Saskatchewan Immunization Manual Amendments
April 2024

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.

Chapter 5 Immunization Schedules

- P. 6 Section 1.5 Children 7 to 17 Years Who Present for Immunizations
  - Footnote # 10 addition: Refer to Ch. 10 for dose requirements if series is delayed.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - Tdap noted for all doses in primary series.
  - Td available from public health if client has contraindication to pertussis component.
- P. 8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series
  - Td removed, and Tdap recommended every 10 years.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria
  - HB – for HCWs as noted in SIM chapter 7.
  - Tdap – Adults every 10 years; Td for those 7+ who have contraindication to pertussis component.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccine Series
  - Td removed; Tdap minimum age is 4 years.
  - HPV – New footnote #16 - 3-dose series required if 2-dose series not completed before 15 years old.
- P. 12 Section 3.1 Refusal of Multiple Injections
  - Appendix 4.2 *Where do I document*? noted as guidance source for documentation.
- P. 12 Section 3.2 Timing and Spacing of Inactivated Vaccines
  - Timing considerations includes to conjugate-conjugate and conjugate-polysaccharide vaccine administration.
- P. 15 Section 3.5.1 Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Viruses
  - Nirsevimab (BEYFORTUS) added to Other antibody products.
- P. 17 Section 3.7 Tetanus Prophylaxis in Wound Management
  - Section 3.7.1 bullets revised for clarity; Panorama and eHR viewer added for client assessment.
  - Section 3.7.2 table and footnotes have been updated, please ensure that staff review. Td is only available from public health for those 7+ who have a contraindication to pertussis.
- P. 18 Section 3.8 Rabies Pre and Post-Exposure Management
  - All sections edited; the Saskatchewan *Communicable Disease Control* Manual Rabies chapter and SIM chapter 10 Biological Products now referenced in place of directives.
  - Pp. 19-20 now blank.
- P. 21 Section 4.1 Unknown or Uncertain Immunization Status
  - Verbal immunization history acceptance for infleunza vaccine removed. In first paragraph.
  - Varicella or herpes zoster verbal history acceptance removed.
- P. 22 Section 4.4 Individuals Who Received an Inappropriate Vaccine Dosage
  - Rabies and polio added as fractional dose examples.
- P. 24 Section 4.5.1Special Care Homes
  - Tdap replaces Td as 10 year recommendation.
- P. 25 Section 4.5.2 Personal Care Homes
  - Tdap replaces Td as 10 year recommendation.
- P. 26 Section 5.0 References

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  - Edited.
- P. 28 Appendix 5.2: Publicly Funded MMR Vaccine Eligibility
  - Under #3 a ii, Titre recommendations removed.
- P. 34 Appendix 5.6: Immunization Recommendations for Children Presenting at 4-6 years of Age
  - NEW note added prior to table: *Refer to SIM Chapter 10 Tdap/Tdap-IPV immunization and scheduling recommendations for incompletely immunized children presenting between 4 to 6 years od age because the number of doses (e.g., 3 or 4) and administration intervals are based on whether the first valid DTaP-containing vaccine dose was given before or on/after 1 year of age.
  - Reference to this new footnote added to rows 3-6.

Chapter 7 Immunization of Special Populations

- P. 23 Section 5.2.A: Publicly Funded Vaccines – Pregnancy
  - Last Tdap bullet revised: Women who did not receive Tdap during their current pregnancy do not require Tdap post-delivery, unless they require a routine dose.
- P. 27 Section 6.3 Health Care Worker – Eligible for Publicly Funded Vaccines
  - Td removed as routine vaccine, and Tdap now recommended every 10 years.
- P. 35 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor Category
  - Under TRAVEL, refer to Appendix 5.2 for MMR eligibility.
  - Under TREATMENT, BAT added for children younger than 1 year of age.
- P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients
  - ABRYSVO added as an RSV vaccine.
- P. 42 Appendix 7.7: Tdap Immunization Decision Chart for Pregnant Women
  - Prior note referring to Tdap-IPV has been removed.
- P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates
  - Footnote 13 revised: Tdap booster every 10 years.
  - ABRYSVO added as an RSV vaccine.
- P. 45 Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients
  - Footnote 11 revised: Tdap booster every 10 years.
  - ABRYSVO added as an RSV vaccine.

