Immunization Training

For CHC partners

Last Updated: July 21st, 2023

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Key Resources

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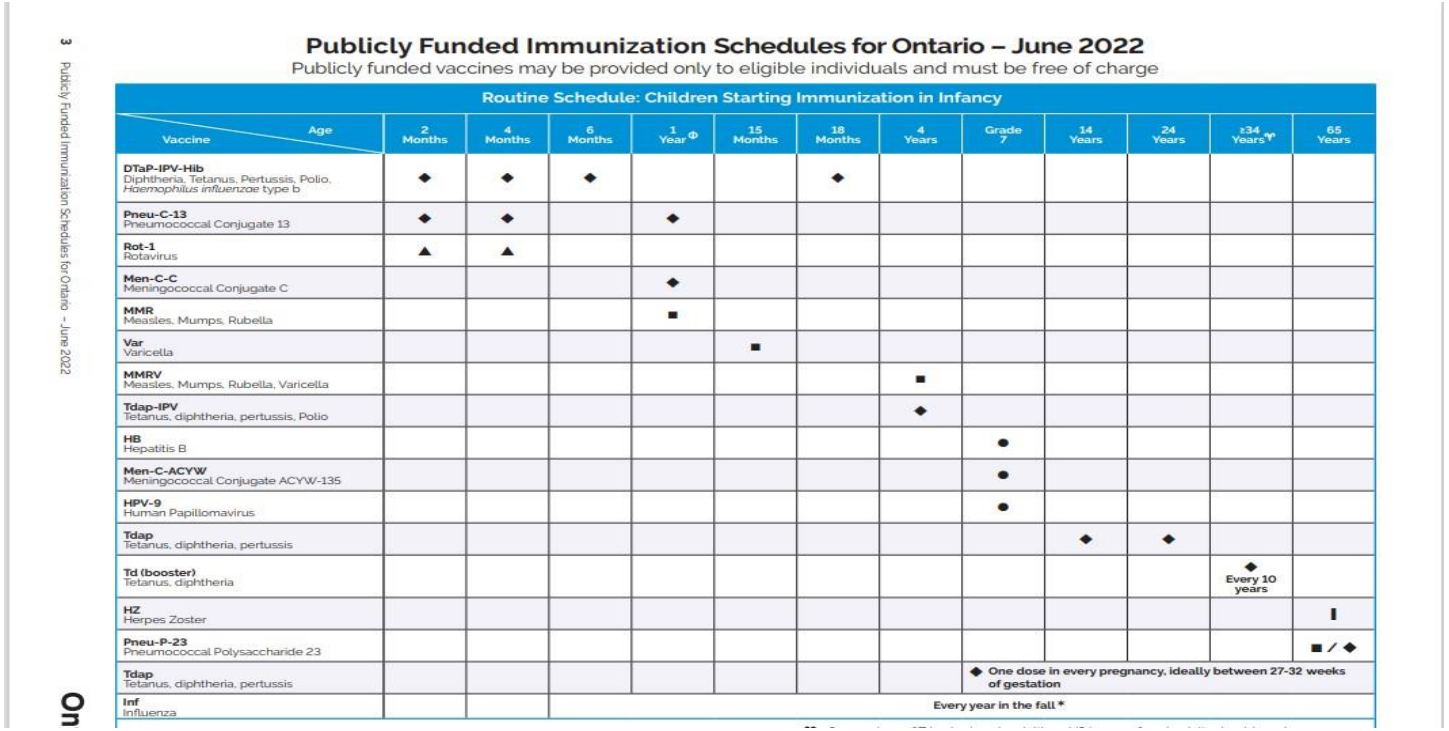
- Canadian Immunization Guide
- https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html
- WHO Immunization Data
- NACI
- Vaccines and immunization | ontario.ca
- Immunization resources – health care professional and patients - Vaccines - Immunization - Health Care Professionals – MOHLTC
- Porcine gelatin and vaccine:
  - Religion and Vaccines - Institute for Vaccine Safety
  - What the world's religions teach, applied to vaccines and immune globulins - PubMed (nih.gov)
  - Talking about Vaccines: Religious Concerns (immunize.org)

PFISO June 2022



3 Publicly Funded Immunization Schedules for Ontario – June 2022

Publicly Funded Immunization Schedules for Ontario – June 2022

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Routine Schedule: Children Starting Immunization in Infancy

Vaccine \ Age	2 Months	4 Months	6 Months	1 Year Φ	15 Months	18 Months	4 Years	Grade 7	14 Years	24 Years	≥34 Years ΦΦ	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, *Haemophilus influenzae* type b	◆	◆	◆			◆						
Pneu-C-13 Pneumococcal Conjugate 13	◆	◆		◆								
Rot-1 Rotavirus	▲	▲										
Men-C-C Meningococcal Conjugate C				◆								
MMR Measles, Mumps, Rubella				■								
Var Varicella					■							
MMRV Measles, Mumps, Rubella, Varicella							■					
Tdap-IPV Tetanus, diphtheria, pertussis, Polio							◆					
HB Hepatitis B								●				
Men-C-ACYW Meningococcal Conjugate ACYW-135								●				
HPV-9 Human Papillomavirus								●				
Tdap Tetanus, diphtheria, pertussis									◆	◆		
Td (booster) Tetanus, diphtheria											◆ Every 10 years	
HZ Herpes Zoster												▮
Pneu-P-23 Pneumococcal Polysaccharide 23												■ / ◆
Tdap Tetanus, diphtheria, pertussis								◆ One dose in every pregnancy, ideally between 27-32 weeks of gestation				
Inf Influenza			Every year in the fall *									

Ontario. Ministry of Health and Longterm Care. Publicly funded immunization schedules for Ontario – June 2022

Table 2 (PFISO)

Table 2: Eligibility Criteria for All Publicly Funded Vaccines

Publicly Funded Vaccines	Route of administration	Publicly Funded Age Groups	
		Routine Vaccine Programs	High Risk Vaccine Programs
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, *Haemophilus influenzae* type b	IM	6 weeks to 6 years of age	5 to 6 years of age (see Table 3)
HA Hepatitis A	IM		≥1 year of age (see Table 3)
HB Hepatitis B	IM	Grades 7 to 12	≥0 years of age (see Table 3)
Hib *Haemophilus influenzae* type b	IM	6 weeks to 4 years of age	≥5 years of age (see Table 3)
HZ Herpes Zoster	IM	65 to 70 years of age **Note:** 2 dose series should be completed prior to 71st birthday	
HPV-9 Human Papillomavirus	IM	Grades 7 to 12	Males 9 to 26 years of age (see Table 3)
Inf Influenza	IM	≥6 months of age	
IPV Polio	SC	≥6 weeks of age	≥18 years of age (see Table 3)
4CMenB Multicomponent Meningococcal B	IM		2 months to 17 years of age (see Table 3)
Men-C-C Meningococcal Conjugate C	IM	• Born on or after 2003/Sep/01 and ≥1 year of age • Born between 1986 and 1996	
Men-C-ACYW Meningococcal Conjugate ACYW-135	IM	• Grades 7 to 12 • Born in or after 1997	≥9 months of age (see Table 3)
MMR Measles, Mumps, Rubella	SC	≥1 year of age	• 6 to 11 months (see Table 3) • ≥26 years of age (see Table 3)

Table 2: Eligibility Criteria for All Publicly Funded Vaccines

Refer here first when determining if a vaccine will be publicly funded for your client.

Ontario. Ministry of Health and Longterm Care. Publicly funded immunization schedules for Ontario – June 2022.

Part 2

- Assessing Records
- Catch-up Schedules
- Interrupted series
- Vaccine info

Other Resources for Record Assessment

- WHO Immunization Data
- The CDC offers a Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages. This can be helpful for assessing international records.
  - An older version of a CDC resource, Foreign Language Terms – Aids to translating foreign immunization records, is also available. This resource offers terms in additional languages.

