Government of Saskatchewan
Ministry of Health

Saskatchewan Immunization Manual Amendments January 2014

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 January 2014

Chapter 10 Biological Products

- Non-Publicly Funded Influenza Vaccines (dated September 2013)
  - FluMist removed
- Agriflu(dated September 2013
  - AGRIPPAL added to product name. This is the exact same vaccine as Agriflu, and is branded as AGRIPPAL for European and Australian markets.
  -
- FluMist added as a publicly funded vaccine.
  - **Please note all contraindications and precautions for this live, attenuated vaccine**
- Fluviral (dated September 2013
  - FluLaval added to product name. This is the exact same vaccine as Fluviral, and is branded as FluLaval for USA market.

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Saskatchewan Immunization Manual Amendments April 2014

<u>Instructions</u>: 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 April 2014

Chapter 5 Immunization Schedules

- TOC 2nd page (dated August 2012) new listing
  - p. 29 Appendix 5.3 Grade 8 Tdap Algorithm
- p. 6 (dated September 2013) Section 1.5
  - New footnote 15 refers reader to Appendix 5.3: Grade 8 Tdap Algorithm for reference.
- p. 7 (dated September 2013) Section 1.6
  - HPV-4 added to table for women born since January 1, 1996.
- p. 9 (dated August 2012) Section 1.8
  - Updated wording to the following columns: Men-C-C; Pneu-C-13; and Polio.
- P. 25 (dated April 2012) section 5.0 References
  - Updated.
- **New**: p. 29 Appendix 5.3 Grade 8 Tdap Algorithm

Chapter 6 Contraindications and Precautions

- P. 2 (dated April 2013) section 2.2
  - 4th bullet now reads, "*MMR or MMRV vaccine can be administered in the routine manner to people who have a history of anaphylactic hypersensitivity to hens' eggs (CIG, Evergreen Edition 2012). MMR and MMRV can be administered without prior skin testing*".
- P. 7 (dated April 2013) section 5 References
  - Updated.
- P.9 (dated June 2012) Appendix 6.2
  - To ensure future accuracy of content in this appendix, a link to SIM chapter 10 is provided so that the most current product monographs can be accessed for information about latex in biological products.

Chapter 7 Immunization of Special Populations

- P.12 (dated April 2013) section 1.5.4A
  - Ig section – this statement has been deleted: *Ig can replace VarIg if VarIg is unavailable*.
- P. 14 (dated April 2013) section 1.5.6
  - New 1st paragraph - *Pre-immunosuppressive therapy treatment initiation allows for most vaccines to be given to the client any time prior to starting immunosuppressive treatment / therapy. Refer to next page section 1.5.6A: Recommended Vaccines for Those on Immunosuppressive Therapy for recommended vaccines*.
- P. 15 (dated March 2013) section 1.5.6A
  - New footnote 5 noted throughout table - *Pre-immunosuppressive therapy treatment initiation allows for these vaccines to be given to the client any time prior to starting immunosuppressive treatment.*

- P. 29 (dated April 2012) section 2.10.3
  - First statement revised to state, "*Influenza and tetanus toxoid-containing vaccines are contraindicated for individuals who developed GBS within 6 weeks of a dose of these vaccines without any other cause being identified"*.
  - Deleted statement re: Menveo or Menactra can be administered to person with a history of GBS as patient safety concerns not supported in literature.
- P.31 (dated June 2012) Section 3.2.1
  - **Self-reported history of varicella or herpes zoster disease deleted as acceptable immunity criteria.**
- P.34 (dated June 2012) Section 3.4.1
  - Table removed and links to Ch.5 and 10 added.
- P.36 (dated March 2013) Section 4.0
  - *CIG* info updated.

