

Saskatchewan Immunization Manual Amendments **Sept. 2017**

Instructions: 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 **September 2017**.

Chapter 1 Introduction

- p. 11 Section 5.1 School Immunization Programs
 - HPV-9 added to table for Grade 6 boys and girls
- P. 13 Section 5.2 History of Publicly Funded Immunizations and Programs in SK
 - HPV-9 added to table

Chapter 4 Documentation

- P. 4 Section 2.3 Client-Held Immunization Records
 - **New bullet added as #4:** Client immunization records that are held by the client on applications such as Immunize.ca should not be accepted as accurate or formal immunization records as they are entered by the client into the application.

Chapter 5 Immunization Schedules

- p. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
 - HPV-4 changed to HPV-9; girls only removed.
 - Tdap-IPV added and DTaP-IPV removed as will no longer be used after Sept. 30, 2017.
 - * now refers to **new Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age** in chapter 10 for details to immunize children with these antigens.
- P. 5 Section 1.4 Children 1 year and Older but less than 7 years Who Present for Immunization
 - Tdap-IPV added and DTaP-IPV removed as will no longer be used after Sept. 30, 2017.
 - * now refers to **new Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age** in chapter 10 for details to immunize children with these antigens.
- P. 6 Section 1.5 Children 7 to 17 Years who present for Immunization
 - HPV-4 changed to HPV-9; girls only removed
 - Footnote #10 now states: Females born since January 1, 1996 and males born since January 1, 2006.
 - Eligibility date corrected in footnote #5A.
- P. 7 Section 1.6 Adults 18 years and Older Who Present for Immunization
 - HPV-4 changed to HPV-9;
 - Footnote #8 eligibility updated to females born since January 1, 1996 and males born since January 1, 2006 until they are 27 years old.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
 - Reference to HPV for boys removed from third bullet as now a publicly funded program.
 - HPV-9 replaces HPV; and eligibility updated: females born since January 1, 1996 and males born since January 1, 2006 until 27 years old.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
 - DTaP-IPV removed from second row first column as no longer used after Sept. 20, 2017.
 - Minimum intervals for varicella-containing vaccines is now 4 weeks (CIG)
 - Age indication removed from Td or Tdap row as differs for either vaccine.
 - Footnote #1 now states: If the 4th dose of Hib is given before 12 months of age, another dose of Hib is required.
 - Footnote #11 now states: 24 weeks spacing required between doses 1 and 3; and 5 months required between doses 2 and 3. (Ref: ACIP <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html>; GSK 2017)
- P. 13 Section 3.3.1 Min. Spacing between MMRV, MMR and Varicella Vaccine Doses.
 - Minimum intervals for varicella-containing vaccines is now 4 weeks (CIG)

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- P. 21 section 4.1 Unknown or Uncertain Immunization Status
 - The following sentence added to paragraph 1: The following link has the updated immunization schedules for Canadian provinces and territories: <https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information.html>
 - The addition of '(including immunization records on applications like Immunize.ca)' added to 4th and 5th paragraphs.
- P. 22 Section 4.2 Vaccine Interchangeability
 - Last sentence in first paragraph now reads, 'In contrast, GARDASIL 9® (HPV-9) is indicated to protect females and males against 9 HPV strains that cause oral and genital cancers, and genital warts.'
 - Reference to pneumococcal polysaccharide vaccines removed from Section 4.3
- P. 27 Appendix 5.2 Adult Eligibility for Publicly Funded MMR Vaccine
 - Notes section has been deleted.
 - Clarification that if has 2 doses of MMR and lacks evidence of immunity, individual is ineligible for more MMR doses.
- P. 30 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives
 - Asterisk footnote moved from title and into 3 new cubes on table.
 - New wording: *Refer to Ch. 7 Special Populations for details re: women of childbearing age who have documentation of previously receiving only one dose of a varicella containing vaccine are eligible to receive a publically funded second dose

Chapter 6 Contraindications and Precautions

- pp. 2-3 Section 2.2 Anaphylactic Reaction to Eggs
 - Has been updated to reflect current recommendations especially for influenza vaccines.
- P. 8 Appendix 6.1 Contraindications and Precautions for Inactivated or Live Vaccine Administration
 - Infant whose mother took monoclonal antibodies during pregnancy and contraindication to Rota vaccine added to table.

Chapter 7 Immunization of Special Populations

- P. 21 section 4.0 POST-EXPOSURE
 - Last sentence in second paragraph now reads "It is recommended that these infants be tested for HBsAg and anti-HBs when they are at least 9 months old, and at least 1 month but no more than 4 months after their HB series is complete (CIG)".
- pp. 33-34 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Risk Factor Category
 - Footnote #10 added to HPV column for HIV instead of in first column.
 - Table reformatted; revised statement re: RF eligibility now reads: **This appendix contains selected risk factor groups and is not inclusive of all risk factors identified in Panorama.** For more information about vaccine eligibility, **consult SIM chapter 10 Biological Products.**

Chapter 10 Biological Products

- Third page of TOC revised with addition of Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age
- Twinrix and Twinrix Jr minimum age is 6 months (CIG).
- **NEW!** Minimum intervals for varicella-containing vaccines is now 4 weeks (CIG) (All MMRV & Varicella vaccines)
- **NEW!** Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age
 - DTaP-IPV will no longer be used in SK as of Oct. 1, 2017. Tdap-IPV recommendations are detailed based on the previous valid doses of DTaP-IPV-Hib children 4 years and 5-6 years old have received.

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- **Staff must understand that the Panorama forecaster ‘expects’ children to have a specific number of ‘D’ and ‘aP’ antigens to be considered up to date for age.** As a result of the provincial use of Tdap-IPV, the forecaster may not recognize the ‘d’ and ‘ap’ antigens as meeting the antigen requirements of children to be considered up to date for their age. If these doses are overridden to valid, future forecasting of tetanus-containing vaccine may be affected. It is recommended to not override these doses to valid, and as usual PHNs will need to assess children’s immunization statuses at each presentation.
- Gardasil™ (HPV-4) is no longer publicly funded as of September 1, 2017.
- Gardasil 9 (HPV-9) information including scheduling and indication updated as 2 pages.
- Bexsero (page 2 of 2) has a new expected reaction listed - Injection site reactions like extensive swelling of the vaccinated limb, blisters at or around the injection site and/or a hard lump at the injection site (which may persist for more than one month) have also been reported
- VarZIG page 1 – new sentence added to first bullet in the Dose/Series section: Clinicians may opt to provide VarZIG up to 10 days following exposure to attenuated illness.
- Product monograph updates:
 - Havrix HIBERIX INFANRIX™-IPV/Hib PRIORIX-TETRA™ PRIORIX® BEXSERO

Chapter 14 Appendices

- p. 21 Appendix 14.3 Immunization Fact Sheets
 - The following fact sheets have been revised for August 2017
 HA MMRV MenB Var Tdap-IPV HPV-9 Seasonal Influenza 2017-18