

## Saskatchewan Immunization Manual Amendments **Oct. 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 **October 2017**.

### **Chapter 3 Informed Consent**

- Page 7 – SIMS changed to Panorama

### **Chapter 5 – Immunization Schedules**

- Page 1 – Routine Imms Schedules for Infants, Children and Adolescents
  - Footnote \* - -Title change to reference document.
  - Footnote 7 now states Tdap can be administered any time after a tetanus-diphtheria toxoid-containing vaccine was given.
  - **New footnote 11** for HPV vaccines - Females born since Jan. 1, 1996 & males born since Jan. 1, 2006 until 27 years old.
- Page 2 – Section 1.2 Hib Schedule
  - Table revised and adapted from current CIG table.
- Page 4 - Section 1.4
  - Footnote \* - -Title change to reference document.
  - Tdap-IPV removed from second column.
- Page 5 - Section 1.5
  - Footnote #3 – MMRV can be offered to all Grade 6 students.
  - Varicella interval in footnote #7 changed to 4 weeks.
- Page 7 – Section 1.6
  - **New footnote** - \*Tdap-IPV may be given (for first doses of Tdap and IPV)
  - Varicella interval in footnote #4 changed to 4 weeks
- P. 11 – Section 2.1 Minimum Intervals
  - Footnote 3 added to Varicella row.
  - Tdap-IPV added to table.
  - Td/Tdap moved below IPV.
  - HAHB interval between doses 2 and 3 changed to 5 months.
  - **New footnote #12** added to MMRV and Varicella - 3 months is recommended for those 1-12 years, but 4 weeks is acceptable.
- P. 13 – Section 3.3.1
  - Interval between Var doses for those 13 years and older changed to 4 weeks.
- Page 17 – Section 3.7.2
  - Tetanus Immunoprophylaxis table completely revised.

### **Chapter 6 Contraindications and Precautions**

- Page 2 – Section 2.2
  - Section amended, please review.

### **Chapter 9 Management of Biological Products**

- Page 32 Section 5.5
  - Lines added into table between 4 & 5, 23 & 24, and 29 & 30.
- Page 33 Section 5.6
  - Recipient name updated to Public Health Nursing Consultant

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### **Chapter 10 Biological Products**

- First page of Active Immunization Agents updated:
  - DTaP-IPV removed as no longer available
  - **New!** Hepatitis B Vaccine - Immigrant Populations Ineligibility List
- Second page of Active Immunization Agents updated:
  - **New!** Immunization Recommendations for Children 4-6 years of Age
- Third page of Active Immunization Agents updated”
  - **Removed** – Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 Years of Age
- INFANRIX-IPV/Hib
  - DTaP-IPV removed from reinforcement dose.
  - Min. age changed to 6 weeks.
- Pediacel
  - DTaP-IPV removed from reinforcement dose.
- **Remove INFANRIX-IPV and Quadracel from Chapter 10 as no longer available in Canada.**
- **New!** Hepatitis B Vaccine - Immigrant Populations Ineligibility List is the provincial reference list of countries of immigrants who ARE NOT eligible for publicly funded HB vaccine due to low prevalence.
- Non-publicly flu vaccine list updated.
- Fluzone Quadrivalent and FluLaval Tetra information updated.
- **New!** Shingrix™ (Zos vaccine from GSK)
- **New!** Immunization Recommendations for Children 4-6 years of Age replaces the previous Tdap-IPV recommendations for children 4-6 years old.
- **Remove Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 Years of Age.**
- Gardasil 9 – both pages
  - **New!** Note added in the series column: **Note: immune compromised individuals must always receive a 3-dose HPV series.**
  - Vaccine components and Effectiveness updated.
- IPV
  - Interval between doses 1 and 2 changed to 4 weeks for indications 1, 2, 3 and 4.
- Priorix-Tetra and ProQuad MMRV vaccines
  - Interval reference to 6 weeks changed to 4 weeks.
- Varilrix and Varivax III
  - Under Precautions, 4<sup>th</sup> bullet reference to 6 weeks changed to 4 weeks.
  - Under footnote #1:
    - Second bullet reference to Grade 6 students removed.
    - Third bullet now states, **NOTE:** verbal history of disease is unacceptable as of evidence of immunity for those born since Jan. 1, 2003.