

Saskatchewan Immunization Manual Amendments - May 2026

Instructions: Discard the corresponding pages in each chapter section as noted below and insert the **amended pages** in the corresponding chapter sections.

Chapter 4 Documentation – Appendix 4.2

- App. 4.2 – all pages dated for May 2026.
- Scenario 7 – Added under Client Warning: [If client is eligible for publicly funded second series, PHN to create a scenario-specific client warning regarding directives for serology, etc.]
- Scenario #20 – Added to Document Client Warning column: ‘Suggest to’ end date...
- Scenario 29 – Deferral directive deleted. **New!** Add Client Warning “Waiting for client’s immunization records”.
- Scenario 36 – Revised Special Consideration Reason: Severely Immunocompromised
- Scenarios 36, 37, 38, 41, 40, and 44 now refer to scenario #42 instead of scenarios #43.
- Added to scenario #42 FYI column: Doses must be administered within an 8-month period following receipt of referral forms received by Public Health.
- Scenarios 49 – History of Fainting added as reason.
- Scenario 50 – Added under FYI column: Upload anaphylaxis worksheet into client’s Panorama record.
- **New!** Scenario 50: Other Routine Tdap. Scenario: Tdap given for forecaster routine Td doses. FYI: Override routine Tdap doses to valid.

Chapter 5 Immunization Schedules

- **P. 1 Section Routine Immunization Schedule for Infants, Children and Adolescents**
 - Men-C-C removed from table.
 - Footnote #3 revised: People born since January 1, 1982, who: live in any SK First Nations community; live in the Athabasca Health Authority; or live in a non-First Nations community in Northern SK (former Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge).
 - **New** footnote #6: Children born on or after May 1, 2025, who previously received Men-C-C on or after their first birthday are eligible for **one** Men-C-ACYW-135 dose given at least 4 weeks later.
 - **New** footnote #9: **One** Men-C-ACYW-135 replaces Men-C-C for immunization-delayed children born before May 1, 2025.
 - **New** footnote #10: **One** Men-C-ACYW-135 dose for Grade 8 students (born since January 1, 2013) beginning in the 2026-27 school year.
 - Influenza footnote 11 revised: Children 6 months to 8 years old require 1 or 2 doses at least 4 weeks apart depending upon previous influenza immunization history as noted in SIM [Ch. 10](#).
 - **New!** COVID-19 added to table, with footnote 12: Refer to COVID-19 immunization schedules in SIM [Ch. 10](#).
- **P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations**
 - Men-C-C removed from table.
 - MMR footnotes 10 integrated into footnote 5.
 - Footnote #3 revised: People born since January 1, 1982, who: live in any Sk First Nations community; live in the Athabasca Health Authority; or live in a non-First Nations community in Northern SK (former Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge).
 - **New** footnote #6: Children born on or after May 1, 2025, who previously received Men-C-C on or after their first birthday are eligible for one Men-C-ACYW-135 dose given at least 4 weeks later.
 - **New!** Footnote 9: Men-C-ACYW-135 replaces Men-C-C for immunization-delayed children born before May 1, 2025.
 - Influenza footnote 10 revised: Children 6 months to 8 years old require 1 or 2 doses at least 4 weeks apart depending upon previous influenza immunization history as noted in SIM [Ch. 10](#).
 - **New!** COVID-19 added to table, with footnote 11: Refer to COVID-19 immunization schedules in SIM [Ch. 10](#).

