

## Saskatchewan Immunization Manual Amendments **March 2019**

**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 **March 2019**

### **Chapter 1 – Introduction**

- Section 5.2 Hx of PF Imms and Programs in SK
  - P. 12 – Nov. 15 to present; Pregnant women can get Tdap at any gestation during an outbreak.
  - P. 12 - HA program eligibility revised: People born since Jan. 1/82 who live in the Athabasca Health Authority; off reserves in Northern SK (previous Mamawetan Churchill River and Keewatin Yatthe health regions excluding Creighton, Air Ronge and La Ronge); or on reserves anywhere in SK, regardless of where they access immunization services.
  - P. 13 – HAHB end dated Nov. 2018; HAHB no longer PF Dec. 2018
  - P. 13 – 2018-19 – Fluzone HD for LTC residents 65 and older.

### **Chapter 4 – Documentation**

- Section 2.2 p. 4
  - The date an immunization is given – when dates show month/year only, the first of a month is documented by default as a standard practice, unless that day is prior to the child’s actual date of birth (e.g., for vaccines given at birth). Estimating dates to calculate valid minimum intervals is not recommended as a standard practice, but up to the nurse’s discretion.
  - Second bullet now reads: When available, client information such as serologic results of immunity (e.g., rubella, hepatitis B), previous diseases (e.g., varicella) should be documented as Special Considerations on the client’s Panorama immunization record; do not document actual titre values into Panorama. Tuberculin skin test results are documented as negative or positive, with measurement if available.
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### **Chapter 5 – Immunization Schedules**

- TOC page 2
  - **New!** Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age.
- P. 1 Section 1.1 Routine Immunization Schedule for Infants, Children and Adolescents
  - Rot – 1 removed from table.
  - \* references Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age.
  - Footnote #3 revised to reflect current HA eligibility wording in ch. 10.
  - Foot note #10 – last rotavirus dose must be given by 8 months minus 1 day old.
- P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations
  - \* references Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age.
  - Footnote #3 revised to reflect current HA eligibility wording in ch. 10.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
  - ● added in table to second MMRV dose 1 month after first visit.
  - Footnote #12 revised to reflect current HA eligibility wording in ch. 10.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Footnote #11 revised to reflect current HA eligibility wording in ch. 10.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
  - \* now reads, “For individuals with specific high-risk medical conditions or risk factors, refer to SIM...”,
  - HA eligibility reflects current eligibility wording in ch. 10.
  - Last bullet under Var refers to Appendix 5.4 for child-bearing age women.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
  - Rot-1 and HAHB removed
  - HA added to table

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- Footnote 10 added to MMR, Var and MMRV vaccines
- Footnote 12 now states ...8 months minus 1 day.
- Footnote 13 added to HB - that minimum intervals DO NOT apply to high dose HB series.
- P. 21 Section 4.1 Unknown or Uncertain Immunization Status
  - 5<sup>th</sup> bullet now reads, “*The following statement is to be documented on the client’s immunization record, “Client reports received all childhood/school vaccines but no written documentation available”.*”
- P. 29 - Appendix 5.3: Grade 8 Tdap Algorithm
  - Top both states, ‘*Refer to SIM Ch. 10 Tdap and Tdap-IPV vaccine pages when assessing if a Grade 8 student received an appropriate tetanus-containing vaccine series based on current age*’.
  - Right hand box under NO states, ‘*Refer to SIM chapter 10 Tdap / Tdap-IPV vaccine pages for incompletely immunized children and adolescents directives*’.
- P. 30 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives
  - Revised to accommodate eligibility for women of childbearing age. Please review with staff.
- **New!** P. 34 Appendix 5.6: Immunization Recommendations for Children 4-6 years of Age
  - This was moved from Chapter 10 Biological Products. Please ensure staff are aware of its new placement.

### **Chapter 6 – Contraindications and Precautions**

- p. 1 Section 1.3 Client assessment
  - Last paragraph re: Live vaccine, second bullet now reads, “*Receipt of a live vaccine in the previous 4 weeks*”.

