

Publicly Funded Immunization Schedules for Ontario

January 2021

What is this resource?

This document outlines the Publicly Funded Immunization Schedules for Ontario as of January 2021.

This document is intended primarily for health care providers who administer immunizations. It is to be used as a reference tool for immunizers, and provides information regarding:

- 1. The routine immunization schedule**
- 2. Catch-up immunization schedules**
- 3. High risk immunization programs and schedules**
- 4. Eligibility criteria for all publicly funded vaccines and**
- 5. Minimum and recommended intervals between doses for vaccine series.**

How to use this document:

The first three pages of this document are Ontario's routine and catch-up immunization schedules. The schedules are small images and may be difficult to read. For a larger version of the schedules, visit health.gov.on.ca/en/pro/programs/immunization/schedule.aspx where they are available as a PDF file for download. This document will need to be printed and each of the schedules will need to be assembled to make an easy-to-read resource.

The larger-print assembled schedules can be posted or kept with a printed copy of this document for easy reference in your immunization areas.

The remainder of this document contains information regarding eligibility for all

publicly funded vaccines as well as high risk programs and vaccine intervals (minimum and recommended) for vaccine series.

The vaccine interval information is used when individuals are 'off-schedule' with their recommended vaccines.

The *minimum* age and interval is the shortest time between two vaccine doses in a series in which a protective response can be expected. However, it is preferable to maintain the *recommended* age and interval when possible as this will provide optimal protection or has the best evidence of efficacy.

This document also includes timing information on how to complete the pneu-C-13 series, as well as Tdap-IPV series depending on an individual's current age and previous doses received.

Immunizers should take responsibility for ensuring they have up to date knowledge using appropriate guidelines and resources such as vaccine product monographs and the Canadian Immunization Guide

(canada.ca/en/public-health/services/canadian-immunization-guide.html).

Immunizers with questions on the Publicly Funded Immunization Schedules for Ontario can contact their local public health unit

(see pages 13–14 for contact information).

Publicly Funded Immunization Schedules for Ontario – January 2021

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 ^Υ	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b	◆	◆	◆			◆						
Pneu-C-13 Pneumococcal Conjugate 13	◆	◆		◆								
Rot-5 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												I
Pneu-P-23 Pneumococcal Polysaccharide 23												■
Inf Influenza				*Every year in the fall								

- ◆ - A single vaccine dose given by intramuscular injection
- - A single vaccine dose given by subcutaneous injection
- ▲ - A single vaccine dose given by mouth
- - Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection
- Φ - Given no earlier than the 1st birthday, and prior to 16 months of age

- Υ - Once a dose of Tdap is given in adulthood (24 years of age), adults should receive Td boosters every 10 years thereafter
 - I - HZ is a 2 dose series (see Table 12) given by intramuscular injection
 - * - Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter
- Note:** A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24)

Publicly Funded Immunization Schedules for Ontario – January 2021

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Catch-up Schedule 1: Children Starting Immunization between 1-6 Years

Age Vaccine	1 st Visit:			2 nd Visit: 2 months after 1 st visit					3 rd Visit: 2 months after 2 nd visit		4 th Visit: 6-12 months after 3 rd visit		5 th Visit (only required if child was <4 years at 4 th visit): 4-6 yrs of age and 6-12 months after 4 th visit	Grade 7	14-18 yrs [§]	24-28 yrs		≥34 yrs [¶]	65 yrs
	If child is			If child is <5 years and was			If child is		If child is		If child is					If adult was			
	<4 yrs	4 yrs	5-6 yrs	<2 yrs at 1 st visit	2-3 yrs at 1 st visit	4 yrs at 1 st visit	5-6 yrs	7 yrs	<7 yrs	7 yrs	<4 yrs	4-8 yrs				<18 yrs at previous visit [†]	≥18 yrs at previous visit [¶]		
DTaP-IPV-Hib	◆	◆	◆	◆	◆	◆	◆		◆		◆								
Pneu-C-13	◆	◆		◆															
MMR	■																		
MMRV		■	■									■	■						
Var				■	■														
Men-C-C	◆	◆	◆																
Tdap-IPV								◆		◆		◆	◆						
HB														●					
Men-C-ACYW														●					
HPV-9														●					
Tdap															◆	◆			
Td																	◆	◆ Every 10 years	
HZ																			■
Pneu-P-23																			■
Inf	*Every year in the fall																		