- Provincial and territorial routine and catch-up vaccination schedule for infants and children in Canada - Canada.ca
- provincial-territorial-routine-vaccination-programs-infants-children.pdf (canada.ca)
- Immunization of persons with inadequate immunization records: Canadian Immunization Guide - Canada.ca

Key points for the PFISO Catch-up Schedules
(PFISO page 4-5)

- are followed based on age at initiation of series
- are to be used when client did not follow the Routine schedule (PFISO) in infancy
- If client is being immunized for the first time, select the catch-up schedule based on their age
- If client has been following a catch-up schedule for many years, identify which schedule client is following based on their age when they started receiving immunizations
- The catch-up schedule is a recommendation-what really matters is the interval between doses

Assessing Records from Outside Ontario

Review records and ensure they include the following information:

a) Vaccine type

b) Date administered

Review records to assess whether they meet Ontario vaccine requirements. Factors affecting validity of vaccine doses include:

a) The age at which the vaccine(s) were given

b) Whether minimum intervals between vaccine doses were met.

Review the vaccine type to ensure they are adequate.

*Clients without an immunization record (or proof of immunity to a disease), are considered unimmunized and unprotected against diseases preventable through vaccination. It is safe to repeat vaccines.

How to use the Catch-Up Schedule?

Have they ever been immunized?

No

Step 1 - Determine the client's age.

Step 2 - Locate the corresponding schedule.

Step 3 - Counsel as per corresponding schedule.

Yes

Step 1- Determine the age of the client when they received their first immunization.

Step 2 - Locate the corresponding schedule.

Step 3 - Review the corresponding schedule. Did they follow the schedule?

Yes

Counsel as per the schedule they are following based on their present age.

No

You can use the following documents to help you make recommendations:

1. Publicly Funded Immunization Schedules for Ontario (Tables 4 to 23)
2. Immunization of School Pupils Act
3. Canadian Immunization Guide

Interrupted Series: DTaP-IPV-Hib

Table 4: DTaP-IPV-Hib and Tdap-IPV primary immunization series for children <7 years of age	
Recommended Intervals	**Minimum Intervals**
1st DTaP-IPV-Hib dose at age ≥2 months 2nd DTaP-IPV-Hib dose, 2 months after 1st dose 3rd DTaP-IPV-Hib dose, 2 months after 2nd dose 4th DTaP-IPV-Hib dose, 6-12 months after 3rd dose and age ≥1 year *If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, and 3rd dose is given at age ≥1 year, Tdap-IPV should be given* 5th Tdap-IPV dose, 6-12 months after 4th dose and at age ≥4 years *5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose*	1st DTaP-IPV-Hib dose at age ≥6 weeks 2nd DTaP-IPV-Hib dose, 4 weeks after 1st dose 3rd DTaP-IPV-Hib dose, 4 weeks after 2nd dose 4th DTaP-IPV-Hib dose, 24 weeks after 3rd dose and age ≥1 year *If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, Tdap-IPV should be given* 5th Tdap-IPV dose, 24 weeks after 4th dose and at age ≥4 years *5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose*
Note: • Refer to the Routine Schedule and Catch-up Schedule 1 for the use of DTaP-IPV-Hib	

For individuals under 7 who received some DTaP-IPV [with or without Hib] vaccines but never competed their series and are not on a clear catch-up schedule.

Step 1 - Determine how many doses of DTaP-IPV [Hib] they received.
Step 2 - Determine the age of the client now and which dose they now require
Step 3 - Review the table and make the appropriate recommendations to complete the series.

Interrupted Series: DTaP-IPV-Hib

Table 24: Tdap-IPV, Td and IPV, and/or Td schedule for individuals ≥7 years of age who have not completed their series		
Number of DTaP-IPV-[Hib] doses received at age <7 years	**Individual's current age**	**Continue with the following number of Tdap-IPV, Td and IPV and/or Td doses to complete series (recommended intervals)**
1 dose	7 to 17 years	1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1st Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose
2 doses	7 to 17 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1st Tdap-IPV dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose
3 doses	≥7 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose
4 doses received at age <4 years	≥7 years	1 dose of Tdap-IPV
Note: DTaP-IPV-[Hib] indicates the use of either DTaP-IPV-Hib or DTaP-IPV depending on the age of the child		

For individuals who received some DTaP-IPV [with or without Hib] vaccines before the age of 7 but who never completed their series. Use this chart if client is 7 and older.

Step 1 - Determine how many doses of DTaP-IPV [Hib] they received before the age of 7.

Step 2 - Determine the age of the client now and locate the corresponding table.

Step 3 - Review the table and make the appropriate recommendations to complete the series.

DTaP-IPV-Hib

Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b

Eligibility and Immunization Schedule - DTaP-IPV-Hib

Eligibility criteria for publicly funded routine vaccine programs:

- Individuals aged 6 weeks to 6 years
- Routinely given at the age of 2 months, 6 months, 12 months and 18 months

DTaP-IPV-Hib Primary Series for Children < 7 Years of Age		
Dose Number	**Recommended Intervals**	**Minimum Intervals**
Dose 1	First dose at age ≥ 2 months	First dose at age ≥ 6 weeks
Dose 2	2 months after 1st dose	4 weeks after 1st dose
Dose 3	2 months after 2nd dose	4 weeks after 2nd dose
Dose 4	6 to 12 months after 3rd dose AND age ≥ 1 year • If the 4th dose is given at age 4 years or older and at least 24 weeks after the 3rd dose and the 3rd dose was given at 1 year of age or later, Tdap-IPV should be given instead. An additional dose of Tdap-IPV (5th dose) is not required if the 4th dose is given at age ≥ 4 years and ≥ 24 weeks after 3rd dose.	24 weeks after 3rd dose AND age ≥ 1 year • If the 4th dose is given at age 4 years or older and at least 24 weeks after the 3rd dose, Tdap-IPV should be given instead. An additional dose of Tdap-IPV (5th dose) is not required if the 4th dose is given at age ≥ 4 years and ≥ 24 weeks after 3rd dose.

Vaccine Overview – DTaP-IPV-Hib

Pediacel®	
Vaccine Type	Non-live
Dosage & Format	**0.5mL** Supplied in single dose vials (5 vials per box)
Route	IM
Site	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid
Authorized Age	Infants 2 months to children 6 years of age (before 7th birthday)
Potential Allergens	• Neomycin • Polymyxin B • Streptomycin
Adjuvant	Alum
Active Ingredients	• Diphtheria toxoid, Tetanus toxoid, cellular Pertussis, inactivated Poliomyelitis vaccine, purified polyribosylribitol phosphate capsular polysaccharide (PRP) of *Haemophilus influenzae* type b covalently bound to Tetanus protein
Ingredients	• Aluminum phosphate • 2-phenoxyethanol • Polysorbate 80 • Bovine serum albumin (manufacturing process residuals) • Neomycin (manufacturing process residuals) • Polymyxin B (manufacturing process residuals) • Streptomycin (manufacturing process residuals) • Formaldehyde (manufacturing process residuals) • Glutaraldehyde (manufacturing process residuals)

IPV

Polio

Eligibility – IPV

Eligibility criteria for publicly funded routine vaccine programs:

- Individuals at least 6 weeks of age or older
- NOTE: IPV is routinely administered as a combination vaccine (DTaP-IPV-Hib) during routine immunizations. IPV monovalent vaccine should be used for individuals who have completed their diphtheria, tetanus, and pertussis immunization series but are missing a complete series of polio immunization.

Vaccine Overview – IPV

Imovax® Polio	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied pre-filled syringes of 0.5 mL
Route	Subcutaneous
Site	< 12 months of age: subcutaneous tissue of the anterolateral aspect of the thigh ≥12 months of age: subcutaneous tissue of the upper triceps area of the arm
Authorized Age	6 weeks of age and older
Potential Allergens	• Neomycin • Polymyxin B • Streptomycin
Adjuvant	None
Active Ingredient	Inactivated poliomyelitis vaccine
Ingredients	• 2-phenoxyethanol • Bovine serum • Formaldehyde • Medium 199 Hanks • Polysorbate 80

Men-C-C

Meningococcal Conjugate C

Eligibility – Men-C-C

Eligibility criteria for publicly funded routine immunization:

- Individuals born on or after September 1, 2003 and at least 1 year of age*
- Individuals born between 1986 and 1996
- Routinely given at the age of 1 year old

Routine Immunization	
Dose Number	**Schedule**
One dose	■ One dose for individuals born on or after September 1, 2003 and at least 1 year of age* ■ One dose for individuals born between 1986 and 1996