### **Chapter 7 Special Populations**

- TOC page 2 updated
  - New name for Appendices 7.1 and 7.4, plus page number revisions.
- P. 12 Section 2.12 Renal Disease
  - HB – refers to Appendix 7.4 High Dose Hepatitis B Immunization Algorithm
- P. 14 Section 3.0 Immunocompromised conditions
  - HB – refers to Appendix 7.4 High Dose Hepatitis B Immunization Algorithm for congenital immunodeficiencies only.
- P. 16 Section 3.3A – PF vaccines and Igs for HIV
  - Pneu-C-13 states 1 dose for Pneu-C-13 naïve individuals 5 years and older
  - HB – refers to Appendix 7.4 High Dose Hepatitis B Immunization Algorithm
- P. 23 Section 5.2.A Publicly Funded Vaccines – Pregnancy
  - Footnote 3 revised and states: Refer to Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives.
- P. 25 Section 6.0
  - HCW link revised.
- P. 30 Section 7.2
  - The following sentence has been added to the final bullet: Refer to SIM Ch. 10 Hepatitis B Vaccine – Immigrant Populations Ineligibility List which applies to children and adults.
- Pp. 33-36 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category
  - Incorporates the former Appendix 7.1 and Panorama bulletin 22. **Please ensure staff are familiar with this new tool.**
- Pages after Appendix 7.1 are renumbered, please see All Pages.
- p. 39 Appendix 7.4
  - Now titled *High Dose Hepatitis B Immunization Algorithm -Renal, HIV, Congenital Immunodeficiency Deficiency [CID] Clients*. **Please ensure staff are familiar with this new tool.**
- P. 43 Appendix 7.8: Publicly Funded Immigrant and Refugee Immunization and Serology Recommendations

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- **New bullet:** • Eligibility depends on age and risk factors, review chapters 7 and 10.

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

- P. 1 Section 1.1 General Screening questions
  - #13 Appendix number corrected to 8.2 from 8.3.
- P. 2 Section 1.3 Product Preparation
  - **New** statement: If the protective cap on a single-dose vial is removed, or if a manufacturer's pre-filled syringe is opened (e.g., syringe cap removed), the vaccine should be used on that clinic day or discarded CIG).
- P. 4 Section 1.3.3 Vials
  - #7 now reads: If the biological product was reconstituted, gently swirl the vial to ensure the contents are fully dispersed.
    - Single dose vial - withdraw all contents to ensure client receives full concentration of antigens.
    - Multidose vial - withdraw the required quantity of biological product into the syringe.

### **Chapter 9 Management of Biological Products**

- Pp.27-28 Section 5.2 Cold Chain Break Report
  - Table areas no longer shaded.
- P. 30 Section 5.3 Product Wastage Report
  - List of products eligible to be recorded on the sheet has been updated.
  - Table areas no longer shaded.

### **Chapter 10 Biological Products**

- TOC first page - HIV HB dosing schedule deleted, as is replaced by Appendix 7.4.
- TOC second page - Menjugate (powder) removed
- INFANRIX/IPV-Hib
  - Age 5 years removed as a contraindication.
- Pediacel
  - Age 7 years removed as a contraindications.
  - Second sentence removed from footnote 1 indicating maximum age.
- Publicly Funded Hepatitis A (HA) Vaccine Indications
  - First bullet now reads, ... "the Athabasca Health Authority and off/on reserves in Northern Saskatchewan (previous Mamawetan Churchill River and Keewatin Yatthé health regions excluding Creighton, Air Ronge and La Ronge) regardless of where they access immunization services'.
- HAHB - no longer publicly funded, scheduling removed.
- Publicly Funded Hepatitis B (HB) Vaccine Indications
  - Footnote 3 now states, Refer SIM, Chapter 7, Immunization of Special Populations, Appendix 7.4: High Dose Hepatitis B Immunization Algorithm.
  - Footnote 3 added to HIV.
  - Individuals with congenital immunodeficiencies added as eligible risk factor, with footnote 3.
- Hepatitis B Vaccine - Immigrant Populations Ineligibility List
  - First statement now states, Children of immigrants/refugees and adult immigrants/refugees from countries in this table DO NOT qualify for publicly funded hepatitis B vaccine because their chronic hepatitis B prevalence is <2%.
  - See final statement under table: Children of immigrants/refugees and adult immigrants/refugees from countries not listed in this table are eligible for publicly funded HB vaccine.
- Recombivax BH and Engerix B
  - **New indication added to both:** Those with renal disease, HIV and Congenital Immunodeficiency Disorder<sup>3</sup> - Refer to SIM, Chapter 7, Appendix 7.4 High Dose Hepatitis B Immunization Algorithm
  - Footnote 3 revised as per the above statement.

