

## Saskatchewan Immunization Manual Amendments January 2015

**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 **January 2015**.

### **Chapter 5 Immunization Schedules**

- P. 2 Section 1.2 Hib Schedule for Children Delayed by 1 Month or More (September 2014)
  - First column title changed to align with CIG.
  - Wording in footnotes 2 and 3 clarified.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations (September 2014)
  - End of footnote #2 now reads: "...received a Tdap dose since 11 years of age" to align with Panorama forecaster.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations (September 2014)
  - HA added as people born since January 1, 1982 living in northern health regions or on reserves in Saskatchewan (excluded: Creighton, Air Ronge and La Ronge); series to be completed if now receiving services in another health region.
- p. 8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series (August 2012).
  - The following bullet removed from TD (Tdap row) - 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 in the past 5 years as per the Infant Pertussis Cocooning Strategy implemented April 1, 2010, as caused confusion.
- p. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria (June 2014)
  - HA vaccine - People born since January 1, 1982 living in northern health regions or on reserves in Saskatchewan (excluded: Creighton, Air Ronge and La Ronge); series to be completed if now receiving services in another health region.
  - Men-C-ACYW-135 vaccine addition - Individuals 8 weeks of age and older with specific high-risk medical conditions.
  - Men-C-C vaccine clarification - 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).
  - Added to footnote #9: 1 year interval required between Pneu-C-13 and Pneu-P-23 vaccines for those ≥ 18 years.
- p. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series (September 2014)
  - HPV 2-dose series, Men-C-ACYW-135 and 4CMenB intervals and relevant footnotes added.
- p. 13 Section 3.3.1 Minimum Spacing between MMRV, MMR and Varicella Vaccine Doses (September 2014)
  - Spacing between MMRVar and Varicella vaccine now states: 3 months is recommended for those 1-12 years, but 6 weeks is acceptable. This aligns with validation of varicella doses in panorama Forecaster.
- P. 21 4.1 Unknown or Uncertain Immunization Status (January 2014)

- Verbal immunization histories are generally accepted for childhood and adult influenza immunization histories only.
- p. 29 Appendix 5.3 Grade 8 Tdap Algorithm (April 2014)
  - Update - An up-to-date student who has received their adolescent dose of Tdap since 11 years of age does not need to receive another adolescent dose in Grade 8.

### **Chapter 7 Special Populations**

- **NEW! The whole chapter has been revised.** Please review all sections and make sure to delete the previous chapter 7 in your existing manual and replace with this chapter dated January 2015.
- Vaccine forecasting for publicly funded vaccines for specific populations are activated using “Risk Factors” in Panorama. These risk factors (eligibility criteria) were standardized using the following preface categories to ensure consistent practice and application:
  1. Chronic Medical Condition
  2. Contact
  3. Immunocompromised
  4. Occupation
  5. Post-exposure
  6. Special Population
  7. Travel
  8. Treatment
- TOC (both pages) and section titles – Titles amended as per risk factor category.
- Section 1.0 Individuals At High Risk For Vaccine Preventable Diseases
  - Chronic medication conditions and immunocompromised conditions differentiated.
- MENVEO vaccine: New Men-C-ACYW-135 immunization series based on age at presentation. SaskHealth uses Menveo exclusively for all HR persons 8 weeks of age and older. Menveo has been approved for the following risk factors:
  - Section 2.3 Cochlear Implant
  - Section 2.4 Asplenia – Congenital, Acquired or Functional
  - Section 2.5 Cerebrospinal Fluid Disorder
  - Section 3.1 Congenital Immunodeficiency
  - Section 3.2 Acquired Complement Deficiency
- Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Risk Factor Category
  - Footnotes have been edited. Please note new footnote #8 - A high-risk child 12 months of age and older, or an adult who is cohort eligible for a Men-C-C, does not required Men-C-C vaccine when they are eligible to receive Men-C-ACYW-135 vaccine.

### **Chapter 10 Biological Products**

- TOC first page (Oct. 2013) - ZOSTAVAX<sup>®</sup> II added to list for Zos vaccine
- INFANRIX-IPV (April 2014) - New 2014 product monograph.
- Publicly Funded Hepatitis A (HA) Vaccine Indications (March 2013)
  - Eligibility criteria uses Panorama terms for reason for immunization or risk category.
  - Note revised DOB eligibility for HA FNJ program.
- Hepatitis A and B Vaccine (combined) (September 2013) – New 2014 product monograph.

