Saskatchewan Immunization Manual Amendments

January 2024

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 10 Biological Products

New additions to TOC and chapter content – Non-publicly funded vaccines

- MenQuadfi™ (Men-C-ACYW-135) and
- ABRYSVO (RSV)

Product monograph or link updates:

INFANRIX-Hexa Twinrix Cervarix Priorix-Tetra NeisVac-C Nimenrix BEXSERO Prevnar 13 Prevnar 20 Boostrix Adacel-Polio Boostrix-polio Varilrix

HAVRIX – Also new note added to DOSE/SERIES: NOTE: The product monograph recommends 1 dose as the primary immunization requirement for all ages; and 1 booster dose 6-12 months later to ensure long-term protections. SK recommended that 2 doses always be given to all clients as indicated.

ENGERIX-B – Also new note added to DOSE/SERIES: NOTE: Accelerated and Rapid vaccination Schedules noted in the product monograph should not be administered for publicly funded indications.

Publicly funded HA Indications: CIG HA chapter link updated.

Public funded HB Indications – Yellow Book Map link updated.

XBB.1.5 COVID-19 Vaccination Schedules (Tables 3 & 4)

- Enhanced footnotes 3 and 4 were revised for clarity in applicable tables. These recommendations may differ from CIG COVID-19 chapter but are to be followed by all immunizers in Saskatchewan.

Saskatchewan Immunization Manual Amendments
April 2024

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 5 Immunization Schedules

- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
  - Footnote # 10 addition: Refer to Ch. 10 for dose requirements if series is delayed.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Tdap noted for all doses in primary series.
  - Td available from public health if client has contraindication to pertussis component.
- P. 8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series
  - Td removed, and Tdap recommended every 10 years.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
  - HB – for HCWs as noted in SIM chapter 7.
  - Tdap – Adults every 10 years; Td for those 7+ who have contraindication to pertussis component.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
  - Td removed; Tdap minimum age is 4 years.
  - HPV – New footnote #16 - 3-dose series required if 2-dose series not completed before 15 years old.
- P. 12 Section 3.1 Refusal of Multiple Injections
  - Appendix 4.2 *Where do I document*? noted as guidance source for documentation.
- P. 12 Section 3.2 Timing and Spacing of Inactivated Vaccines
  - Timing considerations includes to conjugate-conjugate and conjugate-polysaccharide vaccine administration.
- P. 15 Section 3.5.1 Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Viruses
  - Nirsevimab (BEYFORTUS) added to Other antibody products.
- P. 17 Section 3.7 Tetanus Prophylaxis in Wound Management
  - Section 3.7.1 bullets revised for clarity; Panorama and eHR viewer added for client assessment.
  - Section 3.7.2 table and footnotes have been updated, please ensure that staff review. Td is only available from public health for those 7+ who have a contraindication to pertussis.
- P. 18 Section 3.8 Rabies Pre and Post-Exposure Management
  - All sections edited; the Saskatchewan *Communicable Disease Control* Manual Rabies chapter and SIM chapter 10 Biological Products now referenced in place of directives.
  - Pp. 19-20 now blank.
- P. 21 Section 4.1 Unknown or Uncertain Immunization Status
  - Verbal immunization history acceptance for infleunza vaccine removed. In first paragraph.
  - Varicella or herpes zoster verbal history acceptance removed.
- P. 22 Section 4.4 Individuals Who Received an Inappropriate Vaccine Dosage
  - Rabies and polio added as fractional dose examples.
- P. 24 Section 4.5.1Special Care Homes
  - Tdap replaces Td as 10 year recommendation.
- P. 25 Section 4.5.2 Personal Care Homes
  - Tdap replaces Td as 10 year recommendation.
- P. 26 Section 5.0 References

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  - Edited.
- P. 28 Appendix 5.2: Publicly Funded MMR Vaccine Eligibility
  - Under #3 a ii, Titre recommendations removed.
- P. 34 Appendix 5.6: Immunization Recommendations for Children Presenting at 4-6 years of Age
  - NEW note added prior to table: *Refer to SIM Chapter 10 Tdap/Tdap-IPV immunization and scheduling recommendations for incompletely immunized children presenting between 4 to 6 years od age because the number of doses (e.g., 3 or 4) and administration intervals are based on whether the first valid DTaP-containing vaccine dose was given before or on/after 1 year of age.
  - Reference to this new footnote added to rows 3-6.

Chapter 7 Immunization of Special Populations

- P. 23 Section 5.2.A: Publicly Funded Vaccines – Pregnancy
  - Last Tdap bullet revised: Women who did not receive Tdap during their current pregnancy do not require Tdap post-delivery, unless they require a routine dose.
- P. 27 Section 6.3 Health Care Worker – Eligible for Publicly Funded Vaccines
  - Td removed as routine vaccine, and Tdap now recommended every 10 years.
- P. 35 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category
  - Under TRAVEL, refer to Appendix 5.2 for MMR eligibility.
  - Under TREATMENT, BAT added for children younger than 1 year of age.
- P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients
  - ABRYSVO added as an RSV vaccine.
- P. 42 Appendix 7.7: Tdap Immunization Decision Chart for Pregnant Women
  - Prior note referring to Tdap-IPV has been removed.
- P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates
  - Footnote 13 revised: Tdap booster every 10 years.
  - ABRYSVO added as an RSV vaccine.
- P. 45 Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients
  - Footnote 11 revised: Tdap booster every 10 years.
  - ABRYSVO added as an RSV vaccine.

Chapter 8 Administration of Biological Products

- P. 1 Section 1.1.1 General Screening Questions
  - Two **new** questions added to #10 *Does your child/do you have any diagnosed medical conditions such as*:
    g. Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days after receiving a dose of a pertussis-containing vaccine?
    h. Uncontrolled seizures, progressive encephalopathy or other progressive or neurological disorder that is not stabilized with treatment?
- P. 3 Section 1.3.2 Preparation Instructions
  - **New** labelled #6 with new information added: *If a previously opened multi-dose vial is available, check the date that the vial was opened (as recorded on the label). Most multi-dose vials must be used within 30 days of opening, unless the manufacturer specifies another*

time period (i.e., once punctured, some influenza vaccine MDVs are stable to the expiry date noted on the vial).

- P. 8 Section 1.5.5 Expired Vaccines
  - **New directives** as finalized by the Standing Committee on Immunization:

A. **If there is no urgency to repeat the expired dose and the client is agreeable**, the immunizer may contact the manufacturer's medical information department (do online search for contact information) to request if they have data to support the potency of the administered expired vaccine dose.

a. The inquirer **must** request to receive printed confirmation of these data from the manufacturer for inclusion/uploading in the client's medical/immunization record.

b. **NOTE: If A is not feasible by the immunizer, refer to B.**

B. If an **expired live or non-live dose** was inadvertently given; and the client is not agreeable to having the manufacturer contacted; **or** the manufacturer does not have potency data as in **A**, or time is a factor, it is **an invalid dose and** should be repeated.
NOTE: Document a client's refusal for a repeat dose in their record.

a. If the error **is detected on the same day** that administration occurred, repeat the dose that same day at a different injection site. The repeat dose is a valid dose.

b. If the error **is not detected** on the same day:

I. For a **non-live vaccine**, a repeat dose should be given as soon as possible.

i. However, recombinant zoster vaccine (RZV; SHINGRIX™) should be administered 28 days after the invalid dose, to reduce the burden of adverse reactions which occurs with this vaccine.

