Saskatchewan Immunization Manual Amendments May 2012

Instruction: Please remove and discard the corresponding pages in each chapter section dated April 2012 and insert the revised pages as noted below in each chapter section dated May 2012.

Main Table of Contents

- **p. 3 Chapter 12 Section 2.0**
  - Section title amended to ANAPHYLACTIC REACTION VERSUS FAINTING OR ANXIETY.

Chapter 1 Introduction

- **p. 4 Section 2.2 Community Immunity**
  - Last sentence in first paragraph revised to state, "It is important to note that tetanus is a vaccine-preventable disease, but it is not affected by community (herd) immunity."
  - 3rd bullet in last paragraph revised to state, "Prior to routine immunization of children against pertussis, 30,000 – 50,000 cases occurred in Canada, with 50 to 100 individuals (children and adults) dying per year."
- **p. 6 Section 2.3 Barriers and Strategies that Effect Vaccine Uptake**
  - Point 2 revised to state, "… with greatest need, distances between residences and clinics, public transportation accessibility …"
- **p. 11 Section 5.1 School Immunization Programs**
  - HPV-4 cohort defined cell merged, as females born since Jan. 1, 1996 considered eligible cohort regardless if in grade 6 or 7 when program implemented.
  - Grade 12 MMR program end date corrected to 2011-12 school year.

Chapter 2 Authorization to Immunize

- **p. 1 Section 1.1 Authorization to Immunize**
  - 4th bullet – Appendix 1 renumbered and corrected to state to Appendix 2.1.
- **p. 1 Section 1.3 Provision of Publicly Funded Immunizations by Community Vaccine Providers that are not Registered Nurses**
  - First paragraph revised to state, "Community vaccine providers may include physicians, pharmacists, licensed practical nurses and emergency medical technicians (paramedics) who work within their legislated professional scope of practice."

Chapter 5 Immunization Schedules

- **Main Table of Contents**
  - Typos corrected in 1.3A and 3.7.1; section 4 header moved to next page.
- **p. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents**
  - * Footnote and symbol removed from 4 yrs. schedule.
  - Footnote 2 section title corrected.
  - Footnote 6 – amended to note 6 weeks apart instead of 4 weeks apart.
  - Footnote 8 amended to refer to second dose MMR catch up program.
- **p. 3 Section 1.3A Pneumococcal Conjugate Schedule for Healthy Children Delayed by 1 Month or More**
  - '1' at end of section title superscripted.
  - New scenario added to 12-23 months row: "2 or 3 doses at less than 12 months and 1 dose at 12 months or older."
- **p. 4 Section 1.3B Pneumococcal Conjugate Schedule for Medically High Risk Children Delayed by 1 Month or More**
  - 1st bullet now states, "Refer to Chapter 10, Biological Products for specific vaccine information and specific health conditions".
  - New scenario added to 12-23 months row: "2 or 3 doses at less than 12 months and 1 dose at 12 months or older."
- **p. 5 Section 1.4 Children 1 Year and Older but less than 7 Years When Starting Immunizations**
  - 3rd bullet added, "…and specific health conditions."
  - * Footnote and symbol removed from 6th row, 2nd column schedule.
  - Foot note 2 section number corrected to 3A.
  - Pneu-P-23 and footnote 9 added to schedule.
- **p. 6 Section 1.5 Children 7 to 17 Years When Starting Immunization**
  - 3rd bullet added, "…and specific health conditions."
  - * Footnote and symbol removed from 6th row, 2nd column schedule.
  - Pneu-P-23 and footnote 13 added to schedule.
- **p. 7 Section 1.6 Adults 18 Years and Older When Starting Immunization**
  - 3rd bullet added, "♦ Denotes special population application; refer to Chapter 10, Biological Products for information and specific health conditions."
  - Varicella (table) – footnote 2 removed, footnote 3 added.
  - Pneu-P-23 added to schedule.
  - Footnote 1 – Reference to chapter 7 added.
  - Footnote 7 corrected to state, "For individuals born since January 1, 1984."
  - Footnote 8 added for Pneu-P-23 indications.
  - * Footnote and symbol removed from 2nd row, 3rd and 4th columns schedule.
- **p. 8 Section 1.7 Recommended Immunization for Adults Who Completed a Primary Childhood Vaccine Series**
  - Tetanus prophylaxis referral section corrected to 3.7 from 3.6.
  - Pneu-P-23 – first and second bullets revised to state:
  - •One routine dose for adults 65 years and older.
  - •One dose for adults up to and including 64 years old who have specific health conditions. Refer to Chapter 7, Immunization of Special Populations for more information.

- **p. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria**
  - Influenza and Pneu-P-23 added to table.
  - Rubella – 2nd bullet revised to state, "Susceptible childbearing-aged females who have a documented history of receiving 2 previous doses of rubella-containing vaccines are ineligible to receive further doses of rubella-containing vaccine; document as a non-responder."
  - Varicella – Bullets amended and/or revised to provide clearer eligibility guidelines.
- **p. 10 Section 2.0 Minimum Intervals Between Vaccine Doses**
  - New 1st bullet added, "Minimum intervals are useful to assess the validity of vaccine doses an individual has previously received."
  - 2nd last bullet revised to state, "Vaccine doses that were given at intervals shorter than those shown in Table 2.1: Minimum Intervals for Specific Vaccine Series may be considered valid; refer to Chapter 8, Section 1.5 Immunization Following Non-Conforming Situations for more information."
- **p. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series**
  - 1st bullet revised to state, "Refer to Chapter 10, Biological Products for specific vaccine information."
- **p. 12 Section 3.2 Timing and Spacing of Inactivated Vaccines**
  - Men-C-ACYW-135 typo corrected.
- **p. 13 Section 3.4 Spacing of Vaccines and Blood Donation**
  - Table revised.
- **p. 18 Section 3.8.2 Post-Exposure Prophylaxis**
  - Additional statements added to point 2, "Rabies post-exposure prophylaxis should be offered to exposed individuals regardless of the elapsed interval since exposure. The longest incubation periods for rabies have been reported to be several years."
- **p. 18 Section 3.8.2.1 Previously Immunized Individuals**
  - 3rd sub-bullet of 1st bullet referring to documented titres deleted.
- **p. 19 Section 3.8.2.2 Previously Unimmunized Individuals (RabIg)**
  - **3rd bullet revised to state, "**RabIg must be administered as soon as possible after exposure to unvaccinated persons. If RabIg is not administered on day 0 of the RPEP regimen, it can be administered up to 8 days after initiating an approved vaccine course. Since vaccine-induced antibodies begin to appear within one week, there is no value in administering RabIg more than 8 days after initiating an approved vaccine course. The recommended dose is 20 IU/kg body weight. This formula is applicable to all age groups including children**."**
- **p. 19 Section 3.8.2.2 Previously Unimmunized Individuals (Rabies Vaccine)**
  - 2nd last bullet – statement added, "Do not give rabies vaccine in the dorsogluteal or ventrogluteal sites."