Vaccine Overview – Men-C-C

	Menjugate® Liquid	NeisVac-C®
Vaccine Type	Non-live	Non-live
Dosage & Format	**0.5 mL** Supplied as pre-filled syringes of 0.5 mL	**0.5 mL** Supplied as pre-filled syringes of 0.5 mL
Route	IM	IM
Site	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid
Authorized Age	2 months of age and older	2 months of age and older
Potential Allergens	• Diphtheria CRM197 toxoid carrier protein • Bromobutyl rubber stopper	• Tetanus toxoid carrier protein
Adjuvant	Alum	Alum
Active Ingredient	*Neisseria meningitidis* group C (strain C11) oligosaccharide, conjugated to *Corynebacterium diphtheriae* CRM-197 protein	*Neisseria meningitidis* group C polysaccharide conjugated
Ingredients	• Aluminum hydroxide • Histidine • Sodium chloride • Water for injection	• Tetanus toxoid carrier protein • Aluminum hydroxide • Sodium chloride • Water for injection

Pneu-C-13

Pneumococcal Conjugate 13

Eligibility – Pneu-C-13

Eligibility criteria for publicly funded routine immunization:

- Elligible individuals 6 weeks to 4 years of age and routinely given at the age of 2 months, 6 months, 1 year old

Routine Immunization for Children < 5 Years of Age			
Age at First Dose	**Dose Number**	**Recommended Intervals**	**Minimum Intervals**
2 - 6 months (Healthy)	**Dose 1**	First dose at age ≥ 2 months	First dose at age ≥ 6 weeks
	Dose 2	2 months after 1st dose	8 weeks* after 1st dose
	Dose 3	2 months after 2nd dose and at age ≥ 12 months	8 weeks after 2nd dose and at age ≥ 12 months
2 - 6 months (High Risk)	**Dose 1**	First dose at age ≥ 2 months	First dose at age ≥ 6 weeks
	Dose 2	2 months after 1st dose	8 weeks* after 1st dose
	Dose 3	2 months after 2nd dose	8 weeks* after 2nd dose
	Dose 4	2 months after 3rd dose and at age ≥ 12 months	8 weeks after 3rd dose and at age ≥ 12 months
7 - 11 months	**Dose 1**	First dose at age 7 to 11 months	First dose at age 7 to 11 months
	Dose 2	2 months after 1st dose	8 weeks* after 1st dose
	Dose 3	2 months after 2nd dose and at age ≥ 12 months	8 weeks after 2nd dose and at age ≥ 12 months
12 - 23 months	**Dose 1**	First dose at age 12 to 23 months	First dose at age 12 to 23 months
	Dose 2	2 months after 1st dose	8 weeks after 1st dose
25 - 59 months	**Dose 1**	1 dose	1 dose

Vaccine Overview – Pneu-C-13

Prevnar-13®	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied as pre-filled syringes
Route	IM
Site	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid
Authorized Age	6 weeks of age and older
Potential Allergens	• Diphtheria CRM197 toxoid carrier protein
Adjuvant	Alum
Active Ingredient	Pneumococcal polysaccharide (several serotypes)
Ingredients	• Polysorbate 80 • Sodium chloride • Succinic acid • Water for injection

Rot-1

Rotavirus

Eligibility and Immunization Schedule – Rot-1

Eligibility criteria for publicly funded routine immunization:

- Individuals 6 weeks to 24 weeks of age
- Routinely given at the age of 2 months, 4 months

Routine Immunization Schedule for infants < 25 Weeks of Age		
Dose Number	**Recommended Intervals**	**Minimum Intervals**
Dose 1	First dose between ages ≥ 2 months and < 15 weeks*	First dose between ages ≥ 6 weeks and < 15 weeks*
Dose 2	2 months after 1st dose	4 weeks after 1st dose

Vaccine Overview – Rot-1

Rotarix®	
Vaccine Type	Live
Dosage & Format	**1.5 mL** Supplied as a single use oral applicator with plunger stopper or tube
Route	Oral (PO)
Site	Into the infants mouth toward the inner cheek.*
Authorized Age	6 weeks to 8 months of age
Potential Allergens	None
Adjuvant	None
Active Ingredient	Human rotavirus RIX4414 strain (live, attenuated)
Ingredients	• Disodium adipate • DNA fragments from porcine circovirus 1 • Dulbecco's modified Eagle Medium • Sucrose • Water for injection

MMR

Measles, Mumps, Rubella

Eligibility – MMR

Eligibility criteria for publicly funded routine vaccine programs:

- Individuals 12 months of age and older
- Routinely given at the age of 1 year old
- Note: MMRV vaccine is preferable to MMR in children 4 to 12 years of age if protection is also required for varicella.

Immunization Schedule – MMR

- MMR is routinely given at 12 months of age, and at 4 years of age
- Note that at age 4, MMRV is indicated in the Publicly Funded Schedule but MMR may be given if the child is not indicated to receive varicella vaccination at that time.*

- The following table is a guide for intervals between MMR-containing vaccines

MMR, MMRV and Var Immunization Series		
Order of Vaccines	**Recommended Intervals**	**Minimum Intervals**
MMR then MMR	1 month between doses	4 weeks between doses
MMR then MMRV	MMRV dose 3 months after MMR dose	MMRV dose 6 weeks after MMR dose
MMRV then MMR	MMR dose 3 months after MMRV dose	MMR dose 6 weeks after MMRV dose
MMR then Var	Var dose 1 month after MMR dose	Var dose 4 weeks after MMR dose
Var then MMR	MMR dose 1 month after Var dose	MMR dose 4 weeks after Var dose

Vaccine Overview – MMR (Priorix®)

Priorix®	
Vaccine Type	Live
Dosage & Format	**0.5 mL** Supplied as a lyophilized powder and requires reconstitution with supplied diluent
Route	Subcutaneous
Site	< 12 months of age: subcutaneous tissue of the anterolateral aspect of the thigh ≥12 months of age: subcutaneous tissue of the upper triceps area of the arm
Authorized Age	12 months of age and older
Potential Allergens	• Neomycin • Egg protein*
Adjuvant	None
Active Ingredient	Live attenuated viruses: • Measles virus (Schwarz strain) and mumps virus (RIT 4385 strain, derived from Jeryl Lynn strain) produced in chick embryo cells • Rubella virus (Wistar RA 27/3 strain) produced in human diploid (MRC-5) cells
Ingredients	• Amino acids • Lactose • Mannitol • Sorbitol • Water for injection • Neomycin (manufacturing residue)

Vaccine Overview – MMR (M-M-R®II)

M-M-R®II	
Vaccine Type	Live
Dosage & Format	**0.5 mL** Supplied as a lyophilized powder and requires reconstitution with supplied diluent
Route	Subcutaneous
Site	< 12 months of age: subcutaneous tissue of the anterolateral aspect of the thigh ≥12 months of age: subcutaneous tissue of the upper triceps area of the arm
Authorized Age	12 months of age and older
Potential Allergens	• Neomycin • Phenol red • Porcine gelatin • Residual components of chick embryo cell cultures
Adjuvant	None
Active Ingredient	Live attenuated viruses: Measles virus (Enders' Edmonston strain), Mumps virus (Jeryl Lynn B level strain), Rubella virus (Wistar RA 27/3 strain)
Ingredients	• Sorbitol • Hydrolyzed gelatin • Medium 199 with Hank's salts • Sodium phosphate monobasic • Sodium phosphate dibasic (anhydrous) • Sucrose • Sodium bicarbonate • Minimum essential medium (Eagle) • Potassium phosphate dibasic (anhydrous) • Neomycin • Monosodium L-glutamate monohydrate • Potassium phosphate monobasic • Phenol red • Water for injection • Fetal bovine serum (manufacturing process residual) • Recombinant human albumin (manufacturing process residual)

Var

Varicella

Eligibility – Var

Eligibility criteria for publicly funded routine immunization:

- Individuals born in or after 2000 and at least 1 year of age or older
- Routinely given at 15 months

Immunization Schedule – Var

MMR, MMRV and Var Immunization Series		
Order of Vaccines	**Recommended Intervals**	**Minimum Intervals**
MMR then Var	Var dose 1 month after MMR dose	Var dose 4 weeks after MMR dose
Var then MMR	MMR dose 1 month after Var dose	MMR dose 4 weeks after Var dose
MMRV then Var	Var dose 3 months after MMRV dose	Var dose 6 weeks after MMRV dose
Var then MMRV	MMRV dose 3 months after Var dose	MMRV dose 6 weeks after Var dose
Var then Var	3 months between dose 1 and dose 2	6 weeks between dose 1 and dose 2