II. For a **live vaccine**, a 28-day interval is required, because circulating interferon may interfere with the replication of the second live vaccine.

ii. For rotavirus vaccine doses, the repeat dose should be administered after a 28-day interval from the invalid dose or at the maximum age for the vaccine dose (whichever is earlier).

Chapter 10 Biological Products

- New additions to TOC and chapter content – Publicly funded vaccine
  - PENTACEL brand of DTaP-IPV-Hib vaccine, which will replace Pediacel supply this year.
- COVID-19 Vaccine Q &A for Immunizers
  - **New #8:** Are there any instances where mRNA vaccines are preferable or recommended instead of Novavax's NUVAXOVID?
  - **Response:** No, as more safety evidence emerges for currently licensed COVID-19 vaccines.
- XBB.1.5 COVID-19 Vaccination Schedules
  - Table 1: Schedules for individuals presenting at 12 years and older who are NOT immunocompromised
    - Novavax: 1 or 2 doses may be administered to healthy individuals 12+ years with no immunization history.
    - **New footnote #4** explains rationale: 1 dose is acceptable as noted in Updated guidance on the use of protein subunit COVID-19 vaccine (Novavax Nuvaxovid), NACI 2024-03-08.
  - Table 2: Schedules for individuals presenting at 12 years and older WHO ARE moderately to severely immunocompromised
    - Novavax: 2 doses for individuals 12+ years with no immunization history is acceptable.

- Table 4: Schedule for individuals presenting at 5 to 11 years WHO ARE moderately to severely immunocompromised
  - Footnote #3 recommendations are as follows: Children who started a primary series with an XBB.1.5 vaccine when they were less than 5 years of age should complete the primary series with 4 to 8 weeks between doses and from their last dose as follows: **NOTE:** the number of doses they receive after turning 5 years of age should not exceed 2 doses.
    a. 2 more doses of XBB.1.5 vaccine (if had 1 previous dose of Pfizer or Moderna XBB.1.5 between 6 mo-4 years) **OR**
    b. 1 more dose of XBB.1.5 (if 2 doses of Moderna XBB.1.5 were received between 6 mo-4 yrs) **OR**
    c. 2 more doses of XBB.1.5 vaccine (if any of the 2 previous doses were Pfizer XBB.1.5 between 6 mo-4 years) **OR**
    d. 1 more dose of XBB.1.5 (if any of the 3 previous doses were Pfizer XBB.1.5 between 6 mo-4 years)

- Novavax NUVAXOVID™ 12+ XBB.1.5
  - Under Pregnancy & Lactation
    - **New statement** replaces previous first and second bullet regarding safety in pregnancy and NACI's preference of mRNA COVID-19 vaccines in pregnancy: *Due to lower overall usage to date, there is less data available about the protein subunit platform compared to the mRNA platform for COVID-19 vaccines, particularly for people who are pregnant. Additional evidence on the use of protein subunit COVID-19 vaccines is expected to accumulate over time*.
    - Added under references: NACI (2024-03-08). Updated guidance on the use of protein subunit COVID-19 vaccine (Novavax Nuvaxovid).

- **REVISIONS to:** INFANRIX-IPV/Hib, PEDIACEL, ADACEL, ADACEL-POLIO, BOOSTRIX and BOOSTRIX-POLIO
  - **New row!** Precaution: Acellular pertussis-containing vaccines may be administered to clients with the following conditions once a treatment regimen has been established and their condition has stabilized:
    - Progressive or unstable neurologic disorder (including infantile spasms for DTaP)
    - Uncontrolled seizures
    - Progressive encephalopathy
  - **NEW** Contraindication added:
    - Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days after receiving a dose of a pertussis-containing vaccine.

- **NEW!** PENTACEL as new brand of DTaP-IPV-Hib vaccine from Sanofi Pasteur
  - **FYI:** Saskatchewan used PENTACEL in the late 1990's and early 2000's before PEDIACEL was formulated as a combined vaccine. PENTACEL requires reconstitution of the Hib powder with the liquid DTaP-IPV component, and this step can be missed by staff.
    - Upon discovery of this error, separate ACT-Hib is to be administered ASAP, to ensure that the child is protected against Hib.
  - **The BOX lot # is to be used for documentation of administered PENTACEL.**
  - New row! Precaution: Acellular pertussis-containing vaccines may be administered to clients with the following conditions once a treatment regimen has been established and their condition has stabilized:
    - Progressive or unstable neurologic disorder (including infantile spasms for DTaP)
    - Uncontrolled seizures

        - Progressive encephalopathy
    - Contraindications:
        - Anaphylaxis to **PEDIACEL** is noted, as this vaccine has been used in SK for the past 2 years.
        - NEW! Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days after receiving a dose of a pertussis-containing vaccine.
- **NEW!** Streamlined INDCATIONS for MMR II and PRIORIX

  INDICATIONS
    - Series for those born since January 1, 1970 who are 12 months and older. According to CIG, 1 dose of rubella is considered sufficient for immunity in all ages. Refer to Appendix 5.2: Publicly Funded MMR Vaccine Eligibility.
    - Recommended for post-exposure prophylaxis of measles contacts as outlined in the Saskatchewan Communicable Disease Control Manual.
    - **Additional indications** as noted in SIM Chapter 5, Appendix 5.2: Publicly Funded MMR Vaccine Eligibility.
        - 1 dose for some adult travellers born before January 1, 1970.
        - Infants 6-11 months old who are travelling abroad may be offered 1 early publicly funded dose of MMR.
- ProQuad and PRIORIX-TETRA
    - Last bullet removed from Contraindications: Immunocompromised individuals unless determined by their specialist.
- **NEW reinforcement doses recommendations** for all Men-C-ACYW-135 vaccine (Menactra, Menveo and Nimenrix)
    - Only for asplenia (congenital, acquired or functional), congenital immunodeficiency or acquired complement deficiency.
        - **1 dose every 5 years for all ages**.
    - **NOTE:** The Panorama forecaster has not yet been updated, and will continue to forecast a reinforcement dose every 3-5 years for those who received their first dose before 7 years of age.
- BEXSERO (Men-B4C)
    - The product monograph indicates 2 schedules for infants younger starting a series before 6 months of age:

      Infants aged 6 weeks through 5 months
        - **4-dose 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.
            - Minimum 1 month interval between doses 1 & 2 and 2 & 3.
            - Dose 4 **is required** after 1 year old with an interval of at least 6 months between doses 3 & 4.
        - **NEW! 3-dose series**: Dose 1 at 2 months, Dose 2 at 4 months, ensuring minimum of 2 months interval between doses 1 & 2).