- Publicly Funded Hepatitis B (HB) Vaccine Indications (March 2013)
  - Eligibility criteria uses Panorama term for reason for immunization or risk category.
- Hepatitis B Vaccine Dosage And Formulation Options For HIV Infected Adults And Children (June 2013)
  - Minimum interval in last column of table 2 updated to align with Panorama forecaster schedule:

Dose 1 to Dose 2	Dose 2 to Dose 3
4 weeks	20 weeks

- ENGERIX®-B and RECOMBIVAX HB® (both June 2014)
  - 2 dose regimen age indication clarifies to align with Panorama forecaster: *2-dose regimen for adolescents 11 to 15 years of age (including grade 6 students younger than 11 years old).*
- Herpes Zoster Vaccine (Zos) (September 2014)
  - ZOSTAVAX® II product monograph link added.
- GARDASIL® (September 2013)
  - **SERIES approved for males and females** – Information on approved 2-dose and 3-dose schedules for approved populations. Please review. Grade 6 females will commence a 2-dose Gardasil series in the 2015-16 school year.
- PRIORIX-TETRA™ and ProQuad™ (both April 2014) - New 2014 product monographs.
- Menactra®, Menveo™ and NIMENRIX™ (all dated Sept. 2014, pp. 1-2),
  - Eligibility criteria uses Panorama terms for reason for immunization or risk category, for child and adult populations.
  - Series based on age at presentation has been updated. **Please review!**
  - Reinforcement dose eligibility updated.
- BEXSERO® (June 2014) – Revised 2014 product monograph link.
- Prevnar® 13 (September 2014, p. 2)
  - Eligibility criteria uses Panorama terms for reason for immunization or risk category.
- PNEUMOVAX® 23 (Sept. 2014, pp. 1-2)
  - Eligibility criteria uses Panorama terms for reason for immunization or risk category.
- ADACEL® and BOOSTRIX® (both dated April 2014)
  - Footnote 10 has been deleted as inaccurate.
- FSME-IMMUN™ (Oct. 2013)
  - This vaccine is no longer available in Canada since 2014.

## Saskatchewan Immunization Manual Amendments **February 2015**

**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 **February 2015**.

### Chapter 5 Immunization Schedules

- P. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents (September 2014)
  - Footnote 3 now states, “People born since Jan. 1/82 who live in Keewatin Yatthé, Athabasca or Mamawetan Churchill River health authorities or on reserves in Saskatchewan (excluding Creighton, Air Ronge and La Ronge) regardless of where they are accessing services (e.g., RHA or FNJ)”.
- P. 2 Section 1.2 Hib Schedule for Children Delayed by 1 Month or More (January 2015)
  - Bullet 1 – ‘to’ removed from last sentence.
  - Bullet 3 – added...previously unimmunized or incompletely...
- P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations (September 2014)
  - Footnote 3 now states, “People born since Jan. 1/82 who live in Keewatin Yatthé, Athabasca or Mamawetan Churchill River health authorities or on reserves in Saskatchewan (excluding Creighton, Air Ronge and La Ronge) regardless of where they are accessing services (e.g., RHA or FNJ)”.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations (January 2015)
  - Footnote 2 – referral to footnote 13 corrected to refer to footnote 15.
  - Footnote 3 – now states “MMRV is offered to children 1 year up to and including 12 years of age, and grade 6 students of any age”.
    - Sub-bullet 4 now states, “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 and older **and not** in Grade 6”.
  - Footnote 12 now states, “People born since Jan. 1/82 who live in Keewatin Yatthé, Athabasca or Mamawetan Churchill River health authorities or on reserves in Saskatchewan (excluding Creighton, Air Ronge and La Ronge) regardless of where they are accessing services (e.g., RHA or FNJ)”.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations (January 2015)
  - Footnote 9 – last sentence now states, “For those 18 and older, a 1-year minimum interval is required between Pneu-C-13 and Pneu-P-23 vaccines regardless of which was given first. HSCT recipients may be an exception to this recommendation”
  - Footnote 11 now states, “People born since January 1, 1982 and living in northern health regions or on northern reserves in Saskatchewan (excluded: Creighton, Air Ronge and La Ronge); eligible for HA series, regardless of where they are accessing services (e.g., RHA or FNJ)”.
- p. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria (January 2015)
  - HA vaccine now states, “People born since Jan. 1/82 who live in Keewatin Yatthé, Athabasca or Mamawetan Churchill River health authorities or on reserves in Saskatchewan (excluding Creighton, Air Ronge and La Ronge) regardless of where they are accessing services (e.g., RHA or FNJ)”.

