

Saskatchewan Immunization Manual Amendments **Jan. 2017**

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 2017**.

Chapter 1 Introduction

- p. 7 Table 1: Evidence-Based Strategies to Improve Vaccine Uptake (dated August 2012)
 - Updated to reflect Panorama strategies.

Chapter 7 Special Populations

- P. 27 Section 6.5 Publicly Funded Vaccines - Healthcare - RHA/SCA/CC/FNJ and Students (dated September 2016)
 - IPV immunity updated, now reads: Documentation of a 3-dose primary series given by any route with at least one dose received at 4 years of age or older.
- P. 35 Appendix 7.2: Varicella Immunization Referral Form
 - Bullet 2 defining varicella susceptibility updated, now reads: Lack of documented evidence of immunization with 2 doses of a varicella-containing vaccine.
- P. 38 Appendix 7.5: Infant Hepatitis B Prophylaxis Record Referral Form
 - Panorama entered replaces SIMS entered.

Chapter 11 Adverse Events Following Immunization

- TOR (dated April 2012)
 - Name of Appendix 11.4 amended.
- P. 1 Section 1 Introduction (dated April 2012)
 - Passive Immunizing Agents and Diagnostic Agents – The All references to the Canada Vigilance program have been updated: the database is called the Canada Vigilance Adverse Reaction Online Database and the reporting form is called the Side Effect Reporting Form.
- P. 7 section 3.2 Adverse Event Following Immunization Reporting Guidelines
 - Point #6 now states, “Document all adverse reactions and MHO recommendations in the client’s record according to agency policy and the Panorama user manual.
- P. 10 Section 4.0 References (dated April 2012)
 - Updated.
- P. 13 Appendix 11.4 (dated April 2012)
 - Name of form and link updated.
- Pp. 14-15 Appendix 11.5: Canadian Biological Product Abbreviations (dated April 2012)
 - Diphtheria antitoxin added as DAT.

Saskatchewan Immunization Manual Amendments **March 2017**

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Chapter 1 Introduction

- p. 11 Section 5.1 School Immunization programs (dated February 2016)
 - 2-dose HPV series added.
 - HPV-4 under vaccine title changed to HPV.
 - 1 dose Grade 6 varicella from 2004/05 to 2014/15.
 - 2-dose Grade 6 varicella from 2015/16 to present; birth cohort since Jan. 1/04.
- Section 5.2 History of Publicly Funded Immunizations and Programs in Saskatchewan (Various dates)
 - P. 12 - HB – Last row now states “40 mcg HB for persons \geq 18 years and double dose HB for those younger than 18 years approved for HIV or specific high risk conditions”.
 - P. 13 HPV – The following bullets have been added:
 - HIV positive boys 7-17 years as of December 2015.
 - 2-dose series starting in 2016-17 school year.
 - P. 13 Influenza – The Fluad year shows 2011/12 as season used.
 - P. 13 Mumps – cohort 2-dose catch up clarification

2003-2004	2 dose mumps catch-up in grade 6
2007 - 2013	2-dose mumps catch-up for eligible grade 12 students
2008 - 2013	2-dose mumps catch-up for eligible grade 8 students
2011-2013	2 nd dose provided to eligible Grade 6 students
 - P. 14 Meningococcal – The following bullets have been added:
 - December 2015 MenB for selected high risk persons.
 - January 2016 Men-P-ACYW-135 no longer available.
 - P. 14 Varicella – The following bullet has been added:
 - September 2015 Second dose for Grade 6 student (born since Jan. 1, 2004)

Chapter 5 Immunization Schedules

- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria (Sept. 2016)
 - MenB vaccine added to list.
 - Polio now states “Those who have not completed a primary series”.
- P. 11 Minimum intervals for Specific Vaccine Series (May 2016)
 - Footnote 9 added to HB Routine indications.
- P. 27 Appendix 5.2: Adult Eligibility for Publicly Funded MMR Vaccine (September 2014)
 - New algorithm for quick guidance.
 - In #3, the dates referring to 1950 have been changed to 1957 to align within manual content and refers to travellers to endemic countries.
 - Indications 4 and 5 have been deleted.
- P. 28 Has been intentionally left blank.
- P. 30 Appendix 5.4 (May 2016)
 - As risk factor is now functional in Panorama, footnote now states: *Refer to Ch. 7 Special Populations for details re: non-immune women of childbearing eligible for publicly funded 2-dose series.