- ◆ - A single vaccine dose given by intramuscular injection
- - A single vaccine dose given by subcutaneous injection
- - Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection
- § - Given 10 years after the (4-8 year old) Tdap-IPV dose
- † - Given 10 years after the adolescent Tdap dose

¶ - Once a dose of Tdap is given in adulthood (>18 yrs), adults should receive Td boosters every 10 years thereafter

■ - HZ is a 2 dose series (see Table 12) given by intramuscular injection

* - Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24)

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Catch-up Schedule 2: Children Starting Immunization between 7–17 Years

Age Vaccine	1 st Visit		2 nd Visit: 2 months after 1 st Visit		3 rd Visit: 6–12 months after 2 nd Visit	Grades 7–8	Grades 7–12	Grades 7–12 Males born in or after 2004	Grades 7–12 Females	10 Years after 3 rd Visit	10 years after previous visit (only required if child was <18 yrs old at previous visit)	Every 10 years after the previous visit ^Y	65 Years
	If child is <13 yrs	If child is 13 to 17 yrs	If child is <13 yrs	If child is 13 to 18 yrs									
Tdap-IPV	◆	◆	◆	◆	◆								
MMRV	■		■										
MMR		■		■									
Var		■		■									
Men-C-C	◆												
HB						●							
Men-C-ACYW							●						
HPV-9								●	●				
Tdap										◆	◆		
Td												◆	
HZ													■
Pneu-P-23													■
Inf	*Every year in the fall												

- ◆ - A single vaccine dose given by intramuscular injection
- - A single vaccine dose given by subcutaneous injection
- ◆ - Individuals born on or after 2003/Sept/01 are eligible to receive a dose of Men-C-C (given by intramuscular injection). These individuals are also eligible to receive Men-C-ACYW when they enter Grade 7. If the individual is immunized with Men-C-ACYW, in or after Grade 7, Men-C-C is no longer recommended
- - Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-9 is a 2 or 3 dose series (see Tables 10 and 11). Each vaccine dose is given by intramuscular injection

^Y - Once a dose of Tdap is given in adulthood, adults should receive Td boosters every 10 years thereafter

■ - HZ is a 2 dose series (see Table 12) given by intramuscular injection

* - Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4–24)

Catch-up Schedule 3: Adults Starting Immunization at 18 Years and Older

Age Vaccine	1 st Visit				2 nd Visit: 2 months after 1 st Visit			3 rd Visit: 6-12 months after 2 nd Visit	Every 10 years after the 3 rd Visit	65 Years
	If adult is born				If adult is born					
	in or prior to 1985	between 1986 and 1996	between 1997 and 1999	in or after 2000	in or after 2000 and is 19 to 25 yrs	in or prior to 1999 and is 20 to 25 yrs	in or prior to 1999 and is ≥26 yrs			
Tdap-IPV	◆	◆	◆	◆						
MMR	■	■	■	■	■	■				
Var				■	■					
Men-C-ACYW			◆	◆						
Men-C-C		◆								
Td					◆	◆	◆	◆	◆	
IPV					◆	◆	◆	◆		
HZ										■
Pneu-P-23										■
Inf	*Every year in the fall									

- ◆ - A single vaccine dose given in a syringe and needle by intramuscular injection
- - A single vaccine dose given in a syringe and needle by subcutaneous injection

■ - HZ is a 2 dose series (see Table 12) given by intramuscular injection

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4–24)

Table 1: Vaccine Administration			
Route of administration	Vaccine recipient	Recommended needle gauge	Recommended needle length
Intramuscular (IM) Note: For IM injections, use a needle length sufficient to reach the largest part of the muscle	Infants, toddlers and older children	22-25	7/8 inch-1 inch
	Adolescents and adults	22-25	1 inch-1½ inch
Subcutaneous (SC)	All ages	25	5/8 inch
Oral (PO)	Infants	n/a	n/a
Intranasal (IN)	All ages	n/a	n/a
Notes: • For route, site and technique for vaccine administration refer to the Canadian Immunization Guide (CIG) at www.phac-aspc.gc.ca/publicat/cig-gci/p01-07-eng.php • Never mix and administer different vaccines together in the same syringe unless indicated in the product monograph • For vaccines that require reconstitution, always mix the vaccine with supplied diluent for that vaccine			