- **p. 22 Section 4.3 Individuals Who Received a Vaccine by a Route Other than that Recommended**
    - 2nd last sentence revised to state, "Generally, most vaccines that are indicated for IM injection but administered SC and vice versa, do not warrant re-immunization but the provider should consult with the regional MHO about such cases (e.g. exception includes HB and rabies vaccine doses which must be administered IM to be considered valid)."
    - Original final sentence deleted.
- **p. 22 Section 4.4 Individuals Who Received an Inappropriate Vaccine Dose**
    - Original 1st sentence deleted.

Chapter 6 Contraindication and Precautions

- **p. 1 Section 1.1 Contraindications to Immunization**
    - 2nd bullet revised to state, "In general, severe immunosuppression and pregnancy are contraindications to live vaccines only."
- **p. 1 Section 1.3 Client Assessment**
    - 2nd last bullet pertaining to GBS removed as inaccurate.
    - 3rd last and the very last bullet have been moved to above section as not applicable to live vaccines.
- **p. 4 Section 3.0 Latex Allergy**
    - Final sentence reference to Appendix 6.2 title revised as Appendix 6.2: *Selected Publicly Funded Biological Products That Contain Latex*.
- **p. 5 Section 4.1 Antibiotics and Antivirals**
    - 1st bullet revised to state, "Live oral typhoid vaccine should be delayed 72 or more hours after antibiotics were taken to treat Salmonella typhi infection."
- **p. 5 Section 4.4 Breastfeeding**
    - Both bullets removed and paragraph revised to state, "Generally, there are no contraindications or precautions to immunizing breastfeeding women with inactivated vaccines or live attenuated vaccines like varicella or MMR. After immunization, there is: no reduction in antibody response to vaccines or increased risk of adverse events for the woman (or her infant). Breastfeeding (and pregnancy) are precautions to the administration of yellow fever vaccine in women, as cases of viral transfer to the newborn through vertical transmission or breastfeeding have been documented. Consult a travel centre for further information."
- **p. 6 Section 4.5 Neonatal Abstinence Syndrome**
    - Definition added; paragraph states, "(Post-natal) neonatal abstinence syndrome is caused by discontinuation of drugs (e.g., opioids, selective serotonin reuptake inhibitors (SSRIs), benzodiazepines) or alcohol directly to the infant (after birth). The treatment aims to slowly wean the neonate off the substance(s) that he/she was exposed to in utero. There are no contraindications or precautions for immunization of infants with neonatal abstinence syndrome."
- **p. 7 Section 5.0 References**
    - 2 New references added to list.

- **p. 8 Appendix 6.1 Contraindications and Precautions for Inactivated or Live Vaccine Administration**
    - Footnote 3 – chapter 5 section numbers corrected.
- **p. 9 Appendix 6.2 Selected Publicly Funded Biological Products That Contain Latex**
    - List updated.

Chapter 7 Immunization of Special Populations

- **Table of Contents**
    - Typos corrected sections 2.2.1, 3.4.1 and Appendix 7.1; title amended section 2.2.1.
    - Section 2.10.1 Title revised as, "Recommended Vaccines for Those with Neurological Conditions That Impede the Clearance of Respiratory Secretions."
    - Section 3.2.1 re-titled as *Recommended Vaccines for Healthcare Workers and Healthcare Students*.
    - New Appendix 7.6: IMMUNIZATION SCHEDULE FOR ADULT POST-HEMATOPOIETIC STEM CELL TRANSPLANT RECIPIENTS.
- **p. 3 Section 1.4 Immunization with Live Vaccines**
    - 3rd paragraph Appendices renumbered correctly.
    - 4th paragraph - "…and older and no history of varicella immunization" added to varicella susceptibility definition.
- **p. 4 Section 1.4.1 Consideration for MMR and Varicella Immunization of Immunocompromised Individuals**
    - HIV Infection – 1st and 2nd bullets revised to note that MMR and Varicella vaccines require a specialist's approval for administration.
- **p. 6 Section 1.5.1 Chronic Kidney Disease**
    - Varicella deleted from table 1.5.1A, as is a routine vaccine for eligible cohorts.
- **p. 7 Section 1.5.2A: Recommended Vaccines for Those with Chronic Liver Disease**
    - "HB vaccine is not recommended for clients who are HB chronic carriers added to HB vaccine" in table
- **p. 9 Section 1.5.3 Anatomic or Functional Asplenia**
    - Men-C-C deleted from table 1.5.3A as routine vaccine for children at 12 months of age.
    - '2' deleted at end of Pneu-C-13 info in 2nd column of table 1.5.3A.
    - Footnotes 4 and 5 deleted.
- **p. 11 Section 1.5.4 Illnesses that Progressively Weaken the Immune System**
    - Original 3rd and 4th bullets deleted as specific to travel programs and beyond SIM purpose.
    - BCG deleted from last sentence as not publicly funded in SK.
- **p. 16 Section Malignant Neoplasm**
    - 2nd paragraph referral section number corrected.
- **p. 17 Section 1.5.8 Candidate for or Recipient of a Solid Organ or Islet Cell Transplant**
    - Grammar corrected 1st paragraph (not bullet) 3rd sentence.
    - Typo corrected 3rd paragraph 1st sentence**.**

