

Saskatchewan Immunization Manual Amendments February 2020

Instructions: Please remove and discard the corresponding pages in each chapter section as applicable and insert the amended pages as noted below in each corresponding chapter section dated **February 2020**.

Chapter 1 Introduction

- P. 11 School Immunization Programs
 - MMRV section updated as no longer offered to those 13 years and older as of the 19-20 school year.
- P. 12 Appendix 5.2 Hx of Publicly Funded Programs
 - New addition to HB – 2012 - 0.25 mL series no longer accepted for infants/children, all to receive 0.5 ml/dose to complete series.
- P. 14 Appendix 5.2 Hx of Publicly Funded Programs
 - Update to MMRV row – 2012/13 to 2018/19 - MMRV approved for Grade 6 students 13 years and older until they began their Grade 7 school year.
 - Update to Pneumococcal vaccine row dated March 16, 2015 – now states, “Pneu-P-23 booster dose ...”

Chapter 5 – Immunization Schedules

- TOC page 2 Section 4.4
 - Dose changed to Dosage as that is the content of the paragraph
- P. 4 Section 1.3B Pneumo Schedule for Medically High Risk Children
 - Third bullet Pneu-P-13 corrected to Pneu-C-13.
- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
 - Footnote 2 – Reference to footnote 15 changes to footnote 13.
- P. 22 Section 4.3 Individuals Who Received a Vaccine by a Route Other than that Recommended
 - “... appropriate injectable influenza vaccine added to vaccines that must be given IM to be considered valid”, added to second last sentence.
- P. 28 of Appendix 5.2
 - The following noted have been added:

Notes:

1. Infants 6-11 months old **do not need MMR** if they are travelling to or within the countries listed above.
2. Travelling infants 6 months to younger than 12 months of age **may** be offered an early publicly funded dose of MMR vaccine if they are travelling to:
 - Mass gatherings (generally defined of $\geq 25,000$ people according to the WHO) of international travellers (e.g., sporting events, pilgrimages, etc.) anywhere in the world; or
 - Countries outside of Canada, the United States of America (including Hawaii), Mexico and most Caribbean countries.

Chapter 7 – Special Populations

- Pp. 19-20 Section 3.7 Medical Treatment
 - The following statement added to page 19 under Inactivated Vaccines and as Footnote 2 to Table 3.7A: The third dose of Pneu-C-13 vaccine that forecasts at 6 months of age is unnecessary for infants whose mothers took monoclonal antibody medications while pregnant.
- Pp. 34 and 36 Appendix 7.1
 - Foot 2 is now footnote 2B
 - New footnote 2B added to Treatment – Additional Information risk factor and footnote table: The third dose of Pneu-C-13 vaccine that forecasts at 6 months of age is unnecessary for infants whose mothers took monoclonal antibody medications while pregnant.

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Chapter 8 – Administration of Biological Products

- P. 1 Section 1.1.1 General Screening questions
 - #6 amended and references to TB skin test and 6 weeks have been removed.
- P. 6 section 1.4.1 Practice Considerations
 - Brand names removed from section.
 - Second bullet now reads, (e.g., give DTaP-IPV-Hib first, followed by MMRV and then Pneu-C-13).
- P. 7 section 1.5 Publicly Funded Immunizations Following Non-Conforming Situations
 - Oral vaccine added under live vaccine section.