- **P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations**
 - Men-C-C removed from table.
 - Previous footnotes 13 Tdap and 14 MMR integrated into footnotes 2 and 4 respectively.
 - **New** footnote #1: Men-C-ACYW-135 replaces Men-C-C for immunization-delayed children born before May 1, 2025.
 - Footnotes 7A and 7B removed, as new meningococcal footnotes 7 & 8 added.
 - **New** footnote #7: Provide Men-C-ACYW-135 at least 4 weeks after a previous Men-C-C vaccine, and 3 or more years after previous Men-C-ACYW-135 dose for those born before January 1, 2013.
 - **New** footnote #8: **One** Men-C-ACYW-135 dose for Grade 8 students (born since January 1, 2013) beginning in the 2026-27 school year.
 - Footnote #12 revised: People born since January 1, 1982, who: live in any SK First Nations community; live in the Athabasca Health Authority; or live in a non-First Nations community in Northern SK (former Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge).
 - Influenza footnote 13 revised: Children 6 months to 8 years old require 1 or 2 doses at least 4 weeks apart depending upon previous influenza immunization history as noted in SIM [Ch. 10](#).
 - **New!** COVID-19 added to table, with footnote 14: Refer to COVID-19 immunization schedules in SIM [Ch. 10](#).
- **P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations**
 - **New!** Footnote #4 is the only Varicella-related footnote and revised to state: Refer to Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives.
 - Original footnote #5 pertaining to varicella deleted; all following footnotes renumbered.
 - Footnote #9 revised: People born since January 1, 1982, who: live in any SK First Nations community; live in the Athabasca Health Authority; or live in a non-First Nations community in Northern SK (former Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge).
 - **New!** Footnote 10 added to influenza. Adults +65 years eligible for adjuvanted flu vaccine, or high-dose flu vaccine if adjuvanted flu vaccine is contraindicated.
 - **New!** COVID-19 added to table, with footnote 11: Refer to COVID-19 immunization schedules in SIM [Ch. 10](#).
- **P. 8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series**
 - COVID-19 annual immunization added
- **P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria**
 - COVID-19 added.
 - HA eligibility revised: People born since January 1, 1982, who: live in any SK First Nations community; live in the Athabasca Health Authority; or live in a non-First Nations community in Northern SK (former Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge).
 - **Addition:** One dose (Men-C-ACYW-135) for children at 1 year old.
 - **Addition:** **One** Men-C-ACYW-135 dose for Grade 8 students (born since January 1, 2013) beginning in 2026-27 school year.
- **P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series**
 - Second bullet revised: Minimum intervals may be used when there is a delay in initiating or completing a vaccine series.
 - Regular dose only added to HB.
 - Men-C-ACYW-135 footnote revised: Refer to Men-C-ACYW-135 vaccines in [SIM Ch. 10](#) for age-based recommendations for those with medical risk factors.
- **P. 12 Timing and Spacing of Biological Products.**
 - First paragraph revised to state, “Interruption of an immunization series does not require restarting the vaccine series, regardless of the interval between doses. Individuals with interrupted

immunization schedules should be vaccinated to complete the appropriate schedule for their current age ([CIG](#)). Administer all vaccine doses for which a client is eligible at the time of each visit and ensure to document immunization scenarios as directed as noted in [Appendix 4.2 Where do I document?](#) Missing documentation in Panorama can affect the immunization provided at the next client visit.

- **P. 15 Section 3.5.1 Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Viruses**
 - **New** bullet added above Interval Table
 - **Note:** There is minimal or no interaction between blood products or immune globulin preparations and:
 - inactivated vaccines
 - live oral vaccines (rotavirus, oral typhoid vaccines)
 - live intranasal vaccine (live attenuated influenza vaccine)
 - Bacille Calmette-Guerin (BCG) vaccine
 - yellow fever vaccine
 - **New product additions: Botulism Immune Globulin and Clesromivab.**
- **P. 17 Section 3.7.2 Tetanus Prophylaxis in Wound Management**
 - Footnote 4 revised: **Yes, for individuals known to have significant humoral immune deficiency state** (e.g., HIV, agammaglobulinemia or hypogammaglobulinemia) because they may not respond adequately to tetanus toxoid-containing vaccine. **Individuals with humoral immune deficiency who have wounds that are not minor and clean** should receive both Tlg and tetanus toxoid-containing vaccine, **regardless** of the time elapsed since the last booster.
- **P. 19 Section 4. 1 Unknown or Uncertain Immunization Status**
 - **Removed this bullet regarding adults as outdated** If the client presents to Public Health and states they received childhood immunizations, the following statement is to be documented as a warning in the client’s immunization record, “*Client reports received all childhood/school vaccines but no written documentation available*” as per SIM [Chapter 4 Appendix 4.2 Where do I document?](#) and document refusals in Panorama Consent Directive section.
- **P. 21 Section 4.4 Individuals Who Received an Inappropriate Vaccine Dosage**
 - First sentence **updated:** “Administration of a larger than recommended vaccine dosage (i.e., volume, antigen concentration) are considered valid ...”
- **P. 27 Appendix 5.4: Publicly Funded Varicella Immunization Eligibility and Panorama Directives**
 - Last row revised as follows:

