

Saskatchewan Immunization Manual Amendments **March 2019**

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 **March 2019**

Chapter 1 – Introduction

- Section 5.2 Hx of PF Imms and Programs in SK
 - P. 12 – Nov. 15 to present; Pregnant women can get Tdap at any gestation during an outbreak.
 - P. 12 - HA program eligibility revised: People born since Jan. 1/82 who live in the Athabasca Health Authority; off reserves in Northern SK (previous Mamawetan Churchill River and Keewatin Yatthe health regions excluding Creighton, Air Ronge and La Ronge); or on reserves anywhere is SK, regardless of where they access immunization services.
 - P. 13 – HAHB end dated Nov. 2018; HAHB no longer PF Dec. 2018
 - P. 13 – 2018-19 – Fluzone HD for LTC residents 65 and older.

Chapter 4 – Documentation

- Section 2.2 p. 4
 - The date an immunization is given – when dates show month/year only, the first of a month is documented by default as a standard practice, unless that day is prior to the child’s actual date of birth (e.g., for vaccines given a birth). Estimating dates to calculate valid minimum intervals is not recommended as a standard practice, but up to the nurse’s discretion.
 - Second bullet now reads: When available, client information such as serologic results of immunity (e.g., rubella, hepatitis B), previous diseases (e.g., varicella) should be documented as Special Considerations on the client’s Panorama immunization record; do not documented actual titre values into Panorama. Tuberculin skin test results are documented as negative or positive, with measurement if available.
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Chapter 5 – Immunization Schedules

- TOC page 2
 - **New!** Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age.
- P. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
 - Rot – 1 removed from table.
 - * references Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age.
 - Footnote #3 revised to reflect current HA eligibility wording in ch. 10.
 - Foot note #10 – last rotavirus dose must be given by 8 months minus 1 day old.
- P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations
 - * references Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age.
 - Footnote #3 revised to reflect current HA eligibility wording in ch. 10.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
 - ● added in table to second MMRV dose 1 month after first visit.
 - Footnote #12 revised to reflect current HA eligibility wording in ch. 10.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
 - Footnote #11 revised to reflect current HA eligibility wording in ch. 10.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
 - * now reads, “For individuals with specific high-risk medical conditions or risk factors, refer to SIM...”,
 - HA eligibility reflects current eligibility wording in ch. 10.
 - Last bullet under Var refers to Appendix 5.4 for child-bearing age women.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
 - Rot-1 and HAHB removed
 - HA added to table

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- Footnote 10 added to MMR, Var and MMRV vaccines
- Footnote 12 now states ...8 months minus 1 day.
- Footnote 13 added to HB - that minimum intervals DO NOT apply to high dose HB series.
- P. 21 Section 4.1 Unknown or Uncertain Immunization Status
 - 5th bullet now reads, “*The following statement is to be documented on the client’s immunization record, “Client reports received all childhood/school vaccines but no written documentation available”.*”
- P. 29 - Appendix 5.3: Grade 8 Tdap Algorithm
 - Top both states, ‘*Refer to SIM Ch. 10 Tdap and Tdap-IPV vaccine pages when assessing if a Grade 8 student received an appropriate tetanus-containing vaccine series based on current age*’.
 - Right hand box under NO states, ‘*Refer to SIM chapter 10 Tdap / Tdap-IPV vaccine pages for incompletely immunized children and adolescents directives*’.
- P. 30 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives
 - Revised to accommodate eligibility for women of childbearing age. Please review with staff.
- **New!** P. 34 Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age
 - This was moved from Chapter 10 Biological Products. Please ensure staff are aware of its new placement.

Chapter 6 – Contraindications and Precautions

- p. 1 Section 1.3 Client assessment
 - Last paragraph re: Live vaccine, second bullet now reads, “*Receipt of a live vaccine in the previous 4 weeks*”.

Chapter 7 Special Populations

- TOC page 2 updated
 - New name for Appendices 7.1 and 7.4, plus page number revisions.
- P. 12 Section 2.12 Renal Disease
 - HB – refers to Appendix 7.4 High Dose Hepatitis B Immunization Algorithm
- P. 14 Section 3.0 Immunocompromised conditions
 - HB – refers to Appendix 7.4 High Dose Hepatitis B Immunization Algorithm for congenital immunodeficiencies only.
- P. 16 Section 3.3A – PF vaccines and Igs for HIV
 - Pneu-C-13 states 1 dose for Pneu-C-13 naïve individuals 5 years and older
 - HB – refers to Appendix 7.4 High Dose Hepatitis B Immunization Algorithm
- P. 23 Section 5.2.A Publicly Funded Vaccines – Pregnancy
 - Footnote 3 revised and states: Refer to Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives.
- P. 25 Section 6.0
 - HCW link revised.
- P. 30 Section 7.2
 - The following sentence has been added to the final bullet: Refer to SIM Ch. 10 Hepatitis B Vaccine – Immigrant Populations Ineligibility List which applies to children and adults.
- Pp. 33-36 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category
 - Incorporates the former Appendix 7.1 and Panorama bulletin 22. **Please ensure staff are familiar with this new tool.**
- Pages after Appendix 7.1 are renumbered, please see All Pages.
- p. 39 Appendix 7.4
 - Now titled *High Dose Hepatitis B Immunization Algorithm -Renal, HIV, Congenital Immunodeficiency Deficiency [CID] Clients*. **Please ensure staff are familiar with this new tool.**
- P. 43 Appendix 7.8: Publicly Funded Immigrant and Refugee Immunization and Serology Recommendations

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- **New bullet:** • Eligibility depends on age and risk factors, review chapters 7 and 10.

