Saskatchewan Immunization Manual Amendments

November 2024

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.

Ch. 5 Immunization Schedules

- **P. 14 section 3.5 Spacing of Live Vaccines, Blood Products and Passive Immune Globulin Preparations**
  - First bullet: All [products] changed to Some [products]
- **P. 15 section 3.5.1 Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Viruses**
  - Rh immune globulin (RhoGAM) interval to live vaccine administration is **N/A.**
- **P. 17 section 3.7.3 Reporting Guidelines**
  - New bullet added: Appropriate Panorama immunization risk factors (**Treatment – Tetanus** and/or **Post-Exposure - Tetanus-prone wound – Tig required**) to be documented as applicable.
- **P. 19 Section 4.1 Unknown or Uncertain Immunization Status**
  - Reminder added to document all refusals in Panorama Consent Directive section for adults who were born or spent their childhood in Canada.

Ch. 7 Immunization of Special Populations

- **P.6 Section 2.2 Cardiac Disease**
  - Eligibility for Pneu-C-20 clarified and now states, "Individuals with the **specific cardiac diseases/conditions (excluding** hypertension, dysrhythmias) **noted in SIM Appendix 7.1** are at higher risk of pneumococcal infection and potential exacerbation of their underlying disease.
- **P. 19 Section 3.7 Medical Treatment**
  - Revised statement: Infants whose mothers took monoclonal antibody medications while pregnant are to be immunized with an age-appropriate series of Pneu-C-15 (i.e., 2 months, 4 months, 12 months).
- **P. 23 Section 5.2.A: Publicly Funded Vaccines - Pregnancy**
  - All footnote content re Rh immune Globulin removed, as no interval required between the administration of post-partum RhIg (RhoGAM) and MMR and/or Var immunization.
- **Appendix 7.1 Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category**
  - P. 33 Cardiac Disease – **Must be chronic conditions**, and updated examples: coronary or peripheral artery disease; cardiomyopathies; heart failure; complications from pericarditis or myocarditis; valvular disease; cerebrovascular disease; congenital heart disease; heart murmurs **in infants. Consult MHO for other cardiac conditions.**
    - **NOTE:** the previously listed cardiomegaly, hypertensive heart disease, dysrhythmias are now **removed** as they alone do not increase an individual's IPD risk .
  - P. 34 Post-exposure Tetanus-prone wound – TIg required: 'T' removed from table.
  - P. 35 New addition! Treatment – Tetanus Panorama immunization risk factor added to table.
- **P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients**
  - Footnote #2 removed from Pneu-C-20.
- **P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-transplant Recipients**
  - Men-C-ACYW-135 interval between doses 1 and 2 revised to 8 weeks.

Chapter 8 Administration of Biological Products

- Many pages have been reconfigured, and November 2024 noted in all page headers, and TOC titles and page numbers updated according to chapter content.
- **P. 1 Section 1.1 Client Health Assessment**

Saskatchewan Immunization Manual Amendments

November 2024

- Revised, now states: Each time the client presents for immunization, screen them to ensure that they are well and can safely receive the recommended vaccines based on their **HALO** assessment (**H**ealth, **A**ge, **L**ifestyle, **O**ccupation). Refer to Chapter 6, Contraindications and Precautions for additional considerations prior to immunization.

- **P. 11 Section 2.3 Anatomical Guidelines and Sites**
  - Table 1 retitled: Immunization Route and Site, Needle Length and Gauge and Total Daily Site Volume by Age Group, and revised, based on PHAC's *Vaccine Administration: A Guide to Selecting Needle Gauge and Length* document.
  - New footnotes:
    - **1** A range of needle lengths are provided as clinical judgment should be used when selecting needle length for IM injections. Consideration should be given to vaccine recipient's weight, gender and age. These recommendations are based on the practice of having the skin stretched flat (between thumb and forefinger) at the time of administration.
      - **NOTE: Ensure staff are aware that 'bunching' a muscle prior to IM injection is not an evidence-informed practice; skin must be held flat and an appropriate needle size used for each client.**
    - **2** A larger gauge needle (e.g., 22 gauge) may be required when administering viscous or larger volume products such as immune globulin.
    - **3** The deltoid site is often selected for toddlers and young children because temporary muscle pain post-vaccination in the anterolateral thigh muscle may affect ambulation.
- **P. 14 Section 2.4 Intramuscular**
  - Note #1 states correct IM administration procedure**:** Use the **thumb and index finger to gently stretch the skin FLAT over** the site while inserting the needle at a 90° angle to the skin.
- **P. 15 Section 2.4.2 Deltoid**
  - **New NOTE:** Accurate landmarking is very important to prevent a **S**houlder **I**njury **R**elated to **V**accine **A**dministration (**SIRVA**) that can result in damage to tissues and structure in the shoulder area and joint.
- P. 20 Table 2: Interpretation of TST results and cutoff thresholds in various populations (Canadian Tuberculosis Standards, 8th Edition)
  - Updated according to cited source.
- **P. 28 New! Section 3.4.3 Handheld Portable Devices**
  - **Statement:** There is evidence that such devices, such as the Buzzy®, can provide drug-free pain prevention for injections, including vaccines.
- **P. 31 References**
  - **2 new references added and are good training resources:**
    - PHAC (2024) Vaccine Administration: A Guide to Selecting Needle Gauge and Length https://publications.gc.ca/collections/collection_2024/aspc-phac/HP40-353-2024-eng.pdf
    - PHAC (2024) Vaccine Administration :A Guide to Landmarking: https://publications.gc.ca/collections/collection_2024/aspc-phac/HP40-354-2024-eng.pdf
- **P. 34 Appendix 8.3 Immunization Pain Management Strategies, by age group**
  - **Updated as noted in CIG, chapter 4.**