- Immunization against varicella is routinely done with one dose of Var at 15 months, followed by a combination vaccine of MMRV at age ≥4 years, as per the publicly funded schedule

Vaccine Overview – Var (Varivax®III)

Varivax®III	
Vaccine Type	Live
Dosage & Format	**0.5 mL** Supplied as a lyophilized white powder in a single-dose vial and must be reconstituted with 0.7 mL of the supplied sterile saline diluent.
Route	Subcutaneous
Site	Subcutaneous tissue of the upper triceps area of the arm
Authorized Age	12 months of age and older
Potential Allergens	• Neomycin • Porcine gelatin
Adjuvant	None
Active Ingredient	Varicella virus, Oka/Merck strain (live, attenuated)
Ingredients	• Sucrose • Hydrolyzed gelatin • Urea • Sodium chloride • Monosodium L-glutamate • Sodium phosphate dibasic • Potassium phosphate monobasic • Potassium chloride • Water for injection • Residual DNA and protein from cell culture • Neomycin (manufacturing process residue) • Fetal bovine serum (manufacturing process residue)

Vaccine Overview – Var (Varilrix®)

Varilrix®	
Vaccine Type	Live
Dosage & Format	**0.5 mL** Supplied as a lyophilized powder in a single-dose vial and must be reconstituted with the entire contents of the diluent supplied in a pre-filled syringe
Route	Subcutaneous
Site	Subcutaneous tissue of the upper triceps area of the arm
Authorized Age	12 months of age and older
Potential Allergens	• Neomycin
Adjuvant	None
Active Ingredient	103.3 plaque-forming units (PFU) of the varicella-zoster virus
Ingredients	• Amino acids • Human albumin • Lactose • Mannitol • Sorbitol • Polyalcohols • Water for injection • Neomycin sulphate (manufacturing process residue)

MMRV

Measles, Mumps, Rubella, Varicella

Eligibility and Immunization Schedule– MMRV

Eligibility criteria for publicly funded routine immunization:

- Individuals 4 to 12 years of age, and is routinely given as one dose at 4 years old

MMR, MMRV and Var Immunization Series		
Order of Vaccines	**Recommended Intervals**	**Minimum Intervals**
MMRV then MMRV	3 months between doses	6 weeks between doses
MMR then MMRV	MMRV dose 3 months after MMR dose	MMRV dose 6 weeks after MMR dose
MMRV then MMR	MMR dose 3 months after MMRV dose	MMR dose 6 weeks after MMRV dose
Var then MMRV	MMRV dose 3 months after Var dose	MMRV dose 6 weeks after Var dose
MMRV then Var	Var dose 3 months after MMRV dose	Var dose 6 weeks after MMRV dose

Vaccine Overview – MMRV (Priorix-Tetra®)

Priorix-Tetra®	
Vaccine Type	Live
Dosage & Format	**0.5 mL** Supplied as a lyophilized powder and requires reconstitution with supplied diluent
Route	Subcutaneous
Site	< 12 months of age: subcutaneous tissue of the anterolateral aspect of the thigh ≥12 months of age: subcutaneous tissue of the upper triceps area of the arm
Authorized Age	9 months to 12 years of age
Potential Allergens	• Neomycin • Egg protein*
Adjuvant	None
Active Ingredient	Live attenuated viruses: • Measles virus (Schwarz strain) and mumps virus (RIT 4385 strain, derived from Jeryl Lynn strain) produced in chick embryo cells • Rubella virus (Wistar RA 27/3 strain) and varicella virus (OKA strain) produced in human diploid (MRC-5) cells
Ingredients	• Amino acids • Lactose • Mannitol • Sorbitol • Water for injection • Neomycin sulphate (manufacturing residue)

Vaccine Overview – MMRV (ProQuad®)

ProQuad®	
Vaccine Type	Live
Dosage & Format	**0.5 mL** Supplied as a lyophilized powder and requires reconstitution with supplied diluent
Route	Subcutaneous
Site	< 12 months of age: subcutaneous tissue of the anterolateral aspect of the thigh ≥12 months of age: subcutaneous tissue of the upper triceps area of the arm
Authorized Age	12 months to 12 years of age
Potential Allergens	• Neomycin • Chicken protein • Gelatin
Adjuvant	None
Active Ingredient	Measles, mumps, rubella, and varicella virus
Ingredients	• Bovine serum albumin • Buffer and media ingredients • Hydrolyzed gelatin • Monosodium L-glutamate • MRC-5 cell residuals • Neomycin • Potassium chloride • Potassium phosphate • Recombinant human albumin • Sodium bicarbonate • Sodium chloride • Sodium phosphate • Sorbitol • Sucrose • Urea

Tdap-IPV

Tetanus, diphtheria, pertussis, Polio

Eligibility – Tdap-IPV

Eligibility criteria for publicly funded routine immunization:

- Individuals 4 years of age and older
- Routinely given at the age 4 years old
- NOTE: Tdap-IPV is routinely administered at age ≥ 4 years as a 4th or 5th dose in a primary series following routine immunization with DTaP-IPV-Hib (see next slide).

Immunization Schedule – Tdap-IPV

Tdap-IPV and/or Td and IPV Primary Immunization Series for Individuals ≥ 7 Years of Age		
Dose Number	**Recommended Intervals**	**Minimum Intervals**
Dose 1	First dose at 7 years of age or older	First dose at 7 years of age or older
Dose 2	2 months after 1st dose	4 weeks after 1st dose
Dose 3	6 to 12 months after 2nd dose	24 weeks after 2nd dose

- If IPV series is complete Tdap can be used instead of Tdap-IPV.

Vaccine Overview – Tdap-IPV (Adacel®-Polio)

Adacel®-Polio	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied in pre-filled syringes
Route	IM
Site	Deltoid
Authorized Age	4 years of age and older*
Potential Allergens	• Neomycin • Polymyxin B • Streptomycin
Adjuvant	Alum
Active Ingredient	• Tetanus toxoid • Reduce diphtheria toxoid • Acellular pertussis antigens (toxoid) • Filamentous Haemagglutinin • Pertactin • Fimbriae Types 2 and 3 • Inactivated poliomyelitis vaccine
Ingredients	• Aluminum phosphate • 2-phenoxyethanol • Ethanol • Polysorbate 80 • Water for injection • Formaldehyde (manufacturing process residuals) • Glutaraldehyde (manufacturing process residuals) • Bovine serum albumin (manufacturing process residuals) • Streptomycin (manufacturing process residuals) • Neomycin (manufacturing process residuals) • Polymyxin B (manufacturing process residuals)

Vaccine Overview – Tdap-IPV (Boostrix®-Polio)

Boostrix®-Polio	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied in pre-filled syringes
Route	IM
Site	Deltoid
Authorized Age	4 years of age and older
Potential Allergens	• Neomycin • Polymyxin B
Adjuvant	Alum
Active Ingredient	• Tetanus toxoid • Diphtheria toxoid • Pertussis toxoid • Poliovirus • Filamentous Haemagglutinin • Pertactin
Ingredients	• Aluminum • Sodium chloride • Water for injection • Formaldehyde • Medium 199 • Neomycin sulphate (manufacturing process residue) • Polymyxin B sulphate (manufacturing process residue)

Immunization Schedule – Tdap-IPV

DTaP-IPV-Hib and Tdap-IPV Primary Series for Children < 7 Years of Age		
Dose Number	**Recommended Intervals**	**Minimum Intervals**
Dose 1	DTaP-IPV-Hib dose at age ≥ 2 months	DTaP-IPV-Hib dose at age ≥ 6 weeks
Dose 2	DTaP-IPV-Hib 2 months after 1st dose	DTaP-IPV-Hib 4 weeks after 1st dose
Dose 3	DTaP-IPV-Hib 2 months after 2nd dose	DTaP-IPV-Hib 4 weeks after 2nd dose
Dose 4	DTaP-IPV-Hib 6 to 12 months after 3rd dose AND age ≥ 1 year • If the 4th dose is given at age 4 years or older and at least 24 weeks after the 3rd dose and the 3rd dose was given at 1 year of age or later, Tdap-IPV should be given instead.	DTaP-IPV-Hib 24 weeks after 3rd dose AND age ≥ 1 year • If the 4th dose is given at age 4 years or older and at least 24 weeks after the 3rd dose, Tdap-IPV should be given instead.
Dose 5	Tdap-IPV 6 to 12 months after 4th dose and at age ≥ 4 years • 5th dose is not required if 4th dose is given at age ≥ 4 years and ≥ 24 weeks after 3rd dose	Tdap-IPV 24 weeks after 4th dose and at age ≥ 4 years • 5th dose is not required if 4th dose is given at age ≥ 4 years and ≥ 24 weeks after 3rd dose