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, <i>Haemophilus influenzae</i> 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 8	≥0 years of age (see Table 3)
Hib <i>Haemophilus influenzae</i> type b	IM	6 weeks to 6 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 71 st birthday	
HPV-9 Human Papillomavirus	IM	• Grades 7 to 12 females • Grades 7 to 12 males born in or after 2004	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 and older (see Table 3)
MMR Measles, Mumps, Rubella	SC	≥1 year of age	• 6 to 11 months (see Table 3) • ≥18 years of age (see Table 3)
MMRV Measles, Mumps, Rubella, Varicella	SC	4 to 12 years of age	
Pneu-C-13 Pneumococcal Conjugate 13	IM	6 weeks to 4 years of age	• 6 weeks to 6 months of age (see Table 3) • ≥50 years of age (see Table 3)
Pneu-P-23 Pneumococcal Polysaccharide 23	SC or IM	≥65 years of age	• 2 to 64 years of age (see Table 3) • ≥2 years of age (reimmunization) (see Table 3)
Rot-5 Rotavirus	PO	6 to 32 weeks of age	
Td Tetanus, diphtheria	IM	≥7 years of age	

Table 2: Eligibility Criteria for All Publicly Funded Vaccines (cont.)

Publicly Funded Vaccines	Route of administration	Publicly Funded Age Groups	
		Routine Vaccine Programs	High Risk Vaccine Programs
Tdap Tetanus, diphtheria, pertussis	IM	≥4 years of age Note: 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.	
Tdap-IPV Tetanus, diphtheria, pertussis, Polio	IM	≥4 years of age	≥18 years of age (see Table 3)
Var Varicella	SC	Born in or after 2000 and ≥1 year of age	Born in or prior to 1999 (see Table 3)

Notes:

- Some vaccines protect against the same disease; the most appropriate vaccine should be selected based on the age and needs of the vaccine recipient in accordance with the recommended schedules
- For any of the immunization schedules, if an individual is partially immunized or contraindicated to receive a component of a combined vaccine, alternative vaccines may be used, provided the individual is eligible to receive the vaccine, for example:
 - If IPV series is complete Tdap can be used instead of Tdap-IPV
 - Similarly, if there is a contraindication to receiving pertussis, Td and IPV for individuals ≥7 years of age can be used instead of Tdap-IPV

Consult with your local public health unit regarding the availability of publicly funded vaccines for the case and contact management of vaccine preventable diseases.

Table 3: High Risk Vaccine Programs

High risk individuals should also be immunized according to the routine or applicable catch-up schedules (see pages 2 to 4)

Publicly Funded Vaccines	Publicly Funded Age Groups	# of Eligible Doses	Vaccine Intervals	High Risk Eligibility Criteria
Hib	≥5 years	1 or 3	For HSCT - See Table 9	• Asplenia (functional or anatomic) (1 dose) • Bone marrow or solid organ transplant recipients (1 dose) • Cochlear implant recipients (pre/post implant) (1 dose) • Hematopoietic stem cell transplant (HSCT) recipients (3 doses) • Immunocompromised individuals related to disease or therapy (1 dose) • Lung transplant recipients (1 dose) • Primary antibody deficiencies (1 dose)
DTaP-IPV-Hib	5-6 years			• High risk children 5 to 6 years of age who require DTaP-IPV and Hib should receive DTaP-IPV-Hib instead of Hib
HA	≥1 year	2	See Table 5	• Intravenous drug use • Liver disease (chronic), including hepatitis B and C • Men who have sex with men
HB	≥0 years	2 to 4 (+ boosters if required)	See Table 7	• Children <7 years old whose families have immigrated from countries of high prevalence for HBV and who may be exposed to HBV carriers through their extended families (3 doses) • Household and sexual contacts of chronic carriers and acute cases (3 doses) • History of a sexually transmitted disease (3 doses) • Infants born to HBV-positive carrier mothers: - premature infants weighing <2,000 grams at birth (4 doses) - premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses) • Intravenous drug use (3 doses) • Liver disease (chronic), including hepatitis C (3 doses) • Awaiting liver transplants (2nd and 3rd doses only) • Men who have sex with men (3 doses) • Multiple sex partners (3 doses) • Needle stick injuries in a non-health care setting (3 doses) • On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only)
HPV-9	Males 9 to 26 years	2 to 3	See Tables 10 and 11	• Men who have sex with men
4CMenB	2 months to 17 years	2 to 4	See Table 14	• Acquired complement deficiencies (e.g., receiving eculizumab) • Asplenia (functional or anatomic) • Cochlear implant recipients (pre/post implant) • Complement, properdin, factor D or primary antibody deficiencies • HIV
Men-C-ACYW	9 months to 55 years	2 to 4 + boosters	See Table 15	
Men-C-ACYW	≥56 years	1	See Table 15	

