schedule added.
- **Publicly Funded Hepatitis B (HB) Vaccine Indications** updated – HCWs public funded; those born since January 1, 1984 eligible.
- **New section added: Hepatitis B Vaccine Series Completion Scenarios**
- **MMR vaccines (MMR II and PRIORIX)**
 - Both vaccines eligibility criteria updated to reflect updated publicly funded eligibility for adults.
 - Clarification that the catch up program for students in grades 6, 8 and 12 are for 2nd dose MMR.

- **MMRV** - New precaution added: “Those 18 years and younger should avoid taking salicylates for 6 weeks after receiving a varicella-containing vaccine. Specialist consultation is required prior to immunization of these children with a varicella-containing vaccine.”
- **Pneumococcal Polysaccharide 23-Valent Vaccine (Pneu-P-23) PNEUMOVAX® 23** (print both pages dated May)
 - **Footnote 3 superscripted** at chronic heart or lung disease
- **Pneumococcal Polysaccharide 23-Valent Vaccine (Pneu-P-23) PNEUMO® 23** (print both pages dated May)
 - **Reference section number for HCT recipients corrected to 1.5.9.**
- **Poliomyelitis Vaccine (IPV) (trivalent, inactivated, whole virus, Vero cell origin) IMOVAX® Polio**
 - **Under DOSE / SERIES, typos corrected in 2. & 3 Individuals 4 years and older that require a primary series. Note in this section deleted.**
- **Tetanus-Diphtheria Vaccine (Td) (Adsorbed) Td Adsorbed**
 - Under DOSE / SERIES point 2 – correction made to interval for third visit, “Third visit: Td 0.5 mL IM 6-12 months after 2nd Td dose.
- **Tetanus-Diphtheria-acellular Pertussis Vaccine (Tdap) (both ADACEL® & BOOSTRIX® vaccines)**
 - Typo indication 5 corrected (7 years to 4 years).
- **Varicella Vaccine (Var) (live, attenuated) (both VARILRIX® & VARIVAX III vaccines)**
 - **Footnote ¹** added beside INDICATIONS
 - PRECAUTIONS
 - **1st bullet amended to state, “Those 18 years and younger should avoid taking salicylates for 6 weeks after receiving a varicella-containing vaccine. Specialist consultation is required prior to immunization of these children with a varicella-containing vaccine.”**
 - **3rd bullet amended to state, “Varicella immunization for immunocompetent clients should be given on the same day as other live vaccines or delayed until 4 weeks after administration of any other live vaccine.”**
 - VARIVAX III product monograph and hyperlink updated for 2012.

Chapter 11 – Adverse Events Following Immunization

- **p. 5 Section 2.6 Hypotonic-Hypo-responsive Episode**
 - 2nd paragraph first sentence revised to state, “...who have received whole cell pertussis vaccines.”
- **p. 6 section 3.0 REPORTING AN ADVERSE EVENT FOLLOWING IMMUNIZATION**
 - Last sentence amended to state, “ ... further immunizations should be documented in the client’s record ...”
- **p. 6 Section 3.1.1 Information to Report and Document in a Client’s Record**
 - 2nd bullet – Appendix 1 amended to state **Appendix 11.1.**
- **p. 8 Section 3.3 Completing an Adverse Event Following Immunization Report**
 - section 4 *Information at Time of Immunization and AEFI Onset* - 1st bullet Appendix number **corrected to 11.5**
 - section 9 *AEFI Details* – last sentence amended to state, “Fever is only required to be reported if they are in conjunction with another reportable event.”

Chapter 12 – Anaphylaxis Management

- **Main Table of Contents – both pages**
 - Tables 1-6 added to table of Contents
 - Section 2.0 title amended to [ANAPHYLACTIC REACTION VERSUS FAINTING OR ANXIETY](#).
- **p. 3 Section 2.0 Anaphylaxis versus fainting, anxiety, allergic reaction, or injection site reaction.**
 - Section 2.0 title amended to [ANAPHYLACTIC REACTION VERSUS FAINTING OR ANXIETY](#).
- **p. 3 Section 2.2 Anxiety**
 - 2nd bullet final sentence completed to state, “Use bag every few minutes as necessary and monitor patient.”
- **p. 7 Section 4.2 Epinephrine Dosages**
 - Bullet amended to state, “Calculations that are based on actual body weight are preferred when a client’s weight is known. “
- **p. 7 Table 4: Appropriate Epinephrine Dosages According to Age**
 - Weights for 2-6 months, and 12 month rows amended.
 - Footnote typo corrected: “or increased to the next larger dose ...”
- **p. 8 Section 5.1 Non-Anaphylactic Allergic Reactions**
 - 2nd bullet unfinished last sentence deleted.
- **p. 8 Section 5.2 Injection Site Reactions**
 - 2nd bullet - final sentence revised to state, “Oral Benadryl (diphenhydramine) may be given under MHO order as per regional guidelines.”
 - 3rd bullet – last sentence deleted
- **p. 11 Section 8.0 References**
 - Two Cochrane Systematic Reviews added.
 - Government of Nova Scotia hyperlink amended.
- **p. 12 Appendix 12.1**
 - Section A – numbered bullets revised and reordered; epinephrine chart amended as per table 4; blood pressure chart added
 - Section B – typos in 4th point corrected
- **p. 13 Appendix 12.2**
 - Blood pressure recording slots added.

Chapter 14 Appendices

- **p. 20 APPENDIX 14.2: Regional Health Authorities and First Nations Jurisdictions**
 - FNIH phone number corrected
 - Sunrise Health Region address corrected
- **p. 21 APPENDIX 14.3: Immunization Fact Sheets**
 - most current dates noted