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- GARDASIL 9 (HPV-9) – Page 1
  - Immunocompromised – Treatment risk factor – **additional information** added to it.
- MMR and PRIORIX – Page 2
  - **Footnote #1 now states**, ‘... younger than 12 months of age **may** be offered an early publicly funded dose of MMR vaccine if they are travelling ...’
- MENJUGATE Liquid and Neis-Vac-C
  - Footnote #4 revised: The recommended interval between Men-C-C doses is 8 weeks.
  - **New Footnote #5**: Patients being treated with SOLIRIS (eculizumab) are at high risk for Invasive Meningococcal Disease despite being immunized with meningococcal vaccines (CDC, 2017, [https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s\\_cid=mm6627e1\\_e](https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s_cid=mm6627e1_e)).
- BEXSERO
  - ‘... *for those with medical risk factors*’ added to dose/series row.
- Prevnar 13 – Page 2
  - Eligibility reference to LTC and group homes removed.
- Rotarix and RotaTeq
  - **Third bullet now states**, “NOTE: The CDC considers administration...”
  - The final dose in the applicable series must be received “... by 8 month minus 1 day old”.
  - Footnote 8 now states, “For infants in whom the first dose of RV vaccine is inadvertently administered at age 15 weeks or older, the rest of the series should be completed with a minimum of 4 weeks between each dose, and all doses should be administered before 8 months minus 1 day of age (CIG).”
- VARILRIX and VARIVAX – Page 2
  - Indication #3 states, “Non-immune non-pregnant women of child-bearing age as specified in chapter 5 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives.”
  - Under DOSE: Refer to Chapter 5 Appendix 5.4 Publicly Funded Varicella Immunization Eligibility and Panorama Directives for details.
- Product Monograph updates
 

INFANRIX-IPV/HIB	HAVRIX 720/1440	ZOSTAVAX	IXIARO	PRIORIX	PRQUAD
MENJUGATE Liquid	MENVEO	BEXSERO	SYNFLORIX	HyperRAB	RabAvert
TYPHIM Vi	VARIVAX				

### **Chapter 14 Appendices**

- P. 32 & 33 Select Immunization-Related Letters from the Ministry of Health
  - Immunization Directive – Fractional Injectable Polio Vaccine Doses are Invalid.
  - Mitigation Plans - National Hepatitis B Dialysis and Adult Vaccine Shortages.

## Saskatchewan Immunization Manual Amendments **May 2019**

**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 2019**

### **Chapter 3 – Informed Consent**

- P. 5 – Step by Step Process for Obtaining Informed Consent – Adults
  - Substitute decision maker (SDM) added to first 2 bullets.
  - 3<sup>rd</sup> bullet removed as SDM addresses issue.
- P. 16 Appendix 3.2 Relative Risk of Vaccine-Preventable Diseases and Immunizations
  - New! Hepatitis A added to table.
  - HPV updated as per CIG

### **Chapter 4 – Documentation**

- TOC – Appendix 4.2 added to page
- New! *Where do I document?* (Bulletin 24) incorporated into this chapter as Appendix 4.2.
  - Scenarios are numbered, pages are not numbered.
  - Content changes
    - #6 amended
    - #14 is new
    - #18 amended
    - #36 amended
    - #37 amended
    - #50 amended
    - #62 is new
    - #63 is new
    - #69 is new

### **Chapter 5 – Immunization Schedules**

- P. 11 – Min. Intervals for Specific Vaccine Series
  - All meningococcal conjugate vaccines (except for Menactra®) used in Saskatchewan now have 6 weeks old as the minimum age to avoid delay or disruption to routine or risk factor indication schedules.
  - Duplicate HA removed.
  - Age 4 years is min. age for IPV series.
  - HPV 3-dose series has no age parameters.
- P. 28 – Appendix 5.2
  - New! Countries that children and adults do not require MMR vaccine if travelling to are listed.

