Government of Saskatchewan
Ministry of Health

Saskatchewan Immunization Manual Amendments March 2018

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 March 2018.

Chapter 1 Introduction

- p. 7 Table 1: Evidence-Based Strategies to Improve Vaccine Uptake
  - Column 3 bullet 11 – RHA changed to SHA/AHA.
- P. 11 Section 5.1 School Immunization Programs
  - Date of 2-dose series corrected to 2015-16.
- P. 12 Section 5.2 History of Publicly Funded Immunizations and Programs in Saskatchewan
  - Column 3 last row of DTPIPV vaccines now reads - All pregnant women offered Tdap (usually at 27 weeks gestation).

Chapter 2 – Authorization to Immunize

- P. 1 Section 1.1 Authorization to Immunize
  - First bullet now reads "The Athabasca Health Authority (AHA), the Saskatchewan Health Authority (SHA) and First Nations Jurisdictions (FNJs), as employers…
  - Third bullet now reads "The designated AHA, SHA or FNJ Medical Health Officer…

Chapter 3 – Informed Consent

- P. 9 SIMS changed to Panorama

Chapter 5 – Immunization Schedules

- TOC first page
  - Section 3.7.2 retitled to Guide to Tetanus Prophylaxis in Wound Management
- P. 1 – Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
  - Update to schedule to include Rot-5, even though vaccine administration is applicable to those born since April 1, 2018. Footnote #10 now states "First dose must be given by 14 weeks 6 days of age; last dose must be given by 8 months 0 days. Rot-1 2-dose series, Rot-5 3-dose series".
  - Footnote 11 now states, Females born since January 1, 1996 & males who are currently in grade 6 OR males born since Jan. 1, 2006 or males who did not receive or complete series when in grade 6 (2017/18 school year start date) until 27 years old. Min age 9 years old. Refer to 2.1 Minimum Intervals for Specific Vaccine Series for age-specific interval and dose requirements.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
  - HPV-9 Footnote #10 now states "Females born since January 1, 1996 & males who are currently in grade 6 OR males born since Jan. 1, 2006 or males who did not receive or complete series when in grade 6 (2017/18 school year start date) until 27 years old. Min age 9 years old. Refer to 2.1 Minimum Intervals for Specific Vaccine Series for age-specific interval and dose requirements.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Footnote #1 now states "Adults eligible to complete 3-dose IPV series (see p. 21). Booster doses of IPV are not publicly funded."
  - Men-C-ACYW-136 added to table, thus new footnote #7 "For individuals born since January 1, 2000 up to and including 21 years of age; ineligible for vaccine upon 22nd birthday".
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
  - Footnote #11 added to 3-dose HPV-9.
- P. 17 Section 3.7.2 Guide to Tetanus Prophylaxis in Wound Management
  - Table revised as per CIG.
  - New footnote #5 added re: time recommendation for TIg administration.
- P. 21 Section 4.1 Unknown or Uncertain Immunization Status
  - Re: MMR immunization, bullet now states "Measles, Mumps, Rubella – see Appendix 5.2: Adult Eligibility for Publicly Funded MMR Vaccine."

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Chapter 7 Immunization of Special Populations

- P. 23 Section 5.2.A: Publicly Funded Vaccines – Pregnancy
  - All new bullets in the Tdap row:
    - Offered Tdap at or after 27 weeks gestation (CIG, NACI).
    - If Tdap is administered to a pregnant woman **before** 27 weeks gestation, **she does not need another Tdap after 27 weeks gestation or post-delivery.**
    - A Tdap vaccine should be routinely offered to all pregnant women in every pregnancy, irrespective of their immunization history. One dose of Tdap vaccine should ideally be provided between 27 and 32 weeks of gestation. Earlier immunization between 13 and 26 weeks of gestation may also be considered in some situations (e.g. in case of an increased risk of preterm delivery or travel) to allow for longer placental exposure to higher antibody levels and maximization of antibody transfer. While it is preferable that immunization is administered at least 4 weeks before birth to allow optimal transfer of antibodies and direct protection of the infant against pertussis, it should be considered until the end of pregnancy as it has the potential to provide partial protection.
    - Women who previously received Tdap anytime as an adult or during their current pregnancy do not require Tdap post-delivery.
- P. 40 Appendix 7.7: Tdap Immunization Decision Chart for Pregnant Women
  - Pregnancy and Tdap decision tool updated.
- P. 41 Appendix 7.8: Publicly Funded Immigrant and Refugee Immunization and Serology Recommendations
  - Refer to Publicly Funded HA Vaccine Indications added to HA row for children and adults.

Chapter 10 Biological Products

- Table of Contents (first page)
  - Herpes Zoster vaccines – separate brands and abbreviations noted for both vaccines.
- Recombivax HB
  - Pediatric strength corrected to 5 mcg.
- Gardasil 9
  - Male indication updated: Males who are currently in Grade 6 OR males born since Jan. 1, 2006 or males who did not receive or complete series when in Grade 6 (2017/18 school year start date).
- Immunization Recommendations for Children 4-6 years of Age
  - Footnote #7 added, as missed on last update. States "If a child younger than 7 has received a Tdap-IPV for any of the first four doses of the tetanus-containing vaccines, provide another dose of DTaP-IPV Hib at appropriate interval, for optimum protection. (Rationale is the child did not receive sufficient diphtheria or pertussis antigen amount with Tdap-IPV)".
- For Men-C-ACYW-135 vaccines (Menactra, Menveo and Nimenrix first pages)
  - Reinforcement dose recommendation for those immunized at 6 or younger now states "If first dose received at age ≤ 6 years → A booster dose should be given every 3 to 5 years" (as per CIG)
- Bexsero (page 1 of 2)
  - Bullet under Infants aged 2 months through 5 months now states "3-dose primary series: 0.5 mL IM at 2 months, 4 months and 6 months of age followed by a 4th dose after 12 months of age.
- Pneumovax 23 (page 1 of 2)
  - Updated indication bullet: malignancies/cancer **(individual must currently have)**
- Rotarix (both pages)
  - New footnote #8 added, stating "Additional teaching/supplies/policy should be available to PHNs before administer via this route (i.e., checking NG tube placement and flushing post administration)."
- NEW! RotaTeq® is a new publicly funded vaccine.
  - Please ensure staff review both pages.

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- Varilrix and Varivax (page 1 of both)
  - Third bullet under varicella susceptibility now states, NOTE: verbal history of disease is unacceptable evidence of immunity for those born since Jan. 1, 2003.
- **Product monograph updates:** INFANRIX hexa®

Chapter 11 – Adverse Events Following Immunization

- Pp. 14-15 Appendix 11.5: Canadian Biological Product Abbreviations
  - RZV and LZV added to table, ZOS removed.
  - Rot-1 and Rot-5 rows are separated.

Chapter 14 Appendices

- P. 21 Appendix 14.3: Immunization Fact Sheets
  - Vaccine Options to Protect Your Child From Measles, Mumps, Rubella and Varicella added to table.
  - Rotavirus Vaccine (April 2018) added to table.