Chapter 7 Immunization of Special Populations

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- Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Risk Factor Category (both pages dated from 2016)
 - P. 33 – Footnote 5 removed from cochlear implant.
 - P. 34 – Footnote 6 now states “**Children only!** 1 dose for Pneu-C-13 naïve children 60 months up to and including 17 years of age”. **Please make sure staff are aware that adults cannot get Pneu-C-13 vaccine unless they are HSCT recipients!**
- Appendix 7.8 Publicly Funded Immigrant and Refugee Immunization and Serology Recommendations (May 2016)
 - Footnote #2 now states “Recommended if HC prevalence in country of origin is >3.5%. If HC ...”.
 - Previous footnote #3 pertaining to Var (serology not required for children 1-12 years old) removed; Previous #4 footnote now shown as #3,

Chapter 8 Administration of Biological Products

- TOC page 2 (October 2013)
 - New Appendix added: APPENDIX 8.2 MONOCLONAL ANTIBODY MEDICATIONS.
- P. 1 Section 1.1 Client Health Assessment (dated December 2016)
 - #12 revised now states, Has the mother taken any monoclonal antibody medications during her pregnancy with this child? (Refer to Chapter 8 Appendix 8.3 Monoclonal Antibody Medications for list).
 - #13 relating to breastfeeding removed as monoclonal antibodies transferred this way are negligible.
- **New!** Appendix 8.2 APPENDIX 8.2 MONOCLONAL ANTIBODY MEDICATIONS.
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Chapter 10 Biological Products

- The following products have updated product monograph link:
 - Gardasil 9 Bexsero ProQuad RabAvert
- The following GSK products indicate they are latex-free:
 - Infanrix-IPV Priorix-Tetra Boostrix Boostrix-Polio
- Menjugate (dated Feb. 2016) and NeisVac-C (dated August 2015)
 - Indication #3 has been changed; reference to HR persons removed and now reads, Meningococcal serotype C post-exposure immunoprophylaxis.
- Menomune is no longer publicly funded.
- Menveo (dated February 2016, 1st page)
 - First row in series for those 8 weeks through 5 months of age, now states followed by a 4th dose at 12 months of age.
- Rotarix (dated September 2016, 1st page)
 - The following bullet has been added under contraindications
 - Infants whose mothers took monoclonal antibody medications during pregnancy. Refer to Chapter Administration of Biological Products *Appendix 8.2 Monoclonal Antibody Medications*.
- Immune Globulin Preparation Injection Site, Needle Length and Total Site Volume per Age Group (dated August 2015) has new footnote:

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- ▲ Different immune globulin preparations **must be** separated by minimum 2.5 cm if given in the same limb (e.g., Tig and Rablg in adult deltoid). **It is recommended to administer in different sites if possible.**
- Botulism antitoxin page (dated April 2014) updated and includes American product monograph as Canadian PM not posted yet.
- Diphtheria antitoxin page (dated April 2012) updated.