Tdap

Tetanus, diphtheria, pertussis

Eligibility – Tdap

Eligibility criteria for publicly funded routine immunization:

- Individuals 4 years of age and older
- Routinely given at the age 14 and 24 years old
  - Adults (≥18 years of age) are eligible for 1 Tdap dose (generally given 10 years after the adolescent Tdap dose). However, if the Tdap booster dose is required earlier, they are eligible to receive 1 dose of Tdap regardless of the interval since the last dose of tetanus- or diphtheria-containing vaccine
- Pregnant persons in every pregnancy, regardless of Tdap immunization history
  - One dose every pregnancy between 27-32 weeks of gestation*

Vaccine Overview – Tdap

	Adacel®	Boostrix®
Vaccine Type	Non-live	Non-live
Dosage & Format	**0.5 mL** Supplied in single dose vials	**0.5 mL** Supplied in pre-filled syringes
Route	IM	IM
Site	Deltoid	Deltoid
Authorized Age	4 years of age and older* including pregnant women	4 years of age and older including pregnant women
Potential Allergens	None	None
Adjuvant	Alum	Alum
Active Ingredient	• Tetanus toxoid • Diphtheria toxoid • Acellular pertussis toxoid • Filamentous Haemagglutinin • Pertactin • Fimbriae Types 2 and 3	• Tetanus toxoid • Diphtheria toxoid • Acellular pertussis toxoid • Filamentous Haemagglutinin • Pertactin
Ingredients	• 2-phenoxyethanol • Aluminum phosphate • Formaldehyde (manufacturing process residuals) • Glutaraldehyde (manufacturing process residuals)	• Aluminum • Sodium chloride • Water for injection • Glycine • Polysorbate 80 • Formaldehyde

Td

Tetanus, diphtheria

Eligibility and Immunization Schedule – Td

Eligibility criteria for publicly funded routine immunization:

- Individuals 7 years of age and older
- Routinely given at the age of 34 years old and every 10 years

Tdap-IPV and/or Td and IPV Primary Immunization Series for Individuals ≥ 7 Years of Age		
Dose Number	**Recommended Intervals**	**Minimum Intervals**
Dose 1	First dose at 7 years of age or older	First dose at 7 years of age or older
Dose 2	2 months after 1st dose	4 weeks after 1st dose
Dose 3	6 to 12 months after 2nd dose	24 weeks after 2nd dose

- Td may be used for primary immunization series of Td and IPV when the Tdap-IPV combination vaccine is not available, or when using the Catch-Up Schedules
  - Refer to the Catch-up Schedules for the use of Tdap-IPV and/or Td and IPV

Vaccine Overview – Td

Td Absorbed®	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied in single dose vials
Route	IM
Site	Deltoid
Authorized Age	7 years of age and older
Potential Allergens	None
Adjuvant	Alum
Active Ingredient	• Tetanus toxoid • Diphtheria toxoid
Ingredients	Format with preservative: • 2-phenoxyethanol • Aluminum phosphate • Sodium chloride • Water for injection • Formaldehyde (manufacturing process residuals) Preservative-free format: • Aluminum phosphate • Saline • Water for injection • Formaldehyde (manufacturing process residuals)

Men-C-ACYW

Meningococcal Conjugate ACYW-135

Eligibility and Immunization Schedule – Men-C-ACYW

Eligibility criteria for publicly funded routine immunization:

- Grades 7 to 12
- Born in or after 1997
- Routinely given in grade 7

Routine Immunization	
Dose Number	**Schedule**
One dose	Routinely given in grade 7, but publicly funded for anyone born in or after 1997

Vaccine Overview – Men-C-ACYW (Menactra®)

Menactra®	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied in single dose vials or vials containing 5 doses
Route	IM
Site	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid
Authorized Age	9 months to 55 years of age
Potential Allergens	• Diphtheria toxoid carrier protein
Adjuvant	None
Active Ingredient	Meningococcal A, C, Y, and W-135 polysaccharides
Ingredients	• Sodium chloride • Sodium phosphate dibasic (anhydrous) • Sodium phosphate monobasic • Water for injection

Vaccine Overview – Men-C-ACYW (Nimenrix®)

Nimenrix®	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied as a lyophilized white powder or cake in a single dose vial that requires reconstitution with sterile saline
Route	IM
Site	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid
Authorized Age	6 weeks to 55 years of age
Potential Allergens	• Tetanus toxoid carrier protein
Adjuvant	None
Active Ingredient	Meningococcal A, C, Y, and W-135 polysaccharides
Ingredients	• Sucrose • Trometamol • Sodium chloride • Water for injection

Vaccine Overview – Men-C-ACYW (Menveo®)

Menveo®	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied as a lyophilized powder in a vial that requires reconstitution with supplied diluent
Route	IM
Site	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid
Authorized Age	2 months to 55 years of age
Potential Allergens	• Diphtheria CRM197 toxoid carrier protein
Adjuvant	None
Active Ingredient	Meningococcal A, C, Y, and W-135 oligosaccharides
Ingredients	• Disodium hydrogen phosphate bihydrate • Potassium dihydrogen phosphate • Sodium chloride • Sodium dihydrogen phosphate monohydrate • Sucrose • Water for injection

HB

Hepatitis B

Eligibility and Immunization Schedule - HB

Eligibility criteria for publicly funded routine vaccine programs:

- Individuals in Grades 7 to 12
- Routinely given in grade 7

NOTE: HB is a school-based vaccine given in school by OPH. It is not routinely given in primary care clinics, but can be ordered to help catch children who missed the vaccine in school and are part of the extended eligibility due to the Pandemic. See extended eligibility here.

Routine Immunization for Grade 7[1]	
Dose Number	**Recommended Intervals**
Dose 1	First dose in grade 7
Dose 2	4 months after 1st dose if 1st dose was Recombivax® 6 months after 1st dose if 1st dose was Engerix®

Vaccine Overview – HB

	Engerix-B®	Recombivax HB®
Vaccine Type	Inactivated	Non-live
Dosage & Format	**Refer to previous slides** Supplied in pre-filled syringes of 0.5 mL or 1.0 mL	**Refer to previous slides** Supplied in single-dose vials of 0.5mL or 1.0mL
Route	IM	IM
Site	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid	< 12 months of age: Anterolateral aspect of the thigh ≥12 months of age: Deltoid
Authorized Age	≥ 0 years of age	≥ 0 years of age
Potential Allergens	• Yeast protein • Thimerosal*	• Yeast protein • Latex in vial stopper
Adjuvant	Alum	Alum
Active Ingredient	20mcg/mL hepatitis B surface antigen	Hepatitis B surface antigen
Ingredients	• Aluminum hydroxide • Disodium phosphate dihydrate • Sodium chloride • Sodium dihydrogen phosphate dihydrate • Water for injection	• Aluminum hydroxyphosphate • Sodium chloride • Sodium borate • Water for injection • Yeast protein (manufacturing process residual) • Formaldehyde (manufacturing process residual)

Immunization Schedule - HB

Appendix C: Dosages and schedules for monovalent Hepatitis B (HB) vaccines for pre-exposure immunization[1]