DOB Scenarios	Jan. 1/93 – Dec. 31/02	Jan. 1/03 – Dec. 31/03	Jan. 1/04 – Sept. 30/09	Since Oct. 1/09
Has disease history & no documented varicella immunizations; previous vaccine refusal may or may not have been documented • N/A for woman of childbearing age	• Considered immune based on cohort as determined by the Ministry of Health • Do not offer vaccine as regular practice • Refer to Appendix 4.2 Where do I document? for varicella scenarios and directives. If client request to be	• Offer varicella vaccine regardless of Panorama exemption related to verbal disease (which should be deleted on presentation) and consent grant or refusal documented. Refer to Appendix 4.2 Where do I document? for varicella scenarios and directives. • Remains eligible for vaccine if refused so offer vaccine at next opportunity (e.g. at next school grade vaccine record review) • Serology not required for these cohorts to confirm immunity status if client requesting to be immunized in future.		

Chapter 7 – Immunization of Special Populations

- **Men-C-C removed** from these risk factors:
 - Cochlear implant, asplenia, CSF disorders, sickle cell disease, congenital immunodeficiency, acquired complement deficiency, and HIV.

- **P. 1 Section 1.0 Individuals at high risk for VPD**
 - Primary added in front of Congenital, as Primary is the newer descriptive term used.
- **P. 17 Sections 3.4 and 3.5**
 - Second bullet now reads, “For adult and pediatric patients who received their transplant outside of SK ...”
- **P. 18 Section #.6 HCST transplant patients**
 - Added to the third bullet: “...for adults who receive their transplant in SK.”
 - New fourth bullet: For adult and pediatric patients who receive their transplant outside of SK, consult with the jurisdictional transplant program coordinating things for the patient and to follow that schedule. .
 - Sentence removed from second last paragraph: MHO consultation is recommended prior to immunizing these individuals.
- **P. 20 Section 3.7A: Publicly Funded Vaccines - Medical Treatment**
 - New footnote 3 added to rotavirus: Refer to [SIM Chapter 8](#), Appendix 8.2: *Potentially Immunosuppressive Biologic Agents*.
- **P. 27 Section 6.3 Health Care Worker – Eligible for Publicly Funded Vaccines**
 - COVID-19 added to table.
- **P. 30 Section 7.2 Individuals Recently New to Canada**
 - Refer to Appendix 7.8 added to HB and HC bullets.
- **Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category**
 - P. 34 - Treatment table moved from P. 35 to P. 34.
 - P. 35:
 - Footnote #3 revised: People born since January 1, 1982, who: live in any SK First Nations community; live in the Athabasca Health Authority; or live in a non-First Nations community in Northern SK (former Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge).
 - Occupation table moved from P. 34 to P. 35.
 - Travel - Publicly funded – Pre-exposure added for MMR.
 - P. 36 – Serogroup C added to IMD serogroup A, Y, W-135 row, for Men-C-ACYW-135 vaccine.
- **P. 37 Appendix 7.2: Varicella Immunization Referral Form (Ages 1+ years)**
 - New! Form has sections A, B and C. Section A enables consultant to indicate that client has a Current medical indication to immunization.
- **P. 38 Appendix 7.3: MMR Immunization Referral Form (Ages 1+ years)**
 - New! Form has sections A, B and C. Section A enables consultant to indicate that client has a Current medical indication to immunization.
- **P. 30 Appendix 7.4 High Dose HB Immunization Algorithm**
 - ‘Hemo’ added to renal box, to clarify that hemodialysis, not peritoneal dialysis is the treatment.
- **P. 41 Appendix 7.6 Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients (autologous and allogeneic)**
 - Footnote 18 – ‘Criteria’ added to publicly funded program.
- **P. 43 Appendix 7.8: Publicly Funded Immigrant and Refugee Immunization and Serology Recommendations**
 - Men-C-C removed from table.
 - Not ‘generally’ recommended added to M, Mu, R, T, D and P.
 - Not applicable replaced with ‘No standard assay available’
- **P. 44 Appendix 7.9 Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates**
 - Footnote 15 – ‘Criteria’ added to publicly funded program.