          Dose 3 **is required** after 1 year old with an interval of at least 6 months between dose 2 & 3.
- IMVAMUNE
    - NEW under Serries and eligibility: **Those with a documented history of prior monkeypox infection need not be vaccinated**.
- Td Adsorbed
    - INDICATIONS (≥7 years old)
        - For those who have a contraindication to a pertussis-containing vaccine.

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- ADACEL and BOOSTRIX
  - Footnote #2 now has link to Appendix 5.3 Grade 8 Tdap algorithm.
  - Updated Indications:

1. Wound Management [1]
2. Booster (5th) dose at age 4-6 years (school entry) who have met polio vaccine requirements.
3. Reinforcement dose for Grade 8 students. [2]
4. Reinforcement dose for adults every 10 years
5. Adult caregivers of infants <6 months old who have not received Tdap as an adult. [3]
6. Pregnant women: Tdap in every pregnancy, ideally between 27-32 weeks gestation. [4]
7. Special Populations - Refer to Chapter 7, *Immunization of Special Populations* for specific medical condition.
8. Unimmunized individuals 7+ years who do not require IPV:
1. Dose 1
2. Dose 2: 1 months after 1st dose
3. Dose 3: 6 months after 2nd dose

9. Children 7+ and Adolescents who do not require IPV:
A. Booster dose for those who missed receiving the school entry booster dose.
B. Incompletely immunized children and adolescents [3]:
a. **If the first dose of DTaP-containing vaccine was administered before the 1st birthday**, administer remaining dose(s) in order to complete a 4-dose primary series given as:
1. Dose 1 was administered before the 1st birthday
2. Dose 2: 1 month after 1st dose
3. Dose 3: 1 month after 2nd dose
4. Dose 4: 6 months after 3rd dose (must be given ≥ 4 years old)

b. **If the first dose of DTaP-containing vaccine was administered after the 1st birthday**, administer remaining dose(s) in order to complete a 3-dose primary series given as:
1. Dose 1 was administered after the 1st birthday
2. Dose 2: 1 month after 1st dose
3. Dose 3: 6 months after 2nd dose (must be given ≥ 4 years old)

- ADACEL-POLIO and BOOSTRIX-POLIO
  - Footnote #3 now has link to Appendix 5.3 Grade 8 Tdap algorithm.
  - Updated Indications:

1. Wound Management 5
2. Booster (5th) dose at age 4-6 years (school entry) 1, 2
3. Unimmunized individuals 7+ years:
   1. Dose 1
   2. Dose 2: 1 months after 1st dose
   3. Dose 3: 6 months after 2nd dose
4. Children 7+ and Adolescents years of age:
   A. Booster dose for those who missed receiving the school entry booster dose.
   B. Incompletely immunized children 7+ and adolescents 3:
      a. If the first dose of DTaP-containing vaccine was administered before the 1st birthday, administer remaining dose(s) in order to complete a 4-dose primary series given as:
         1. Dose 1 was administered before the 1st birthday
         2. Dose 2: 1 month after 1st dose
         3. Dose 3: 1 month after 2nd dose
         4. Dose 4: 6 months after 3rd dose (must be given ≥ 4 years old)

b. If the first dose of DTaP-containing vaccine was administered after the 1st birthday, administer remaining dose(s) in order to complete a 3-dose primary series given as:
   1. Dose 1 was administered after the 1st birthday
   2. Dose 2: 1 month after 1st dose
   3. Dose 3: 6 months after 2nd dose (must be given ≥ 4 years old)

- VARILRIX
  - Indications are revised, as VARILRIX will be the primary varicella vaccine for SK:
    1. Those born since 1993-01-01 are eligible to receive an age or cohort appropriate series.
    2. Non-immune HCW/post-secondary healthcare students as specified in Chapter 7.
    3. Non-immune non-pregnant women of child-bearing age as specified in Chapter 5 Appendix 5.4, *Publicly Funded Varicella Immunization Eligibility and Panorama Directives*
    4. Susceptible immunocompromised individuals as referred by their specialist via submission of Chapter 7, *Immunization of Special Populations.* Appendix 7.2: *Varicella Immunization Referral Form*.[4]
- VARIVAX
  - Indications are revised:
    - Those born since 1993-01-01 are eligible to receive an age or cohort appropriate series.
    - Non-immune HCW/post-secondary healthcare students as specified in Chapter 7.
    - Non-immune non-pregnant women of child-bearing age as specified in Chapter 5 Appendix 5.4, *Publicly Funded Varicella Immunization Eligibility and Panorama Directives.*
    - Susceptible immunocompromised individuals *when Varilrix in unavailable*, as referred by their specialist via submission of Chapter 7, *Immunization of Special Populations.* Appendix 7.2: *Varicella Immunization Referral Form*.

Chapter 14 Appendices

- Appendix 14.3 Immunization Fact Sheets
  - Dates updated to April 2024 for DTaP-IPV-Hib, Tdap-IPV, Tdap, Td and Smallpox/mpox vaccines.
- Appendix 14.4 – Select Immunization-Related Letters from the Ministry of Health
  - Outdated letters removed.
  - New letters added:
    - Feb. 10, 2024 Immunization Program Update – Decennial Tetanus-diphtheria-pertussis Vaccine or Adults
    - Feb. 28, 2024 MMR Vaccine Recommendations for Travellers.

Saskatchewan Immunization Manual Amendments

June 2024

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Chapter 5 Immunization Schedules

- TOC first page – new section titles
  - PNEU-C-15 SCHEDULE FOR HEALTHY CHILDREN < 5 YEARS DELAYED BY 1 MONTH OR MORE
  - PNEU-C-20 SCHEDULE FOR MEDICALLY HIGH-RISK CHILDREN <5 YEARS DELAYED BY 1 MONTH OR MORE
- TOC second page – page numbers revised for section 4.5.2 onward.
- P. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
  - Pneu-C-13 replaced with Pneu-C-15.
- P. 3 Section 1.3A Pneu-C-15 Vaccine Schedule for Healthy Children (<5 years old) Delayed by 1 Month or More
  - Section title updated.
- P. 4 Section 1.3B Pneu-C-20 Vaccine Schedule for Medically High-Risk Children (<5 years old) Delayed by 1 Month or More
  - Section retitled as these children require Pneu-C-20.
  - Two age presentation for children < 1 year old noted, and immunization requirements align with CIG pneumococcal chapter.
  - New footnote #4: May be eligible to receive 1 dose of Pneu-C-20 if no doses are documented. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age
- P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations
  - Pneu-C-13 replaced with Pneu-C-15.
  - Footnote #2 revised: Pneu-C-15 schedules for children <5 years old depend on age of child at presentation and previous doses received. Refer to 1.3A Pneumococcal Conjugate 15 Vaccine Schedule for Healthy Children (<5 years old) Delayed by 1 Month or More; or 1.3B Pneumococcal Conjugate 20 Vaccine Schedule for Medically High-Risk Children (<5 years old) Delayed by 1 Month or More.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
  - Removed from footnote 3: *Anyone born since January 1, 2003 is eligible to receive a cohort-based varicella vaccine series*, to simplify bullet as cohort has aged out.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Pneu-P-23 replaced with Pneu-C-20 for individuals 65 years and older who have never received any previous pneumococcal vaccines.
- P. 8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series
  - Pneu-P-23 removed and replaced with Pneu-C-20.
  - Indications updated, and hyperlinks to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older added.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
  - Pneu-C-15 added for healthy children < 5 years.
  - Pneu-P-23 removed and replaced with Pneu-C-20.
  - Indications updated, and hyperlinks to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older added.
- P. 11 Section 2.1 Minimum intervals for specific vaccine series
  - Pneu-C-13 removed.