Table 3: High Risk Vaccine Programs (cont.)

High risk individuals should also be immunized according to the routine or applicable catch-up schedules (see pages 2 to 4)

Publicly Funded Vaccines	Publicly Funded Age Groups	# of Eligible Doses	Vaccine Intervals	High Risk Eligibility Criteria
MMR	6-11 months	1	See Table 16	• Infants traveling to areas/countries where disease is of concern Note: 2 additional doses are required at ≥ 1 year of age and at appropriate intervals
	≥ 26 years	1 (as a 2 nd dose)	See Table 16	Adults who have only received 1 dose of MMR are eligible to receive a 2 nd dose: • if they are health care workers • if they are post-secondary students • if they are planning to travel to areas where disease is of concern • based on the health care provider's clinical judgement
Pneu-C-13	6 weeks to 6 months	1 (as a 4 th dose)	See Table 17	• Infants who meet any of the Pneu-P-23 high risk criteria from 1 to 14 (see Pneu-P-23 eligibility criteria) are eligible for a 4th dose and should be immunized according to the high risk Pneu-C-13 schedule
	≥ 50 years	1 or 3	For HSCT – See Table 18 For intervals between Pneu-C-13 and Pneu-P-23 – See Table 19	• Asplenia (anatomical or functional) (1 dose) • Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions (1 dose) • HIV (1 dose) • HSCT recipient (3 doses) • Immunocompromising therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, biologic and certain anti-rheumatic drugs (1 dose) • Malignant neoplasms including leukemia and lymphoma (1 dose) • Sickle cell disease or other hemoglobinopathies (1 dose) • Solid organ or islet cell transplant (candidate or recipient) (1 dose)
Pneu-P-23	2 to 64 years	1		1. Asplenia (functional or anatomic), splenic dysfunction 2. Cardiac disease (chronic) 3. Cerebral spinal fluid leak (chronic) 4. Cochlear implant recipients (pre/post implant) 5. Congenital (primary) immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions 6. Diabetes mellitus 7. HIV 8. Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy 9. Liver disease chronic, including hepatitis B and C, and hepatic cirrhosis due to any cause 10. Malignant neoplasms, including leukemia and lymphoma 11. Renal disease (chronic), including nephrotic syndrome 12. Respiratory disease (chronic), excluding asthma, except those treated with high-dose corticosteroid therapy 13. Sickle-cell disease and other sickle cell haemoglobinopathies 14. Solid organ or islet cell transplant (candidate or recipient) 15. Neurologic conditions (chronic) that may impair clearance of oral secretions 16. HSCT (candidate or recipient) 17. Residents of nursing homes, homes for the aged and chronic care facilities or wards
Pneu-P-23	≥ 2 years	1 (as a 2 nd dose)	See Table 20	Individuals are eligible to receive a 2 nd (one lifetime reimmunization) dose of Pneu-P-23 if they meet the following high risk criteria: • Asplenia (functional or anatomic) or sickle cell disease • Hepatic cirrhosis • HIV • Immunocompromised related to disease or therapy • Renal failure (chronic) or nephrotic syndrome
IPV Tdap-IPV	≥ 18 years	1		Travellers who have completed their immunization series against polio and are travelling to areas where poliovirus is known or suspected to be circulating Refer to the Committee to Advise on Tropical Medicine and Travel (CATMAT) for recommendations at www.phac-aspc.gc.ca/tmp-pmv/catmat-cctmvmv/index-eng.php Note: Travellers are eligible to receive a single adult lifetime booster dose of IPV-containing vaccine. The most appropriate vaccine (i.e., IPV or Tdap-IPV) should be selected
Var	Born in or prior to 1999	2	See Table 16	• Susceptible children and adolescents given chronic salicylic acid therapy • Susceptible individuals with cystic fibrosis • Susceptible household contacts of immunocompromised individuals • Susceptible individuals receiving low dose steroid therapy or inhaled/topical steroids • Susceptible immunocompromised individuals, see the CIG

