Saskatchewan Immunization Manual Amendments October 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 7 Immunization of Special Populations

- TOC page new
  - New Appendices!
    - Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates
    - Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients
- P. 17 Section 3.4 Transplant Candidate or Recipient – Islet Cell and 3.5 Transplant Candidate or Recipient – Solid Organ/Tissue
  - Revised bullets for both sections
    - Refer to Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates and Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients.
    - For patients who receive their transplant outside of SK, consult with the jurisdictional transplant program coordinating things for the patient and to follow whatever schedule is requested even if their recommendations differ from Saskatchewan guidelines. The type of transplant, medical history, current medical condition, and immunosuppressive drugs are important factors when determining immunization regimens for post-transplant patients.
- P. 28 section 7.1 Premature Birth
  - Link to RSV program updated.
- p. 28 section 7.2 Individuals Recently New to Canada
  - Link in last bullet updated for WHO Immunization Data website.
- P. 37 Appendix 7.2: Varicella Immunization Referral Form
  - Following statement removed from second bullet, right column as directed by SCA: No need to test for VZV IgG prior to immunization.
- P. 38 Appendix 7.3: MMR Immunization Referral Form
  - First bullet interval changed from 6-12 months to 2 months as directed by SCA.
- P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients (autologous and allogeneic)
  - Complete immunization schedule has been updated with vaccine recommendations and related footnotes. This was prepared by the SCA.
- New! P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates
  - Please ensure staff review this new section.
- New! P. 45 Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients
  - Please ensure staff review this new section.

Chapter 10 Biological Products

- TOC updated with additions:
  - Label colours added to monovalent Modern Spikevax vaccines.
  - FLUAD Pediatric and FLUAD

COVID-19 vaccines

- Janssen JCOVDEN COVID-19 vaccine
  - Removed - Third and Fourth COVID-19 Dose Recommendations for Travellers
  - Removed - Provision of COVID-19 Vaccine Booster Doses

  - Other considerations revised: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their request.
  - TB skin test/IGRA bullet removed from Administration with Other Products row.
- Modern Spikevax 0/O bivalent 18+ blue cap/green label
  - Other considerations revised: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their request.
- Moderna Spikevax 6+ red cap/light blue label
  - Light blue label added to description.
  - Removed - Third and Fourth COVID-19 Dose Recommendations for Travellers
  - Removed - Provision of COVID-19 Vaccine Booster Doses
  - Other considerations revised: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their (or their parent's/guardian's) request.
  - Under Contraindications
    - Non-medicinal ingredient in the vaccine known to cause type 1 hypersensitivity reactions are tromethamine, tromethamine hydrochloride and polyethylene glycol (PEG).
  - Under Administration with Other Products row
    - TB skin test/IGRA bullet removed.
    - Can be given concomitantly with most non-COVID-19 vaccines; no intervals are required before or after COVID-19 vaccine administration.
    - However, NACI recommends that Imvamune® smallpox/monkeypox vaccine be given at least 4 weeks after or before an mRNA vaccine for COVID-19 as a precaution in order to prevent erroneous attribution of myocarditis or pericarditis to one particular vaccine or the other. Protection from monkeypox exposure should be prioritized and recent mRNA vaccine receipt should not delay Imvamune® PEP or PrEP if protection is urgent.
  - Product monograph date updated.
- Moderna Spikevax 6 month-5 years blue cap/purple label
  - Purple label added to description.
  - Other considerations revised:
    - **For children 5+ years**: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their parent's / guardian's request.
    - **For children 6 months to 4 years** of age previously infected with SARS-CoV-2, NACI suggests an 8-week interval between infection and initiation or completion of a COVID-19 primary series (i.e., 8 weeks after symptom onset or positive test if asymptomatic). This interval may be shortened for children considered moderately to severely immunocompromised (e.g., 4 to 8 weeks after symptom onset or positive test if asymptomatic).
  - Under Contraindications
    - Non-medicinal ingredient in the vaccine known to cause type 1 hypersensitivity reactions are tromethamine, tromethamine hydrochloride and polyethylene glycol (PEG).
  - Product monograph date updated.
- Novavax Nuvaxovid
  - Removed - Third and Fourth COVID-19 Dose Recommendations for Travellers
  - Removed - Provision of COVID-19 Vaccine Booster Doses
  - Other considerations revised: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their request.