- Pneu-C-15 added with new footnote 7A: Refer to 1.3A Pneu-C-15 Vaccine Schedule for Healthy Children (<5 years old) Delayed by 1 Month or More.
- Pneu-C-20 added with new footnote 7B: Refer to 1.3B Pneu-C-20 Vaccine Schedule for Medically High-Risk Children (<5 years old) Delayed by 1 Month or More.
- Previous footnote 15 removed: Product monograph scheduling May 6, 2021.

- P. 19 Section 4.1 Unknown or Uncertain Immunization Status
  - Added to adults ≥18 years who were born or spent their childhood in Canada: Refer to Appendix 5.4: Publicly Funded Varicella Immunization Eligibility and Panorama Directives.
- P. 22 Section 4.5.1 Special Care Homes
  - Bullet c revised: Obtain an immunization history and immunize individuals according to SIM Chapter 5 schedules and Chapter 7, Immunization of Special Populations.
  - Bullets d to g removed.
- p. 22 Section 4.5.2 Personal Care Homes
  - Bullet a revised: Obtain an immunization history and immunize individuals according to SIM Chapter 5 schedules and Chapter 7, Immunization of Special Populations.
  - Bullets b and c removed.
- P. 31 Appendix 5.6: Immunization Recommendations for Children Presenting at 4-6 years of Age
  - "older' children specified in first paragraph.

Chapter 7 Immunization of Special Populations

- P. 3 Section 1.4.1 Consideration for MMR and Varicella Immunization of Immunocompromised Individuals
  - Addition – MMRV is contraindicated.
- P. 5 Section 2.1A Publicly Funded Vaccines – Bleeding Disorders
  - LAIV bullet revised to align with CIG: Live attenuated influenza vaccine (LAIV) is contraindicated for children 2 to 17 years of age currently receiving aspirin or aspirin-containing therapy.
- P. 6 Section 2.2A Publicly Funded Vaccines Cardiac Disease
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
- P. 6 Section 2.3A Publicly Funded Vaccines – Cochlear Implant
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children and Men-C-C at 1 year old.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
  - Bullet addition to Men-C-ACYW-135 - Replace Men-C-C with Men-C-ACYW-135 at 12 months of age.
- P. 7 Section 2.4A Publicly Funded Vaccines – Asplenia
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children and Men-C-C at 1 year old.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.

  - Bullet addition to Men-C-ACYW-135 - Replace Men-C-C with Men-C-ACYW-135 at 12 months of age.
- P. 8 Section 2.5A Publicly Funded Vaccines – CSF Disorders
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children and Men-C-C at 1 year old.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
  - Bullet addition to Men-C-ACYW-135 - Replace Men-C-C with Men-C-ACYW-135 at 12 months of age.
- P. 8 Sections 2.6A Publicly Funded Vaccines – CF and 2.7A Publicly Funded Vaccines – DM
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
- P. 9 Sections 2.8A Publicly Funded Vaccine – Liver Disease and 2.9A Publicly Funded Vaccines Lung Disease
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
- P. 10 Section 2.10A Publicly Funded Vaccines – Malignancies/Cancer (must have an Active Diagnosis)
  - Administer rotavirus vaccine and all routine **inactivated** vaccines **except Pneu-C-15 for children.**
  - Pneu-C-13 and Pneu-P-23 removed.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
  - REMOVED as no linger applicable - Please note that individuals who present as ‘cancer-free’ in the future do not qualify for additional vaccine doses (i.e., a second dose of Pneu-P-23) as their risk is the same as everyone else.
- P. 11 Section 2.11A Publicly Funded Vaccines – Those with a Neurological Conditions that Impeded the Clearance of the Respiratory/Oral Secretions
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
- P. 12 Section 2.12A Publicly Funded Vaccines – Renal Disease
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
- P. 13 Section 2.13A Publicly Funded Vaccines – Sickle Cell Disease
  - Pneu-C-13 and Pneu-P-23 removed.

  - Routine vaccines to be administered except for Pneu-C-15 for children and Men-C-C at 1 year old.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
  - Bullet additions to Men-C-ACYW-135 - Replace Men-C-C with Men-C-ACYW-135 at 12 months of age. Eligible for 1 reinforcement dose every 5 years (after the last dose in the primary series).
- P. 14 3.1A Publicly Funded Vaccines - Congenital Immunodeficiency and 3.2A: Publicly Funded Vaccines - Acquired Complement Deficiency
  - Pneu-C-13 and Pneu-P-23 removed.
  - Routine vaccines to be administered except for Pneu-C-15 for children and Men-C-C at 1 year old.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
  - Bullet additions to Men-C-ACYW-135 - Replace Men-C-C with Men-C-ACYW-135 at 12 months of age. Eligible for 1 reinforcement dose every 5 years (after the last dose in the primary series).
- P. 15 Section 3.3 HIV
  - Under Live Attenuated Viral or Bacterial Vaccine, intravenous immunoglobulin abbreviation corrected in last bullet.
- P. 16 Section 3.3A Publicly Funded Vaccines and Immune Globulins – Human Immunodeficiency Virus
  - Administer rotavirus vaccine and all routine **inactivated** vaccines **except Pneu-C-15 for children.**
  - Pneu-C-13 and Pneu-P-23 removed.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
  - Bullet additions to Men-C-ACYW-135 - Replace Men-C-C with Men-C-ACYW-135 at 12 months of age. Eligible for 1 reinforcement dose every 5 years (after the last dose in the primary series) [Reminder that this does only applies to adults who started the series before 18 year old].
  - New vaccine contraindications added – MMRV and LAIV.
- P.19 Medical Treatment
  - Added: The third dose of a pneumococcal conjugate vaccine that forecasts at 6 months of age is unnecessary for infants whose mothers took monoclonal antibody medications while pregnant.
  - Removed: The third dose of Pneu-C-13 vaccine that forecasts at 6 months of age is unnecessary for infants whose mothers took monoclonal antibody medications while pregnant.
- P. 20 3.7A Publicly Funded Vaccines - Medical Treatment
  - Administer all routine **inactivated** vaccines **except Pneu-C-15 for children.**
  - Pneu-C-13 and Pneu-P-23 removed.
  - Pneu-C-20 to be administered. Refer to SIM CH. 10 Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age and Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older for guidance.
  - Addition – Rotavirus – Consult with infant's specialist.
- P. 21 Section 4.0 Post-Exposure

- Original second sentence removed: Without intervention, this risk is estimated to be 90% if the mother is HBsAg positive and 5-20% if the mother is HBsAg negative.