Chapter 10 Biological Products

- TOC page 1 section title change
 - Hepatitis B Series Completion Recommendations for Children Younger 11-15 Years Old
- INFANRIX-IPV/Hib and Pediacel
 - New footnote #5: Maximum age for administration is 6 years old unless medically indicated for those 7 years and older such as transplant patients.
- Hepatitis B Series Completion Recommendations for Children Younger 11-15 Years Old
 - New bullet #3: Applies to students in Grade 6 who are younger than 11 years old.
- Gardasil 9 – new 2020 Product monograph
 - Under first and second indications, up to and including 26 years of age added.
 - New under indications: Individuals who are eligible to receive publically funded HPV vaccine must start their series prior to the age of 27. If first dose is given prior to age of 27 then subsequent publicly funded doses can be given to complete series after this age. If series is not started before 27th birthday, they are ineligible to start a publicly funded series.
 - New Note row added (under Reinforcement): GARDASIL®9 should be used to complete an HPV series that was initiated with HPV-u, HPV-2 or HPV-4. Clients should be informed that a complete series of GARDASIL®9 is recommended to ensure protection against the five additional HPV types in the vaccine; however, additional doses of GARDASIL®9 beyond a complete HPV series for healthy or immune compromised individuals are not part of the publicly-funded program.
- Priorix-Tetra and ProQuad MMRV vaccines
 - Third indication now reads Grade 6 students < 13 years old.
- Menveo and Nimenrix
 - 6 weeks is the minimum age for these vaccines in the indications.
- Prevnar 13
 - New scenarios added to reflect those presented in SIM Chapter 5 sections 1.3A and 1.3B. Please have staff review.
 - Footnote # 1 now states' "If series is interrupted, complete series according to age at which child re-presents using minimum intervals as noted in SIM Chapter 5 Section 2.1 Minimum intervals for Specific Vaccines. Refer ..."
 - New footnote #5: Children up to and including 17 years old who have previously received Pneu-P-23 should received the recommended Pneu-C-13 doses.
- IPV
 - New footnote #2: Dose 3 must be given 6 months after dose 2 and at least after 1 year of age.
- Adacel and Boostrix,
 - The following added to select scenarios in Section 8B: (must be given ≥ 4 years old).
- Adacel-Polio and Boostrix-Polio
 - The following added to select scenarios in Section 3B: (must be given ≥ 4 years old).

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Chapter 11 Adverse Events Following Immunization

- P. 7 Section 3.2
 - [Web links to PHAC AEFI form and User Guide have been updated.](#)
- P. 8 Section 3.3
 - [Web link to AEFI User Guide updated.](#)
- P. 13 Appendices
 - [Web links to PHAC AEFI form and User Guide have been updated for Appendices 11.2 and 11.3 respectively.](#)

Chapter 14 Appendices

- Added: [Forecasting Third Dose of Pneumococcal Conjugate 13 Vaccine is Unnecessary for Infants Whose Mothers took Monoclonal Antibodies during Pregnancy from 2020-01-08](#)

Saskatchewan Immunization Manual Amendments July 2020

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Chapter 5 – Immunization Schedules

- P. 11 Section 2.1 Minimum intervals for specific vaccine series
 - Men-C-ACYW-135 vaccine parameters updated to 6 weeks to 6 months for 4 dose series, and 7 months to 11 months for 3 dose series.
- Appendix 5.2: AHA/SHA/FNJ added to second eligibility parameter to match criteria in Chapter 7 for healthcare workers.
- Appendix 5.5: Statement added: **This calendar does not support leap years even though Feb. 29 is noted.** Nurses may consult their own calendar calculators for children born on February 29th.

Chapter 10 – Biological Products

- KamRAB™ added to TOC third page
- New statements added to Gardasil 9 second indication regarding males:
 - Males born in 2005 who did not **start** a series in Grade 6 or 8 are ineligible for the series after leaving Grade 8. HPV does not forecast for them.
 - Up to and including 26 years old...added to male and female indications.
- Pneu-P-23
 - Residents of group homes removed as an indication.
- KamRAB™ added as new Rablg product added.
- Updated product monographs: VARIVAX® III

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Chapter 4 – Documentation

- Appendix 4.2
 - Many revisions in each category. Please have your staff review carefully.
 - The whole chapter 4 is being sent to assist with printing of Appendix 4.2.

Chapter 5 – Immunization Schedules

- P. 1 Section 1.1 Routine Immunization Schedules for Infants, Children and Adolescents
 - New footnote 12 added for Men-C-C: If Men-C-ACYW-135 has been received ≥ 1 year old, Men-C-C not required.
- P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations
 - Original footnote #5 removed referring to 2 doses of MMRV required for these children as redundant.
 - Footnotes renumbered from #5 onward.
- P. 6 section 1.5 Children 7 to 17 Years Who Present for Immunizations
 - Reference to Grade 6 students removed from footnote #3.
 - Footnote #6 now references Appendix Refer to Appendix 5.4 Publicly Funded varicella Immunization Eligibility and Panorama Directives.
- P.8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series
 - Varicella added to the table with reference to Appendix 5.4.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
 - Men-C-ACYW-135 program start date removed as expectation is to offer appropriate Meningococcal vaccine based on DOB.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
 - New footnote #14 added re: Rota vaccine: The first dose can be administered up to and including 14 weeks 6 days.
- P. 17 Section 3.7.2 Guide to Tetanus Prophylaxis un Wound Management
 - The following sentence is present at the end of footnote #3: MHO approval may be required in some jurisdictions, follow local protocol.