### **Chapter 6 – Contraindications and Precautions**

- P. 1 Section 1.3 Client Assessment –
  - 2<sup>nd</sup> sentence now states: Consult a Medical Health Officer (MHO) for recommendations as appropriate.

### **Chapter 7 – Special Populations**

- P. 27 – Section 6.3 Publicly Funded Vaccines Health Care Worker – Eligible for Publicly Funded Vaccines
  - Example given to reinforce that 10 years requirement between tetanus-diphtheria vaccines is recommended:
    - *For example, a nursing student who received Tdap at age 14 is eligible to receive Tdap at age 24 years and is not recommended to receive it sooner regardless of employer or educational institution.*

## Saskatchewan Immunization Manual Amendments **May 2019**

- P. 39 Appendix 7.4
  - **New!** Note added under heading that states: **\*NOTE:** If any dose in a series for those 16 and older is **ENGERIX®-B**, a **4-dose series** must be given.
- P. 43 Appendix 7.8
  - All varicella columns now state: Refer to [Appendix 5.4 Publicly Funded Varicella Immunization Eligibility](#).
  - HC – bullets removed, now states refer to footnote 2.

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

- TOC 2<sup>nd</sup> page – **Appendix 8.4 added.**
- P. 21 – Section 2.1 Oral (PO)
  - Reference made to **Appendix 8.4 – Oral Vaccine Administration via Enteral Tubes**
- P. 35 **NEW!** **Appendix 8.4 – Oral Vaccine Administration via Enteral Tubes**
  - This is a standard work documents. Please review with staff.

### **Chapter 10 Biological Products**

- Hepatitis B Vaccine - Immigrant Populations Ineligibility List
  - **Adult references removed from document.**
- Hepatitis B Series Completion Recommendations for Children Presenting at 11-15 Years Old
  - **New scenario # 13 added, please review.**
- HPV-9 (first page)
  - Sentence added to last bullet Indications: (**series must start before 27th birthday for remaining doses to be publicly funded**).
- Menjugate Liquid, Neis-Vac-C, and Menveo **all minimum ages are 6 weeks old.**
- Bexsero
  - **Dose/series section updated as per 2019 product monograph.**
- Prevnar 13 Page 2 of 2
  - (**including adults**) **added to** solid organ or islet cell transplant recipient and candidate, and to HSCT recipient.
- Imovax Rabies –
  - **New product monograph. Swollen lymph nodes added to expected reactions.**
- Tubersol
  - **TB skin test result interpretations have been removed and the following is noted: Refer to *Canadian Tuberculosis Standards* (7th Ed.) Available at: <http://www.respiratoryguidelines.ca/tb-standards-2013>.**
- **HYPERRAB® S/D**
  - Is **currently available** as a 1 mL 300 IU vial **and** as a 2 mL 300 IU vial (150 IU/mL) so **always review vial label for concentration when calculating dosage.**

### **Chapter 14 Appendices**

- **2019-20 influenza start date letter**

## Saskatchewan Immunization Manual Amendments **September 2019**

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### Chapter 1

- P. 14 Section 5.2 Hx PF Imms and Programs in SK
  - **New** addition to pneumococcal: **Booster dose for children 2-10 years old given before March 16, 2015 moved to 5 year interval after the primary dose from 3 year interval as per NACI.**

### Chapter 4 – Documentation

- Appendix 4.2 *Where do I document?*
  - **These pages are not included in the SIM Amendments as the formatting was imperfect. It is recommended to reprint Appendix 4.2 to replace current hardcopies.**
  - Content changes:
    - **#36 amended to state 2003 instead of 2006.**
    - **#47 amended so that reason for invalidation has been confirmed. Precaution removed. 3<sup>rd</sup> bullet - new comments to be added in notes section.**
    - **#48 amended as precaution removed.**
    - **#54 amended as no comments need to be added by the documenter.**

### Chapter 5 Immunization Schedules

- p. 30 Appendix 5.4: Publicly Funded Varicella Immunization Eligibility and Panorama Directives
  - The following sentence has been added to the second bullet: **Refer to your regional policy or protocol for interpretation of serology.**