Chapter 8 Administration of Biological Products

- P. 1 Section 1.1.1 General Screening Questions
  - Two **new** questions added to #10 *Does your child/do you have any diagnosed medical conditions such as*:
    g. Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days after receiving a dose of a pertussis-containing vaccine?
    h. Uncontrolled seizures, progressive encephalopathy or other progressive or neurological disorder that is not stabilized with treatment?
- P. 3 Section 1.3.2 Preparation Instructions
  - **New** labelled #6 with new information added: *If a previously opened multi-dose vial is available, check the date that the vial was opened (as recorded on the label). Most multi-dose vials must be used within 30 days of opening, unless the manufacturer specifies another*

time period (i.e., once punctured, some influenza vaccine MDVs are stable to the expiry date noted on the vial).

- P. 8 Section 1.5.5 Expired Vaccines
  - **New directives** as finalized by the Standing Committee on Immunization:

A. **If there is no urgency to repeat the expired dose and the client is agreeable**, the immunizer may contact the manufacturer's medical information department (do online search for contact information) to request if they have data to support the potency of the administered expired vaccine dose.

a. The inquirer **must** request to receive printed confirmation of these data from the manufacturer for inclusion/uploading in the client's medical/immunization record.

b. **NOTE: If A is not feasible by the immunizer, refer to B.**

B. If an **expired live or non-live dose** was inadvertently given; and the client is not agreeable to having the manufacturer contacted; **or** the manufacturer does not have potency data as in **A**, or time is a factor, it is **an invalid dose and** should be repeated.
NOTE: Document a client's refusal for a repeat dose in their record.

a. If the error **is detected on the same day** that administration occurred, repeat the dose that same day at a different injection site. The repeat dose is a valid dose.

b. If the error **is not detected** on the same day:

I. For a **non-live vaccine**, a repeat dose should be given as soon as possible.

i. However, recombinant zoster vaccine (RZV; SHINGRIX™) should be administered 28 days after the invalid dose, to reduce the burden of adverse reactions which occurs with this vaccine.

II. For a **live vaccine**, a 28-day interval is required, because circulating interferon may interfere with the replication of the second live vaccine.

ii. For rotavirus vaccine doses, the repeat dose should be administered after a 28-day interval from the invalid dose or at the maximum age for the vaccine dose (whichever is earlier).

Chapter 10 Biological Products

- New additions to TOC and chapter content – Publicly funded vaccine
  - PENTACEL brand of DTaP-IPV-Hib vaccine, which will replace Pediacel supply this year.
- COVID-19 Vaccine Q &A for Immunizers
  - **New #8:** Are there any instances where mRNA vaccines are preferable or recommended instead of Novavax's NUVAXOVID?
  - **Response:** No, as more safety evidence emerges for currently licensed COVID-19 vaccines.
- XBB.1.5 COVID-19 Vaccination Schedules
  - Table 1: Schedules for individuals presenting at 12 years and older who are NOT immunocompromised
    - Novavax: 1 or 2 doses may be administered to healthy individuals 12+ years with no immunization history.
    - **New footnote #4** explains rationale: 1 dose is acceptable as noted in Updated guidance on the use of protein subunit COVID-19 vaccine (Novavax Nuvaxovid), NACI 2024-03-08.
  - Table 2: Schedules for individuals presenting at 12 years and older WHO ARE moderately to severely immunocompromised
    - Novavax: 2 doses for individuals 12+ years with no immunization history is acceptable.

- Table 4: Schedule for individuals presenting at 5 to 11 years WHO ARE moderately to severely immunocompromised
  - Footnote #3 recommendations are as follows: Children who started a primary series with an XBB.1.5 vaccine when they were less than 5 years of age should complete the primary series with 4 to 8 weeks between doses and from their last dose as follows: **NOTE:** the number of doses they receive after turning 5 years of age should not exceed 2 doses.
    a. 2 more doses of XBB.1.5 vaccine (if had 1 previous dose of Pfizer or Moderna XBB.1.5 between 6 mo-4 years) **OR**
    b. 1 more dose of XBB.1.5 (if 2 doses of Moderna XBB.1.5 were received between 6 mo-4 yrs) **OR**
    c. 2 more doses of XBB.1.5 vaccine (if any of the 2 previous doses were Pfizer XBB.1.5 between 6 mo-4 years) **OR**
    d. 1 more dose of XBB.1.5 (if any of the 3 previous doses were Pfizer XBB.1.5 between 6 mo-4 years)

- Novavax NUVAXOVID™ 12+ XBB.1.5
  - Under Pregnancy & Lactation
    - **New statement** replaces previous first and second bullet regarding safety in pregnancy and NACI's preference of mRNA COVID-19 vaccines in pregnancy: *Due to lower overall usage to date, there is less data available about the protein subunit platform compared to the mRNA platform for COVID-19 vaccines, particularly for people who are pregnant. Additional evidence on the use of protein subunit COVID-19 vaccines is expected to accumulate over time*.
    - Added under references: NACI (2024-03-08). Updated guidance on the use of protein subunit COVID-19 vaccine (Novavax Nuvaxovid).