- P. 22 Section 5.2.1.1 Inactivated Vaccines [Pregnancy]
  - Inactivated influenza vaccine and COVID-19 vaccines are recommended.
  - There are no data to indicate that currently approved inactivate vaccines are teratogenic or embryotoxic, or have resulted in specific adverse pregnancy outcomes. However, a risk/benefit discussion with the client is encouraged and their potential for exposure should be considered (e.g., travel to high-risk country for polio, exposure to meningitis, or their partner is an IV drug user (HB)).
- P. 23 Section A 5.2.A: Publicly Funded Vaccines – Pregnancy

All **inactivated** routine vaccines **except HPV vaccines**	• Inactivated influenza vaccine and COVID-19 vaccines are recommended. • There are no data to indicate that currently approved inactivated vaccines are teratogenic or embryotoxic, or have resulted in specific adverse pregnancy outcomes. **However, a risk/benefit discussion with the client is encouraged and their current medical risk factors and potential for disease exposure should be considered (e.g., travel to high-risk country for polio, exposure to meningitis, or their partner is an IV drug user (HB)).**
HPV (any)	**Contraindicated during pregnancy.**

- P. 28 Section 7.1 Premature Birth
  - Third paragraph amended to state: Premature infants and other children at risk of contracting respiratory syncytial virus (RSV) may be eligible to receive an RSV-specific monoclonal antibody (i.e., palivizumab or nirsevimab). These do not interfere with the immune response of vaccines (refer to SIM, Chapter 5, Immunization Schedules, Section 3.5, Spacing of Live Vaccines, Blood Products and Immune Globulin Preparations. A provincial RSV program exists to coordinate this service outside of public health https://momsandkidssask.saskhealthauthority.ca/infant-child-health/specialty-care/respiratory-syncytial-virus-program.
- P. 28 Section 7.2 Individuals Recently New to Canada
  - Last two hyperlink corrected.
- P. 33 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category
  - **This table has numerous revisions to content and footnoted and must be reviewed by all staff.**
  - Pneu-C-13 and Pneu-P-23 removed from table.
  - Pneu-C-20 added.
  - Footnotes amended on Page 36.
- P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients
  - **This table has numerous revisions to content and footnoted and must be reviewed by all staff.**
  - Strains removed from COVID-19 vaccine.
  - High dose HB vaccine specified.
  - Pneu-C-13 and Pneu-P-23 removed from table.
  - Pneu-C-20 added. Individuals who commenced a Pneu-C-13 series must complete their series with Pneu-C-20. Individuals who completed a prior Pneu-C-13 series and/or received Pneu-P-23 dose(s) should receive 1 Pneu-C-20 dose when: it has been a) ≥1 year after last documented Pneu-P-23; AND b) ≥ 8 weeks from last documented Pneu-C-13 dose, as applicable.

Saskatchewan Immunization Manual Amendments

June 2024

- P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates
    - This table has numerous revisions to content and footnoted and must be reviewed by all staff.
    - Strains removed from COVID-19 vaccine.
    - High dose HB vaccine specified.
    - Pneu-C-13 and Pneu-P-23 removed from table.
    - Pneu-C-20 added. Individuals who received a prior Pneu-C-13 dose and/or Pneu-P-23 dose(s) should receive 1 Pneu-C-20 dose pre-transplant when: it has been a) ≥1 year after last documented Pneu-P-23; AND b) ≥ 8 weeks from last documented Pneu-C-13 dose, as applicable. Ineligible for Pneu-C-20 if they previously received Pneu-C-15 AND Pneu-P-23.
    - DTaP-IPV-Hib may be administered off label to all transplant candidates (whose age is beyond the vaccine's licensed age range) to reduce the number of injections they require to meet the antigen requirements as noted in this schedule.
- P. 45 Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients
    - This table has numerous revisions to content and footnoted and must be reviewed by all staff.
    - Strains removed from COVID-19 vaccine.
    - High dose HB vaccine specified.
    - Men-C-ACYW-135 reinforcement dose every 5 years.
    - Pneu-C-13 and Pneu-P-23 removed from table.
    - Pneu-C-20 added. Individuals who received a prior Pneu-C-13 dose and/or a Pneu-P-23 dose should receive 1 Pneu-C-20 post-transplant (if not received pre-transplant) dose when: it has been a) ≥1 year after last documented Pneu-P-23; AND b) ≥ 8 weeks from last documented Pneu-C-13 dose, as applicable. Ineligible for Pneu-C-20 if they previously received Pneu-C-15 AND Pneu-P-23.

Chapter 10 Biological Products

- TOC second page under
    - Prevnar 20
        - Age-based Risk Factor Eligibility for Pneu-C-20 Immunization (as noted in Panorama)
        - Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age
        - Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older
    - Deleted under Pneu-P-23
        - Pneu-P-23 recommendations for adults 18+ immunized with only Pneu-C-15 or Pneu-C-20
- DTaP-IPV-Hib vaccines (Infanrix-IPV/Hib, Pediacel and Pentacel)
    - Footnote 2 revised: If a child's immunization schedule is delayed, the child may require fewer doses of Hib vaccine. Refer to SIM, Chapter 5, Immunization Schedules Section 1.2, Hib Schedule for Children Delayed by 1 Month or More.
    - Footnote 5 revised: May be administered off label to HSCT and solid organ transplant patients (whose age is beyond the vaccine's licensed age range) to reduce the number of injections they require to meet the antigen requirements as noted in SIM chapter 7 Appendix 7.6, 7.9 or 7.10 immunization schedules.
- Gardasil 9 – Pregnancy added as a contraindication.
- MMR II - MMR II may be given IM as per the product monograph, but SC recommended for practice consistency.
- BEXSERO (Men-B4C)

- The product monograph indicates 2 schedules for infants younger starting a series before 6 months of age. AS THIS VACCINE IS FOR HIGHRISK INFANTS, PLEASE ADMINISTER THE 4-DOSE SCHEDULE TO THOSE <6 MONTHS OF AGE.