### Chapter 7 Immunization of Special Populations

- p. 36 of Appendix 7.1
  - Bullet 10 now states: Eligible for booster 5 years after first dose **except for alcoholism.**
- p. 43 Appendix 7.8 Immunization for immigrants/refugees
  - Footnote #1: 2<sup>nd</sup> sentence revised: **For those 18 years and older, defer vaccination until serological results are received**
  - Amended footnote 2: Recommended if HC prevalence in country of origin is **>3%.**

### Chapter 8 Administration of Biological Products

- P. 9 Section 2.2 Injection Guidelines
  - New** bullets added:
    - **Promptly activate the safety engineered sharps device.**
    - **All needles and sharps must be immediately disposed of as a single unit into a sharps container.**

### Chapter 10 Biological Products

- TOC **update:** Hepatitis B Series Completion Recommendations for Children **Younger than 16 Years Old**
- HAHB – **CIG completion scenarios presented.**
- Hepatitis B Vaccine - Immigrant Populations Ineligibility List
  - Revised bullet as follows:
    - **Children of immigrants/refugees from countries not listed in this table are eligible for publicly funded HB vaccine prior to Grade 6.**
- Hepatitis B Series Completion Recommendations for Children **Younger than 16 Years Old**
  - **New scenario #14 if HAHB 1 ml 2 doses given.**
- ENGERIX B and RECOMBIVAX HB have the following footnotes added:
  - **If a client was immunized by Public Health in Saskatchewan, SIM chapter 1, Appendix 5.1 School Immunization Programs may be consulted to determine the HB series the client was eligible for.**



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- If a client's documented immunization record does not show the HB-containing vaccine volumes **and** the client **was not immunized by Public Health in Saskatchewan** 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.
  - **PHNs are to consult their regional MHO for case-by-case determination** before contacting the Ministry.
- Non-Publicly Funded Influenza Vaccines 2019-20 - Updated
- Menactra, Menveo and Nimerix (first pages)
  - 2 doses at least 2 months apart for those 12 months and older (CIG)
- RotaTeq – Latex removed from contraindications as vaccine is latex free.
- HYPERRAB
  - **New comment from product monograph:** If anatomically feasible, the full dose of HyperRAB® should be thoroughly infiltrated in the area around the wound. If the wound covers a large area and the HyperRAB® dose has insufficient volume to infiltrate the entire wound, the HyperRAB® dose may be diluted with an equal volume of dextrose, 5% (D5W) in water. Do not dilute with normal saline. Inject the remainder, if any, intramuscularly, preferably in the deltoid muscle of the upper arm or lateral thigh muscle using a separate syringe and needle, and anatomical site.
  - Footnote 4 bolded.
- IMOGAM® Rabies Pasteurized
  - Revised formula noted for Rab1g to ensure standardization between CDC manual and SIM.
  - Footnote 4 bolded.

### New Product monographs

- Avaxim and Avaxim Peds (components and effectiveness sections updated)    Prevnar 13    FluLaval Tetra  
Fluzone Quadrivalent    Fluzone High Dose    Cervarix    Engerix B (components section updated)    Priorix  
Priorix-Tetra    Rotarix    Shingrix    Act-Hib    Varilrix    YF-VAX

### Chapter 12 – Anaphylaxis Management

- P. 1 Section 1.1 Description
  - **Anaphylaxis definition revised as per CIG.**
- P. 6 section 4 Administration of Epinephrine
  - **2<sup>nd</sup> bullet sub-bullet 2 revised, now states,** A different limb is preferred for each dose to maximize drug absorption; **if this is impossible, alternate sites.**

### Chapter 14 Appendices

#### Additions

- MMR Immunization United States Travel Feb. 15, 2019 – **Has been archived**
- Measles-mumps-rubella Immunization Recommendation June 13, 2019
- Tdap Immunization for Health Care Workers and Health Care Students June 27, 2019



## Saskatchewan Immunization Manual Amendments **October 2019**

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### **Chapter 10 Biological Products**

- TOC update: FLUARIX Quadrivalent and FluLaval Quadrivalent added to second page.
- New! FLUARIX Quadrivalent - US product monograph available by request to the Ministry.
- New! FluLaval Quadrivalent - US product monograph available by request to the Ministry.