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- P. 21 4.1 Unknown or Uncertain Immunization Status (January 2014)
  - Added as new 4<sup>th</sup> sentence in the paragraph, “In Saskatchewan, verbal history of varicella disease is accepted as evidence of immunity for only individuals born before January 1, 2003 (who are not HCWs)”.

### Chapter 7 Special Populations

- Appendix 7.2: Varicella Immunization Referral Form (Jan. 2015)
  - Footnotes #1 **varicella susceptibility updated.**
  - Footnotes #2 now states, “Give 2 doses  $\geq$  3 months apart to immunocompromised persons”.

### Chapter 10 Biological Products

- Publicly Funded Hepatitis A (HA) Vaccine Indications (January 2015)
  - Bullet #1 - DOB and residency eligibility clarified, now reads “People born since Jan. 1/82 who live in Keewatin Yatthé, Athabasca or Mamawetan Churchill River health authorities or on reserves in Saskatchewan (excluding Creighton, Air Ronge and La Ronge) regardless of where they are accessing services (e.g., RHA or FNJ).”
- PRIORIX (Sept. 2014)
  - New 2015 Product monograph.
- NeisVac-C (Sept. 2014)
  - New 2015 Product monograph.
- Menactra® (January 2015 p. 1)
  - Row with dose 0.5 mL IM added to table
  - Indication 1- now states **Grade 6 students – 1 dose.**
  - Indication 2 - **min age corrected to  $\geq$  9 months**, instead of  $\geq$  8 weeks.
- Menveo™ (January 2015, p. 1)
  - Row with dose 0.5 mL IM added to table
  - Indication 1 - now states **Grade 6 students – 1 dose.**
- NIMENRIX™ (dated January 2015 and both pages)
  - Row with dose 0.5 mL IM added to table
  - Indication 1 - now states **Grade 6 students – 1 dose.**
  - **2015 PM link updated**
- BEXSERO® (January 2015)
  - **Dose scheduling corrected for ages 12 months to 10 years (require 2 month interval between doses) and those 11 years and older (require 1 month interval between doses).**
- SYNFLORIX (Sept. 2014)
  - **2015 PM link updated**
- Prevnar® 13 (January 2015, p. 2)
  - New note added to footnote #4: **NOTE:** For those 18 and older, a 1-year minimum interval is required between Pneu-C-13 and Pneu-P-23 vaccines regardless of which was given first. HSCT recipients may be an exception to this recommendation.
- PNEUMOVAX® 23 (January 2015, p. 2) – **This page does not require replacement.**
  - The following footnote #4 was added in January 2015 but was not noted in the January SIM amendment list. Apologies for any inconveniences this has caused. **NOTE:** For those 18 and older, a 1-year minimum interval is required between Pneu-C-13 and Pneu-

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P-23 vaccines regardless of which has been given first. HSCT recipients may be an exception to this recommendation”.

### **Chapter 14 Appendices**

- Appendix 14.3 Immunization Fact Sheets (June 2014)
  - Caring for Your Child’s Fever and Varicella fact sheets have current dates.

## Saskatchewan Immunization Manual Amendments **April 2015**

**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 April 2015.**

### **Chapter 1 – Introduction**

- P. 2 (April 2012)
  - Ministry of Health/eHealth website links updated.
- P. 14 (Sept. 2013)
  - Updated program comments for Men-C-ACYW-135 and varicella vaccine eligibility.
- P. 15 References (dated April 2012)
  - Updated CIG link and information

### **Chapter 3 – Informed Consent**

- P. 6 (April 2012)
  - Ministry of Health/eHealth website links updated.
- P. 10 (April 2012)
  - CIG link updated.
- P. 11 (June 2012)
  - Ministry of Health/eHealth website links updated.