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Chapter 1 Introduction

Chapter 5 Immunization Schedules

Chapter 7 Immunization of Special Populations

- P. 19 Section 3.7 Medical Treatment
 - New bullet added: “NOTE: Infants whose mothers took monoclonal antibody medications during pregnancy are exempt from receiving rotavirus vaccines. Refer to Chapter 8 *Administration of Biological Products Appendix 8.2 Monoclonal Antibody Medications*”.
 - New paragraph added pertaining to re-immunization of patients who have received chemotherapy or radiation therapy – “Except for inactivated influenza vaccine, vaccination **during** chemotherapy or radiation therapy should be avoided if possible because antibody response might be suboptimal. Patients vaccinated within 14 days before starting immunosuppressive therapy or while receiving immunosuppressive therapy should be considered unimmunized and should be revaccinated at least 3 months after therapy is discontinued if immune competence has been restored. (Source: CDC, 2011, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>)

Chapter 8 Administration of Biological Products

Chapter 10 Biological Products

- **NEW!** First page of the ToC (dated November 2015)
 - Hepatitis B Revaccination Assessment added to this chapter
- **NEW!** Hepatitis B Revaccination Assessment is a new algorithm that shows the steps to following when assessing when a client is and is not eligible for HB re-vaccination.

Chapter 14 – Fact sheets

Saskatchewan Immunization Manual Amendments **Sept. 2017**

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Chapter 1 Introduction

- p. 11 Section 5.1 School Immunization Programs
 - HPV-9 added to table for Grade 6 boys and girls
- P. 13 Section 5.2 History of Publicly Funded Immunizations and Programs in SK
 - HPV-9 added to table

Chapter 4 Documentation

- P. 4 Section 2.3 Client-Held Immunization Records
 - **New bullet added as #4:** Client immunization records that are held by the client on applications such as Immunize.ca should not be accepted as accurate or formal immunization records as they are entered by the client into the application.

Chapter 5 Immunization Schedules

- p. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
 - HPV-4 changed to HPV-9; girls only removed.
 - Tdap-IPV added and DTaP-IPV removed as will no longer be used after Sept. 30, 2017.
 - * now refers to **new Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age** in chapter 10 for details to immunize children with these antigens.
- P. 5 Section 1.4 Children 1 year and Older but less than 7 years Who Present for Immunization
 - Tdap-IPV added and DTaP-IPV removed as will no longer be used after Sept. 30, 2017.
 - * now refers to **new Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age** in chapter 10 for details to immunize children with these antigens.
- P. 6 Section 1.5 Children 7 to 17 Years who present for Immunization
 - HPV-4 changed to HPV-9; girls only removed
 - Footnote #10 now states: Females born since January 1, 1996 and males born since January 1, 2006.
 - Eligibility date corrected in footnote #5A.
- P. 7 Section 1.6 Adults 18 years and Older Who Present for Immunization
 - HPV-4 changed to HPV-9;
 - Footnote #8 eligibility updated to females born since January 1, 1996 and males born since January 1, 2006 until they are 27 years old.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
 - Reference to HPV for boys removed from third bullet as now a publicly funded program.
 - HPV-9 replaces HPV; and eligibility updated: females born since January 1, 1996 and males born since January 1, 2006 until 27 years old.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
 - DTaP-IPV removed from second row first column as no longer used after Sept. 20, 2017.
 - Minimum intervals for varicella-containing vaccines is now 4 weeks (CIG)
 - Age indication removed from Td or Tdap row as differs for either vaccine.
 - Footnote #1 now states: If the 4th dose of Hib is given before 12 months of age, another dose of Hib is required.
 - Footnote #11 now states: 24 weeks spacing required between doses 1 and 3; and 5 months required between doses 2 and 3. (Ref: ACIP <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html>; GSK 2017)
- P. 13 Section 3.3.1 Min. Spacing between MMRV, MMR and Varicella Vaccine Doses.
 - Minimum intervals for varicella-containing vaccines is now 4 weeks (CIG)

