Saskatchewan Immunization Manual Amendments February 2022

Instructions: Please remove and discard the corresponding pages in each chapter section as applicable and insert the amended pages as noted below in each corresponding chapter section.

Chapter 5 Immunization Schedules

- P. 11 section 2.1 min. intervals for specific vaccine series
  - 4CMenB 3-dose series: 6 weeks corrected to 6 months.

Chapter 7 – Immunization of Special Populations

- P. 35 Appendix 7.1
  - Under Treatment, Tetanus row and TIg column deleted as the correct risk factor is under post-exposure prophylaxis section of the appendix.

Chapter 8 Administration of Biological Products

- P. 10 Table 2 Ig Preparation Injection site, Needles Length and Daily Total Site Volume per Age Group.
  - New ▲ symbol added to Site column title.
  - New footnote: ▲ Different immune globulin preparations must be separated by minimum 2.5 cm if given in the same limb (e.g., TIg and RabIg in adult deltoid). It is recommended to administer in different sites if possible. This aligns with the information in SIM chapter 10.

Chapter 10 Biological Products

- TOC third page - Immune Globulin Preparation Injection Site, Needle Length and Daily Total Site Volume per Age Group
  - Daily added to title and third page TOC revised with same.
- INFANRIX-IPV-HIB
  - Under contraindications, children ages 5 years and older removed as product may be used off-label in SK.
  - Footnote 5 removed.
- PEDIACEL
  - Under contraindications, children ages 7 years and older removed as product may be used off-label in SK.
  - Footnote 5 removed.
- Bexsero MenB Page 1/2
  - Under dose/Series, second row corrected to read Infants 6 months through 11 months.
- ALL COVID-19 VACCINES
  - COVID-19 vaccination should not be delayed because of testing for tuberculosis (TB) infection. Testing for TB infection with one of the immune-based methods, either the tuberculin skin test (TST) or an interferon-gamma release assay (IGRA), can be done before, after, or during the same encounter as COVID-19 vaccination. (https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#laboratory-testing)
- Moderna 12+ vaccine
  - Under Preparation/Reconstitution: Removal of reference to transporting in PFS and work standard.
  - Precautions – Individuals who developed myocarditis or pericarditis following mRNA vaccine – Revised NACI guidance:
    - It is unclear if people who developed myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine are at increased risk of further adverse cardiac events following a second dose of the vaccine. **NACI continues to recommends that in most circumstances, and as a precautionary measure until more information is available, further doses of mRNA COVID-19 vaccines should be deferred among people who experienced myocarditis**

(with or without pericarditis) within 6 weeks of receiving a previous dose of an mRNA COVID-19 vaccine. This includes any person who had an abnormal cardiac investigation including electrocardiogram (ECG), elevated troponins, echocardiogram or cardiac MRI after a dose of an mRNA vaccine.

- **NACI now recommends that those with a history compatible with pericarditis and who either had no cardiac workup or had normal cardiac investigations, can receive the next doses once they are symptom free and at least 90 days has passed since previous vaccination.**
- **Some people with confirmed myocarditis (with or without pericarditis) after a dose of an mRNA COVID-19 vaccine may choose to receive another dose of vaccine after discussing the risks and benefits with their healthcare provider. If another dose of vaccine is offered, they should be offered the Pfizer-BioNTech 30 mcg vaccine due to the lower reported rate of myocarditis and/or pericarditis following the Pfizer-BioNTech 30 mcg vaccine compared to the Moderna 100 mcg vaccine. Informed consent should include discussion about the unknown risk of recurrence of myocarditis and/or pericarditis following receipt of additional doses of Pfizer-BioNTech COVID-19 vaccine in individuals with a history of confirmed myocarditis and/or pericarditis after a previous dose of mRNA COVID-19 vaccine, as well as the need to seek immediate medical assessment and care should symptoms develop.**