Chapter 8 Administration of Biological Products

- TOC 1st page (dated June 2013)
  - Section 1.5 page number 6 has been corrected to state page 7.
- P. 5 (dated August 2012) Section 1.3.5
  - **The following bullet has been added to point #5:** In 2010, the Canadian Agency for Drugs and Technologies in Health (CADTH) published a review titled Filtered Needles for Withdrawing Medication from Glass Ampoules: A Review of the Cost-Effectiveness and Incidence of Complications. Regarding the use of filtered needles in public health nursing practice, the Ministry of Health endorses the following conclusion statement in this report: *"Due to the lack of recent published literature, no conclusions can be drawn on the incidence of complications from glass particle administration, or the cost-effectiveness of using a filtered needle when withdrawing medication from a glass ampoule".* This includes diluents in ampoule presentations as well.
  - **Section 1.3.6 - New sentence added to bullet #7:** The first day that the stopper is punctured is considered 'day 1'.
- P. 19 (dated August 2012) Table 2: TB Skin Test Result Interpretations
  - Table updated as per the *Canadian Tuberculosis Standards* (7th Ed.)
- P. 26 (dated August 2012) Section 3.3
  - New sentence and web link added to end of intro paragraph: **It is recommended that PHNs view a video made the Hospital for Sick Children titled *Reduce the Pain of Vaccination in Babies* available at:** http://www.youtube.com/watch?v=dZcBc9UnMtw
- P. 30 (dated May 2012) Section 4.0
  - Updated.

Chapter 10 Biological Products

- TOC 2nd page (dated March 2013)
  - Added: BEXSERO®, ProQuad™.
  - Deleted: Pneumo 23, Meningitec as both no longer available in Canada.
- TOC 3rd page (dated March 2013)
  - 'Heptavalent' removed from Botulism Antitoxin title.

- Avaxim and Avaxim pediatric (dated April 2012)
  - Vaccine information table added.
- Updated product monographs and/or web addresses for the following vaccines:
- INFANRIX™-IPV/Hib; PEDIACEL®; INFANRIX™-IPV; Act-HIB®; ENGERIX®-B; ProQuad™, ROTARIX™ (both pages); Td Adsorbed; TYPHERIX®; VARILRIX®(both pages); VARIVAX® III (both pages); TUBERSOL® (including updated reaction table); HepaGam B® (both pages);
- PRIORIX-TETRA™ (dated March 2013)
  - New footnote #5 - MMRV vaccines are considered interchangeable.
- Meningitec and Pneumo 23 deleted as no longer manufactured in Canada.
- Pneumovax 23 (pp. 1-2 dated October 2013)
  - New foot note #5 - Pre-immunosuppressive therapy treatment initiation allows for Pneu-P-23 to be given to the client any time prior to starting immunosuppressive treatment.
- Adacel (dated October 2012), Boostrix (dated June 2013), Adacel-Polio (dated June 2013) and Boostrix-Polio (dated August 2012)
  - New footnote #6 - Refer to Chapter 5, *Appendix 5.3 Grade 8 Tdap Algorithm*.
- GamaSTAN® S/D (both pages dated September 2012)
  - Canadian Blood Services number added.
  - Section now 1 page as direct reference to CDC manual noted for HA and measles post-exposure immunoprophylaxis.
- Botulism antitoxin (dated April 2012) – heptavalent references removed.

Chapter 14 Appendices

- P.21 (dated October 2013) Appendix 14.3 Immunization fact sheets
  - Dates updated as applicable:
    - March 2014 – DTaP-IPV-Hib; DTaP-IPV.
    - April 2014 - HA; MMRV, Pneu-C-13.
- P.22 (dated April 2012) Appendix 14.4 Immigrant Immunization Resources
  - Fully updated.

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Saskatchewan Immunization Manual Amendments June 2014

Instructions: Please remove and discard the corresponding pages in each chapter section and insert the amended pages as noted below in each corresponding chapter section dated June 2014.