- **p. 18 Section 1.5.9 Haematopoietic Stem Cell Transplant**
  - 3rd bullet added, "Refer to Appendix 7.6 *Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients* (all types) for recommended schedule."
- **p. 19 Section 2.1 Infants Born Prematurely**
  - 3rd paragraph, referral section number corrected.
- **p. 20 Section 2.2 Infants at High Risk of Hepatitis B**
  - 2nd paragraph – Final statement revised to state, "It is recommended that these infants be tested for HBsAg and anti-HBs between 1 to 5 months (not later than 6 months) after HB series is completed."
  - 3rd paragraph (1 sentence) – referral Appendix number corrected.
- **p. 22 Table 2.3.1A Recommended Vaccines during Pregnancy**
  - Footnote 3 - "…and older and no history of varicella immunization" added to varicella susceptibility definition.
- **p. 23 Section 2.3.1.3 Passive Immunizing Agents and Blood Products during Pregnancy**
  - 2nd paragraph – last 3 sentences revised to state, "In situations when Rh immune globulin (RhIg) and MMR vaccine have been given concurrently postpartum, check rubella antibody status at 2 months postpartum for this dose and re-vaccinate if the result is negative. Antibody testing is not required after receiving a second MMR dose. If an immune globulin is given more than 14 days after MMR or varicella vaccine, neither vaccine needs to be repeated."
- **p. 24 Section 2.4 Individuals with Bleeding Disorders**
  - Original sentence now 1st bullet.
  - Original 1st bullet is now 2nd bullet; amended to note natural varicella associated with Reye's syndrome; new final statement, "Therefore, those 18 years or younger on salicylate therapy must be able to discontinue it for 6 weeks post vaccination and require a consultation with a medical specialist before receiving a varicella-containing vaccine."
  - Original 2nd bullet now 3rd bullet, amended to state, "Always consult with the child's physician/specialist prior to MMR immunization if they have had an episode of thrombocytopenic purpura (ITP) or thrombocytopenia in the past, which may or may not have occurred within 6 weeks of a previous MMR vaccine."
  - Original 3rd bullet now 4th bullet; referral section number corrected.
  - Table 2.4A – Varicella and MMRV vaccines – "New notification: Individuals on chronic salicylate therapy (those 18 years or younger) must be able to discontinue therapy for 6 weeks post vaccination and require specialist consult prior to immunization".
- **p. 28 Section 2.10 Individuals with Neurological Disorders**
  - Section and main paragraph fully reordered and revised; Section 2.10.1 amended and re-titled to 2.10.1 *Recommended Vaccines for Those with Neurological Conditions That Impede the Clearance of Respiratory Secretions* and states, "Individuals with neurological conditions that impair the clearance of respiratory secretions may be at higher risk of morbidity and mortality from vaccine-preventable diseases and their sequelae."

- **p. 31 Section 3.2.1 Recommended Vaccines for Healthcare Workers and Healthcare Students**
    - Section re-titled to include Healthcare Students
    - Measles, Mumps and Rubella Immunity Criteria amended – assumption of immunity if born before Jan. 1, 1970 removed as titres or documentation required in these populations.
- **p.32 Section 3.4 Individuals Recently New to Canada**
    - All hyperlinks amended.

- **p. 34 Section 3.4.1 Recommended Vaccines for Individuals Recently New to Canada**
    - Vaccine abbreviations in 2nd row corrected.
    - 9th row Pneu-P-23 eligibility amended 2nd bullet.
- **p. 35 Section 3.6 International Travelers**
    - 1st paragraph revised to include IPV, MMR and tetanus-containing vaccines as publicly funded for travellers.
- **p. 36 Section 4.0 References**
    - CIG hyperlinks amended.
- **p. 37 Appendix 7.1 Publicly Funded Vaccine Recommendations for Selected Special Populations**
    - Last condition in last row original p. 37 (*Infant at high risk of HB infection at birth related to mother's status or risk of infection*) moved to next page because of formatting.
    - Splenic disorders – Contraindications to MMR and Varicella vaccines deleted.
- **p. 39 Appendix 7.2 Varicella Immunization Referral Form**
    - Footnote 3 deleted.
- **p. 40 Appendix 7.3 MMR Immunization Referral Form**
    - Original footnote 1 deleted; all other footnotes renumbered accordingly.
- **p. 41 Appendix 7.4 Hepatitis B Immunization Algorithm for Clients with Chronic Kidney Disease**
    - Statement revised as, "Annual anti-HBs testing is only appropriate once dialysis is started."
- **p. 42 Appendix 7.5 Infant Hepatitis B Prophylaxis Record Referral Form**
    - Middle name removed from Infant information section; replaced with PHN if known**.**
- **p. 43 Appendix 7.6 Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients**
    - New Appendix which replaces previous SIM section 3-90 pp. 4-5.

<u>Chapter 8 Administration of Biological Products</u>

- **p. 7 Section 1.5 Immunization Following Non-Conforming Situations**
    - Bullet revised to state," Vaccine doses administered up to 4 days before the minimum age or minimum interval can be counted as valid. Doses administered 5 days or more before the minimum age or minimum interval are invalid and need to be repeated at the appropriate minimum interval from the invalid dose. In certain situations, a MHO may at their discretion, mandate that doses of selected vaccines administered on or before specific ages or minimum interval supersede the 4-day

rule. This 4-day rule does not apply to rabies vaccine because of the unique schedule for this vaccine."

- **p. 7 Section 1.5.2 Vaccines Given at Less than the Recommended Minimum Age**
  - New last sentenced added which states, "Refer to section 1.5 above."
- **p. 8 Section 2.1.2 Persons with Bleeding Disorders**
  - Third sentence revised to state, "…the injection site for 5 (or more) minutes."
- **p. 15 Section 2.4.3 Ventrogluteal**
  - 1st paragraph final sentence deleted.

- **p. 19 Section 2.7 Intradermal Tuberculosis Skin Test (TST)**
  - 4th bullet revised to state, "Refer to Table 2: TB Skin Test Result Interpretations below."
- **p. 30 Section 4.0 References**
  - BCCDC hyperlink corrected.

Chapter 9 Management of Biological Products

- **p. 12 Section 2.6 Checking and Recording Temperatures**
  - Point 4 – Last sentence section number corrected to state, "Refer to Section 4.0, Management of Cold Chain Incidents in this chapter for direction."
- **pp. 38-39 Section 5.7 Vaccine Problem Supply Report Form**
  - Directive added under form title:

  "Mail completed report and defective product to:
  Vaccine Management Assistant
  3475 Albert Street, Regina, SK S4S 6X6"
- **p. 40 Section 6.0 References**
  - BCCDC hyperlink corrected.

Chapter 10 Biological Products

- **Table of Contents**
  - **New section added: Hepatitis B Vaccine Series Completion Scenarios**
  - **HPV** moved to 2nd page before Influenza vaccines section.
  - **Tdap-IPV** moved onto 3rd page.
- **Publicly Funded Hepatitis A (HA) Vaccine Indications** updated; HIV positive individuals no longer eligible based on diagnosis as per CIG, 2006.
- **Hepatitis A and B Vaccine (combined) (TWINRIX VACCINES)** – hyperlink to product monograph corrected; 2 dose series for children 1-15 added; Adult rapid dosing schedule added.
- **Publicly Funded Hepatitis B (HB) Vaccine Indications** updated – HCWs public funded; those born since January 1, 1984 eligible.
- **New section added: Hepatitis B Vaccine Series Completion Scenarios**
- **MMR vaccines (MMR II and PRIORIX)**
  - Both vaccines eligibility criteria updated to reflect updated publicly funded eligibility for adults.
  - Clarification that the catch up program for students in grades 6, 8 and 12 are for 2nd dose MMR.

