Saskatchewan Immunization Manual Amendments May 2025

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

- **Appendix 5.6: Immunization Recommendations for Children Presenting at 4-6 years of Age**
  - Added to Up to date for age row: Give 1 Tdap-IPV at appropriate interval, and separate Hib for those < 5 years if required.

Chapter 7 Immunization of Special Populations

- **P. 4 Section 1.4.1 Consideration for MMR and Varicella Immunization of Immunocompromised Individuals**
  - Content updated for isolated immunodeficiencies, malignancies/cancer and adult transplant patients,
- **P. 7 Section 2.4 Asplenia – Congenital, Acquired or Functional**
  - Added to last sentence in second paragraph: This risk continues throughout their lifespan and NACI recognizes them as immunocompromised.
  - Added to Table: A 3-dose HPV series may be given upon recommendation of their primary care provider or a MHO.
- **P. 24 Section 5.2.2 Breastfeeding**
  - This bullet deleted under Exceptions: Although rubella vaccine virus might be excreted in human milk, rarely does the virus infect the infant. If infection does occur in the infant, it is well tolerated because the rubella virus is attenuated.
- **P. 25 Section 6.0 Occupation**
  - Deleted: HB titre information paragraph for HCWs, as HB recommendations now in Chapter 10.
- **P. 26 Section 6.2.1 Students of Health Care Professions**
  - List of HC students eligible for publicly funded HB moved from Ch. 10 to this section.
- **P. 27 Section 6.3 Health Care Worker – Eligible for Publicly Funded Vaccines**
  - NEW! Recommendations for HB direct immunizers to new page in SIM Ch. 10.
- **P. 41 App 7.6 Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients**
  - Footnote 1 revised: Off-label administration of higher antigen or adjuvanted influenza vaccines is approved and recommended for those younger than 65 years old. Immunize annually, at least 4 months after transplant regardless of graft versus host disease (GVHD) or immunosuppressant therapy.
  - New: RZV added to table.
  - New footnote #13: As of June 2, 2025. **Refer to the SIM Ch. 10 *Herpes zoster* (SHINGRIX) vaccine page for autologous AND allogeneic HSCT transplant recipient immunization parameters.**
  - New: Previous footnote 13 is revised to footnote 16.
- **P. 44 App 7.9 Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates**
  - Second bullet revised: Immunize adults pre-SOT as per SIM chapter 5 Sections 1.6, 1.7 and 2.1, **except that HB-D must replace standard dose HB series.**
  - Footnote 5 revised: Inactivated influenza vaccine annually. Off-label administration of higher antigen or adjuvanted influenza vaccines is approved and recommended for those younger than 65 years old.
  - Footnote 7 revised: 7 MMR and Varicella immunization referral forms are NOT required prior to immunization.
  - Added to footnotes 8A and 8B: If VZ IgG is negative 4-6 weeks after the second dose, a third dose may be provided at the request of the transplant physician.
  - New: RZV added to table.

- New footnote #12: As of June 2, 2025. **Refer to the SIM Ch. 10 *Herpes zoster* (SHINGRIX) vaccine page for SOT candidate immunization parameters.**
- New: Previous footnote 12 is revised to footnote 14.

- **P. 45 App 7.10 Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients**
  - Third bullet revised: Immunization may resume once the individual is on baseline immunosuppression, usually 6 to 12 months post-transplant. If immunizations were not completed prior to transplant, complete the series for inactivated vaccines, including COVID-19 immunization, as previously indicated. **Clearance letters are NOT required for SOT immunization post-transplant.**
  - Footnote 5 revised: Inactivated influenza vaccine annually. Off-label administration of higher antigen or adjuvanted influenza vaccines is approved and recommended for those younger than 65 years old.
  - New: RZV added to table.
  - New footnote #12: As of June 2, 2025. **Refer to the SIM Ch. 10 *Herpes zoster* (SHINGRIX) vaccine page for SOT recipient immunization parameters.**
  - New: Previous footnote 12 is revised to footnote 13.

Chapter 8 Administration of Biological Products

- **TOR second page: Appendix 8.1**
  - New! Title and content.
- **P. 1 section 1.1.1 General Screening Questions**
  - New! To normalize screening of children younger than 11 years for HB vaccine eligibility based on their family's country of origin or country from which they have immigrated from, the following question has been added as #6: *Was a parent of this child born outside of Canada?*
- **P. 3 section 1.3.2 Preparation Instructions**
  - Bullet #7 amended to provide revised directives for vaccine supply problem reports: *If there is discoloration, extraneous particulate matter, or obvious lack of re-suspension, mark the product as "DO NOT USE," return it to proper storage conditions, complete a Vaccine Problem Supply report form and fax or email the form with a picture of the product to the Ministry of Health as directed in SIM CH. 9.*
- **P. 6 section 1.4 Scheduling and Timing of Multiple Injections**
  - Second sentence amended to: CIG Guideline 3 states, *"Vaccine providers should use all clinical opportunities to screen for needed vaccines and to administer all vaccine doses for which a vaccine recipient is eligible at the time of each visit."*
- **P. 12 Table 2: Immune Globulin Preparation Injection Site, Needle Length and Total Daily Site Volume per Age Group**
  - Footnote 4 revised to NACI's 2025 recommendation for young children: To facilitate administration of IMIg in children, injection volumes of up to 3 mL could be considered to reduce the number of injections, using clinical judgement. For high volume injections, the anterolateral thigh is generally preferred due to the greater muscle mass. Clinical judgement should be used when selecting the most appropriate site for IMIg administration.
- **P. 15 section 2.4.1 Vastus lateralis**
  - Additional diagram added.
- **P. 15 section 2.4.2 Deltoid**
  - New bullet #3: Refer to Appendix 8.1 for illustrations to administer multiple IM injections in one arm for adults
- **P. 16 section 2.4.3 Ventrogluteal**
  - Landmarking directives and graphics are provided for using this site for children & adults, and for infants 7 months and older.