Chapter 5 Immunization Schedules

- p. 7 (dated April 2014) Section 1.6 Adult Who Present for Immunization
  - LAIV added to table and new corresponding footnote 10.
  - Footnote 4 – non-pregnant women of childbearing age added as an indication.
  - Footnote 5 – Varicella immunity defined.
- p.9 (dated April 2014) Section 1.8 Publicly funded vaccine eligibility criteria
  - Non-pregnant women of childbearing age added to Varicella row.
  - New 3rd bullet at start of page: "Individuals who started a routine publicly funded series (excluding short-term catch-up programs) in another jurisdiction will receive immunization services to complete their vaccine series".
- p. 15 (dated April 2012) section 3.5.1
  - Table and footnotes updated to align with CIG 2012 information.
- P.16 (dated April 2012) section 3.6 Tuberculin Testing
  - LAIV added to paragraph.
- P.17 (dated September 2013) Tetanus Prophylaxis in Wound Management
  - Table updated – Td may be given to an adult who has previously received Tdap since 18 years of age.

Chapter 7 Immunization of Special Populations

- p. 21 (dated April 2012) section 2.3.1.2 Live Vaccines
  - First sentence now states, "MMR, Var and LAIV vaccines are indicated only for pre-conception and post-partum (including breastfeeding) women".
- P.22 (dated June 2013) section 2.3.1A Recommended Vaccines during Pregnancy
  - Tetanus vaccine recommendations in table have been updated.
  - Footnote 3 bullets:
    - Varicella immunity criteria for women of childbearing age clarified to align with Ministry of Health documents.
    - Detailed recommendation provided regarding Varicella vaccine and antibody product intervals as per the current *Canadian Immunization Manual*.
  - Footnote 4 removed.
- P.23 (dated May 2012) section 2.3.1.3 Passive Immunization Agents and Blood Products during Pregnancy
  - Second paragraph now refers to footnotes in section 2.3.1A for detailed information.
- P.31 (dated April 2014) Section 3.2.1
  - Varicella vaccine is publicly funded for HCWs/HCW students.

Chapter 8 Administration of Biological Products

- P. 7 (dated August 2012) Section 1.5.1
  - Reference to LAIV removed from 3rd bullet.
  - 4th bullet deleted as not applicable to title.

Chapter 10 Biological Products

- BEXSERO (dated May 2014)
  - Note added to bottom of page: BEXSERO® is a recombinant adsorbed vaccine that contains 4 serotype B components. According to Novartis Canada (verbal communication, May 2014), there are no recommended interval requirements between BEXSERO® and other meningococcal serotype-containing vaccine that are conjugates or polysaccharides. However, case-by case review of an individual's immunization history in consultation with a MHO consultation may result in specific recommendations for administration of BEXSERO® doses.
- ENGERIX-B (dated April 2014) and RECOMBIBAX HB (dated April 2013)
  - Under dose/series, grade 6 program has been removed and new cell title is "2-dose regimen for adolescents 11 to 15 years of age".
- IMOVAX Rabies (2nd page dated February 2013)
  - Under Precautions, "…eggs or egg products…" has been removed.
- VARILRIX (both pages) and VARIVAX (both pages)
  - New indications added:
    - 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 7.
  - Footnote 1 - Varicella susceptible is defined as:
    - Lack of documented evidence of serological of VZV IgG antibodies; or
    - Lack of documented evidence of immunization with 2 doses of a varicella-containing vaccine (currently 1 dose for grade 6 students).
    - **NOTE**: verbal history of disease is unreliable and is not acceptable as of evidence of immunity.
  - Footnote 2 - According to the *Canadian Immunization Guide*, (2012 Evergreen Ed., accessible at http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-10-eng.php#meas) the first varicella vaccine dose should be given in the immediate post-partum period, before discharge from hospital unless they have received Rh immune globulin [RhIg]. To optimize response to vaccine, varicella-susceptible women who receive RhIg in the peri-partum period should generally wait 3 months before being vaccinated with varicella vaccine. The risk of lowered vaccine efficacy needs to be weighed against the need for protection. However, if there is a risk of exposure to varicella, a risk of recurrent pregnancy in the 3-month post-partum period, or a risk that vaccines may not be given later, monovalent varicella vaccines may be given prior to discharge. In that context, serologic testing for varicella should be done 3 months later and non-immune women should be revaccinated with two Var doses given at appropriate intervals from the initial post-partum dose (NOTE: they may receive 3 vaccine doses in total). In the event that a post-partum woman receives varicella vaccine prior to receiving RhIg within 72 hours post-delivery, serologic testing for varicella should be done 3 months later and the woman revaccinated if non-immune with two Var doses given at appropriate intervals from the initial post-partum dose (NOTE: they may receive 3 vaccine doses in total).