Vaccine	Recipient age	µg HBsAg per dose	mL per dose	Schedule (month)	Total doses
Recombivax HB®	0 to less than 11 years	5	0.5	0, 1, 6	3
	11 to less than 16 years[2]	10	1.0	0, 4-6	2
		5	0.5	0, 1, 6	3
	16 to less than 20 years	5	0.5	0, 1, 6	3
	20 years and older	10	1.0	0, 1, 6	3
	Dialysis, chronic renal failure, and some immunocompromised clients less than 20 years of age	double the µg dose for healthy individual of same age		0, 1, 6 or 0, 1, 2, 12	3 or 4
	Dialysis, chronic renal failure, and some immunocompromised clients 20 years of age and older	40	1.0	0, 1, 6	3
Engerix®-B	0 to less than 11 years	10	0.5	0, 1, 6 or 0, 1, 2, 12	3 or 4
	11 to less than 16 years[2]	20	1.0	0, 6	2
		10	0.5	0, 1, 6 or 0, 1, 2, 12	3 or 4
	16 to less than 20 years	10	0.5	0, 1, 6 or 0, 1, 2, 12	3 or 4
Engerix®-B	20 years and older	20	1.0	0, 1, 6 or 0, 1, 2, 12 or 0, day 7, day 21, month 12	3 or 4
	Dialysis, chronic renal failure, and some immunocompromised clients less than 16 years of age	double the µg dose for healthy individual of same age		0, 1, 6 or 0, 1, 2, 12	3 or 4
	Dialysis, chronic renal failure, and some immunocompromised clients 16 years of age and older	40	2.0	0, 1, 2, 6	4

HPV-9

Human Papillomavirus

Eligibility – HPV-9

Eligibility criteria for publicly funded routine vaccine programs:

- Individuals in grades 7 to 12
- Routinely given in grade 7

NOTE: HPV is a school-based vaccine given in school by OPH.
It is not routinely given in primary care clinics, but can be ordered to help catch children who missed the vaccine in school and are part of the extended eligibility due to the Pandemic. See extended eligibility here.

Immunization Schedule – HPV-9

2-Dose Series for: • Healthy Grade 7-12 Students Aged <15 Years of Age • Healthy Youth 9 to 14 Years of Age (who meet high risk eligibility criteria)		
Dose Number	**Recommended Intervals**	**Minimum Intervals**
Dose 1	As indicated above	As indicated above
Dose 2	6 months after 1st dose	24 weeks after 1st dose

3-Dose Series for: • Healthy Grade 7-12 Students Aged ≥15 Years of Age • Healthy Males 15 to 26 Years of Age (who meet high risk eligibility criteria) • Immunocompromised or Immunocompetent HIV-infected Grade 7 to 12 Students • Immunocompromised or Immunocompetent HIV-infected Males 9 to 26 Years of Age (who meet high risk eligibility criteria)		
Dose Number	**Recommended Intervals**	**Minimum Intervals**
Dose 1	As indicated above	As indicated above
Dose 2	2 months after 1st dose	4 weeks after 1st dose
Dose 3	4 months after 2nd dose	12 weeks after 2nd dose

Vaccine Overview – HPV-9

Gardasil® 9	
Vaccine Type	Non-live
Dosage & Format	**0.5 mL** Supplied single-dose vials or pre-filled syringes
Route	IM
Site	Deltoid
Authorized Age	9 to 45 years of age
Potential Allergens	• Yeast protein
Adjuvant	Alum
Active Ingredients	• 30 mcg of HPV 6 L1 protein • 40 mcg of HPV 11 L1 protein • 60 mcg of HPV 16 L1 protein • 40 mcg of HPV 18 L1 protein • 20 mcg of HPV 31 L1 protein • 20 mcg of HPV 33 L1 protein • 20 mcg of HPV 45 L1 protein • 20 mcg of HPV 52 L1 protein • 20 mcg of HPV 58 L1 protein
Ingredients	• Amorphous aluminum hydroxyphosphate sulfate • L-histidine • Polysorbate 80 • Sodium borate • Sodium chloride • Water for injection

Part 3

- Expanded Eligibility
- Reporting AEFI
- ISPA Reminders

Expanded Eligibility for School Vaccines (due to pandemic disruptions)

Expanded Hepatitis B eligibility:

Impacted Cohorts:

Grade 9 students in the 2020/21, 2021/22, and 2022/23 school years (born in 2006, 2007, or 2008)

Expanded HPV-9 eligibility:

Impacted Cohorts:

Females born in 2002, 2003 and 2004, and males born in 2004 remain eligible until Aug 31, 2023

Reporting AEFI

- Use PHO Form only
- Submit to OPH via Fax, webform or website: 613-580-9660 or AEFI Submission-EN - Ottawa Public Health
- Submit to the health unit which corresponds to the client's place of residence

Public Health Ontario | Santé publique Ontario

ADVERSE EVENT FOLLOWING IMMUNIZATION REPORTING
FOR HEALTH CARE PROVIDERS IN ONTARIO

DO YOUR PART **TO MONITOR ADVERSE EVENTS!**

1 Advise patients to contact you or your team if they experience an adverse event after vaccination.

2 Report adverse events to your local public health unit, using Public Health Ontario's Report of Adverse Event Following Immunization Reporting Form.

3 Contact your local public health unit if you have any questions about AEFI reporting.

QUESTIONS & **ANSWERS**

What is an AEFI?

An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine.

Who should report an AEFI?

Health care providers (i.e. physicians, nurses and pharmacists) are required by law to report AEFIs. Reports should be made using the Ontario AEFI Reporting Form and sent to the local public health unit.

Vaccine recipients or their caregivers may also voluntarily report AEFIs to public health.

Why is it important to report an AEFI?

When you report an AEFI you provide vital information that is needed to monitor vaccine safety. This information is also used to report on vaccine safety to Ontarians, which contributes to the success of immunization programs.

What types of adverse events should be reported?

You should report any event which may be related to receipt of a vaccine, as outlined on the next page. Of particular importance are events which require medical consultation, or unusual or unexpected events. Submitting a report does not mean that the vaccine caused the event.

What does NOT need to be reported?

Some common or mild events do not need to be reported. These include:

- fever that is not accompanied by any other symptoms
- injection site reactions that last less than 4 days
- vasovagal syncope (without injury)
- events that are clearly attributed to other causes.

IF YOU ARE UNSURE WHETHER TO REPORT AN AEFI, BE **PROACTIVE** AND **REPORT** THE **EVENT**.

TYPES OF ADVERSE EVENTS TO **REPORT**

The table below lists the types of adverse events that you should report to your local public health unit. For each event there are estimated timelines between vaccination and onset of symptoms (i.e., temporal criteria). Other events not listed below can also be reported if they are clinically significant. If you are unsure, be proactive and report.

Adverse event type	TEMPORAL CRITERIA for Non-live vaccines	TEMPORAL CRITERIA for Live vaccines
Injection site reactions	**Non-live vaccines**	**Live vaccines**
Pain, redness or swelling lasting 4 days or more OR extending beyond the nearest joint	0 to 48 hours	0 to 48 hours
Infected abscess	0 to 7 days	0 to 7 days
Sterile abscess	0 to 7 days	0 to 7 days
Nodule	0 to 7 days	0 to 7 days
Cellulitis	0 to 7 days	0 to 7 days
Systemic reactions	**Non-live vaccines**	**Live vaccines**
Rash	0 to 7 days	5 to 42 days
Adenopathy/lymphadenopathy	0 to 7 days	5 to 42 days
Severe vomiting/diarrhea	0 to 72 hours	0 to 42 days
Parotitis	N/A	5 to 30 days
Hypotonic-hyporesponsive episode (HHE); under 2 years of age only	0 to 48 hours	0 to 48 hours
Persistent crying/screaming; under 2 years of age only	0 to 72 hours	0 to 72 hours
Allergic reactions	**Non-live vaccines**	**Live vaccines**
Event managed as anaphylaxis (i.e., epinephrine administered)	0 to 24 hours	0 to 24 hours
Oculorespiratory Syndrome (ORS)	0 to 24 hours	0 to 24 hours
Allergic skin reaction (e.g., hives)	0 to 48 hours	0 to 48 hours
Neurologic events	**Non-live vaccines**	**Live vaccines**
Convulsions/seizure	0 to 72 hours	5 to 42 days
Encephalopathy/encephalitis	0 to 15 days	5 to 42 days
Meningitis	0 to 15 days	5 to 42 days
Anaesthesia/paraesthesia	0 to 15 days	0 to 42 days
Paralysis	0 to 15 days	5 to 42 days
Myelitis/acute disseminated encephalomyelitis	0 to 15 days	5 to 42 days
Guillian Barré Syndrome (GBS)	1 to 8 weeks	1 to 8 weeks
Bell's palsy	0 to 3 months	0 to 3 months
Other events of interest	**Non-live vaccines**	**Live vaccines**
Arthritis/arthralgia	0 to 15 days	1 to 3 weeks
Intussusception	N/A	0 to 42 days
Thrombocytopenia	0 to 30 days	0 to 30 days
Syncope (fainting) with injury	0 to 30 minutes	0 to 30 minutes
Other severe/unusual events	Reportable regardless of timeline	Reportable regardless of timeline

ISPA Reminders

R.R.O. 1990, Reg. 645: GENERAL (ontario.ca)

MMR: First valid dose administered no earlier than 1 year of age, and at a minimum interval of 4 weeks following any previous dose of a live vaccine.

