Saskatchewan Immunization Manual Amendments March 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. 15 Section 3.5.1 Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Viruses
    - All intervals for Standard Ig changed to 5-6 months.

Chapter 7 Immunization of Special Populations

- P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients (autologous and allogeneic)
    - Footnote 10: NOT PUBLICY FUNDED added to beginning of footnote.

Chapter 10 Biological Products

- TOC - Novavax NUVAXOVID added.
- New! Novavax NUVAXOVID™
    - Recombinant protein subunit, adjuvanted COVID-19 vaccine
    - Please ensure that staff read the full content.
- AstraZeneca/COVISHIELD
    - Under Contraindication re Anaphylaxis: Section now states:
        - Anaphylaxis to previous dose of viral vector or other COVID-19 vaccine. However, NACI notes: In individuals with a history of a severe, immediate (≤4h following vaccination) allergic reaction (e.g., anaphylaxis) after previous administration of COVID-19 vaccine, re-vaccination (i.e. administration of a subsequent dose in the series when indicated) may be offered with the same vaccine or an mRNA vaccine if a risk assessment deems that the benefits outweigh the potential risks for the individual and if informed consent is provided.
        - If re-vaccinated, vaccine administration should be done in a controlled setting with expertise and equipment to manage anaphylaxis. Individuals should be observed for at least 30 minutes after re-vaccination.
    - Under Precautions – Treatment with Monoclonal Antibodies
        - Previous text removed.
        - New text: Vaccination with a dose of COVID-19 vaccine should be delayed for at least 90 days after treatment.
    - Under Other Considerations, new bullet re immunization post-illness: Individuals who are eligible for immunization (either first, second or subsequent doses) may be offered immunization as soon as their symptoms have improved.

- Janssen
    - Under Contraindication re Anaphylaxis: Section now states:
        - Anaphylaxis to previous dose of viral vector or other COVID-19 vaccine. However, NACI notes: In individuals with a history of a severe, immediate (≤4h following vaccination) allergic reaction (e.g., anaphylaxis) after previous administration of COVID-19 vaccine, re-vaccination (i.e. administration of a subsequent dose in the series when indicated) may be offered with the same vaccine or an mRNA vaccine if a risk assessment deems that the benefits outweigh the potential risks for the individual and if informed consent is provided.

        - If re-vaccinated, vaccine administration should be done in a controlled setting with expertise and equipment to manage anaphylaxis. Individuals should be observed for at least 30 minutes after re-vaccination.
    - Under Precautions – Treatment with Monoclonal Antibodies
        - Previous text removed.
        - New text: Vaccination with a dose of COVID-19 vaccine should be delayed for at least 90 days after treatment.
    - Under Other Considerations, new bullet re immunization post-illness: Individuals who are eligible for immunization (either first, second or subsequent doses) may be offered immunization as soon as their symptoms have improved.

- Moderna Spikevax – Now approved for use in ages 6+ years
    - Product monograph updated 2022-03-17
    - New NACI recommendation 2022-03-17 - *Recommendations on the use of Moderna Spikevax COVID-19 vaccine in children 6 to 11 years of age.* *https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/statement-recommendations-use-moderna-spikevax-covid-19-vaccine.pdf*
    - Indications for use - those 6 years and older
    - Dosage – Children 6-11 years = 0.25 ml (50 mcg); Those 12+ years = 0.50 ml (100 mcg)
    - Number of dose and scheduling – Dosages removed.
    - New bullet under Primary series for moderately to severe immune compromised individuals
        - Indirect data from adult populations (≥18 years of age) suggest Moderna's Spikevax may result in higher vaccine effectiveness after a 2-dose primary series compared to Pfizer's Comirnaty and is associated with a higher seroconversion rate among adult immunocompromised patients. Given this potential benefit, administration of Moderna's Spikevax vaccine as a 3-dose primary series may be considered for some immunocompromised individuals 6 to 11 years of age (NACI, 2022)
    - Under Contraindication re Anaphylaxis: Section now states:
        - Anaphylaxis to previous dose of viral vector or other COVID-19 vaccine. However, NACI notes: In individuals with a history of a severe, immediate (≤4h following vaccination) allergic reaction (e.g., anaphylaxis) after previous administration of COVID-19 vaccine, re-vaccination (i.e. administration of a subsequent dose in the series when indicated) may be offered with the same vaccine or an mRNA vaccine if a risk assessment deems that the benefits outweigh the potential risks for the individual and if informed consent is provided.
        - If re-vaccinated, vaccine administration should be done in a controlled setting with expertise and equipment to manage anaphylaxis. Individuals should be observed for at least 30 minutes after re-vaccination.
    - Under Precautions – Individuals who developed myocarditis or pericarditis following mRNA vaccine
        - Added: Current analyses show the number of reports of myocarditis/pericarditis following the Moderna Spikevax COVID-19 vaccine is higher than what would be expected in the general population, particularly among males and females less than 40 years old and following the second dose.
    - Under Precautions – Treatment with Monoclonal Antibodies
        - Previous text removed.
        - New text: Vaccination with a dose of COVID-19 vaccine should be delayed for at least 90 days after treatment.