- **MMRV -** New precaution added: **"Those 18 years and younger should avoid taking salicylates for 6 weeks after receiving a varicella-containing vaccine. Specialist consultation is required prior to immunization of these children with a varicella-containing vaccine."**
- **Pneumococcal Polysaccharide 23-Valent Vaccine (Pneu-P-23) PNEUMOVAX® 23 (print both pages dated May)**
    - **Footnote 3 superscripted at chronic heart or lung disease**
- **Pneumococcal Polysaccharide 23-Valent Vaccine (Pneu-P-23) PNEUMO® 23 (print both pages dated May)**
    - **Reference section number for HCT recipients corrected to 1.5.9.**

- **Poliomyelitis Vaccine (IPV) (trivalent, inactivated, whole virus, Vero cell origin) IMOVAX® Polio**
    - **Under DOSE / SERIES, typos corrected in 2. & 3 Individuals 4 years and older that require a primary series. Note in this section deleted.**
- **Tetanus-Diphtheria Vaccine (Td) (Adsorbed) Td Adsorbed**
    - Under DOSE / SERIES point 2 – correction made to interval for third visit, "Third visit: Td 0.5 mL IM 6-12 months after 2nd Td dose.
- **Tetanus-Diphtheria-acellular Pertussis Vaccine (Tdap) (both ADACEL® & BOOSTRIX® vaccines)**
    - Typo indication 5 corrected (7 years to 4 years).
- **Varicella Vaccine (Var) (live, attenuated) (both VARILRIX® & VARIVAX III vaccines)**
    - Footnote [1] added beside INDICATIONS
    - PRECAUTIONS
        - 1st bullet amended to state, "Those 18 years and younger should avoid taking salicylates for 6 weeks after receiving a varicella-containing vaccine. Specialist consultation is required prior to immunization of these children with a varicella-containing vaccine."
        - 3rd bullet amended to state, "Varicella immunization for immunocompetent clients should be given on the same day as other live vaccines or delayed until 4 weeks after administration of any other live vaccine."
    - VARIVAX III product monograph and hyperlink updated for 2012.

Chapter 11 – Adverse Events Following Immunization

- **p. 5 Section 2.6 Hypotonic-Hyporesponsive Episode**
    - 2nd paragraph first sentence revised to state, "…who have received whole cell pertussis vaccines."
- **p. 6 section 3.0 REPORTING AN ADVERSE EVENT FOLLOWING IMMUNIZATION**
    - Last sentence amended to state, " … further immunizations should be documented in the client's record …"
- **p. 6 Section 3.1.1 Information to Report and Document in a Client's Record**
    - 2nd bullet – Appendix 1 amended to state Appendix 11.1.
- **p. 8 Section 3.3 Completing an Adverse Event Following Immunization Report**
    - section 4 *Information at Time of Immunization and AEFI Onset* - 1st bullet Appendix number corrected to 11.5
    - section 9 *AEFI Details* – last sentence amended to state, "Fevers are only required to be reported if they are in conjunction with another reportable event."

Chapter 12 – Anaphylaxis Management

- **Main Table of Contents – both pages**
  - Tables 1-6 added to table of Contents
  - Section 2.0 title amended to ANAPHYLACTIC REACTION VERSUS FAINTING OR ANXIETY.
- **p. 3 Section 2.0 Anaphylaxis versus fainting, anxiety, allergic reaction, or injection site reaction**.
  - Section 2.0 title amended to ANAPHYLACTIC REACTION VERSUS FAINTING OR ANXIETY.
- **p. 3 Section 2.2 Anxiety**
  - 2nd bullet final sentence completed to state, "Use bag every few minutes as necessary and monitor patient."
- **p. 7 Section 4.2 Epinephrine Dosages**
  - Bullet amended to state, "Calculations that are based on actual body weight are preferred when a client's weight is known. "
- **p. 7 Table 4: Appropriate Epinephrine Dosages According to Age**
  - Weights for 2-6 months, and 12 month rows amended.
  - Footnote typo corrected: "or increased to the next larger dose …"
- **p. 8 Section 5.1 Non-Anaphylactic Allergic Reactions**
  - 2nd bullet unfinished last sentence deleted.
- **p. 8 Section 5.2 Injection Site Reactions**
  - 2nd bullet - final sentence revised to state, "Oral Benadryl (diphenhydramine) may be given under MHO order as per regional guidelines."
  - 3rd bullet – last sentence deleted
- **p. 11 Section 8.0 References**
  - Two Cochrane Systematic Reviews added.
  - Government of Nova Scotia hyperlink amended.
- **p. 12 Appendix 12.1**
  - Section A – numbered bullets revised and reordered; epinephrine chart amended as per table 4; blood pressure chart added
  - Section B – typos in 4th point corrected
- **p. 13 Appendix 12.2**
  - Blood pressure recording slots added.

Chapter 14 Appendices

- **p. 20 APPENDIX 14.2: Regional Health Authorities and First Nations Jurisdictions**
  - FNIH phone number corrected
  - Sunrise Health Region address corrected
- **p. 21 APPENDIX 14.3: Immunization Fact Sheets**
  - most current dates noted

Saskatchewan Immunization Manual Amendments June 2012

Instruction: 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 June 2012.

Chapter 3 Informed Consent

- p. 7 (dated April 2012) Section 3.0 Step by Step Process for Obtaining Informed Consent
  - Step 4, 3rd bullet typo corrected to state, "…**demonstrate** understanding…"

- p. 9 (dated April 2012) Section 4.0 Checklist for Obtaining Informed Consent for a Vaccine Series
  - Point 3c vi amended to state, "Possible serious, severe or unusual adverse events and their frequency as noted in Appendix 3.2: *Relative Risk of Vaccine-Preventable Diseases and Immunizations*".
- p. 11 (dated April 2012) Appendix 3.1 Recommended Immunization Websites, Books and Articles for Parents and Caregivers
  - New statement added to first paragraph: "Saskatchewan Public Health nurses are not affiliated with any vaccine manufacturers and can provide reliable immunization information for parents to make the best decisions for the health of their child.
  - CCIAP link updated as organization has changed their name to *Immunize Canada*.
  - New international resource links included.

- pp. 14, 16, 17 (dated April 2012) App. 3.2 Relative Risk of Vaccine-Preventable Diseases and Immunizations
  - Various typos corrected.

Chapter 5 Immunization Schedules

- Table of Contents 1st page (dated May 2012) Section 1.7 title updated as per bullet below.
- p. 8 (dated May 2012) Section 1.7 Recommended Immunization for Adults Who Completed a Primary Vaccine Series
  - Title now refers to recommended publicly funded immunizations.
  - New Td/Tdap bullet added: "A dose of Tdap should be offered to post-natal women, and parents and caregivers of infants less than 6 months of age who have not previously received an adult dose of Tdap".
- p. 9 (dated May 2012) Section 1.8 Publicly Funded Vaccine Eligibility Criteria
  - 3rd main varicella bullet amended to state, "Susceptible individuals born between January 1, 2001-December 31, 2003 are only eligible for immunization in grade 6 or later".