Men-C-C: First valid dose administered no earlier than 1 year of age

Varicella: born on or after Jan 1, 2010 (2 doses). First valid dose administered no earlier than 1 year of age

Tdap-IPV: This 4-6-year-old booster no earlier than 4 years of age, and before 7th birthday

Part 4:

- Practice Scenarios

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Table 24: Tdap-IPV, Td and IPV, and/or Td schedule for individuals ≥7 years of age who have not completed their series		
Number of DTaP-IPV-[Hib] doses received at age <7 years	**Individual's current age**	**Continue with the following number of Tdap-IPV, Td and IPV and/or Td doses to complete series (recommended intervals)**
1 dose	7 to 17 years	1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1st Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose
2 doses	7 to 17 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1st Tdap-IPV dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose
3 doses	≥7 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose
4 doses received at age <4 years	≥7 years	1 dose of Tdap-IPV
Note: DTaP-IPV-[Hib] indicates the use of either DTaP-IPV-Hib or DTaP-IPV depending on the age of the child		

Immunization Details

Immunization History - Summary Grid

Legend

Agent ▲	Date Administered ▲	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
HAHB	2009 Jan 30 (X)	2009 Jun 20 (X)	2011 Jan 03			
DTaP-IPV-Hib	2015 Oct 06	2015 Nov 10				
IPV	2020 Jan 01					
Tdap	2020 Jul 03					
HB	2021 May 10	2021 Sep 15				
Men-C-ACYW-135	2021 Sep 15					

Scenario 2

You have a client, who is 13 years old and is a newcomer to Canada that does not have an OHIP card or a family doctor. What is the client eligible for? What will you administer?

Active

Client ID: 1002814561

Name(Last, First Middle) / Gender: Twentytwentyone, OPHTestTwo / Male

Health Card No: -

Date of Birth / Age: 2009 Oct 05 / 13 yrs 2 months

Phone Number: -

Health Region Organization: PHD PHO OGPMSS,Ottawa Public Health

Address:

Immunization Details

Immunization History - Summary Grid

Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
HB	2009 Oct 12	2009 Nov 14	2010 Aug 08			
DTaP-IPV-Hib	2010 Jan 16	2010 Mar 28	2010 May 10			
Pneu-C-13	2010 Jan 16	2010 Mar 28	2010 May 10			
Men-C-C	2010 Mar 28	2011 Feb 07				
DTaP-IPV	2010 May 30 (X)					
Var	2010 Nov 05					
MMR	2011 Feb 07	2011 Nov 24				
Tdap-IPV	2013 May 30 (X)					

Answer Key: Scenario 2

- HB series complete in infancy (meets interval of 0,1,6 months)
- Dose of DTaP-IPV/Tdap-IPV was given too soon this is invalid and needs repeating*
- 2nd varicella dose recommended(not mandatory for ISPA if born before 2010)
- Due for: Men-C-ACYW135, Tdap-IPV and HPV-9 (2 dose series recommended)

Table 24: Tdap-IPV, Td and IPV, and/or Td schedule for individuals ≥7 years of age who have not completed their series

Number of DTaP-IPV-[Hib] doses received at age <7 years	Individual's current age	Continue with the following number of Tdap-IPV, Td and IPV and/or Td doses to complete series (recommended intervals)
1 dose	7 to 17 years	1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1st Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose
2 doses	7 to 17 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1st Tdap-IPV dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose
3 doses	≥7 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose
4 doses received at age <4 years	≥7 years	1 dose of Tdap-IPV

Note: DTaP-IPV-[Hib] indicates the use of either DTaP-IPV-Hib or DTaP-IPV depending on the age of the child

Table 16: MMR, MMRV and Var immunization series

Order of Vaccines	Recommended Intervals	Minimum Intervals
MMR then MMR	1 month	4 weeks
MMR then MMRV / MMRV then MMR	3 months	6 weeks
MMR then Var / Var then MMR	1 month	4 weeks
MMRV then MMRV	3 months	6 weeks
Var then MMRV / MMRV then Var	3 months	6 weeks
Var then Var	3 months	6 weeks

Note: MMR and Var may be given at the same visit if required

Scenario 3

You have a client, who is 11 years old (DOB:2015-01-01). What is this client due for? Do they need anymore Tdap or Polio? Why is varicella considered invalid?

Client ID: 1066612250
Name(Last, First Middle) / Gender: Antervais, William / Male
Health Card No: -
Date of Birth / Age: 2011 Jul 10 / 11 years 3 months
Phone Number: Unknown: 613-222-2222
Health Region Organization: PHD PHO OGPMSS,Ottawa Public Health
Address: 1 Anyplace Street, Ottawa, Ontario, K2G6J8, Canada

Immunization Details

Immunization History - Summary Grid — Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
DPT	2011 Sep 12	2011 Dec 09	2012 Feb 09	2017 Jan 01		
OPV	2011 Sep 12	2011 Dec 09	2012 Feb 09	2017 Jan 01		
Var	2012 Mar 10 (X)					
p-unspecified	2012 Jun 06 (X)					
MMR	2013 Jan 02					

Table 16: MMR, MMRV and Var immunization series

Order of Vaccines	Recommended Intervals	Minimum Intervals
MMR then MMR	1 month	4 weeks
MMR then MMRV / MMRV then MMR	3 months	6 weeks
MMR then Var / Var then MMR	1 month	4 weeks
MMRV then MMRV	3 months	6 weeks
Var then MMRV / MMRV then Var	3 months	6 weeks
Var then Var	3 months	6 weeks

Note: MMR and Var may be given at the same visit if required

- Y… n… d… y… …a …would

Table 24: Tdap-IPV, Td and IPV, and/or Td schedule for individuals ≥7 years of age who have not completed their series

Number of DTaP-IPV-[Hib] doses received at age <7 years	Individual's current age	Continue with the following number of Tdap-IPV, Td and IPV and/or Td doses to complete series (recommended intervals)
1 dose	7 to 17 years	1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1st Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose
2 doses	7 to 17 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1st Tdap-IPV dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose
3 doses	≥7 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose
4 doses received at age <4 years	≥7 years	1 dose of Tdap-IPV

Note: DTaP-IPV-[Hib] indicates the use of either DTaP-IPV-Hib or DTaP-IPV depending on the age of the child

Client ID:
1002988091

Four, Scenario / Other

-

2015 Jan 01 / 8 years 2 months

Phone Number:
-

Health Region Organization:
PHD PHO OGPMSS,Ottawa Public Health

Address:

Immunization Details

Immunization History - Summary Grid

Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
DTaP-IPV-Hib	2015 Mar 01	2015 May 01				
Pneu-C-13	2015 Mar 01	2015 May 01	2016 Jan 01			
Men-C-C	2016 Jan 01					
MMR	2016 Jan 01					
Var	2016 Apr 01					
MMR-Var	2019 Jan 01					

Vaccine Intervals – Recommended and Minimum

Note: Tables 8, 12, 13, 14, 15 and 17 should be used with initiating the vaccine series. Interrupted schedules may result in fewer necessary doses than indicated in the table. Consult the Canadian Immunization Guide or Table 23 for the interrupted Pneu-C-13 series.