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- P. 21 section 4.1 Unknown or Uncertain Immunization Status
 - The following sentence added to paragraph 1: The following link has the updated immunization schedules for Canadian provinces and territories: <https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information.html>
 - The addition of '(including immunization records on applications like Immunize.ca)' added to 4th and 5th paragraphs.
- P. 22 Section 4.2 Vaccine Interchangeability
 - Last sentence in first paragraph now reads, 'In contrast, GARDASIL 9® (HPV-9) is indicated to protect females and males against 9 HPV strains that cause oral and genital cancers, and genital warts.'
 - Reference to pneumococcal polysaccharide vaccines removed from Section 4.3
- P. 27 Appendix 5.2 Adult Eligibility for Publicly Funded MMR Vaccine
 - Notes section has been deleted.
 - Clarification that if has 2 doses of MMR and lacks evidence of immunity, individual is ineligible for more MMR doses.
- P. 30 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives
 - Asterisk footnote moved from title and into 3 new cubes on table.
 - New wording: *Refer to Ch. 7 Special Populations for details re: women of childbearing age who have documentation of previously receiving only one dose of a varicella containing vaccine are eligible to receive a publically funded second dose

Chapter 6 Contraindications and Precautions

- pp. 2-3 Section 2.2 Anaphylactic Reaction to Eggs
 - Has been updated to reflect current recommendations especially for influenza vaccines.
- P. 8 Appendix 6.1 Contraindications and Precautions for Inactivated or Live Vaccine Administration
 - Infant whose mother took monoclonal antibodies during pregnancy and contraindication to Rota vaccine added to table.

Chapter 7 Immunization of Special Populations

- P. 21 section 4.0 POST-EXPOSURE
 - Last sentence in second paragraph now reads "It is recommended that these infants be tested for HBsAg and anti-HBs when they are at least 9 months old, and at least 1 month but no more than 4 months after their HB series is complete (CIG)".
- pp. 33-34 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Risk Factor Category
 - Footnote #10 added to HPV column for HIV instead of in first column.
 - Table reformatted; revised statement re: RF eligibility now reads: **This appendix contains selected risk factor groups and is not inclusive of all risk factors identified in Panorama.** For more information about vaccine eligibility, **consult SIM chapter 10 Biological Products.**

Chapter 10 Biological Products

- Third page of TOC revised with addition of Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age
- Twinrix and Twinrix Jr minimum age is 6 months (CIG).
- **NEW!** Minimum intervals for varicella-containing vaccines is now 4 weeks (CIG) (All MMRV & Varicella vaccines)
- **NEW!** Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 years of Age
 - DTaP-IPV will no longer be used in SK as of Oct. 1, 2017. Tdap-IPV recommendations are detailed based on the previous valid doses of DTaP-IPV-Hib children 4 years and 5-6 years old have received.

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- **Staff must understand that the Panorama forecaster ‘expects’ children to have a specific number of ‘D’ and ‘aP’ antigens to be considered up to date for age.** As a result of the provincial use of Tdap-IPV, the forecaster may not recognize the ‘d’ and ‘ap’ antigens as meeting the antigen requirements of children to be considered up to date for their age. If these doses are overridden to valid, future forecasting of tetanus-containing vaccine may be affected. It is recommended to not override these doses to valid, and as usual PHNs will need to assess children’s immunization statuses at each presentation.
- Gardasil™ (HPV-4) is no longer publicly funded as of September 1, 2017.
- Gardasil 9 (HPV-9) information including scheduling and indication updated as 2 pages.
- Bexsero (page 2 of 2) has a new expected reaction listed - Injection site reactions like extensive swelling of the vaccinated limb, blisters at or around the injection site and/or a hard lump at the injection site (which may persist for more than one month) have also been reported
- VarZIG page 1 – new sentence added to first bullet in the Dose/Series section: Clinicians may opt to provide VarZIG up to 10 days following exposure to attenuated illness.
- Product monograph updates:
 - Havrix HIBERIX INFANRIX™-IPV/Hib PRIORIX-TETRA™ PRIORIX® BEXSERO

Chapter 14 Appendices

- p. 21 Appendix 14.3 Immunization Fact Sheets
 - The following fact sheets have been revised for August 2017
 HA MMRV MenB Var Tdap-IPV HPV-9 Seasonal Influenza 2017-18