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- Pfizer 12+ Purple cap/label vaccine
  - Under Contraindications
    - Non-medicinal ingredient in the vaccine known to cause type 1 hypersensitivity reactions is polyethylene glycol (PEG).
  - Removed - Third and Fourth COVID-19 Dose Recommendations for Travellers
  - Removed - Provision of COVID-19 Vaccine Booster Doses
  - Other considerations revised: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their request.
  - Under Administration with Other Products row
    - TB skin test/IGRA bullet removed.
    - Can be given concomitantly with most non-COVID-19 vaccines; no intervals are required before or after COVID-19 vaccine administration.
    - However, NACI recommends that Imvamune® smallpox/monkeypox vaccine be given at least 4 weeks after or before an mRNA vaccine for COVID-19 as a precaution in order to prevent erroneous attribution of myocarditis or pericarditis. To one particular vaccine or the other. Protection from monkeypox exposure should be prioritized and recent mRNA vaccine receipt should not delay Imvamune® PEP or PrEP if protection is urgent.
  - Product monograph date updated.
- Pfizer 12+ Gray cap/label vaccine
  - Under Contraindications
    - Non-medicinal ingredient in the vaccine known to cause type 1 hypersensitivity reactions are tromethamine, tromethamine hydrochloride and polyethylene glycol (PEG).
  - Removed - Third and Fourth COVID-19 Dose Recommendations for Travellers
  - Removed - Provision of COVID-19 Vaccine Booster Doses
  - Other considerations revised: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their (or their parent's/guardian's) request.
  - Under Administration with Other Products row
    - TB skin test/IGRA bullet removed.
    - Can be given concomitantly with most non-COVID-19 vaccines; no intervals are required before or after COVID-19 vaccine administration.
    - However, NACI recommends that Imvamune® smallpox/monkeypox vaccine be given at least 4 weeks after or before an mRNA vaccine for COVID-19 as a precaution in order to prevent erroneous attribution of myocarditis or pericarditis to one particular vaccine or the other. Protection from monkeypox exposure should be prioritized and recent mRNA vaccine receipt should not delay Imvamune® PEP or PrEP if protection is urgent.
  - Product monograph date updated.
- Pfizer 5-11 years Orange cap/label vaccine
  - Under Contraindications
    - Non-medicinal ingredient in the vaccine known to cause type 1 hypersensitivity reactions are tromethamine, tromethamine hydrochloride and polyethylene glycol (PEG).
  - Other considerations revised: In SK, a 3-month interval is recommended post-infection before a COVID-19 vaccine is administered to client 5-11 years to ensure a strong immune response is developed. However, a client can be immunized once their symptoms have resolved at their parent's / guardian's request.
  - Under Administration with Other Products row
    - TB skin test/IGRA bullet removed.
  - Product monograph date updated.

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Influenza vaccines

- Non-Publicly funded vaccines additions
  - FLUAD Pediatric and FLUAD with updated PM.
  - Flucelvax Quad PM updated.
- FluLaval Tetra PM updated.
- Afluria Tetra PM updated.

- Imvamune revisions

Dosage by Route	0.5 ml Subcutaneous (SC) injection or 0.1 ml Intradermal (ID) injection
Route Administration notes	• Off-label intradermal administration can be used **only for immunocompetent adults** when given as a second dose following a first dose given subcutaneously. • Those <18 years of age, at risk of keloid scars, or moderately to severely immunocompromised should be immunized using the subcutaneous route of administration only.
Series and eligibility	**Post-exposure Prophylaxis (PEP)** (1 dose; see second bullet re second dose) • For individuals with high risk exposures to a probable or confirmed case of monkeypox, or within a setting where transmission is happening, PEP should be offered as soon as possible and within 4 days of last exposure and can be considered up to 14 days since last exposure. PEP should not be offered to individuals who are symptomatic and who meet the definition of suspect, probable or confirmed case. • After 28 days, if an individual is assessed as having a predictable ongoing risk of exposure, a second dose may be offered in consultation with a Medical Health Officer. A second dose should not be offered to individuals who are symptomatic and therefore after medical evaluation meet suspect, probable or confirmed monkeypox case definitions. • For individuals who had received a live replicating 1st or 2nd generation smallpox vaccine in the past and who sustain a high risk exposure to a probable or confirmed case of monkeypox, a single dose may be offered (i.e. as a booster dose) at least 28 days after the latest live replicating smallpox vaccine dose. **Pre-exposure Prophylaxis (PrEP)** (2 doses four weeks apart) • Individuals who self-identify as sex workers, regardless of their self-identified gender. • Men who have sex with men (MSM), and individuals who have sex with MSM, and who meet at least one of the following criteria: ➢ Having had a confirmed sexually transmitted infection acquired in the last year. ; ➢ Engage in sexual contact in sex-on –premises venues ➢ Individuals who self-identify as sex workers regardless of self-identified sex/gender. ➢ Have had or plan to have sexual contact with an anonymous partner (at an event or via a hook-up app); ➢ Are planning to travel in the next three months to an area in Canada or internationally currently reporting monkeypox cases (https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON396); ➢ Individuals who work or volunteer at in sex-on-premises venues (sauna, bath house, club) where workers may have contact with fomites potentially contaminated with monkeypox, without the use of personal protective

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	equipment. Imvamune® may be offered to the following individuals: • 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.
Possible reactions	• Local reactions may last longer/be more common if the vaccine was administered by the ID route.
Storage, stability and disposal	• If a vial is used for multiple doses, it should be discarded after 6 hours following first puncture.

- NACI rapid response document updated.