Chapter 8 Administration of Biological Products

- P. 1 Section 1.1 General Screening questions
 - #13 Appendix number corrected to 8.2 from 8.3.
- P. 2 Section 1.3 Product Preparation
 - **New** statement: If the protective cap on a single-dose vial is removed, or if a manufacturer's pre-filled syringe is opened (e.g., syringe cap removed), the vaccine should be used on that clinic day or discarded CIG).
- P. 4 Section 1.3.3 Vials
 - #7 now reads: If the biological product was reconstituted, gently swirl the vial to ensure the contents are fully dispersed.
 - Single dose vial - withdraw all contents to ensure client receives full concentration of antigens.
 - Multidose vial - withdraw the required quantity of biological product into the syringe.

Chapter 9 Management of Biological Products

- Pp.27-28 Section 5.2 Cold Chain Break Report
 - Table areas no longer shaded.
- P. 30 Section 5.3 Product Wastage Report
 - List of products eligible to be recorded on the sheet has been updated.
 - Table areas no longer shaded.

Chapter 10 Biological Products

- TOC first page - HIV HB dosing schedule deleted, as is replaced by Appendix 7.4.
- TOC second page - Menjugate (powder) removed
- INFANRIX/IPV-Hib
 - Age 5 years removed as a contraindication.
- Pediacel
 - Age 7 years removed as a contraindications.
 - Second sentence removed from footnote 1 indicating maximum age.
- Publicly Funded Hepatitis A (HA) Vaccine Indications
 - First bullet now reads, ... "the Athabasca Health Authority and off/on reserves in Northern Saskatchewan (previous Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge) regardless of where they access immunization services'.
- HAHB - no longer publicly funded, scheduling removed.
- Publicly Funded Hepatitis B (HB) Vaccine Indications
 - Footnote 3 now states, Refer SIM, Chapter 7, Immunization of Special Populations, Appendix 7.4: High Dose Hepatitis B Immunization Algorithm.
 - Footnote 3 added to HIV.
 - Individuals with congenital immunodeficiencies added as eligible risk factor, with footnote 3.
- Hepatitis B Vaccine - Immigrant Populations Ineligibility List
 - First statement now states, Children of immigrants/refugees and adult immigrants/refugees from countries in this table DO NOT qualify for publicly funded hepatitis B vaccine because their chronic hepatitis B prevalence is <2%.
 - See final statement under table: Children of immigrants/refugees and adult immigrants/refugees from countries not listed in this table are eligible for publicly funded HB vaccine.
- Recombivax BH and Engerix B
 - **New indication added to both:** Those with renal disease, HIV and Congenital Immunodeficiency Disorder³ - Refer to SIM, Chapter 7, Appendix 7.4 High Dose Hepatitis B Immunization Algorithm
 - Footnote 3 revised as per the above statement.

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- GARDASIL 9 (HPV-9) – Page 1
 - Immunocompromised – Treatment risk factor – **additional information** added to it.
- MMR and PRIORIX – Page 2
 - **Footnote #1 now states**, ‘... younger than 12 months of age **may** be offered an early publicly funded dose of MMR vaccine if they are travelling ...’
- MENJUGATE Liquid and Neis-Vac-C
 - Footnote #4 revised: The recommended interval between Men-C-C doses is 8 weeks.
 - **New Footnote #5**: Patients being treated with SOLIRIS (eculizumab) are at high risk for Invasive Meningococcal Disease despite being immunized with meningococcal vaccines (CDC, 2017, https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s_cid=mm6627e1_e).
- BEXSERO
 - ‘... *for those with medical risk factors*’ added to dose/series row.
- Prevnar 13 – Page 2
 - Eligibility reference to LTC and group homes removed.
- Rotarix and RotaTeq
 - **Third bullet now states**, “NOTE: The CDC considers administration...”
 - The final dose in the applicable series must be received “... by 8 month minus 1 day old”.
 - Footnote 8 now states, “For infants in whom the first dose of RV vaccine is inadvertently administered at age 15 weeks or older, the rest of the series should be completed with a minimum of 4 weeks between each dose, and all doses should be administered before 8 months minus 1 day of age (CIG).”
- VARILRIX and VARIVAX – Page 2
 - Indication #3 states, “Non-immune non-pregnant women of child-bearing age as specified in chapter 5 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives.”
 - Under DOSE: Refer to Chapter 5 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives for details.
- Product Monograph updates

INFANRIX-IPV/HIB	HAVRIX 720/1440	ZOSTAVAX	IXIARO	PRIORIX	PRQUAD
MENJUGATE Liquid	MENVEO	BEXSERO	SYNFLORIX	HyperRAB	RabAvert
TYPHIM Vi	VARIVAX				

Chapter 14 Appendices

- P. 32 & 33 Select Immunization-Related Letters from the Ministry of Health
 - Immunization Directive – Fractional Injectable Polio Vaccine Doses are Invalid.
 - Mitigation Plans - National Hepatitis B Dialysis and Adult Vaccine Shortages.