Saskatchewan Immunization Manual Amendments

March 2025

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. 1 Section 1.1 Routine Imms Schedule for infants, children and adolescents.
  - HPV Footnote 8 revised to "All individuals eligible to start series through 26 years old".
- P. 6 Section 1.5 Children 7 to 17 years who present for immunization
  - HPV Footnote 10 revised to "All individuals eligible to start series through 26 years old".
- P. 7 Section 1.6 Adults Who Present for Immunization
  - HPV Footnote 8 revised to "As of April 1, 2025, all individuals eligible to start series through 26 years old.".
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
  - HPV eligibility criteria revised to "As of April 1, 2025, all individuals eligible to start series through 26 years old.".
- P. 27 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives
  - Removed from first row and column under Woman of childbearing age: (&/or in vitro fertilization).
- P. 31 Appendix 5.6 Immunization Recommendations for Children Presenting at 4-6 years of Age
  - Directive and footnotes clarified and should be reviewed by PHNs.

Chapter 8 Administration of Biological Products

- **P. 1 Section 1.1.1 General screening questions.**
  - TB test added to question #6
  - New #18: Any episode of transient or idiopathic thrombocytopenia following a vaccine?
- **P. 6 Section 1.4.1**
  - Pneu-C-13 changed to pneumococcal conjugate vaccine.
- **P. 11 Table 1 Immunization Route and Site, Needle Length and Gauge and Total Daily Site Volume by Age Group**
  - Revised footnote
  - Vastus lateralis site may be used in adolescents and adults.
  - 1-1.5 inch needle lengths may be used.
- **P. 12 Table 2 Immune Globulin Preparation Injection Site, Needle Length and Total Daily Site Volume per Age Group**
  - New! NOTE: Vital signs are not required to be taken before or after IM (HBIg/Ig/RabIg/Tig/VarIg) administration.
  - Table content and footnotes updated.
  - Footnote #1 reference source: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-updated-recommendations-measles-post-exposure-prophylaxis.html
- **P. 21 IN administration**
  - Revised directives provided for LAIV.
- **P. 22 PO administration**
  - Information regarding Rotarix removed as not used currently in SK.
  - Directives revised for RotaTeq administration.
- **P. 25 Section 3.2 Recommendations for a More Successful Immunization Experience**
  - All healthcare providers who immunize are encouraged to learn about the CARD System (Comfort, Ask, Relax, Distract) framework.

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- On the website, the is a learning hub with a section titles *Community vaccination for health-care providers* that provides excellent information to improve the immunization experience for the patient and the healthcare provider.

Chapter 10 Biological Product

- **Bavarian Nordic's VAXCHORA®** oral cholera vaccine added to TOC first page and chapter content.
- **2024-25 COVID-19 Vaccine Q &A for Immunizers**
  - 3 additional question and responses regarding additional dose recommendation, end data of 2024-25 campaign and immunization recommendation for adult transplant patients added.
- **GARDASIL 9 (HPV-9) vaccine**
  - Second indication revised to: As of April 1, 2025, all individuals eligible to start series through 26 years old.
- **Meningococcal conjugate ACYW-135 vaccines** both pages (Menactra, MenQuadfi, Menveo, Nimenrix)
  - Reinforcement Doses indication revised: **1 dose every 5 years** for asplenia (congenital, acquired or functional), congenital immunodeficiency, acquired complement deficiency, and HSCT and SOT transplant recipients.
  - All products have consistent 3rd indication: In meningococcal A, C, Y or W-135 outbreak exposure situations for those *[1 year, 9 month or 6 weeks of age based on vaccine]* and older.
  - Schedule intervals consistent with 'months' stated instead of weeks.
  - Footnote #2 revised to: Those who missed the Grade 6 program are eligible to be immunized up to and including 21 years old (ineligible upon 22nd birthday).
  - Footnote #6 revised to: Patients being treated with the terminal complement inhibitor eculizumab (Soliris®) or ravulizumab (Ultomiris®) are at high risk for Invasive Meningococcal Disease despite being immunized with meningococcal vaccines (CDC, 2017, https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s_cid=mm6627e1_e). Individuals should receive meningococcal vaccine at least 2 weeks before receiving the first dose of eculizumab or ravulizumab if possible.
- **Bexsero** both pages
  - Second indication revised to: In meningococcal B outbreak exposure situations for those 6 weeks and older.
  - Schedule intervals noted in months format.
  - Non-medicinal ingredients and residue (kanamycin) added to components.
  - New footnote 3: Patients being treated with the terminal complement inhibitor eculizumab (Soliris®) or ravulizumab (Ultomiris®) are at high risk for Invasive Meningococcal Disease despite being immunized with meningococcal vaccines (CDC, 2017, https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s_cid=mm6627e1_e). Individuals should receive meningococcal vaccine at least 2 weeks before receiving the first dose of eculizumab or ravulizumab if possible.
- **AREXVY**
  - New additional indication: adults 50 through 59 years of age who are at increased risk for RSV disease
- **ROTATEQ** page 2
  - Added to footnote #5: "…administration of any live vaccine and blood product…"
- **IMVAMUNE**
  - P. 2
    - PrEP Indication deleted: Those who engage in sex tourism regardless of gender, sex assigned at birth, or sexual orientation

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        - Revised replacement indication: Travellers who engage in risky sexual behaviours regardless of gender, sex assigned at birth, or sexual orientation
    - P. 4 Stability information in Tables 1-3 revised based on Feb. 7, 2025 posted update.
- **TD Adsorbed**
    - Vaccine components updated, as the manufacturer has 2 formulations on the market. The formulation with preservative is being phased out with a preservative-free formulation.
        - **Td Adsorbed with 2-phenoxyethanol (Preservative**): Aluminum Phosphate (adjuvant) (1.5 mg); 2-Phenoxyethanol (0.6% v/v) and Isotonic solution of Sodium Chloride in Water for Injection (q.s. to 0.5mL). Formaldehyde is present in trace amounts.
        - **Td Adsorbed (Preservative Free):** Aluminum Phosphate (adjuvant) (1.5 mg); saline 0.9% (q.s. to 0.5 mL) and Water for Injection (q.s. to 0.5 mL). Formaldehyde is present in trace amounts.
- **ADACEL** and **BOOSTRIX**
    - Indication removed from first page: Adult caregivers of infants <6 months old who have not received Tdap as an adult.
    - Vaccine components updated on p. 2.
- **ADACEL-POLIO** and **BOOSTRIX POLIO**
    - Footnote #4 added to end of indication 4B.a, as was missing.
    - Tdap-IPV removed from footnote #1.
- **Tubersol**
    - Link to TBPC clinical policies and procedure for TB skin testing removed, as document not currently posted.
- **Immunization Route and Site, Needle Length and Gauge and Total Daily Site Volume by Age Group**
    - Removed from Chapter 10, as in Ch. 8 as noted above
- **Ig products**
    - New! NOTE: Vital signs are not required to be taken before or after IM (HBIg/Ig/RabIg/Tig/VarIg) administration.
- **DAT**
    - Ordering information revised.