- Under Other Considerations, new bullet re immunization post-illness: Individuals who are eligible for immunization (either first, second or subsequent doses) may be offered immunization as soon as their symptoms have improved.
- Under Possible Reaction – New second last sentence added to first bullet: No cases of myocarditis or pericarditis were reported in the 6-11 years old studies.
- Under Storage and handling – New bullet: **DO NOT DILUTE THIS VACCINE!**

Pfizer 12+ vaccine

- Under Contraindication re Anaphylaxis: Section now states:
  - Anaphylaxis to previous dose of viral vector or other COVID-19 vaccine. However, NACI notes: In individuals with a history of a severe, immediate (≤4h following vaccination) allergic reaction (e.g., anaphylaxis) after previous administration of COVID-19 vaccine, re-vaccination (i.e. administration of a subsequent dose in the series when indicated) may be offered with the same vaccine or an mRNA vaccine if a risk assessment deems that the benefits outweigh the potential risks for the individual and if informed consent is provided.
  - If re-vaccinated, vaccine administration should be done in a controlled setting with expertise and equipment to manage anaphylaxis. Individuals should be observed for at least 30 minutes after re-vaccination.
- Under Precautions – Individuals who developed myocarditis or pericarditis following mRNA vaccine
  - Added: Current analyses show the number of reports of myocarditis/pericarditis following the Pfizer-BioNTech Comirnaty COVID-19 vaccine is higher than what would be expected in the general population of males and females less than 30 years old and primarily following the second dose.
- Under Precautions – Treatment with Monoclonal Antibodies
  - Previous text removed.
  - New text: Vaccination with a dose of COVID-19 vaccine should be delayed for at least 90 days after treatment.
- Under Other Considerations, new bullet re immunization post-illness: Individuals who are eligible for immunization (either first, second or subsequent doses) may be offered immunization as soon as their symptoms have improved.
- Under Possible reactions: Paresthesia, hypothesia and erythema multiforme are noted in the product monograph has been added.

- Pfizer Pediatric 5-11
  - Under Contraindication re Anaphylaxis: Section now states:
    - Anaphylaxis to previous dose of viral vector or other COVID-19 vaccine. However, NACI notes: In individuals with a history of a severe, immediate (≤4h following vaccination) allergic reaction (e.g., anaphylaxis) after previous administration of COVID-19 vaccine, re-vaccination (i.e. administration of a subsequent dose in the series when indicated) may be offered with the same vaccine or an mRNA vaccine if a risk assessment deems that the benefits outweigh the potential risks for the individual and if informed consent is provided.
    - If re-vaccinated, vaccine administration should be done in a controlled setting with expertise and equipment to manage anaphylaxis. Individuals should be observed for at least 30 minutes after re-vaccination.

- Under Other Considerations, new bullet re immunization post-illness: Individuals who are eligible for immunization (either first, second or subsequent doses) may be offered immunization as soon as their symptoms have improved.
- Under Precautions – Treatment with Monoclonal Antibodies
  - Previous text removed.
  - New text: Vaccination with a dose of COVID-19 vaccine should be delayed for at least 90 days after treatment.

- Prevnar 13
  - Original foot note 3 removed as a duplicate of footnote 2, and Table A3 and A4 adjusted accordingly.
  - Original footnotes 4, 5 and 6 are now footnotes 3, 4 and 5.