Chapter 6 Contraindications and Precautions

- p. 9 (Dated May 2012) Appendix 6.2: Selected Publicly Funded Biological Products That Contain Latex (Natural)
  - Menactra removed from table.

Chapter 7 Immunization of Special Populations

- Table of Contents 2nd page (dated May 2012) Section 3.4.1 and Appendix 7.6 titles updated as per bullets below.
- p. 31 (dated May 31) Section 3.2.1 Recommended Vaccines for Healthcare Workers and Healthcare Students
    - 1st bullet in HB row, last column amended to refer to section 3.2 for recommendations.
    - Last sentence in 2nd bullet in HB row, last column amended to state, "They must receive 2 doses of HBIg one month apart if exposed".
- p. 34 (dated May 2012) Section 3.4.1 Recommended Vaccines for Individuals Recently New to Canada
    - Clarification of MMRV eligibility – now states susceptible eligible children.
    - Title changes
- p. 38 (dated May 2012) Appendix 7.1 Publicly Funded Vaccine Recommendations for Selected Special Populations
    - Vaccine header row from p. 37 carried over onto page 38.
- p. 40 Appendix 7.3 (dated May 2012)
    - Footnote 3 corrected to be noted as footnote 2.
- p. 43 (dated May 2012) Appendix 7.6 Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients
    - Titre check schedules added
    - Title changes

Chapter 8 Administration of Biological Products

- 1st page of Table of Contents (dated April 2012)
    - Section 1.5 re-titled (refer to p. 7 below)
- p. 4 (dated April 2012) Section 1.3.3 Vials
    - Point 11 revised to stress single use/dose vials are for single patient use only.
    - Points 12 and 13 combined for formatting purposes.
- p. 7 (dated May 2012) 1.5 Publicly Funded Immunizations Following Non-Conforming Situations
    - Revision of section title to specify publicly funded immunizations context.
- p. 7 (dated May 2012) Section 1.5.1 Vaccines Given at Less than the Recommended Interval
    - 3rd bullet amended and differentiated into new 3rd and 4th bullets. 4th bullet notes that oral live vaccines can be given at any time before or after a live injectable or intranasal vaccine.
- p. 9 (dated April 2012) Sections 2.2 Injection Guidelines and 2.3 Anatomical Guidelines and Sites
    - Various bullet typos corrected.
- p. 10 (dated April 2012) Table 1: Intramuscular Injection Site, Needle Length and Total Site Volume per Age Group
    - Total site volume column numerical volumes amended to prevent medication errors as per current SRNA documentation standards.

Chapter 10 Biological Products

- MMRV and both MMR vaccines (all dated May 2012)
    - New **precaution** added: "Physician-diagnosed thrombocytopenia after first dose of a MMR-containing vaccine".
    - Physician-diagnosed thrombocytopenia after first dose of a MMR-containing vaccine removed as a **contraindication** to both MMR vaccines.
- NeisVac-C (dated April 2012)
    - Contraindications row amended to state, "History of anaphylactic reaction to a previous dose of any meningococcal vaccine or to any component of NeisVac-C®".
- Menactra (dated April 2012)
    - Point 3 updated to state, "In meningococcal A, C, Y or W-135 outbreak exposure situations, under the direction of an MHO, Menveo may be used in children as early as 2 months of age and in people over age 55. Refer to the Saskatchewan Communicable Disease Control Manual at http://www.health.gov.sk.ca/communicable-disease-control-manual".
    - Latex removed as a contraindication.
- Menveo (page 1 of 2, dated April 2012)
    - Point 4 updated to state, "In meningococcal A, C, Y or W-135 outbreak exposure situations, under the direction of an MHO, Menveo may be used in children as early as 2 months of age and in people over age 55. Refer to the Saskatchewan Communicable Disease Control Manual at http://www.health.gov.sk.ca/communicable-disease-control-manual".
- Immune Globulin Preparation Maximum Site Volume (table dated April 2012)
    - Ventrogluteal site removed as primary site from first 2 age groups.
    - Footnotes 1, 2 & 3 removed, as ventrogluteal site as preferential site for Ig product administration is not applicable to all age groups.

Chapter 11 Adverse Events Following Immunization

- p. 4 (dated April 2012) Section 2.5 Systemic Reactions
    - Final sentence in 3rd paragraph amended to state, "This vasovagal reaction must be distinguished from an immediate allergic reaction, and the health-care provider is required to report this to public health".

Chapter 14 Appendices

- p. 18 (dated April 2012) Appendix 14.1 Glossary
    - Thimerosal definition corrected for clarity.
- p. 21 (dated May 2012) Appendix 14.3 Immunization fact Sheets
    - Dates updated as required.

Saskatchewan Immunization Manual Amendments August 2012

Instruction: 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 August 2012.

Immunization Screening Questions

- Form updated for August 2012.

Chapter 1 Introduction

- p. 4 (dated May 2012) Section 2.2 Community
  - Last paragraph 2nd sentence typo (*diseases*) corrected to state **disease**.
- p. 7 (dated April 2012) Table 1 Evidence-Based Strategies to Improve Vaccine Update
  - Typo corrected 6th bullet in first column (*calendars*) to state **calendar.**
- p. 11 (dated May 2012) Section 5.1 School Immunization Programs
  - MMRV added as approved vaccine for grade 6 students who are 13 years and older until they begin their grade 7 school year.
- pp. 12-14 (dated April 2012) Section 5.2 History of Publicly Immunizations and Programs in Saskatchewan
  - DTaP-IPV-Hib added on page 12 as approved for short term replacement of DTaP-IPV during nation DTaP-IPV shortage July-October 2012.
  - MMRV moved to page 14 and its approval for grade 6 students who are 13 years and older until they begin their grade 7 school year has been added.

Chapter 5 Immunization Schedules

- TOC page 2 (dated May 2012)
  - Section 4.2 vaccine Interchangeability renumbered to page 22
- p. 1 (dated May 2012) Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
  - New footnote: "* In some provinces and territories, Tdap-IPV has been approved for this dose in children 4 -6 years who have completed a 3- or 4-dose primary DTaP-IPV-Hib series".
  - Addition to footnote 6: "Individuals eligible for a 2-dose varicella series who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose as they will have developed immunity. If disease history is uncertain provide a second dose of varicella-containing vaccine".
  - New footnote 10: "MMRV is approved for administration to grade 6 students who are 13 years and older until they begin their grade 7 school year".
  - Grade 12 MMR removed from table.
- p. 2 (dated April 2012) Section 1.2 Hib Schedule for Children Delayed by 1 Month or More
  - New footnote 4 added: "Children who have had invasive Hib disease at less than 24 months of age must be re-immunized with a Hib-containing vaccine according to their age at presentation. Refer to the *Saskatchewan Communicable Disease Control Manual* at http://www.health.gov.sk.ca/communicable-disease-control-manual for further information".