- Footnote 3 - Individuals who are eligible for a 2-dose varicella series who have documented evidence of **viral culture confirmed** (breakthrough) varicella disease 42 days or more after their first varicella-containing vaccine dose do not require a second varicella-containing vaccine dose. Provide a second dose of varicella-containing vaccine to those without this documentation as verbal history and/or healthcare practitioner diagnosis of breakthrough disease is unreliable.

Chapter 14 Appendices

- P.21 (dated April 2014) Appendix 14.3 Immunization fact sheets
  - Several updates for May or June 2014: HPV, MMR, Men-C-C, Rotavirus, and Td vaccines.
  - Grade 6 Immunization removed from list.
  - Multicomponent MenB added to list

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Saskatchewan Immunization Manual Amendments September 2014

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Chapter 5 Immunization Schedules

- p. 1 (dated Sept. 2013) Section 1.1 Routine Imms schedule for Infants, Children and Adolescents
  - Footnote 1 - This statement has been removed: "Children must have received 1 dose at 15 months of age or older to be considered up to date" as referring to section 1.2 more relevant.
  - Footnote 5 now states, "Anyone born since January 1, 2003, and/or who is a current grade 6 student is eligible to receive a cohort-based varicella vaccine series unless they have documentation:
    - Of having previously received a cohort-based varicella vaccine series; or
    - Of serological evidence of immunity to the varicella zoster virus; or
    - Lab-confirmed evidence of disease (e.g., culture from a pox viral swab).
    - Serological varicella titre testing is not required before immunizing someone born since January 1, 2003 and/or is currently in grade 6 who does not have any of the above documentation even if they previously self-reported having varicella disease".
  - Footnote 6 now states, "Those 13 years and older require 2 doses given a minimum of 6 weeks apart. Only people who are cohort or age eligible for a 2-dose series and subsequently develop laboratory confirmed varicella breakthrough disease do not require a second dose of a varicella-containing vaccine".
- p.2 (dated August 2014) section 1.2 Hib Schedule for Children Delayed by 1 Month or More
  - Footnote 1 now states, "If the primary Hib series is interrupted, complete the series according to age at which child re-presents for immunization. For children starting the vaccine series after 6 months of age, refer to SIM, Chapter 5 Immunization Schedules Sections 1.1 Routine Immunization Schedule for Infants, Children and Adolescents and 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations as they may require additional doses of diphtheria, tetanus, pertussis and polio. In that case, combination vaccines to may be required to complete all antigen series".
  - Footnote 2 now reads, "The 18 months reinforcement dose may be at as 12 months provided that there is an 8 week interval following the previous dose".
  - New footnote #5 for children presenting between 12-14 months: "Minimum 8 week interval between doses".
- P. 4 (dated August 2012) Section 1.3B Pneumococcal Conjugate Schedule for Medically High Risk Children Delayed by 1 Month or More
  - 24-59 months where either 0 dose or incomplete vaccination schedule with any product or complete, age-appropriate vaccination with Pneu-C-7 or Pneu-C-10 (0 doses Pneu-C-13) only to receive 1 dose of Pneu-C-13.