- PREVNAR 13 and Pneumovax 23 updated to non-publicly funded vaccines.
- VAXNEUVANCE Pneu-C-15
  - **STAFF MUST REVIEW THIS PAGE AND FOOTNOTES**.
  - Updated to publicly funded vaccine for children who do not have any medical or lifestyle risk factors and who present when younger than 5 years old.
- PREVNAR 20 (4 pages)
  - **STAFF MUST REVIEW ALL PAGES AND FOOTNOTES**.
  - Page 1 – Updated with publicly funded indications:
    1. Adults 65 years and older who have never received any previous pneumococcal vaccines.
    2. Long-term care, personal care home and group home residents (all ages).
    3. Individuals 2 months through 64 years of age and select adults 65 years and older who have risk factors for pneumococcal disease. Refer to Age-based Risk Factor Eligibility for Pneu-C-20 Immunization (as noted in Panorama) as eligibility is based on age, approved risk factor, pneumococcal immunization history and interval after last pneumococcal vaccine dose.

    NOTE: This vaccine is not publicly funded for individuals who do not have approved risk factors.
  - Page 2 - Age-based Risk Factor Eligibility for Pneu-C-20 Immunization (as noted in Panorama)
    - Ages are highlighted and risk factors vary by age at presentation.
  - Page 3 - Pneu-C-20 Immunization Flow Chart for Individuals Through 64 Years of Age
    - '**Risk factor'** is the assessment starting point for this population.
    - Ineligible if previously received Pneu-C-20 dose **or** Pneu-P-23 & Pneu-C-15 vaccines.
  - Page 4 - Pneu-C-20 Immunization Flow Chart for Individuals 65 Years and Older
    - '**Immunization history'** is the assessment starting point for this population.
    - Ineligible if previously received Pneu-C-20 dose **or** Pneu-P-23 & Pneu-C-15.
- ADACEL and BOOSTRIX
  - Indication **removed** as Tdap routine for all adults: Special Populations - Refer to Chapter 7, Immunization of Special Populations for specific medical condition.

Saskatchewan Immunization Manual Amendments

August 2024

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 5 Immunization Schedules

- TOC first page
  - Sections 1.1 to 1.6 page numbers corrected.
- P. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
  - Men-C-ACYW-135 bullet moved to Grade 8; and
  - NEW! Footnote 10 added: Men-C-ACYW-135 immunization program to commence on September 1, 2026, for those born since January 1, 2013.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
  - NEW! Original footnote #7 revised removed, and footnotes 7A & 7B added.
  - Footnote 7A states, *Men-C-ACYW-135 may be provided a minimum of 4 weeks after a previous Men-C-C vaccine and 3 or more years after previous Men-C-ACYW-135 dose for those born before January 1, 2013*.
  - Footnote 7B states, *For those born since January 1, 2013, and who have previously received at least one Men-C-ACYW-135 dose (e.g., for travel, close contact of IMD, previous provincial schedule):*
    1. *If their last Men-C-ACYW-135 vaccine dose was received when younger than 12 years of age, offer the vaccine in Grade 8 starting September 1, 2026.*
    2. *If their last Men-C-ACYW-135 vaccine dose was received at 12 years of age or older, they are considered up to date.*
  - Footnote 8 now states, *Men-C-C will forecast as overdue for a child until they become 10 years old. At 10 years old, Men-C-ACYW-135 forecasts as part of **the previous Grade 6 program** eligibility. The child remains eligible to receive the Men-C-C vaccine if they present before starting Grade 6. **NOTE:A planned fix to stop Men-C-ACYW-135 forecasting in Panorama is planned for Sept. 2024. For the 2024-25 and 2025-26 school years, Grade 6 students are not to be routinely immunized, as they will get immunized in Grade 8.***
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Footnote 6 now states, *For individuals who missed the school-age program, up to and including 21 years of age; ineligible for vaccine upon 22nd birthday.*
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
  - Under Men-C-ACYW-135:
    1. Bullet #1 states, *Individuals born from January 1, 2000 to December 31, 2012 who missed the Grade 6, program up to age 21 years of age. Ineligible upon 22nd birthday*.
    2. Bullet #2 states, *Individuals born since January 1, 2013 who missed the Grade 8 program, up to age 21 years of age. Ineligible upon 22nd birthday*.

Chapter 7 Immunization of Special Populations

- P. 23 Section A 5.2.A: Publicly Funded Vaccines – Pregnancy
  - Pregnancy removed as a contraindication.
- P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients
  - Footnote number 14 and 15 corrected to 13 and 14.
  - Pneu-C-21 added as non-publicly funded vaccines in footnote 13.
- P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates
  - Two last footnote numbers corrected.
  - Pneu-C-21 added as non-publicly funded vaccines in footnote 12.

Saskatchewan Immunization Manual Amendments

August 2024

- P. 45 Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients
    - Two three footnote numbers corrected.
    - Pneu-C-21 added as non-publicly funded vaccines in footnote 12.

Chapter 10 Biological Products

- TOC second page
    - NEW! CAPVAXIVE (Pneu-C-21)
- Gardasil 9
    - Product monograph link updated
    - P. 1
        - Publicly funded indication in second bullet now states: Individuals born female since January 1, 1996, and individuals born male since January 1, 2006, up to and including 26 years old.
        - Contraindications – Pregnancy removed as not a contraindication for immunization.
    - P. 2 Other Considerations third bullet now states: There are no adequate and well-controlled studies in pregnant individuals. Because animal reproduction studies are not always predictive of human response, pregnancy should be avoided during the vaccination regimen for GARDASIL®9. **Pregnancy is NOT a contraindication for HPV-9 immunization, however,** individuals who become pregnant before completion of the vaccine series may choose to defer their vaccination schedule until after childbirth. Pregnant individuals exposed to GARDASIL® are encouraged to report their exposure or suspected adverse reactions by contacting Merck Canada Inc., at 1-800-567-2594.
- Afluria Tetra product monograph link for 2024-25 added.
- Revisions to Menactra, Menveo and Nimenrix Men-C-ACYW-135 vaccines
    - Indication #1 now states, *The school-age Men-C-ACYW-135 immunization program will re-commence September 1, 2026 for Grade 8 students (starting with the 2013 cohort).*
    - Footnote 1 now states, *The recommended interval between the administration of any Men-C-C and Men-C-ACYW-135 vaccine doses is 4 weeks (regardless of which vaccine was given first).*
    - Footnote 2 now states, *Those born from January 1, 2000 to December 31, 2012 who missed the previous Grade 6 program are eligible to be immunized up to and including 21 years old* (ineligible upon 22nd birthday).
    - Footnote 3 now states, For students born since January 1, 2013, and who have previously received at least one Men-C-ACYW-135 dose (e.g., for travel, close contact of IMD, previous provincial schedule):
        1. If their last Men-C-ACYW-135 vaccine dose was received when younger than 12 years of age, offer the vaccine in Grade 8 starting September 2026.
        2. If their last Men-C-ACYW-135 vaccine dose was received at 12 years of age or older, they are considered up to date.
- NEW! CAPVAXIVE (Pneu-C-21) added as a non-publicly funded vaccine.
- Product monograph link updates: Typhim Vi YF-VAX

Chapter 14 Appendices

- P. 21 Appendix 14.3 Immunization fact sheets
    - HPV-9, Men-C-ACYW-135, Pneu-C-15 and Pneu-C-20 added.
- P. 22 Appendix 14.4 Immigrant Immunization Resources
    - WHO searchable immunization schedule by country updated.