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Chapter 3 Informed Consent

- Page 7 – SIMS changed to Panorama

Chapter 5 – Immunization Schedules

- Page 1 – Routine Imms Schedules for Infants, Children and Adolescents
 - Footnote * - -Title change to reference document.
 - Footnote 7 now states Tdap can be administered any time after a tetanus-diphtheria toxoid-containing vaccine was given.
 - **New footnote 11** for HPV vaccines - Females born since Jan. 1, 1996 & males born since Jan. 1, 2006 until 27 years old.
- Page 2 – Section 1.2 Hib Schedule
 - Table revised and adapted from current CIG table.
- Page 4 - Section 1.4
 - Footnote * - -Title change to reference document.
 - Tdap-IPV removed from second column.
- Page 5 - Section 1.5
 - Footnote #3 – MMRV can be offered to all Grade 6 students.
 - Varicella interval in footnote #7 changed to 4 weeks.
- Page 7 – Section 1.6
 - **New footnote** - *Tdap-IPV may be given (for first doses of Tdap and IPV)
 - Varicella interval in footnote #4 changed to 4 weeks
- P. 11 – Section 2.1 Minimum Intervals
 - Footnote 3 added to Varicella row.
 - Tdap-IPV added to table.
 - Td/Tdap moved below IPV.
 - HAHB interval between doses 2 and 3 changed to 5 months.
 - **New footnote #12** added to MMRV and Varicella - 3 months is recommended for those 1-12 years, but 4 weeks is acceptable.
- P. 13 – Section 3.3.1
 - Interval between Var doses for those 13 years and older changed to 4 weeks.
- Page 17 – Section 3.7.2
 - Tetanus Immunoprophylaxis table completely revised.

Chapter 6 Contraindications and Precautions

- Page 2 – Section 2.2
 - Section amended, please review.

Chapter 9 Management of Biological Products

- Page 32 Section 5.5
 - Lines added into table between 4 & 5, 23 & 24, and 29 & 30.
- Page 33 Section 5.6
 - Recipient name updated to Public Health Nursing Consultant

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Chapter 10 Biological Products

- First page of Active Immunization Agents updated:
 - DTaP-IPV removed as no longer available
 - **New!** Hepatitis B Vaccine - Immigrant Populations Ineligibility List
- Second page of Active Immunization Agents updated:
 - **New!** Immunization Recommendations for Children 4-6 years of Age
- Third page of Active Immunization Agents updated”
 - **Removed** – Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 Years of Age
- INFANRIX-IPV/Hib
 - DTaP-IPV removed from reinforcement dose.
 - Min. age changed to 6 weeks.
- Pediacel
 - DTaP-IPV removed from reinforcement dose.
- **Remove INFANRIX-IPV and Quadracel from Chapter 10 as no longer available in Canada.**
- **New!** Hepatitis B Vaccine - Immigrant Populations Ineligibility List is the provincial reference list of countries of immigrants who ARE NOT eligible for publicly funded HB vaccine due to low prevalence.
- Non-publicly flu vaccine list updated.
- Fluzone Quadrivalent and FluLaval Tetra information updated.
- **New!** Shingrix™ (Zos vaccine from GSK)
- **New!** Immunization Recommendations for Children 4-6 years of Age replaces the previous Tdap-IPV recommendations for children 4-6 years old.
- **Remove Immunization Scenarios and Tdap-IPV Recommendations for Children 4-6 Years of Age.**
- Gardasil 9 – both pages
 - **New!** Note added in the series column: **Note: immune compromised individuals must always receive a 3-dose HPV series.**
 - Vaccine components and Effectiveness updated.
- IPV
 - Interval between doses 1 and 2 changed to 4 weeks for indications 1, 2, 3 and 4.
- Priorix-Tetra and ProQuad MMRV vaccines
 - Interval reference to 6 weeks changed to 4 weeks.
- Varilrix and Varivax III
 - Under Precautions, 4th bullet reference to 6 weeks changed to 4 weeks.
 - Under footnote #1:
 - Second bullet reference to Grade 6 students removed.
 - Third bullet now states, **NOTE:** verbal history of disease is unacceptable as of evidence of immunity for those born since Jan. 1, 2003.