### **Chapter 5 Immunization Schedules**

- TOC page 2 (April 2014)
  - New Appendix 5.4: Publicly Funded Varicella Immunization Management And Panorama Directives
- P. 2 Section 1.2 Hib schedule for children (February 2015)
  - Ministry of Health/eHealth website links updated.
  - Footnote revised to state that children need to have completed an age appropriate primary series to get final dose at 12 months of age.
- P. 11 (January 2015)Section 2.1 Minimum Intervals for Specific Vaccine Series
  - 4CMenB minimum intervals by age corrected.
- P. 18 Section 3.8 Rabies Pre and Post-Exposure Management (May 2012)
  - Ministry of Health/eHealth website links updated.
- P. 30 New addition to SIM - Appendix 5.4 Publicly Funded Varicella Immunization Management and Panorama Directives

### **Chapter 7 Special Populations**

- P. 26 (January 2015) Section 6.2 Health Care – Non-RHA Employee
  - Last bullet amended, HB vaccine eligibility removed and now reads: They are eligible for routine adult vaccines as noted in Chapter 5, Immunization Schedules.
- P. 33 (Jan. 2015 )Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Risk Factor Category
  - Hib added to Malignancies/cancer
  - Men-C-ACYW-135 added to Transplant candidate or recipient – Solid organ / tissue
- P. 38 (January 2015) Appendix 7.5
  - Ministry of Health/eHealth website links updated.

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### Chapter 8 Administration of Biological Products

- P. 20 Section 3.5 (April 2012)
  - Ministry of Health/eHealth website links updated.

### Chapter 10 Biological Products

- TOC page 1 (January 2015)
  - Ministry of Health/eHealth website links updated.
- TOC page 2 (September 2014)
  - Gardasil® 9 added to TOC
- Act-HIB and HIBERIX (both September 2014)
  - Footnote 6 link corrected, now reads as: Chapter 7, *Immunization of Special Populations*, Section 3.6 *Transplant Recipient - Haematopoietic Stem Cell Transplant*.
- Publicly Funded HB Vaccine Indications (January 2015)
  - New sub-bullet added to third bullet: This includes all children born before the family's arrival in Canada **and** all children born after the family's arrival in Canada.
  - Fourth bullet now reads: RHA/SCA/FNJ Healthcare workers and healthcare students (refer to SIM chapter 7 for definition).
  - Fifth bullet link corrected, now reads Refer to SIM, *Chapter 7, Immunization of Special Populations, Section 4.2.1, Hepatitis B Infant Immunoprophylaxis Protocol*.
  - 'All ages' added to the following bullets:
    - Household/sexual/close contacts (all ages) of individuals who have an acute or chronic HB infection.
    - Sexual partners and household contacts (all ages) of individuals who use illicit drugs.
- Engerix-B and Recombivax HB (both January 2015)
  - Third bullet link corrected, now reads: Renal disease clients require a specific HB vaccine dosage and series; refer to SIM, Chapter 7, *Immunization of Special Populations*, Section 2.12, Renal Disease.
  - Fourth bullet link corrected, now reads: High risk infants less than 2000 g require 4 dose series. Refer to SIM, Chapter 7, *Immunization of Special Populations*, Section 4.2.1, Hepatitis B Infant Immunoprophylaxis Protocol.
- Gardasil (January 2015)
  - Dates clarified for 2- and 3-dose schedules. Vaccine remains only publicly funded for females born since January 1, 1996.
- Priorix-tetra and ProQuad (both January 2015)
  - Under Precaution, third bullet link corrected, now reads: Refer to SIM Chapter 7, *Immunization of Special Populations* Section 3.1, Congenital Immunodeficiency
- Menactra page 1 of 2 (February 2015)
  - Ministry of Health/eHealth website links updated.
  - Sickle cell disease added as indication and in reinforcement section.
- Menveo page 1 of 2 (February 2015)
  - Ministry of Health/eHealth website links updated.
  - Sickle cell disease added as indication and in reinforcement section.