- Pfizer +12 years vaccine
  - Under Preparation/Reconstitution: Removal of reference to transporting in PFS and work standard.
  - Product monograph updated
  - Precautions – Individuals who developed myocarditis or pericarditis following mRNA vaccine – Revised NACI guidance:
    - It is unclear if people who developed myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine are at increased risk of further adverse cardiac events following a second dose of the vaccine. **NACI continues to recommends that in most circumstances, and as a precautionary measure until more information is available, further doses of mRNA COVID-19 vaccines should be deferred among people who experienced myocarditis (with or without pericarditis) within 6 weeks of receiving a previous dose of an mRNA COVID-19 vaccine. This includes any person who had an abnormal cardiac investigation including electrocardiogram (ECG), elevated troponins, echocardiogram or cardiac MRI after a dose of an mRNA vaccine.**
    - **NACI now recommends that those with a history compatible with pericarditis and who either had no cardiac workup or had normal cardiac investigations, can receive the next doses once they are symptom free and at least 90 days has passed since previous vaccination.**
    - **Some people with confirmed myocarditis (with or without pericarditis) after a dose of an mRNA COVID-19 vaccine may choose to receive another dose of vaccine after discussing the risks and benefits with their healthcare provider. If another dose of vaccine is offered, they should be offered the Pfizer-BioNTech 30 mcg vaccine due to the lower reported rate of myocarditis and/or pericarditis following the Pfizer-BioNTech 30 mcg vaccine compared to the Moderna 100 mcg vaccine. Informed consent should include discussion about the unknown risk of recurrence of myocarditis and/or pericarditis following receipt of additional doses of Pfizer-BioNTech COVID-19 vaccine in individuals with a history of confirmed myocarditis and/or pericarditis after a previous dose of mRNA COVID-19 vaccine, as well as the need to seek immediate medical assessment and care should symptoms develop.**
- Pfizer 5-11 years vaccine
  - Product monograph updated.
  - 3-dose series schedule for immune compromised children added:

Primary series for immune compromised individuals

- 3 doses of 0.2 ml
  - Dose 1: day 0

- Dose 2: min. 28 days later
- Dose 3: min. 28 days later
- For those who are moderately to severely immunocompromised in the authorized age group who have not yet been immunized, a primary series of three doses of an authorized mRNA vaccine should be offered. For those who are moderately to severely immunocompromised in the authorized age group who have previously received a 1- or 2-dose COVID-19 vaccine series (with a homologous or heterologous schedule using mRNA or viral vector vaccines), an additional dose of an authorized mRNA COVID-19 vaccine should be offered (NACI, 2021).

- Precautions – Individuals who developed myocarditis or pericarditis following mRNA vaccine – Revised NACI guidance:
  - It is unclear if people who developed myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine are at increased risk of further adverse cardiac events following a second dose of the vaccine. **NACI continues to recommends that in most circumstances, and as a precautionary measure until more information is available, further doses of mRNA COVID-19 vaccines should be deferred among people who experienced myocarditis (with or without pericarditis) within 6 weeks of receiving a previous dose of an mRNA COVID-19 vaccine. This includes any person who had an abnormal cardiac investigation including electrocardiogram (ECG), elevated troponins, echocardiogram or cardiac MRI after a dose of an mRNA vaccine.**
  - **NACI now recommends that those with a history compatible with pericarditis and who either had no cardiac workup or had normal cardiac investigations, can receive the next doses once they are symptom free and at least 90 days has passed since previous vaccination.**
  - **Some people with confirmed myocarditis (with or without pericarditis) after a dose of an mRNA COVID-19 vaccine may choose to receive another dose of vaccine after discussing the risks and benefits with their healthcare provider. If another dose of vaccine is offered, they should be offered the Pfizer-BioNTech 30 mcg vaccine due to the lower reported rate of myocarditis and/or pericarditis following the Pfizer-BioNTech 30 mcg vaccine compared to the Moderna 100 mcg vaccine. Informed consent should include discussion about the unknown risk of recurrence of myocarditis and/or pericarditis following receipt of additional doses of Pfizer-BioNTech COVID-19 vaccine in individuals with a history of confirmed myocarditis and/or pericarditis after a previous dose of mRNA COVID-19 vaccine, as well as the need to seek immediate medical assessment and care should symptoms develop.**

- Immune Globulin Preparation Injection Site, Needle Length and Daily Total Site Volume per Age Group
  - Daily added to title.

Chapter 11 AEFIs

- P. 7 Section 3.1.3 Important Guidelines
  - Second last original bullet regarding "PH will complete AEFI forms" removed.

Chapter 12 Anaphylaxis Management

- This complete chapter has been revised including a new sample anaphylaxis worksheet and policy regarding the uploading of this document into the client's Panorama record. Please ensure that staff review this chapter. The full chapter will be released instead of incorparoting the chapter in the SIM all pages for Feb. 2022.