Saskatchewan Immunization Manual Amendments

September 6, 2024

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 5 Immunization Schedules

- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
    - Footnote 7B states, *For those born since January 1, 2013, and who have previously received at least one Men-C-ACYW-135 dose (e.g., for travel, close contact of IMD, previous provincial schedule):*
        1. *If their last Men-C-ACYW-135 vaccine dose was received when younger than 12 years of age, offer the vaccine in Grade 8 starting September 1, 2026.*
        2. *If their last Men-C-ACYW-135 vaccine dose was received at 12 years of age or older, they are considered up to date* ***for Grade 8.***
    - Footnote 8 now states, *Men-C-C will forecast as overdue for a child until they become 10 years old. At 10 years old, Men-C-ACYW-135 forecasts as part of the previous Grade 6 program eligibility.* ***The child remains eligible to receive the Men-C-C vaccine if they present before starting Grade 8.*** *NOTE: A planned fix to stop Men-C-ACYW-135 forecasting at 10 years old in Panorama is planned for Sept. 2024. For the 2024-25 and 2025-26 school years,* ***Grade 6 students can receive Men-C-C until they start Grade 8.***

Chapter 10 Biological Products

- TOC first page
    - All COVID-19 XBB.1.5 information removed, and pages removed within chapter.
- Revisions to Menactra, Menveo and Nimenrix Men-C-ACYW-135 vaccines
    - Footnote 3 now states, For students born since January 1, 2013, and who have previously received at least one Men-C-ACYW-135 dose (e.g., for travel, close contact of IMD, previous provincial schedule):
        1. If their last Men-C-ACYW-135 vaccine dose was received when younger than 12 years of age, offer the vaccine in Grade 8 starting September 2026.
        2. If their last Men-C-ACYW-135 vaccine dose was received at 12 years of age or older, they are considered up to date **for Grade 8.**

Saskatchewan Immunization Manual Amendments

October 2024

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 10 Biological Products

- TOC first page
  - NEW! IXCHIQ chikungunya vaccine [not publicly funded]
  - NEW! Under COVID-19 vaccines
    - 2024-25 COVID-19 Vaccine Q &A for Immunizers
    - 2024-25 COVID-19 Immunization Schedules
    - MODERNA Spikevax™ 6+ months (Royal Blue Cap/Coral Blue Label)
    - Pfizer BioNTech Comirnaty® 12+ years (Gray cap/label border)
- NEW! IXCHIQ chikungunya vaccine [not publicly funded] recently authorized by Health Canada
- NEW! 2024-25 COVID-19 Vaccine Q &A for Immunizers
  - Updated content regarding recommended intervals from last dose and recent COVID-19 illness for previously immunized or completing a primary series based on immune competency status**.**
  - **The recommendations are approved by the Ministry of Health and differ from recommendations in the Canadian Immunization Guide COVID-19 chapter, so it is imperative that all immunizers review the content.**
- NEW! 2024-25 COVID-19 Immunization Schedules
  - Immunizers to review recommendations.
- NEW! MODERNA Spikevax™ 6+ months (Royal Blue Cap/Coral Blue Label)
  - Content, documents links and product monograph updated.
- NEW! Pfizer BioNTech Comirnaty® 12+ years (Gray cap/label border)
  - Content, documents links and product monograph updated.
- Hepatitis B Series Completion Recommendations for Children 11-15 Years Old
  - Interval shown for second administered vaccine in scenarios #12 and #13 revised from 16 weeks to min. 24 weeks later.

Saskatchewan Immunization Manual Amendments

November 2024

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.

Ch. 5 Immunization Schedules

- **P. 14 section 3.5 Spacing of Live Vaccines, Blood Products and Passive Immune Globulin Preparations**
  - First bullet: All [products] changed to Some [products]
- **P. 15 section 3.5.1 Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Viruses**
  - Rh immune globulin (RhoGAM) interval to live vaccine administration is **N/A.**
- **P. 17 section 3.7.3 Reporting Guidelines**
  - New bullet added: Appropriate Panorama immunization risk factors (**Treatment – Tetanus** and/or **Post-Exposure - Tetanus-prone wound – Tig required**) to be documented as applicable.
- **P. 19 Section 4.1 Unknown or Uncertain Immunization Status**
  - Reminder added to document all refusals in Panorama Consent Directive section for adults who were born or spent their childhood in Canada.

Ch. 7 Immunization of Special Populations

- **P.6 Section 2.2 Cardiac Disease**
  - Eligibility for Pneu-C-20 clarified and now states, "Individuals with the **specific cardiac diseases/conditions (excluding** hypertension, dysrhythmias) **noted in SIM Appendix 7.1** are at higher risk of pneumococcal infection and potential exacerbation of their underlying disease.
- **P. 19 Section 3.7 Medical Treatment**
  - Revised statement: Infants whose mothers took monoclonal antibody medications while pregnant are to be immunized with an age-appropriate series of Pneu-C-15 (i.e., 2 months, 4 months, 12 months).
- **P. 23 Section 5.2.A: Publicly Funded Vaccines - Pregnancy**
  - All footnote content re Rh immune Globulin removed, as no interval required between the administration of post-partum RhIg (RhoGAM) and MMR and/or Var immunization.
- **Appendix 7.1 Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category**
  - P. 33 Cardiac Disease – **Must be chronic conditions**, and updated examples: coronary or peripheral artery disease; cardiomyopathies; heart failure; complications from pericarditis or myocarditis; valvular disease; cerebrovascular disease; congenital heart disease; heart murmurs **in infants. Consult MHO for other cardiac conditions.**
    - **NOTE:** the previously listed cardiomegaly, hypertensive heart disease, dysrhythmias are now **removed** as they alone do not increase an individual's IPD risk .
  - P. 34 Post-exposure Tetanus-prone wound – TIg required: 'T' removed from table.
  - P. 35 New addition! Treatment – Tetanus Panorama immunization risk factor added to table.
- **P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients**
  - Footnote #2 removed from Pneu-C-20.
- **P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-transplant Recipients**
  - Men-C-ACYW-135 interval between doses 1 and 2 revised to 8 weeks.

Chapter 8 Administration of Biological Products

- Many pages have been reconfigured, and November 2024 noted in all page headers, and TOC titles and page numbers updated according to chapter content.
- **P. 1 Section 1.1 Client Health Assessment**

Saskatchewan Immunization Manual Amendments

November 2024

- Revised, now states: Each time the client presents for immunization, screen them to ensure that they are well and can safely receive the recommended vaccines based on their **HALO** assessment (**H**ealth, **A**ge, **L**ifestyle, **O**ccupation). Refer to Chapter 6, Contraindications and Precautions for additional considerations prior to immunization.