Table 4: DTaP-IPV-Hib and Tdap-IPV primary immunization series for children <7 years of age

Recommended Intervals	Minimum Intervals
1st DTaP-IPV-Hib dose at age ≥2 months 2nd DTaP-IPV-Hib dose, 2 months after 1st dose 3rd DTaP-IPV-Hib dose, 2 months after 2nd dose 4th DTaP-IPV-Hib dose, 6-12 months after 3rd dose and age ≥1 year *If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, and 3rd dose is given at age ≥1 year, Tdap-IPV should be given* 5th Tdap-IPV dose, 6-12 months after 4th dose and at age ≥4 years *5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose*	1st DTaP-IPV-Hib dose at age ≥6 weeks 2nd DTaP-IPV-Hib dose, 4 weeks after 1st dose 3rd DTaP-IPV-Hib dose, 4 weeks after 2nd dose 4th DTaP-IPV-Hib dose, 24 weeks after 3rd dose and age ≥1 year *If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, Tdap-IPV should be given* 5th Tdap-IPV dose, 24 weeks after 4th dose and at age ≥4 years *5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose*

Note:
- Refer to the Routine Schedule and Catch-up Schedule 1 for the use of DTaP-IPV-Hib

Phone Number:
-

Health Region Organization:
PHD PHO OGPMSS,Ottawa Public Health

Address:

Immunization Details

Immunization History - Summary Grid

Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
DTaP-IPV-Hib	2021 Mar 01	2021 May 01	2021 Jul 01			
Pneu-C-13	2021 Mar 01	2021 May 01	2022 Jan 01			
Men-C-C	2022 Jan 01					
MMR	2022 Jan 01					
Var	2022 Apr 01					

Vaccine Intervals – Recommended and Minimum

Note: Tables 8, 12, 13, 14, 15 and 17 should be used with initiating the vaccine series. Interrupted schedules may result in fewer necessary doses than indicated in the table. Consult the Canadian Immunization Guide or Table 23 for the interrupted Pneu-C-13 series.

Table 4: DTaP-IPV-Hib and Tdap-IPV primary immunization series for children <7 years of age

Recommended Intervals	Minimum Intervals
1st DTaP-IPV-Hib dose at age ≥2 months 2nd DTaP-IPV-Hib dose, 2 months after 1st dose 3rd DTaP-IPV-Hib dose, 2 months after 2nd dose 4th DTaP-IPV-Hib dose, 6-12 months after 3rd dose and age ≥1 year *If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, and 3rd dose is given at age ≥1 year, Tdap-IPV should be given* 5th Tdap-IPV dose, 6-12 months after 4th dose and at age ≥4 years *5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose*	1st DTaP-IPV-Hib dose at age ≥6 weeks 2nd DTaP-IPV-Hib dose, 4 weeks after 1st dose 3rd DTaP-IPV-Hib dose, 4 weeks after 2nd dose 4th DTaP-IPV-Hib dose, 24 weeks after 3rd dose and age ≥1 year *If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, Tdap-IPV should be given* 5th Tdap-IPV dose, 24 weeks after 4th dose and at age ≥4 years *5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose*

Note:
- Refer to the Routine Schedule and Catch-up Schedule 1 for the use of DTaP-IPV-Hib

Phone Number:
-

Health Region Organization:
PHD PHO OGPMSS,Ottawa Public Health

Address:

Immunization Details

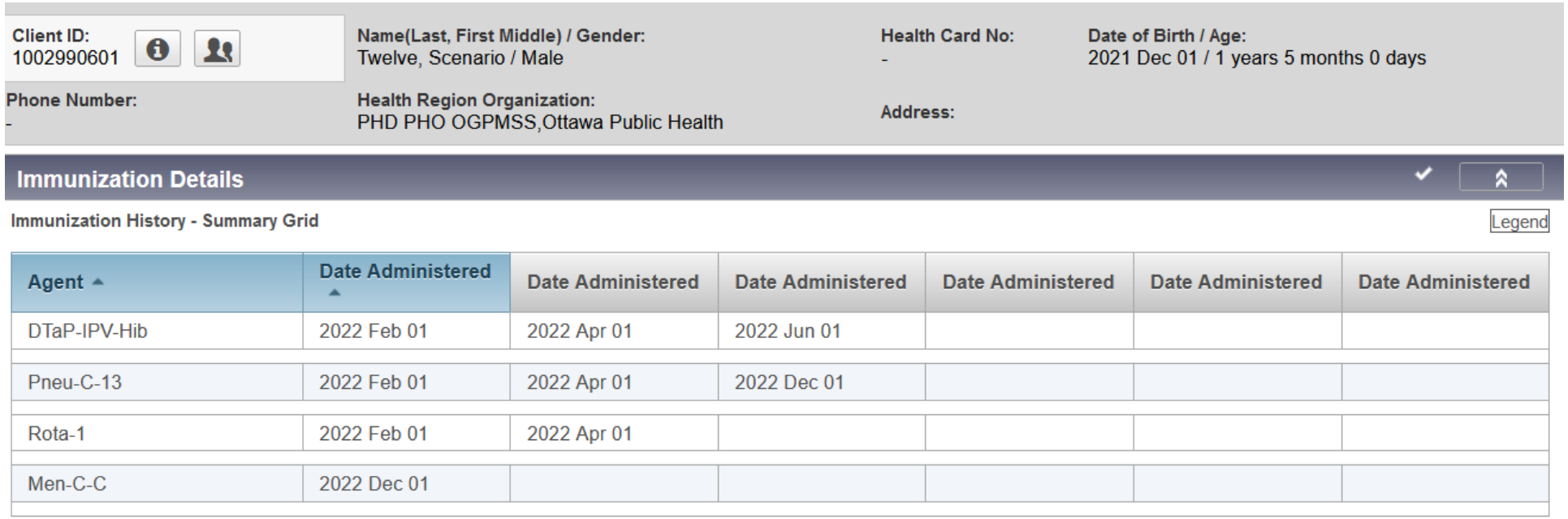
Immunization History - Summary Grid

Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
DTaP-IPV-Hib	2017 Mar 01	2017 May 01	2017 Jul 01			
Pneu-C-13	2017 Mar 01	2017 May 01	2018 Jan 01			
Men-C-C	2018 Jan 01					
MMR	2018 Jan 01					
Var	2018 Apr 01					
MMR-Var	2021 Jan 01					

Scenario 7

You have a client, that presents to clinic and is 18 months old (DOB: 2021-12-01). What vaccine are they eligible for? Would it be different if the client was 12 months old today?



Client ID: 1002990601

Name(Last, First Middle) / Gender: Twelve, Scenario / Male

Health Card No: -

Date of Birth / Age: 2021 Dec 01 / 1 years 5 months 0 days

Phone Number: -

Health Region Organization: PHD PHO OGPMSS,Ottawa Public Health

Address:

Immunization Details

Immunization History - Summary Grid

Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
DTaP-IPV-Hib	2022 Feb 01	2022 Apr 01	2022 Jun 01			
Pneu-C-13	2022 Feb 01	2022 Apr 01	2022 Dec 01			
Rota-1	2022 Feb 01	2022 Apr 01				
Men-C-C	2022 Dec 01					

Scenario 8

You have a client, that presents to clinic and is 14 years of age (DOB: 2009-01-01). What vaccine are they eligible for?

Active

Client ID: 1002992091

Name(Last, First Middle) / Gender: Thirteen, Scenario / Unknown

Health Card No: -

Date of Birth / Age: 2009 Jan 01 / 14 years 2 months

Phone Number: -

Health Region Organization: PHD PHO OGPMSS,Ottawa Public Health

Address:

Immunization Details

Immunization History - Summary Grid

Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
DTaP-IPV-Hib	2009 Mar 01	2009 May 01	2009 Jul 01			
Pneu-C-13	2009 Mar 01	2009 May 01	2010 Jan 01			
Men-C-C	2010 Jan 01					
MMR	2010 Jan 01					
Tdap-IPV	2013 Jan 01					
HB	2021 Feb 01	2021 Oct 01				
HPV-9	2021 Feb 01	2021 Oct 01				
Men-C-ACYW-135	2021 Feb 01					

Scenario 9

- **You have a client, that presents to clinic and is 13 years of age (DOB: 2010-01-01). What vaccine are they eligible for?**

Client ID: 1002993601

Name(Last, First Middle) / Gender: Fifteen, Scenario / Unknown

Health Card No: -

Date of Birth / Age: 2010 Jan 01 / 13 years 2 months

Phone Number: -

Health Region Organization: PHD PHO OGPMSS,Ottawa Public Health

Address:

Immunization Details

Immunization History - Summary Grid

Legend

Agent	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered	Date Administered
DTaP-IPV-Hib	2010 Mar 01	2010 May 01	2010 Jul 01			
Pneu-C-13	2010 Mar 01	2010 May 01	2011 Jan 07			
Men-C-C	2011 Jan 07	2023 Mar 30				
MMR	2011 Jan 07					
Var	2011 Apr 07					
MMR-Var	2015 May 05					
Tdap-IPV	2015 May 05					
HB	2023 Mar 30					
HPV-9	2023 Mar 30					