- p. 4(dated May 2012) Section 1.3B Pneumococcal Conjugate Schedule for medically High Risk Children Delayed by 1 Month or More
    - 2 new directional statements added if client has previously received or requires Pneu-P-23 vaccine.
    - Correction made for 24-59 months with 0 previous doses – now corrected to state they require 2 doses given min, 8 weeks apart.
- p. 5 (dated May 2012) Section 1.4 Children 1 Year and Older but less than 7 Years When Starting Immunizations
    - New footnote added: "* In some provinces and territories, Tdap-IPV has been approved for this dose in children 4 -6 years old who have completed a 3- or 4-dose primary DTaP-IPV-Hib or DTaP-IPV series".
    - Footnote 4 final original sentence deleted as MMRV now approved for use in grade 6 students 13 years and older.
    - New footnote 10 added: "Individuals who are cohort-eligible for a 2-dose varicella series who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose as they will have developed immunity. If disease history is uncertain provide a second dose of varicella-containing vaccine".
- p. 6 (dated May 2012) Section 1.5 Children 7 to 17 Years When Starting Immunizations
    - Grade 12 deleted from table and from footnote 5.
    - Footnote 3: original 2nd sentence re: giving separate MMR and Varicella to children 13 and older deleted.
    - Addition to footnote 6: "Individuals eligible for a 2-dose varicella series who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose as they will have developed immunity. If disease history is uncertain provide a second dose of varicella-containing vaccine".
    - New footnote 14 added: "MMRV is approved for administration to grade 6 students who are 13 years and older until they begin their grade 7 school year. Give separate MMR and Var vaccines to students in grades 7-12".
- p. 7 (dated May 2012) Section 1.6 Adults 18 Years and Older When Starting Immunization
    - Additional information added to footnote 4: "Those 13 years and older require 2 doses given a minimum of 6 weeks apart. Individuals eligible for a 2-dose varicella series who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose as they will have developed immunity. If disease history is uncertain provide a second dose of varicella-containing vaccine".
    - New row added to table to reflect that 3rd HB dose may be given 6 months after the first visit to abide with 0-1-6 month scheduling.
- p. 8 (dated June 2012) Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series
    - Reference to the Infant Pertussis Cocooning Strategy referenced in 3rd bullet of Td (or Tdap row.
- p. 9 (dated June 2012) Section 1.8 Publicly Funded Vaccine Eligibility Criteria
    - Polio added to chart noting adult travellers to polio endemic countries as eligible for 3-dose series.

- p. 19 (dated May 2012) Section 3.8.2.2 Rabies Immune Globulin
    - 3rd bullet now states, "**If RabIg is not administered on day 0, it can be administered up to and including day 7 of the RPEP series**" for clarity.
    - Second last bulleted now states, "… RabIg administered at each site should not exceed…"
    - Last bullet revised into 2 separate bullets for clarity:
        - Do not administer RabIg in the same syringe as rabies vaccine.
        - Do not administer RabIg in the same anatomical site on the same day that rabies vaccine is given.
- p. 21 (dated April 2012) Section 4.1 Unknown or Uncertain Immunization Status
    - Content revised for Canadian and foreign-born children and adults; verbal history acceptances clarified.
    - Section 4.2 Vaccine Interchangeability moved to begin on page 22.
- pp. 22-23 (dated May 2012) Section 4.4 Individuals Who Received an Inappropriate Vaccine Dose
    - ROTARIX (Rot-1) added to point number 2.
- p. 24 Section 4.5.2 Personal Care Homes
    - Moved to begin on page 24.

Chapter 6 Contraindications and Precautions

- p. 1 (dated May 2012) Section 1.1 Contraindication to Immunization
    - Rabies vaccine added as exception to contraindication in 1st bullet.
    - GBS must occur within 6 weeks of receiving an influenza vaccine or a tetanus-containing vaccine.
- p. 1 (dated May 2012) Section 1.3 Client Assessment
    - 3rd last bullet now states, "Receipt of a live vaccine in previous 3 months".
- p. 8 (dated May 2012) Appendix 6.1
    - Footnote 4 now states, "Injectable live viral vaccines must be administered on the same day or separated by intervals as per *Chapter 5, Section 3.3.1 Minimum Spacing between MMRV, MMR and Varicella Vaccines Doses.* There is no minimum interval between administration of an oral or intranasal live virus vaccine and an injectable live virus vaccine".
    - History of intussusception and/or uncorrected congenital gastrointestinal malformation and contraindication to rotavirus vaccines added to table.
    - Severe immunodeficiency disorder cited as example of severely immunocompromised condition.

Chapter 7 Immunization of Special Populations

- p. 30 (dated April 2012) Section 3.2 HCW
    - SaskHealth HCW definition provided.
- p. 35 (dated May 2012) Section 3.5 Unknown or Uncertain Immunization Status/Inadequate Immunization Records
    - Content deleted, with directive to refer to Ch.5 Section 4.1.
    - Section 3.6 International Traveler – revision of wording, content unchanged.
- p. 37 (dated May 2012) Appendix 7.1 Publicly Funded Vaccine Recommendations for Selected Special Populations
    - Children on anticoagulant therapy caution for varicella-containing vaccines noted.