- **P. 11 Section 2.3 Anatomical Guidelines and Sites**
  - Table 1 retitled: Immunization Route and Site, Needle Length and Gauge and Total Daily Site Volume by Age Group, and revised, based on PHAC's *Vaccine Administration: A Guide to Selecting Needle Gauge and Length* document.
  - New footnotes:
    - **1** A range of needle lengths are provided as clinical judgment should be used when selecting needle length for IM injections. Consideration should be given to vaccine recipient's weight, gender and age. These recommendations are based on the practice of having the skin stretched flat (between thumb and forefinger) at the time of administration.
      - **NOTE: Ensure staff are aware that 'bunching' a muscle prior to IM injection is not an evidence-informed practice; skin must be held flat and an appropriate needle size used for each client.**
    - **2** A larger gauge needle (e.g., 22 gauge) may be required when administering viscous or larger volume products such as immune globulin.
    - **3** The deltoid site is often selected for toddlers and young children because temporary muscle pain post-vaccination in the anterolateral thigh muscle may affect ambulation.
- **P. 14 Section 2.4 Intramuscular**
  - Note #1 states correct IM administration procedure**:** Use the **thumb and index finger to gently stretch the skin FLAT over** the site while inserting the needle at a 90° angle to the skin.
- **P. 15 Section 2.4.2 Deltoid**
  - **New NOTE:** Accurate landmarking is very important to prevent a **S**houlder **I**njury **R**elated to **V**accine **A**dministration (**SIRVA**) that can result in damage to tissues and structure in the shoulder area and joint.
- P. 20 Table 2: Interpretation of TST results and cutoff thresholds in various populations (Canadian Tuberculosis Standards, 8th Edition)
  - Updated according to cited source.
- **P. 28 New! Section 3.4.3 Handheld Portable Devices**
  - **Statement:** There is evidence that such devices, such as the Buzzy®, can provide drug-free pain prevention for injections, including vaccines.
- **P. 31 References**
  - **2 new references added and are good training resources:**
    - PHAC (2024) Vaccine Administration: A Guide to Selecting Needle Gauge and Length https://publications.gc.ca/collections/collection_2024/aspc-phac/HP40-353-2024-eng.pdf
    - PHAC (2024) Vaccine Administration :A Guide to Landmarking: https://publications.gc.ca/collections/collection_2024/aspc-phac/HP40-354-2024-eng.pdf
- **P. 34 Appendix 8.3 Immunization Pain Management Strategies, by age group**
  - **Updated as noted in CIG, chapter 4.**

Chapter 10 Biological Products

- **TOC**
  - New! ERVEBO Ebola Zaire vaccine by Merck, not publicly funded.
  - New! mRESVIA® RSV mRNA vaccine by Moderna; not publicly funded.
- **Publicly Funded Hepatitis B Vaccine Eligibility for Students of Health Care Professions**

- Healthcare student list updated.

- **MMR (MMR II and PRIORIX)**
  - **Deleted from Precautions:** Anti-Rho (D) immune globulin may interfere with response to the rubella component of the vaccine. Rubella-susceptible women who receive anti-Rho (D) immune globulin post-partum should either be given MMR vaccine at the same time and tested 3 months later for rubella immunity, or should be immunized with MMR vaccine 3 months post-partum, with follow-up ensured (CIG).
  - **Contraindications** – last bullets now states: Recent administration of an immune globulin preparation **(excluding RhoGam [RhIg])** or blood product.
- **PREVNAR 20 (now 2 pages)**
  - **Page 1 Indications updated:**
    INDICATIONS:
    - Adults 65 years and older **who have never received any previous pneumococcal vaccines.**
    - Transplant patients (all ages) (e.g., HSCT, solid organ, Islet cell) refer to SIM Ch. 7.
    - Individuals 6 weeks through 64 years of age who have one or more specified risk factors (see next page).
    - Individuals 65 years and older **who have been previously immunized with pneumococcal vaccines** and have one or more specified risk factors approved for their age (see next page).
      - **Eligibility is based on** age, risk factor, pneumococcal immunization history and interval from the last pneumococcal vaccine dose. **[Refer to** *Age-based Risk Factor Eligibility for Pneu-C-20 Immunization (as noted in Panorama)* for Panorama risk factor names].
  - **New!** plain language risk factors for indication 3 and 4 on new second page for Prevnar 20.
- **SMV (IMVAMUNE)**
  - Updated pre-exposure indications in Series and Eligibility row:
  - **Those working in research laboratory settings** with replicating orthopoxviruses
  - **High risk individuals that include:**
    - Men who have sex with men (MSM) who meet one or more of the following criteria:
      - have more than one partner
      - are in a relationship where at least one of the partners has other sexual partners
      - have had a confirmed sexually transmitted infection acquired in the last year
      - have engaged in sexual contact in sex-on-premises venues
    - Sexual partners of individuals who meet the criteria above
    - Sex workers regardless of gender, sex assigned at birth, or sexual orientation
    - Staff or volunteers in sex-on-premises venues where workers may have contact with fomites potentially contaminated with mpox
    - Those who engage in sex tourism regardless of gender, sex assigned at birth, or sexual orientation
    - Individuals who anticipate experiencing any of the above scenarios
  - ***Travellers who are high risk individuals (as outlined above)***
  - ***Travellers who are Canadian healthcare professionals*** *in advance of deployment to support the mpox clade I outbreak in countries where there is a level 2 travel health notice for mpox.*
    - *Healthcare workers being deployed to these regions should receive 2 doses administered at least 28 days apart, in advance of deployment.*

  Imvamune® may be offered to the following individuals who meet eligibility criteria:
  - 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.
- **DTaP-IPV-Hib (Infanrix-IPB/Hib, Pediacel)**
  - Transient thrombocytopenia removed from Contraindications.

Saskatchewan Immunization Manual Amendments

November 2024

- **Tdap (Adacel, Boostrix) and Tdap-IPV (Adacel-Polio, Boostrix-Polio)**
  - Transient thrombocytopenia removed from bullet 6 under Contraindications.
- **Varicella (Varilrix and Varivax III)**
  - **Contraindications** – last bullets now states: Recent administration of an immune globulin preparation **(excluding RhoGam [RhIg])** or blood product.
  - Footnote 2: Original footnote removed. New footnote 2 states: Refer to SIM, Chapter 5, *Immunization Schedules,* Section 3.5, *Spacing of Live Vaccines, Blood Products and Immune Globulin Preparations* and Section 3.5.1, *Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Virus.*
- Updated product monographs links for AVAXIM and HyperHEP B.

Chapter 11 AEFIs

- **P. 7 Section 3.2 AEFI Reporting Guidelines**
  - #5 revised and now states, "Forward the completed report to the closest Public Health Office so that the regional Medical Health Officer (MHO) can conduct an assessment and provide recommendations".
  - #6 revised and now states, "Document all adverse reactions and MHO recommendations in the client's record according to agency policy. Upload the report into the client's Panorama record as per the *Uploading AEFI Reports into a Client's Panorama Record* policy".

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