- p. 5 (dated September 2013) Section 1.4 Children 1 yr but less than 7 yrs who Present for Imms
  - Footnote 1 - This statement has been removed: "Children must have received 1 dose at 15 months of age or older to be considered up to date" as referring to section 1.2 more relevant.
  - Footnote 4 now states, "MMRV is offered to children 1 year up to and including 12 years of age. Anyone born since January 1, 2003 is eligible to receive a cohort-based varicella vaccine series unless they have documentation:
    - Of having previously received a cohort-based varicella vaccine series; or
    - Of serological evidence of immunity to the varicella zoster virus; or
    - Lab-confirmed evidence of disease (e.g., culture from a pox viral swab).
    - Serological varicella titre testing is not required before immunizing someone born since January 1, 2003 and/or is currently in grade 6 who does not have any of the above documentation. If child is varicella immune, provide MMR as noted in footnote 6. MMRV is not approved for use in persons 13 years of age and older".
  - Footnote 6 now states, "Two doses MMR for children who have varicella immunity documentation as noted in footnote 4".
  - Footnote 11 now states, " Only people who are cohort or age eligible for a 2-dose series and subsequently develop laboratory confirmed varicella breakthrough disease do not require a second dose of a varicella-containing vaccine".
- p.6 (dated April 2014) Section 1.5 Children 7 to 17 years who Present for Imms
  - Footnote 3 now states, "MMRV is offered to children 1 year up to and including 12 years of age. Anyone born since January 1, 2003 is eligible to receive a cohort-based varicella vaccine series unless they have documentation:
    - Of having previously received a cohort-based varicella vaccine series; or
    - Of serological evidence of immunity to the varicella zoster virus; or
    - Lab-confirmed evidence of disease (e.g., culture from a pox viral swab).
    - Serological varicella titre testing is not required before immunizing someone born since January 1, 2003 and/or is currently in grade 6 who does not have any of the above documentation. If a child is varicella immune, provide MMR as noted in footnote 4.
    - MMRV is not approved for use in persons 13 years of age and older. Give separate MMR and Var vaccines to varicella-susceptible children who are 13 years.
  - Footnote 4 now states, "MMR for children who have varicella immunity documentation as noted in footnote 3".
  - Footnote 5 now states, "… Only people who are cohort or age eligible for a 2-dose series and subsequently develop laboratory confirmed varicella breakthrough disease do not require a second dose of a varicella-containing vaccine".
  - Footnote 6 now states, "Self-reported varicella disease is only acceptable as evidence of immunity for those born before January 1, 2003. They require documentation of a varicella serological titre if they want immunization beyond grade 6".
- p. 7 (dated June 2014) Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Footnote 2 now states, "…Those born before January 1, 1970 are considered immune to measles, mumps and rubella (excluding healthcare workers and healthcare students).
  - Footnote 5 now states, " Anyone born since January 1, 2003 is eligible to receive a cohort-based varicella vaccine series unless they have documentation:
    - Of having previously received a cohort-based varicella vaccine series; or

  - Of serological evidence of immunity to the varicella zoster virus; or
  - Lab-confirmed evidence of disease (e.g., culture from a pox viral swab).
    - **NOTE**: verbal history of disease is generally accepted as evidence of immunity for persons born before January 1, 2003. It is unreliable and is not acceptable as of evidence of immunity for healthcare workers and healthcare students.
    - People born before January 1, 2003 who want to get immunized require serological evidence of susceptibility and this documentation must be provided to Public Health before they are immunized".

- p. 11 (dated May 2012) section 2.1 Minimum Intervals for Specific Vaccine Series
  - Please review this section as a number of changes are noted to align with the Panorama forecaster. Months have been converted to weeks where applicable.
- p.13 (dated May 2012) section 3.3.1 Minimum Spacing between MMRV, MMR and Varicella Vaccine Doses
  - Minimum spacing between MMR and MMRV is now 4 weeks, regardless of which vaccine is given first; noted in the Panorama forecaster.
- pp. 27-28 (dated April 2013) Appendix 5.2: Adult Eligibility for Publicly Funded MMR Vaccine
  - Memo revised with new immunization and disease screening directives for travellers born before January 1, 1970.