- **REVISIONS to:** INFANRIX-IPV/Hib, PEDIACEL, ADACEL, ADACEL-POLIO, BOOSTRIX and BOOSTRIX-POLIO
  - **New row!** Precaution: Acellular pertussis-containing vaccines may be administered to clients with the following conditions once a treatment regimen has been established and their condition has stabilized:
    - Progressive or unstable neurologic disorder (including infantile spasms for DTaP)
    - Uncontrolled seizures
    - Progressive encephalopathy
  - **NEW** Contraindication added:
    - Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days after receiving a dose of a pertussis-containing vaccine.

- **NEW!** PENTACEL as new brand of DTaP-IPV-Hib vaccine from Sanofi Pasteur
  - **FYI:** Saskatchewan used PENTACEL in the late 1990's and early 2000's before PEDIACEL was formulated as a combined vaccine. PENTACEL requires reconstitution of the Hib powder with the liquid DTaP-IPV component, and this step can be missed by staff.
    - Upon discovery of this error, separate ACT-Hib is to be administered ASAP, to ensure that the child is protected against Hib.
  - **The BOX lot # is to be used for documentation of administered PENTACEL.**
  - New row! Precaution: Acellular pertussis-containing vaccines may be administered to clients with the following conditions once a treatment regimen has been established and their condition has stabilized:
    - Progressive or unstable neurologic disorder (including infantile spasms for DTaP)
    - Uncontrolled seizures

        - Progressive encephalopathy
    - Contraindications:
        - Anaphylaxis to **PEDIACEL** is noted, as this vaccine has been used in SK for the past 2 years.
        - NEW! Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days after receiving a dose of a pertussis-containing vaccine.
- **NEW!** Streamlined INDCATIONS for MMR II and PRIORIX

  INDICATIONS
    - Series for those born since January 1, 1970 who are 12 months and older. According to CIG, 1 dose of rubella is considered sufficient for immunity in all ages. Refer to Appendix 5.2: Publicly Funded MMR Vaccine Eligibility.
    - Recommended for post-exposure prophylaxis of measles contacts as outlined in the Saskatchewan Communicable Disease Control Manual.
    - **Additional indications** as noted in SIM Chapter 5, Appendix 5.2: Publicly Funded MMR Vaccine Eligibility.
        - 1 dose for some adult travellers born before January 1, 1970.
        - Infants 6-11 months old who are travelling abroad may be offered 1 early publicly funded dose of MMR.
- ProQuad and PRIORIX-TETRA
    - Last bullet removed from Contraindications: Immunocompromised individuals unless determined by their specialist.
- **NEW reinforcement doses recommendations** for all Men-C-ACYW-135 vaccine (Menactra, Menveo and Nimenrix)
    - Only for asplenia (congenital, acquired or functional), congenital immunodeficiency or acquired complement deficiency.
        - **1 dose every 5 years for all ages**.
    - **NOTE:** The Panorama forecaster has not yet been updated, and will continue to forecast a reinforcement dose every 3-5 years for those who received their first dose before 7 years of age.
- BEXSERO (Men-B4C)
    - The product monograph indicates 2 schedules for infants younger starting a series before 6 months of age:

      Infants aged 6 weeks through 5 months
        - **4-dose series**: 0.5 mL IM at 2 months, 4 months and 6 months of age followed by a 4th dose after 12 months of age.
            - Minimum 1 month interval between doses 1 & 2 and 2 & 3.
            - Dose 4 **is required** after 1 year old with an interval of at least 6 months between doses 3 & 4.
        - **NEW! 3-dose series**: Dose 1 at 2 months, Dose 2 at 4 months, ensuring minimum of 2 months interval between doses 1 & 2).

          Dose 3 **is required** after 1 year old with an interval of at least 6 months between dose 2 & 3.
- IMVAMUNE
    - NEW under Serries and eligibility: **Those with a documented history of prior monkeypox infection need not be vaccinated**.
- Td Adsorbed
    - INDICATIONS (≥7 years old)
        - For those who have a contraindication to a pertussis-containing vaccine.