- **P. 45 Appendix 7.10 Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients**
 - Footnote 13 – ‘Criteria’ added to publicly funded program.

Chapter 10 Biological Products

- **TOC updates**
 - First page – Chik added as Chikungunya vaccine abbreviation. EZV added as Ebola vaccine abbreviation.
 - Second page – All Men-C-C vaccines removed. Menactra Men-C-ACYW-135 vaccine removed as this product is not available in SK and is being withdrawn from the market.
 - Third page – mRNA-1345 added as mRESVIA RSV vaccine platform type abbreviation.
- **Chikungunya vaccine - Chik added** as abbreviation.
- **PENTACEL (first page)**
 - Under Contraindications, PENTACEL replaces previous noted Pediacel.
- **Ebola vaccine – EZV added as abbreviation.**
- **HA vaccine indications**
 - First bullet revised: People born since January 1, 1982, who: live in any First Nations community; live in the Athabasca Health Authority; or live in a non-First Nations community in Northern SK (former Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge).
- **Act-Hib**
 - Added to footnote #4: Provide at least 1 year after a previous Hib dose (CIG).
- **MMR II**
 - Vaccine components updated on page 1.
- **Priorix**
 - Rubber removed as component as noted in product monograph.
- **Priorix-Tetra and ProQuad (first pages)**
 - Added to Contraindications – Immunocompromised individuals (MMR and Var may be provided as separate doses if approved by specialist, refer to Ch. 7).
- **ProQuad**
 - Vaccine components updated on Page 1.
- **MenQuadfi, Menveo and Nimenrix (Men-C-ACYW-135 vaccines, both pages)**
 - Revised indication: For meningococcal disease serogroup A, C, Y or W-135 post-exposure immunoprophylaxis, refer to the [CDC Manual Meningococcal Disease](#) chapter.
 - P. 1 Row retitled: HIGH-RISK CLIENT SERIES BASED ON AGE AT PRESENTATION
 - Previous indication of immunization of those who received Men-P ACYW-135 vaccine in the past removed, as Men-P-ACYW-135 has been unavailable for many years.
 - New! indications:
 - 1-dose Men-C-ACYW-135 for 12 months and older as part of the routine immunization program.
 - 1-dose Men-C-ACYW-135 for Grade 8 students (born since January 1, 2013) beginning in the 2026-27 school year.
 - Revised footnote #5: People with conditions requiring the receipt of the terminal complement inhibitor eculizumab (Soliris™) or ravulizumab (ULTOMIRIS®) should be vaccinated at least two weeks prior to receiving the first dose of eculizumab or ravulizumab (CIG).
- **BEXSERO (both pages)**
 - Revised indication: For meningococcal disease serogroup B post-exposure immunoprophylaxis, refer to the [CDC Manual Meningococcal Disease](#) chapter.
 - P. 1 Row retitled: HIGH-RISK CLIENT SERIES BASED ON AGE AT PRESENTATION
 - Note 1: New hyperlink to ([Alexion Pharma Canada](#)).

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- Revised note #2: People with conditions requiring the receipt of the terminal complement inhibitor eculizumab (Soliris™) or ravulizumab (ULTOMIRIS®) should be vaccinated at least two weeks prior to receiving the first dose of eculizumab or ravulizumab ([CIG](#)).
- **mRESVIA**
 - mRNA-1345 platform type abbreviation added.
- **Rotarix and RotaTeq (page 2)**
 - **New** table added: Possible rotavirus vaccine combinations.
- **Adacel and Boostrix (second pages)**
 - Added to footnote #3: ... when Tdap is being given for pertussis protection, especially if primary pertussis series is incomplete for age.
- **Varilrix and Varivax (first pages)**
 - Added to Contraindications: Immunocompromised individuals unless determined by their specialist (refer to indication #4).

Chapter 14 Appendices

- **TOC**
 - **Appendix 14.2** renamed 'Public Health Immunization Services Contact Information'.
- **P. 11**
 - Spelling of Major histocompatibility complex
- **P. 20 Appendix 14.2**
 - Public health contact information updated.
- **P. 21 Appendix 14.3 Immunization Fact Sheets**
 - Men-C-C fact sheet removed.
 - Men-C-ACYW-135 and HA vaccine fact sheets revised for May 2026.
 - Links to Influenza and COVID-19 vaccines added.