

## Saskatchewan Immunization Manual Amendments **August 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 **August 2018**.

### Chapter 5 – Immunization Schedules

- P. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
  - Added to first bullet, “and Chapter 7 *Special Populations for vaccine eligibility*”.
  - HA indicated with ●
  - ◆ removed from Pneu-C-13, Men-C-ACYW-135, HPV-9
- P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations
  - Added to first bullet, “and Chapter 7 *Special Populations for vaccine eligibility*”.
  - HA indicated with ●
  - Pneu-P-23 deleted from table.
  - ◆ removed from Pneu-C-13
  - Old footnotes # 9 and #10 deleted from table
  - Old footnotes #11 and #12 are now new footnotes #9 and #10
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
  - Added to first bullet, “and Chapter 7 *Special Populations for vaccine eligibility*”.
  - HA indicated with ●
  - Pneu-P-23 and Pneu-C-13 deleted from table
  - Old footnotes #13 and #14 deleted
  - Old footnote # 15 is now new footnote #13
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Added to first bullet, “and Chapter 7 *Special Populations for vaccine eligibility*”.
  - Td-IPV removed will no longer available
  - ● added 2x under IPV
  - Footnote #1 removed from Td/Td-IPV column
  - HA and HPV-9 indicated with ●
  - #10 is now first original sentence. Immunizers are directed to Ch. 7 & 10 to determine eligibility for doses before 65 or for second dose.
- P. 17 section 3.7.2 Guide to Tetanus Prophylaxis in Wound Management
  - Added to footnote #1 - Tdap/Tdap-IPV is preferentially recommended for those 7-17 years who are not up to date with polio and/or pertussis vaccines.
- P. 30 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives
  - Red asterisk \* now placed in second row of columns 2 and 3. Removed from first column row 4 and 5.
  - Red asterisk \* sentence now reads, \*Refer to Chapter 7, Special Populations for details re: Women of childbearing age who have documentation of previously receiving only one dose of varicella containing vaccine may be eligible to receive a publically funded second dose based on documented serological immunity.

### Chapter 6 Contraindication and Precautions

- P. 5 Section 4.1 Antibiotics and Antivirals – **last 3 bullets revised**
  - Systemic antiviral therapy (e.g., acyclovir, valacyclovir, famciclovir) should be avoided for 24 hours as it may affect the reproduction of and reduce the efficacy of a live varicella-containing vaccine or a live zoster vaccine (CIG)
  - On the basis of expert opinion, it is recommended that people taking long-term antiviral therapy should discontinue these drugs, if possible, from at least 24 hours before administration of a live varicella-containing vaccine or a live zoster vaccine, and should not restart antiviral therapy until 14 days after vaccine administration (CIG).

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- LAIV should not be administered until 48 hours after antiviral agents active against influenza (e.g., oseltamivir and zanamivir) are stopped, and antiviral agents should not be administered until at least 14 days after receipt of LAIV unless medically indicated. If antiviral agents are administered within this time frame (from 48 hours before to 14 days after LAIV), revaccination should take place at least 48 hours after the antivirals are stopped.

### **Chapter 7 Special Populations**

- P. 35 Appendix 7.2 Varicella Immunization of Immunocompromised Clients Requires Physician Approval
  - Footnote #2: now states, “persons  $\geq$  1 year old.

### **Chapter 9 Management of Biological Products**

- ToC pages 1 and 2
  - SDCL removed from 3.2.3
  - ‘Form’ added to 5.2, 5.3 and 5.6.
  - **New !** Visual tools added – refer to 5.3A and 5.4A
  - Page numbers updated on second page.
- Pp. 12-14, 17-20, 22 and 27-33
  - Saskatchewan Disease Control Lab and SDCL changed to Row Romanow Provincial Laboratory (RRPL)
- Pp. 27-28 Section 5.2 Cold Chain Report Form – updated
- P. 29 Section 5.2 A How to Complete the Cold Chain Break Report Form – updated
- P. 30 Section 5.3 Products Wastage Report Form – updated
- P. 31 **New!** Section 5.3A Product Wastage Reporting Form Visual Tool
- P. 32 Section 5.4 Vaccine Returns Form – updated
- P. 33 **New!** Section 5.4A Vaccine Product Returns Form Visual Tool
- Sections 5.5 – 7.0 page numbers updated to accommodate new visual tool in this chapter.

### **Chapter 10 Biological Products**

- ToC second page updated with 2018-19 influenza vaccines.
- Non-Publicly funded influenza vaccines information updated.
- 2018-19 FLUZONE and FluZone High Dose product information added.
- Menactra and Menveo
  - **•** Beside CSF disorders - removed.
  - Clarification that series is for medically high risk clients only (not Grade 6 program)
- Nimenrix
  - **•** Beside CSF disorders - removed.
  - Footnote placement corrected.
  - Scheduling for 6 weeks to < 12 months of age added.
  - Clarification that series is for medically high risk clients only (not Grade 6 program)
- IMOVAX Polio
  - Under Dose/Series:
    - Volume of 0.5 mL added.
    - For dose 4 under section 1, (min. interval 6 months after dose 3) has been added to sentence.
- Td Adsorbed
  - Min. age of 7 years added.
  - Wound management added as first indication.
  - New footnote 1: Refer to Chapter 5, Section 3.7, Tetanus Prophylaxis in Wound Management. Tdap/Tdap-IPV is preferentially recommended for those 7-17 years who are not up to date with polio and/or pertussis vaccines.

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- Second indication now reads, “For those 7 years and older who are up-to-date for polio and pertussis immunization.
- Adacel and Boostrix
  - (0.5 mL IM) (Min. age 4 years old) added to pages. 0.5 mL removed within text.
  - **New Indication:** Booster (5th) dose at age 4-6 years (school entry) who have met polio vaccine requirements.
  - **Minimum intervals used as these clients are not UTD.**
  - Contraindication: Children younger than 4 years old.
  - Added to footnote #1: Tdap/Tdap-IPV is preferentially recommended for those 7-17 years who are not up to date with polio and/or pertussis vaccines.
- Adacel-Polio and Boostrix-Polio
  - (0.5 mL IM) (Min. age 4 years old) added to pages. 0.5 mL removed within text.
  - Indication 2 now reads: Booster (5th) dose at age 4-6 years (school entry).
  - **Minimum intervals used as these clients are not UTD.**
  - Added to footnote #5: Tdap/Tdap-IPV is preferentially recommended for those 7-17 years who are not up to date with polio and/or pertussis vaccines.
  - Reinforcements: None
- Priorix-tetra, ProQuad, Varilrix (first page) and Varivax III (first page)
  - **New additions** under Precautions section for the varicella-containing vaccines as per CIG:
    - Systemic antiviral therapy (e.g., acyclovir, valacyclovir, famciclovir) should be avoided for 24 hours after the last dose as it may affect the reproduction of the vaccine virus and may reduce the efficacy of varicella-containing vaccine (CIG).
    - It is recommended that people taking long-term antiviral therapy should discontinue these drugs, if possible, from at least 24 hours before administration of varicella-containing vaccine and should not restart antiviral therapy until 14 days after vaccine administration (CIG).

### **Chapter 14 Appendices**

- Appendix 14.3 Immunization Fact Sheets - Updates
  - Caring for Your Child’s Fever – July 2018
  - Tetanus, diphtheria and pertussis - July 2018
  - **Removed** – Diphtheria, tetanus, pertussis, polio vaccine as vaccine no longer available.
- Select Immunization-Related Letters from the Ministry of Health
  - Diphtheria, Tetanus and Pertussis Vaccines and a Rabies Vaccine Manufactured in China (July 2018)