Chapter 7 Special Populations

- "1 dose Hib for people 5 years and older regardless of Hib immunization or Hib disease history" is now noted for the following health conditions:
  - P. 9 (March 2013) Section 1.5.3A: Publicly Funded Vaccines for Those with Functional or Anatomic Asplenia, and Hyposplenia
  - P. 12 (April 2014) 1.5.4A: Publicly Funded Vaccines and Immune Globulins for those with Illnesses that Progressively Weaken the Immune System
  - P. 13 (March 2013) 1.5.5A: Publicly Funded Vaccines for those with Congenital Immunodeficiency States
  - p. 15 (April 2014) 1.5.6A: Recommended Vaccines for Those on Immunosuppressive Therapy
  - p. 16 (March 2013) 1.5.7A: Recommended Vaccines for Those with a Malignant Neoplasm
  - p. 26 (March 2013) 2.7A: Publicly Funded Vaccines for Cochlear Implant Candidate or Recipient

Chapter 10 Biological Products

- TOC p. 2 (dated May 2014)
  - FLUZONE added to VAXIGRIP in list.
- Updated product monographs for:
  - INFANRIX-hexa®, ZOSTAVAX™, CERVARIX®, MMR II, Priorix, SYNFLORIX, Prevnar 13, Pneumovax 23, BOOSTRIX®-POLIO, TYPHIM Vi® and GamaSTAN® S/D.
- Pediacel (June 2014) and INFANRIX-IPV/Hib (dated April 2014)
  - Updated footnotes are as follows:
    - 3 If required, this dose can be given as early as 24 weeks following dose number 3. For protection against Hib, do not give the 4th dose before 12 months of age.
    - 4 The 5th dose is not necessary if the 4th dose was given after the 4th birthday.

- Act-Hib® (dated April 2014) and HIBERIX® (dated June 2013)
  - Indication 2 – title revised to "Children 2-59 months of age who are delayed by 1 month or more" and table deleted.
  - Indication 3 – title revised to "People 5 years and older with the following medical conditions regardless of Hib immunization or Hib disease history".
  - Footnote #1 now states, "Minimum age is 6 weeks old".
  - Footnote #2 now states, "The 18 months reinforcement dose at may be at as 12 months provided that there is an 8 week interval following the previous dose".
  - Footnote #3 now states, "Refer to SIM, Chapter 5 Immunization Schedules, section 1.2 Hib Schedule for Children Delayed by 1 Month or More".
  - Footnote #4 now states, "Refer to SIM, Chapter 7, Immunization of Special Populations for more information on specific conditions".
  - Footnote #5, now states, "Give vaccine at least 14 days prior to elective splenectomy, or if impossible, 14 days or more days post-splenectomy. If there is concern that the client may not present later for immunization, give vaccine before discharge".
  - Footnote #6 now states, "Refer to SIM, Chapter 7, Immunization of Special Populations, Section 1.59, Haematopoietic Stem Cell Transplant".
  - Footnote #7 now states, "At least 1 year after any previous dose".
- Influenza vaccines:
  - Non-Publicly funded vaccines are listed.
  - Publicly funded vaccines have usual product details. Vaxigrip and Fluzone same TIV formulations.
- MENJUGATE® (June 2013) & NeisVac-C® (June 2012)
  - Indications are updated: Routine for children at 12 months of age; People born since January 1, 1993 to September 30, 2000 who did not receive in grade 6, up to and including 21 years of age (ineligible at 22nd birthday); and Medically high risk persons as noted in SIM chapter 7 Special Populations.
  - Footnote 1 now states, "Minimum age for vaccine is 8 weeks".
  - Footnote 4 now states, "There must be an interval of at least 24 weeks between the administration of a meningococcal polysaccharide vaccine and the administration of Men-C-C. The minimum interval between Men-C-C doses is 8 weeks".
- Menactra®, Menveo and NIMENRIX (both pages of all 3).
  - Updated: **Note:** Children 2 – 10 years of age with a medical condition as specified above who have NOT been previously vaccinated with Men-C-C vaccine: → administer Men-C-ACYW-135 followed by Men-C-C 4 weeks later. [1]
- IMOVAX® Polio (May 2012)
  - 2 months and 6 months changed to 8 weeks and 24 weeks respectively in DOSE/Series section.