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- Nimenrix page 1 of 2 (February 2015)
  - Ministry of Health/eHealth website links updated.
  - Sickle cell disease added as indication and in reinforcement section.
- Menomune (October 2012)
  - Ministry of Health/eHealth website links updated.
- Bexsero (February 2015)
  - Ministry of Health/eHealth website links added.
- Prevnar 13 page 1 of 2 (dated September 2014)
  - Table section A4 corrected. 1 dose for HR children 24-59 months of age with no previous doses receive 1 dose (not 2)
- Pneumovax 23 (January 2015 page 1 of 2)
  - Reinforcement dose at 5 years for all ages for specific high-risk people.
- IMOVAX Polio (September 2014)
  - Second bullet link corrected, now reads: Refer to SIM Chapter 7, *Immunization of Special Populations*, Section 3.6 *Transplant Recipient - Haematopoietic Stem Cell Transplant*.
- Varilrix and Varivax (both June 2014, both page 1 of 2)
  - Under Precautions, third bullet link corrected, now reads: Refer to SIM Chapter 7, *Immunization of Special Populations* Section 3.1, Congenital Immunodeficiency
- HepaGam B (both pages dated April 2014) and HyperHEP B S/D (page 1 dated September 2012)
  - Second bullet link corrected, now reads: Refer to SIM, Chapter 7, *Immunization of Special Populations*, Section 4.2.1, Hepatitis B Infant Immunoprophylaxis Protocol.
  - Ministry of Health/eHealth website links added.
- Updated product monograph links for:
  - Gardasil® (2015)
  - Gardasil® 9 (2015)
  - Menomune®-A/C/Y/W-135 (2013)
  - Pneumovax® 23 both pages (2015)
  - Adacel®-Polio

## Saskatchewan Immunization Manual Amendments **May 2015**

**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 **May 2015**.

### **Chapter 1 – Introduction**

- P. 1 (April 2012)
  - First paragraph disclaimer revised.

### **Chapter 3 – Informed Consent**

- TOC (October 2012)
  - Revised to align with chapter page numbers.
- P. 2 (April 2012)
  - CIG reference updated.
- P. 11 (April 2015); p. 12 (April 2012) Appendix 3.1: Recommended Immunization Websites, Books and Articles for Parents and Caregivers
  - Revised fact sheet for parents
- P. 20 (April 2012) Appendix 3.3 Immunization Truths
  - Revised as per content in the current evergreen CIG

### **Chapter 5 Immunization Schedules**

- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations (February 2015)
  - **New** footnote: **\* If the 3rd tetanus, diphtheria & pertussis containing dose was given before 4 years of age, the child requires another dose of Tdap to protect them until they are eligible (at 11 years old) for the adolescent Tdap dose in grade 8. They are considered up to date if 3rd dose was given ≥ 4 years of age.**
- P. 8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series (January 2015)
  - Pneu-P-23 reinforcement dose bullet amended as 5 years is recommended interval for all ages.

### **Chapter 7 Special Populations**

- The following risk factors are ineligible to receive a 2-dose HPV series **and must receive** a 3-dose HPV series:
  - Acquire complement deficiency
  - Congenital immunodeficiency
  - HIV
  - Medical treatment
- The following conditions are “Eligible for only 1 publicly funded reinforcement dose 5 years after the first dose” regardless of age (≥2 years) that the first dose was received.
  - Asplenia – Congenital, Acquired or Functional
  - Liver Disease
  - Malignancies / Cancer
  - Renal Disease
  - Sickle Cell Disease
  - Congenital Immunodeficiency

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- Acquired Complement Deficiency
- Human Immunodeficiency Virus
- Medical Treatment

### **Chapter 10 Biological Products**

- Hepatitis B Vaccine Series Completion Scenarios (May 2012)
  - The following has been added: Note: To ensure a consistent provincial approach, when a client's documented immunization record does not show the HB-containing vaccine volumes administered for previous doses in which a minimum 3-dose series has not been completed, it is recommended that:
    - 0.5 mL HB doses are administered to clients younger than 20 years of age at appropriate intervals to complete a 3-dose series.
    - 1 mL HB doses are administered to clients 20 years of age and older at appropriate intervals to complete a 3-dose series.
- Gardasil (April 2015)
  - Amendment to 2-dose schedule – applies to ages 11-14 years old, not 11-15 years old.
- Priorix-Tetra and ProQuad (both April 2015)
  - Bullet 3 corrected as symbol was incorrect, now reads: Grade 6 students who are ≤ 13 yrs, until they begin grade 7.
- Prevnar 13 page 1 of 2 (dated September 2014)
  - New PM link
- Pneumovax 23 (April 2015)
  - Lat bullet under Reinforcement now states: “hematopoietic stem cell transplant (HSCT) recipient (as per agency guidelines)”.
- HBIG (HepaGamB both pages and HyperHEP B S/D both pages)
  - Indication 3 removed, as dose/series associated with indication 3.
  - Footnote 4 – 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> sentences amended to align with CDC manual.