Chapter 8 Administration of Biological Products

- p. 1 (dated April 2012) Section 1.1.1 General Screening Questions
  - Revisions include:
    a) Questions related to the administration of rotavirus vaccines
    b) History of positive TB skin test.
- p.4 (dated June 2012) Section 1.3.4 Vaccines with Diluents
  - 2nd point 3rd bullet now states, "Inject diluent into vaccine vial and gently agitating to thoroughly dissolve the lyophilized powder. Draw up all of the vaccine after it is reconstituted to ensure client receives full concentration of antigens (e.g. client may receive slightly more or less than actual 0.5 mL dose)".
- p. 5 (dated April 2012) Section 1.3.5 Ampoules
  - The following insertion has been added to point number 5: … (using a filter needle is recommended if available).
- p. 7 (dated June 2012) Section 1.5.1 Vaccines Given at Less than the Recommended Interval
  - 3rd bullet corrected to state, "If two live injectable vaccines or an intranasal …"
- p. 8 (dated May 2012) Section 2.1 Special Considerations
  - Administrative sites removed from 3rd bullet.
- p. 15 (dated May 2012) Section 2.4.3 Ventrogluteal
  - First paragraph amended and now states "Do not use this site in infants and children. If the deltoid and vastus lateralis sites cannot be used, then the ventrogluteal is the tertiary administration site for IM injections in adolescents and adults. This site provides the greatest thickness of gluteal muscle, and is free of penetrating nerves and blood vessels".
- p. 16 (dated April 2012) Section 2.4.4 Dorsogluteal
  - First sentence revised to state, "…when the deltoid, vastus lateralis and ventrogluteal sites …"
- pp. 18-19 (dated May 2012) Section 2.7 Intradermal Tuberculosis Skin Test
  - TB Control Saskatchewan has reviewed section and made minor amendments according to their proposed draft TST policy and procedure documents kindly shared with the Ministry of Health.
- p. 20 (dated April 2012) Section 2.8 Infiltration of Rabies Immune Globulin
  - First bullet deleted.
  - 6th bullet corrected to state that RabIg should be injected in the deltoid in those 12 months and older, and the vastus lateralis all age. All gluteal sites removed.
  - 7th bullet deleted and 2 new bullets added:
    - Do not administer RabIg in the same syringe as rabies vaccine.
    - Do not administer RabIg in the same anatomical site on the same day that rabies vaccine is given.
- p. 21 (dated April 2012) Section 2.10 Oral (PO)
  - Amendment made to 2nd paragraph includes deletion original content stating to re-administration ROTARIX vaccine if infants regurgitates or spits up vaccine dose.
- p. 26 (dated April 2012) Section 3.3.2 Older Toddlers and Children
  - Typo corrected in 3rd sentence; no change to content.
  - Additional wording added 4th bullet first sentence: "…during each immunization …"
- p. 27 (dated April 2012) Section 3.4.1.2 EMLA®
  - Contraindication clarified in 2nd sentence.

Chapter 10 Biological Products

- Table of Contents p.1 (dated May 2012) updated as INFANRIX™-IPV-Hib (DTaP-IPV-Hib) and INFANRIX™-IPV (DTaP-IPV) have been added.
- New product information for INFANRIX™-IPV-Hib (DTaP-IPV-Hib) and INFANRIX™-IPV (DTaP-IPV).
- Priorix-Tetra (dated June 2012)
    - Family history of congenital immunodeficiency added to Precautions area.
    - New indication added: Grade 6 students who are ≥13 yrs until they begin their grade 7 school year.
    - New footnote 4 added: "Individuals who are cohort-eligible for a 2-dose varicella series who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose as they will have developed immunity. If disease history is uncertain provide a second dose of varicella-containing vaccine". Also noted in Dose/Series header.
- Pediacel & Quadracel (both dated April 2012)
    - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
- Td Adsorbed (dated May 2012)
    - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
    - Systemic expected reactions added.
- Adacel (dated May 2012)
    - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
    - Footnote 1 corrected to read as footnote 1 for Boostrix.
    - New indication added: Adult caregivers of infants (<6 months old) who have not received Tdap in the past 5 years.
    - Dose/Series #4 Dose 2 amended to state, "Dose 2: 0.5 mL IM 4 weeks later or 6-12 month later if required to complete the primary series of 3 doses.
- Boostrix (dated May 2012)
    - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
    - New indication added: Adult caregivers of infants (<6 months old) who have not received Tdap in the past 5 years.
    - Dose/Series #4 Dose 2 amended to state, "Dose 2: 0.5 mL IM 4 weeks later or 6-12 month later if required to complete the primary series of 3 doses.
- Td-Polio Adsorbed (dated April 2012)
    - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
    - Systemic expected reactions added.
- Adacel-Polio & Boostrix-Polio (both dated April 2012)
    - GBS must occur within 6 weeks of receiving a tetanus-containing vaccine.
    - Expected reactions updated.
- Twinrix & Twinrix Junior (dated May 2012)
    - New 2012 monograph link.
    - Expected reaction rates provided as per 2012 product monograph.

- Varilrix & Varivax III (both dated May 2012)
    - New footnote added: "Individuals who are cohort-eligible for a 2-dose varicella series who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose as they will have developed immunity. If disease history is uncertain provide a second dose of varicella-containing vaccine". Also noted at dose/series header.
    - Last sentence in footnote 2 deleted as pertains to rubella.
    - 3rd precaution bullet amended to state, "…of any other live vaccine other than the second dose of varicella which should be delayed for 6 weeks to 3 months".
    - Family history of congenital immunodeficiency moved to Precautions area.
- Tubersol (dated April 2012)
    - Situations when results considered positive noted to align with chapter 8 section 2.7 Intradermal Tuberculosis Skin Test.

Chapter 12 Management of Anaphylaxis

- p. 12 (dated May 2012) Appendix 12.1 Recommended Treatment of Anaphylaxis
    - A 1 amended to state, "… or arm (if client ≥ 12 months)".
- p. 13 (dated May 2012) Appendix 12.2 Anaphylaxis Treatment Worksheet
    - Capillary refill time amended to note > 3 seconds.

Saskatchewan Immunization Manual Amendments September 2012

Instruction: 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 2012.

Chapter 6 Contraindications and Precautions

- p. 8 (dated August 2012) Appendix 6.1 Contraindications and Precautions or Inactivated or Live Vaccine Administration
    - Last row regarding history and timeline of GBS following a tetanus-containing or influenza vaccine changed to state 6 weeks instead of 8 weeks.

Chapter 10 Biological Products

- TOC 1st page (dated August 2012)
    - updated to include HIBERIX
- HPV-2 Cervarix (dated April 2012)
    - link to Aug. 2012 monograph
- Chol-Ecol-O DUKORAL (dated April 2012)
    - link to Aug. 2012 monograph
- **Act-HIB®** (dated April 2012)
    - Third indication notes that asplenics are to receive Hib even if previously immunized.
- Product information for **HIBERIX®** brand of Hib vaccine manufactured by GlaxoSmithKline.
- Influenza vaccines for 2012-13 season:
    - Separate vaccine information for publicly funded Agriflu, Fluad and Fluviral.
    - Product monograph links for Canadian licensed non-publicly funded vaccines on one page.
- Immune globulin updates:
    - Vastus lateralis site has been deleted as preferred administration site for all immune globulins included in this update amendment unless site is specified by a manufacturer.
        - GamaSTAN® S/D (Ig dated April 2012)
        - HyperHEP B® S/D (HBIg dated April 2012),
        - HYPERRAB® S/D (RabIg dated April 2012)
        - HYPERTET® S/D (TIg dated April 2012)
        - HepaGam B® (HBIg dated April 2012),
        - VariZIG™ (VarIg dated April 2012)
        - IMOGAM® Rabies Pasteurized (RabIg dated April 2012)
    - Updated product monograph links for GamaSTAN® S/D, HyperHEP B® S/D, HYPERRAB® S/D, and HYPERTET® S/D.