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- ADACEL and BOOSTRIX
  - Footnote #2 now has link to Appendix 5.3 Grade 8 Tdap algorithm.
  - Updated Indications:

1. Wound Management [1]
2. Booster (5th) dose at age 4-6 years (school entry) who have met polio vaccine requirements.
3. Reinforcement dose for Grade 8 students. [2]
4. Reinforcement dose for adults every 10 years
5. Adult caregivers of infants <6 months old who have not received Tdap as an adult. [3]
6. Pregnant women: Tdap in every pregnancy, ideally between 27-32 weeks gestation. [4]
7. Special Populations - Refer to Chapter 7, *Immunization of Special Populations* for specific medical condition.
8. Unimmunized individuals 7+ years who do not require IPV:
1. Dose 1
2. Dose 2: 1 months after 1st dose
3. Dose 3: 6 months after 2nd dose

9. Children 7+ and Adolescents who do not require IPV:
A. Booster dose for those who missed receiving the school entry booster dose.
B. Incompletely immunized children and adolescents [3]:
a. **If the first dose of DTaP-containing vaccine was administered before the 1st birthday**, administer remaining dose(s) in order to complete a 4-dose primary series given as:
1. Dose 1 was administered before the 1st birthday
2. Dose 2: 1 month after 1st dose
3. Dose 3: 1 month after 2nd dose
4. Dose 4: 6 months after 3rd dose (must be given ≥ 4 years old)

b. **If the first dose of DTaP-containing vaccine was administered after the 1st birthday**, administer remaining dose(s) in order to complete a 3-dose primary series given as:
1. Dose 1 was administered after the 1st birthday
2. Dose 2: 1 month after 1st dose
3. Dose 3: 6 months after 2nd dose (must be given ≥ 4 years old)

- ADACEL-POLIO and BOOSTRIX-POLIO
  - Footnote #3 now has link to Appendix 5.3 Grade 8 Tdap algorithm.
  - Updated Indications:

1. Wound Management 5
2. Booster (5th) dose at age 4-6 years (school entry) 1, 2
3. Unimmunized individuals 7+ years:
   1. Dose 1
   2. Dose 2: 1 months after 1st dose
   3. Dose 3: 6 months after 2nd dose
4. Children 7+ and Adolescents years of age:
   A. Booster dose for those who missed receiving the school entry booster dose.
   B. Incompletely immunized children 7+ and adolescents 3:
      a. If the first dose of DTaP-containing vaccine was administered before the 1st birthday, administer remaining dose(s) in order to complete a 4-dose primary series given as:
         1. Dose 1 was administered before the 1st birthday
         2. Dose 2: 1 month after 1st dose
         3. Dose 3: 1 month after 2nd dose
         4. Dose 4: 6 months after 3rd dose (must be given ≥ 4 years old)

b. If the first dose of DTaP-containing vaccine was administered after the 1st birthday, administer remaining dose(s) in order to complete a 3-dose primary series given as:
   1. Dose 1 was administered after the 1st birthday
   2. Dose 2: 1 month after 1st dose
   3. Dose 3: 6 months after 2nd dose (must be given ≥ 4 years old)

- VARILRIX
  - Indications are revised, as VARILRIX will be the primary varicella vaccine for SK:
    1. Those born since 1993-01-01 are eligible to receive an age or cohort appropriate series.
    2. Non-immune HCW/post-secondary healthcare students as specified in Chapter 7.
    3. 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*
    4. Susceptible immunocompromised individuals as referred by their specialist via submission of Chapter 7, *Immunization of Special Populations.* Appendix 7.2: *Varicella Immunization Referral Form*.[4]
- VARIVAX
  - Indications are revised:
    - Those born since 1993-01-01 are eligible to receive an age or cohort appropriate series.
    - 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 5 Appendix 5.4, *Publicly Funded Varicella Immunization Eligibility and Panorama Directives.*
    - Susceptible immunocompromised individuals *when Varilrix in unavailable*, as referred by their specialist via submission of Chapter 7, *Immunization of Special Populations.* Appendix 7.2: *Varicella Immunization Referral Form*.

Chapter 14 Appendices

- Appendix 14.3 Immunization Fact Sheets
  - Dates updated to April 2024 for DTaP-IPV-Hib, Tdap-IPV, Tdap, Td and Smallpox/mpox vaccines.
- Appendix 14.4 – Select Immunization-Related Letters from the Ministry of Health
  - Outdated letters removed.
  - New letters added:
    - Feb. 10, 2024 Immunization Program Update – Decennial Tetanus-diphtheria-pertussis Vaccine or Adults
    - Feb. 28, 2024 MMR Vaccine Recommendations for Travellers.