## Saskatchewan Immunization Manual Amendments **August 2015**

**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 **August 2015**.

### **Chapter 5 Immunization Schedules**

- p. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations (May 2015)
  - New footnote - ♦ If the 3<sup>rd</sup> IPV dose was given before 4 years of age, the child requires another dose of IPV. They are considered up to date if the 3<sup>rd</sup> dose was given ≥ 4 years of age.

### **Chapter 7 Special Populations**

- The following risk factors are eligible to receive an age-appropriate primary meningococcal B series.
  - Acquire complement deficiency
  - Congenital immunodeficiency
  - Asplenia – Congenital, Acquired or Functional
  - Sickle Cell Disease
- Appendix 7.1 Publicly Funded Vaccine Recommendations for Specific Populations by Risk Factor Category (April 2015, p. 33)
  - Men-B bullet added to risk factors above in this table.

### **Chapter 8 Administration of Biological Products**

- Table 2: Immune Globulin Preparations Injection Site, Needle Length and Total Site Volume per Age Group (March 2013)
  - “...of Rablg...” removed from bullet 2.
- P. 17 – Section 2.6 Intradermal Vaccines (April 2012)
  - Reference to trivalent influenza vaccines removed.

### **Chapter 10 Biological Products**

- ToC (second page dated April 2015)
  - MENJUGATE® Liquid added to list.
- VAQTA (June 2013)
  - Latex in vial stopper added to Vaccine Components section.
- Hepatitis B Vaccine Series Completion Scenarios (May 2015)
  - Notes bullets have been revised. Please ensure staff reviews the changes regarding permissive use of SIM chapter 1, [Appendix 5.1 School Immunization Programs](#).
- MENJUGATE® (September 2014)
  - Review wording from product monographs regarding to latex allergy.
- BEXSERO® (April 2015)
  - Review wording from product monographs regarding to latex allergy.
  - Publicly funded for asplenia, sickle cell disease, congenital immunodeficiency and acquired complement deficiency.
- PNEUMOVAX® 23 (p. 1, May 2015)
  - Malignancies/cancer added into reinforcement row.

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- Immune Globulin Preparation Injection Site, Needle Length and Total Site Volume per Age Group (March 2013)
  - "...of Rablg..." removed from bullet 2.
- The following vaccines have updated product monograph link
  - DUKORAL®
  - INFANRIX™-IPV/Hib
  - INFANRIX hexa®
  - AVAXIM® - Pediatric
  - IXIARO®
  - M-M-R® II
  - ProQuad™
  - MENJUGATE® Liquid (new formulation)
  - NeisVac-C®
  - Menveo™
  - NIMENRIX™
  - BEXSERO® (now 2 pages)
  - Prevnar® 13
  - RabAvert®
  - VariZIG™

### **Chapter 14 Appendices**

- Appendix 14.3 Immunization Fact Sheets [has been updated](#).

## Saskatchewan Immunization Manual Amendments **September 2015**

**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 **September 2015**.

### **Chapter 5 Immunization Schedules**

- P. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
  - Revised footnote #5: Those born between Jan. 1/04 and Sept. 30/09 are to receive their second dose in Grade 6.
  - Revised footnote #6: Those who are cohort or age eligible for a 2-dose series and subsequently developed **laboratory confirmed** varicella breakthrough disease after their first dose **do not require** a second dose of a varicella-containing vaccine. Those born since January 1, 2003 are 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).
    - Refer to SIM Chapter 5 Appendix 5.4 *Publicly Funded Varicella Immunization Eligibility and Panorama Directives* for further information.
- p. 30 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives
  - Revised to show second dose eligibility in grade 6 for those born between Jan. 1/04 and Sept. 30/04.

