

Saskatchewan Immunization Manual Amendments April 2013

Instruction: 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 **April 2013**

Chapter 5 MMR

- p. 5 (dated August 2012) Section 1.4 Children 1 yr and Older but <7 years When Starting Immunizations
 - Pneu-C-13 – New footnote #10 - *One dose for Pneu-C-13 naïve medically high-risk children aged 60 months up to and including 17 years old. When possible, give Pneu-C-13 before Pneu-P-23 vaccine. 8 week minimum interval required between Pneu-C-13 and Pneu-P-23 vaccines.*
 - Pneu-P-23 moved to 2 month after 2nd visit.
- p. 6 (dated November 2012) Section 1.5 Children 7-17 years When Starting Immunizations
 - Pneu-C-13 added to table. New footnote 15 - *One dose for Pneu-C-13 naïve medically high-risk children aged 60 months up to and including 17 years old. When possible, give Pneu-C-13 before Pneu-P-23 vaccine. 8 week minimum interval required between Pneu-C-13 and Pneu-P-23 vaccines.*
 - Pneu-P-23 added to 6 months after 2nd visit, but as above 8 weeks minimum interval required between Pneu-C-13 and Pneu-P-23.
- pp. 27-28 Appendix 5.2 (dated April 2012)
 - Updated to reflect that all persons born since January 1, 1970 are eligible for 2 doses MMR as opportunities for immunization present.
 - New wording for question #3 in scenarios 3, 4a, 4b.
 - #5 in scenario 4b corrected and now reads, *“If NO: then the client **does not qualify** to receive 1 dose of MMR vaccine, unless their situation changes to reflect the criteria for eligibility as noted in #3.*

Chapter 6 Contraindications and Precautions

- pp. 2-3 (dated April 2012) section 2.2 Anaphylactic Reaction to Eggs
 - Content revised as per 2012 CDC Pink Book.
- p. 7 (dated May 2012) Section 5.0 References
 - New reference added: Centers for Disease Control and Prevention (2012). *Epidemiology and Prevention of Vaccine-Preventable Diseases.*

Chapter 7 Immunization of Special Populations

- p. 12 (dated March 2013) Section 1.5.4A
 - Added to HB row of table: For HIV infected persons, refer to SIM chapter 10: *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children*

- p. 22 (dated May 2012) Section 2.3.1A
 - New footnote added to table - #4: *“Tdap may be administered any time during pregnancy, but vaccination during the third trimester would provide the highest concentration of maternal antibodies to be transferred closer to birth. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation although Tdap may be given at any time during pregnancy (CDC, 2012, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>).*

Chapter 10 – Biological Products

- TOC page 1 (dated September 2012) updated to include new bullet: *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children*
- New HB vaccine reference document re: HIV infected persons
 - *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children* addresses adult 40 mcg and birth-17 years double dosage and schedule.
- ENGERIX-B (dated April 2012) and RECOMBIVAX HB (dated October 2012)
 - Reference made in both to: *Hepatitis B Vaccine Dosage and Formulation Options for HIV Infected Adults and Children*
- Menactra (October 2012), Menveo (April/June 2012) and NIMENRIX (March 2013)
 - New 2012 product monograph link for Menveo
 - Specific scheduling information in tables to address Men-C-ACYW-135 vaccine for those with functional or anatomic asplenia/hyposplenia.
 - All 3 vaccines have same 4 footnotes now.