Chapter 14 Appendices

- Appendix 14.3 Immunization Fact Sheets (dated June 2012)
    - Addition of Rotavirus fact sheet.
    - Influenza 2012-13 season fact sheet.
    - French translations noted as available on the SaskHealth website.

Saskatchewan Immunization Manual Amendments October 2012

Instruction: 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 2012.

Chapter 1 Introduction

- p. 14 (dated August 2012) Section 5.2 History of Publicly Funded Immunization Program in SK
  - Rotavirus vaccine added to table.

Chapter 3 Informed Consent

- Table of Contents (dated April 2012)
  - Revised as Appendix 3.3 now on page 20.
- pp. 18-19 (dated April 2012) Appendix 3.2 Relative Risk of Vaccine-Preventable Diseases and Immunizations
  - Addition of Rotavirus to table on page 18.
  - Varicella and Appendix 3.3 Immunization Truths moved to pages 18-19 and 20 respectively.

Chapter 5 Immunization Schedules

- p. 1 (dated August 2012) Section 1.1 Routine Immunization Schedules for Infants, Children and Adolescents
  - Rotavirus (Rot-1) vaccine added to schedule. New footnote #11 indicates latest ages to receive first and last doses.

Chapter 10 Biological Products

- Publicly Funded Hepatitis A (HA) Vaccine Indications (dated May 2012)
  - Fourth bullet corrected to state **12 months** instead of 6 months.
- PNEUMOVAX 23 (both pages dated May 2012)
  - Product monograph information updated
  - The following statement has been added: **In 2011, the Centres for Disease Control and Prevention determined that Pneu-P-23 vaccines and ZOSTAVAX vaccine MAY ADMINISTERED CONCURRENTLY.**
- Product information for ROTARIX™ brand of rotavirus vaccine manufactured by GlaxoSmithKline.
- Varicella vaccines: Varilrix and Varivax (both dated August 2012)
  - Eligibility clarified to align with chapter 5 section 1.8
  - Product information for both vaccines is now on 2 pages.
- Tubersol (dated August 2012)
  - Precautions, expected reactions and contraindications added.
- Updated product monographs for:
  - HAVRIX
  - SYNFLORIX
  - RECOMBIVAX HB
  - IXIARO
  - Menactra

- Adacel
- Menomune

Chapter 11 Adverse Events Following Immunization

- Appendix 11.1 pp. 11-12 (dated April 2012)
  - GBS temporal criteria changed to 0-6 weeks.
  - Formatting changes of original bottom row first page (screaming/persistent crying) moved to top of second page.

Chapter 14 Appendices

- APPENDIX 14.3: IMMUNIZATION FACT SHEETS (dated September 2012)
  - Updates: HA vaccine; HBIg; Ig; TIg; Men-P-ACYW-135 to align with product monographs; and French language seasonal influenza
  - **New** fact sheet for varicella immune globulin to be posted for October 2012 and is web only.
  - FYI: Tdap fact sheet GBS criteria changed to 6 weeks from 8 weeks and will be dated November 2012

Saskatchewan Immunization Manual Amendments November 2012

Instruction: 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 November 2012.

Chapter 5 Immunization Schedules

- p. 1 (dated October 2012) Section 1.1 Routine Immunization Schedules for Infants, Children and Adolescents
    - New footnote 12 added: "Prior to immunizing females of childbearing age with live vaccines, it is best practice to verbally screen them for pregnancy and counsel them to prevent pregnancy for one month post-immunization. Female students up to and including grade 6 do not require to be screened verbally for pregnancy or to receive counselling to avoid pregnancy for one month post-immunization prior to receiving live vaccines. Immunizers are encouraged to use their professional judgement to assess if pregnancy screening of individual female students in older grades is warranted, and to follow their regional screening policies as applicable".
- p. 6 (dated August 2012) Section 1.5 Children 7 to 17 Years When Starting Immunizations
    - Footnote 3 revised to state: "Give MMRV to children 7 years up to and including 12 years of age (13 years of age if in grade 6) who are varicella susceptible, defined as varicella disease less than 12 months of age, or negative serum varicella IgG antibodies, or negative history of varicella, or herpes zoster diseases at 12 months of age and older and no history of varicella immunization. Give separate MMR and Var vaccines to varicella-susceptible children who are 13 years and older and not in grade 6. If child is varicella immune, provide MMR as noted in footnote 4".
    - Footnote 11 revised to state: "Prior to immunizing females of childbearing age with live vaccines, it is best practice to verbally screen them for pregnancy and counsel them to prevent pregnancy for one month post-immunization. Female students up to and including grade 6 do not require to be screened verbally for pregnancy or to receive counselling to avoid pregnancy for one month post-immunization prior to receiving live vaccines. Immunizers are encouraged to use their professional judgement to assess if pregnancy screening of individual female students in older grades is warranted, and to follow their regional screening policies as applicable".
- p. 7 (dated August 2012) Section 1.6 Adults 18 Years and Older When Starting Immunizations
    - First part of footnote 3 revised to state: "Prior to immunizing females of childbearing age with live vaccines, it is best practice to verbally screen them for pregnancy and counsel them to prevent pregnancy for one month post-immunization".

Chapter 7 Immunization of Special Populations

- p. 24 (dated May 2012) Section 2.4 Individuals with Bleeding Disorders
  Content reviewed by the Bleeding Disorders Clinic in Saskatoon.
    - Last bullet revised to state: "Although currently available plasma-derived products are routinely tested for viral contamination prior to administration, any patient with a bleeding disorder should still be considered at higher risk of contracting hepatitis A or B and should be offered these vaccines. Even when recombinant therapeutic products are being used, immunization for hepatitis A and/or B is still recommended in case the recombinant supply is unavailable and patients are required to switch to plasma-derived products at short notice".

- Table 2.4A : HA and HB now state: Non-immune individuals with bleeding disorders and others who receive repeated infusions of blood or blood products or plasma-derived replacement clotting factors.

Chapter 10 Biological Products

- HA Publicly Funded Indications (dated October 2012)
  - 5th bullet revised to state: Non-immune individuals with bleeding disorders and others who receive repeated infusions of blood or blood products or plasma-derived replacement clotting factors.
- HB Publicly Funded Indications (dated May 2012)
  - 6th bullet revised: Non-immune individuals with bleeding disorders and others who receive repeated infusions of blood or blood products or plasma-derived replacement clotting factors.
- Prevnar 13 Page 1 of 2 (dated April 2012)
  - INDICATIONS revised to state: "This vaccine is not publicly funded for **healthy** individuals aged 5 years and older".