### **Chapter 10 Biological Products**

- TOC (second page dated August 2015) updated to reflect updated Influenza Vaccines.
- **Non-Publicly Influenza Vaccine** product monograph links have been updated.
- The following vaccines have updated product monograph links and/or product information
  - **Prevnar® 13** ○ **AGRIFLU™** ○ **FluMist® Quadrivalent** ○ **FLUVIRAL®** ○ **FLUZONE® Quadrivalent**
- Page 1 of VARILRIX and page 1 of VARIVAX (both April 2015)
  - **Varicella eligibility updated in Indication sections.**

### **Chapter 12 Anaphylaxis Management**

- TOC updated as Table 4 name changed.
- p. 6 Section 4.0 Administration of Epinephrine
  - **CIG web link updated.**
- p. 7 Section 4.2 Epinephrine Dosages
  - **Table updated.**
- p. 9 Table: Diphenhydramine Hydrochloride Dosages for Age and Route of Administration
  - **Table updated.**
- p. 11 Section 8 References
  - **Updated PHAC references.**
- p. 12 Appendix 12.1: Recommended Emergency Treatment of Anaphylaxis
  - **Updated.**

## Saskatchewan Immunization Manual Amendments November 2015

**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 **November 2015**.

### Chapter 7 Immunization of Special Populations

- TOC page 2 (January 2015)
  - Under section 9.0 Appendices, Appendix 7.7 Tdap Immunization Decision Chart for Pregnant Women is new.
- P. 16 (May 2015) 3.3A: Publicly Funded Vaccines and Immune Globulins – Human Immunodeficiency Virus
  - New footnote #4 added: “Infectious disease physicians may recommend additional vaccines such as Meningococcal B for infants/children born to HIV infected mothers. In these situations, follow the vaccine scheduling in SIM chapter 10 unless otherwise directed by the ID physician”.
- P. 23 (January 2015) 5.2.A: Publicly Funded Vaccines – Pregnancy
  - Revised bullets pertaining to Tdap administration during pregnancy:
    - Pregnant women who have not received a pertussis-containing vaccine dose in adulthood ( $\geq 18$  years old) should be offered Tdap at or after 26 weeks gestation.
    - In an outbreak situation, pregnant women who are  $\geq 26$  weeks gestation should be offered Tdap vaccination regardless of their pertussis immunization history, based on recommendations from the regional Medical Health Officer. This Tdap dose should be given regardless of whether or when a pregnant woman has received Tdap in the past (e.g., as their adolescent dose; as their adult booster; as a healthcare worker; as a previous post-partum cocooning dose; or a dose during a previous pregnancy).
    - If Tdap is administered to a pregnant woman **before** 26 weeks gestation, **it should not be repeated after 26 weeks gestation or post-delivery**.
    - Offer 1 dose of Tdap post-natally to women who have not previously received an adult dose of Tdap. Women who previously received Tdap anytime as an adult or during their current pregnancy do not require Tdap post-delivery.
- **New!** P. 40 Appendix 7.7: Tdap Immunization Decision Chart for Pregnant Women
  - **Please ensure all staff review this chart.**

### Chapter 10 Biological Products

- TOC (first page dated April 2015)
  - Zostavax removed as no longer available in Canada.
  - BCG vaccine removed as no longer available in Canada.
- TOC (third page dated April 2014)
  - Tick Borne Encephalitis vaccines removed as no longer licensed in Canada.
- Updated product monograph links for:  
HIBERIX      Avaxim      Engerix B      Zostavax II      IMOGAM Rabies
- INFANRIX™-IPV (January 2015)
  - Updated product monograph link.
  - Vaccine components updated.
  - New statement re: stopper: “The vial is sealed with a butyl rubber stopper. The syringes are presented with or without needles and fitted with butyl rubber plunger stoppers and tip caps or rubber shields”.

## Saskatchewan Immunization Manual Amendments November 2015

- ROTARIX (April 2014 pp. 1-2)
  - New 2015 product monograph link.
  - Vaccine components – Revised last sentence: “The plunger stopper contains butyl rubber”.
- Adacel (January 2015) and Boostrix (January 2015)
  - **New** indication and footnote added to align with recommendations in Chapter 7:
    - **11.** Pregnant women who: have not previously received Tdap as an adult; or who live in an area where a pertussis outbreak has been declared.<sup>7</sup>
    - <sup>7</sup> Refer to Chapter 7 *Appendix 7.7: Tdap Immunization Decision Chart for Pregnant Women*
- Varilrix and Varivax (both dated Sept, 2015, both pages 1 of 2)
  - Date correction under indication #1 is 1993, not 2003.
- VariZIG (August 2015, pp. 1-2)
  - VariZig Sterile Liquid is a new formulation added to page info.
  - Component section now specific to powder and liquid formulations.
- BCG and Tick Borne Encephalitis vaccines removed as no longer licensed in Canada. Please remove these pages from print version of the SIM.