Chapter 10 Biological Products

- **TOC**
  - New! ERVEBO Ebola Zaire vaccine by Merck, not publicly funded.
  - New! mRESVIA® RSV mRNA vaccine by Moderna; not publicly funded.
- **Publicly Funded Hepatitis B Vaccine Eligibility for Students of Health Care Professions**

- Healthcare student list updated.

- **MMR (MMR II and PRIORIX)**
  - **Deleted from Precautions:** Anti-Rho (D) immune globulin may interfere with response to the rubella component of the vaccine. Rubella-susceptible women who receive anti-Rho (D) immune globulin post-partum should either be given MMR vaccine at the same time and tested 3 months later for rubella immunity, or should be immunized with MMR vaccine 3 months post-partum, with follow-up ensured (CIG).
  - **Contraindications** – last bullets now states: Recent administration of an immune globulin preparation **(excluding RhoGam [RhIg])** or blood product.
- **PREVNAR 20 (now 2 pages)**
  - **Page 1 Indications updated:**
    INDICATIONS:
    - Adults 65 years and older **who have never received any previous pneumococcal vaccines.**
    - Transplant patients (all ages) (e.g., HSCT, solid organ, Islet cell) refer to SIM Ch. 7.
    - Individuals 6 weeks through 64 years of age who have one or more specified risk factors (see next page).
    - Individuals 65 years and older **who have been previously immunized with pneumococcal vaccines** and have one or more specified risk factors approved for their age (see next page).
      - **Eligibility is based on** age, risk factor, pneumococcal immunization history and interval from the last pneumococcal vaccine dose. **[Refer to** *Age-based Risk Factor Eligibility for Pneu-C-20 Immunization (as noted in Panorama)* for Panorama risk factor names].
  - **New!** plain language risk factors for indication 3 and 4 on new second page for Prevnar 20.
- **SMV (IMVAMUNE)**
  - Updated pre-exposure indications in Series and Eligibility row:
  - **Those working in research laboratory settings** with replicating orthopoxviruses
  - **High risk individuals that include:**
    - Men who have sex with men (MSM) who meet one or more of the following criteria:
      - have more than one partner
      - are in a relationship where at least one of the partners has other sexual partners
      - have had a confirmed sexually transmitted infection acquired in the last year
      - have engaged in sexual contact in sex-on-premises venues
    - Sexual partners of individuals who meet the criteria above
    - Sex workers regardless of gender, sex assigned at birth, or sexual orientation
    - Staff or volunteers in sex-on-premises venues where workers may have contact with fomites potentially contaminated with mpox
    - Those who engage in sex tourism regardless of gender, sex assigned at birth, or sexual orientation
    - Individuals who anticipate experiencing any of the above scenarios
  - ***Travellers who are high risk individuals (as outlined above)***
  - ***Travellers who are Canadian healthcare professionals*** *in advance of deployment to support the mpox clade I outbreak in countries where there is a level 2 travel health notice for mpox.*
    - *Healthcare workers being deployed to these regions should receive 2 doses administered at least 28 days apart, in advance of deployment.*

  Imvamune® may be offered to the following individuals who meet eligibility criteria:
  - Those who are pregnant or breastfeeding and who are at risk.
  - Those who are immunocompromised due to disease or treatment and are at risk.
  - Those younger than 18 years of age where infection could have significant negative outcomes.
- **DTaP-IPV-Hib (Infanrix-IPB/Hib, Pediacel)**
  - Transient thrombocytopenia removed from Contraindications.

Saskatchewan Immunization Manual Amendments

November 2024

- **Tdap (Adacel, Boostrix) and Tdap-IPV (Adacel-Polio, Boostrix-Polio)**
  - Transient thrombocytopenia removed from bullet 6 under Contraindications.
- **Varicella (Varilrix and Varivax III)**
  - **Contraindications** – last bullets now states: Recent administration of an immune globulin preparation **(excluding RhoGam [RhIg])** or blood product.
  - Footnote 2: Original footnote removed. New footnote 2 states: Refer to SIM, Chapter 5, *Immunization Schedules,* Section 3.5, *Spacing of Live Vaccines, Blood Products and Immune Globulin Preparations* and Section 3.5.1, *Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Virus.*
- Updated product monographs links for AVAXIM and HyperHEP B.

Chapter 11 AEFIs

- **P. 7 Section 3.2 AEFI Reporting Guidelines**
  - #5 revised and now states, "Forward the completed report to the closest Public Health Office so that the regional Medical Health Officer (MHO) can conduct an assessment and provide recommendations".
  - #6 revised and now states, "Document all adverse reactions and MHO recommendations in the client's record according to agency policy. Upload the report into the client's Panorama record as per the *Uploading AEFI Reports into a Client's Panorama Record* policy".

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