Chapter 6 Contraindications and Precautions

- p. 5 Section 4.3 Illness With or Without a Fever
First paragraph now states: Generally, a mild illness, with or without a fever, is not a reason to avoid immunization. However, individuals who have a mild illness, with or without a fever, may be asked to defer their routine immunization based on current COVID-19 screening criteria. A moderate, or severe acute illness, with or without a fever, may be reason to delay immunization.

Chapter 7 – Immunization of Special Populations

- p. 15 Section 3.3 HIV
 - New statement under live vaccines: Rotavirus vaccine may be administered on schedule to infants regardless of their CD4 counts unless another contraindication exists.
- P. 16 Section 3.3A Publicly Funded Vaccines and Immune Globulins 1– Human Immunodeficiency Virus
 - Add to top row first columns to reflect eligibility for Rotavirus vaccines: All routine vaccines excluding MMRV, MMR and Var
- P. 20 Section 3.7.1 High Dose Corticosteroid Therapy

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- First sentence now states: Only oral high dose systemic steroids interfere with vaccine induced immune responses (e.g., consider persons receiving prednisone equivalent of ≥ 2 mg/kg/day or 20 mg/day if weight > 10 kg, for ≥ 14 days to be immune-suppressed)
- In second paragraph, the original fist bullet is now 2 separate bullets:
 - prednisone equivalent of less than 2 mg/kg/day or less than 20 mg/day if weight > 10 kg;
 - less than 14 days;

Chapter 9 – Management of Biological Products

- Second page of TOC updated last 2 section's page numbers.
- Revised forms:
 - Cold chain break report form page 1
 - Vaccine Wastage report form
 - Vaccine Problem report form

Chapter 10 – Biological Products

- Non-publicly funded influenza vaccines product monograph links updated.
- Adacel-Polio
 - Scenario 4a updated. Interval between doses 1 and 2 is corrected to 1 month. 6-12 months added for scheduling of dose 3.
- Boostrix-Polio
 - . 6-12 months added for scheduling of dose 3.
- Updated product monographs:

Vaqta	Recombivax HB	Menveo	ProQuad	FluLaval tetra
Fluzone Quadrivalent	Fluzone High Dose	GamaSTAN S/D		

Chapter 11 – Adverse Events Following Immunization

- TOC
 - Appendices page numbers revised.
- P. 7 section 3.2
 - AEFI form link updated in #3.
- P. 11 Appendix 11.1 Summary of AEFI Reporting Criteria
 - Table updated as per latest version of the AEFI User Guide.
- P. 12 Appendix 11.2 AEFI Report form
 - Link updated.
- Pp. 13-14 Appendix 11.5 Canadian Biological Product Abbreviations
 - Pages renumbered.

Chapter 14 – Appendices

Appendix 14.3 Immunization fact sheets

- Fact sheets have been revised including product monographs where applicable, a link to the provincial fact sheets has been added; the section regarding Panorama Privacy has been removed; and a new indication regarding deferral of immunization related to COVID-19 symptoms has been added. The revision exception is the *Vaccine Options to Protect your Child from MMR and Var.* fact sheet.
- P. 40: Letter added: HIV Positive or Exposed Infants are Eligible to Receive a Rotavirus Vaccine Series.

Saskatchewan Immunization Manual Amendments **October 2020**

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Chapter 6 Contraindications and Precautions

- p. 5 Section 4.3 Illness With or Without a Fever – **Revised**
Section now states: Influenza vaccination should not be delayed because of minor or moderate acute illness, with or without fever (NACI, 2020). During the COVID-19 pandemic, individuals with any symptoms of acute respiratory infection, including minor symptoms such as sore throat or runny nose, should defer influenza vaccination until they have recovered if being immunized in a community setting (NACI, 2020). Patients in acute care can be immunized regardless.
- P. 7 References updated to include NACI statements for section 4.3 above.