Saskatchewan Immunization Manual Amendments May 2025

- **Pp. 27-28 Topical Anaesthetics (all sections)**
  - Previous content regarding a Health Canada 2009 statement on topical anaesthetics removed as advised by a medSask pharmacists
  - A medSask pharmacist conducted a review of this section provided updates:
    - Risks of using these products is in new second paragraph.
    - Updated content pertaining to using these products in select populations noted for MAXILENE™ , EMLA® Cream and AMETOP® GEL 4%.
  - Table 3 Non-Prescription Topical Anaesthetics Available in Canada updated by medSask and hyperlinks added to all product monographs.
- **P. 28 section 3.4.2 Vapocoolants**
  - Content updated and hyperlinks to products added.
- **Pp. 30-31 Section 4.0 References**
  - Updated.
- **P. 32 Appendix 8.1 New! Administration of Multiple IM Injections to the Deltoid Site**
  - Diagrams shown for 1, 2 and 3 injections in one deltoid, source provided.
- **P. 33 Appendix 8.2 Potentially Immunosuppressive Biologic Agents**
  - A medSask pharmacist and Dr. Athena McConnell from the Pediatric Infectious Disease Clinic reviewed and approved updated recommendations:
    - **Infants who were exposed during pregnancy to immunosuppressive biologic agents should be referred to the Pediatric Infectious Diseases Clinic for assessment and vaccine counselling, especially regarding live vaccines, such as rotavirus.**
    - Immunosuppressive biologic agents include those:
      - used for transplant recipients or for cancer treatment, or
      - found in the list below (not an exhaustive list)
  - The table of Immunosuppressive Agents is updated, and old sources removed.

Chapter 10 Biological Product

- **TOC p. 1**
  - HB Vaccine – Immigrant Populations Ineligibility List RENAMED: HB Immunization Eligibility for Children of Families from Countries with Moderate or High (≥ 2%) HB Prevalence
  - NEW! *HB Recommendations for Healthcare Workers & Students* has 6 scenarios and additional guidance for titres < 10 IU/L
- **Publicly Funded Hepatitis B Vaccine Eligibility for Students of Health Care Professions**
  - DELETED, content is in SIM CH. 7.
- **Publicly Funded Hepatitis B (HB) Vaccine Indications**
  - Bullet regarding child eligibility amended to: Children of immigrants to Canada from regions with HB prevalence of 2% and higher.
    - Refer to: HB Immunization Eligibility for Children of Families from Countries with Moderate or High (≥ 2%) HB Prevalence
  - Bullet regarding HCW students amended: Healthcare students as noted in SIM Ch. 7 section 6.3.
- **HB Vaccine – Immigrant Populations Ineligibility List** RENAMED: HB Immunization Eligibility for Children of Families from Countries with Moderate or High (≥ 2%) HB Prevalence
  - Low HB prevalence country list updated.
- **Herpes zoster vaccine (SHINGRIX™)**
  - Publicly funded eligibility starting June 2, 2025, is added with specific parameters for 4 specific adult transplant patient types.
- **Menjugate Liquid and NIMENRIX Men-C-C vaccines**
  - Footnote 5 revised: Patients being treated with the terminal complement inhibitor eculizumab (Soliris®) or ravulizumab (Ultomiris®) 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). Individuals should receive meningococcal vaccine at least 2 weeks before receiving the first dose of eculizumab or ravulizumab if possible.

- **HepaGam and HyperHEP B (HBIg), GamaStan (Ig), VariZIg (VarIg)**
  - Removed from P. 1: The preferred sites for immune globulin administration are the vastus **lateralis (all ages) or the deltoid (those 12 months and older).**
- **HyperRAB and KamRab (RabIg)**
  - Removed from P. 1: When there is no wound site, the preferred sites for immune globulin administration are the vastus lateralis (all ages) or the deltoid (those 12 months and older).
- **HYPERTET (TIg)**
  - Removed from P. 2: The preferred sites for immune globulin administration are the vastus lateralis (all ages) or the deltoid (those 12 months and older).

Chapter 14 Appendices

- **P. 21 App. 14.3 Immunization Fact Sheets**
  - Shingles May 2025 fact sheet added to table.