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 CIG 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
1 st DTaP-IPV-Hib dose at age ≥2 months 2 nd DTaP-IPV-Hib dose, 2 months after 1 st dose 3 rd DTaP-IPV-Hib dose, 2 months after 2 nd dose 4 th DTaP-IPV-Hib dose, 6-12 months after 3 rd dose and age ≥1 year <i>If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, Tdap-IPV should be given</i> 5 th Tdap-IPV dose, 6-12 months after 4 th dose and at age ≥4 years <i>5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose</i>	1 st DTaP-IPV-Hib dose at age ≥6 weeks 2 nd DTaP-IPV-Hib dose, 4 weeks after 1 st dose 3 rd DTaP-IPV-Hib dose, 4 weeks after 2 nd dose 4 th DTaP-IPV-Hib dose, 24 weeks after 3 rd dose and age ≥1 year <i>If 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose, Tdap-IPV should be given</i> 5 th Tdap-IPV dose, 24 weeks after 4 th dose and at age ≥4 years <i>5th dose is not required if 4th dose is given at age ≥4 years and ≥24 weeks after 3rd dose</i>
Note: • Refer to the Routine Schedule and Catch-up Schedule 1 for the use of DTaP-IPV-Hib	

Table 5: Hepatitis A (HA) immunization series for high risk individuals ≥1 year of age

Recommended Intervals	Minimum Intervals
1 st dose 2 nd dose, 6 to 36 months after 1 st dose (depending on vaccine)	1 st dose 2 nd dose, 24 weeks after 1 st dose

Table 6: Hepatitis B (HB) immunization series for grade 7

Recombivax® HB First Dose – Intervals	Engerix®-B First Dose - Intervals
1 st dose Recombivax® HB in Grade 7 2 nd dose Recombivax® HB or Engerix®-B, 4 months after 1 st dose	1 st dose Engerix®-B in Grade 7 2 nd dose Engerix®-B or Recombivax® HB, 6 months after 1 st dose
Note: The 2 dose HB schedule and vaccine formulation is licensed for use for children between 11 and 15 years of age	

Table 7: Hepatitis B (HB) immunization series for high risk individuals ≥0 years of age

Recommended Intervals	Minimum Intervals
1 st dose 2 nd dose, 1 month after 1 st dose 3 rd dose, 5 months after 2 nd dose and at age ≥24 weeks	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose, 16 weeks after 1 st dose and at age ≥24 weeks
Notes: • Premature infants weighing <2,000 grams at birth, born to HBV-positive mothers, should receive 4 doses, given at birth, 1, 2 and 6 months of age • Refer to the CIG for appropriate vaccine formulations, serology testing and boosters for individuals who meet HB high risk eligibility criteria (see Table 3)	

Table 8: Haemophilus influenzae type b (Hib) immunization series for children <5 years of age

Age at first dose	Recommended Intervals	Minimum Intervals
2-6 months	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd and at age ≥12 months	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose 4 th dose, 8 weeks after 3 rd dose and at age ≥12 months
7-11 months	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months	1 st dose 2 nd dose, 8 weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months
12-14 months	1 st dose 2 nd dose, 2 months after 1 st dose	1 st dose 2 nd dose, 8 weeks after 1 st dose
15-59 months	1 st dose	1 st dose

Table 9: *Haemophilus influenzae* type b (Hib) immunization series for HSCT recipients ≥5 years of age

Recommended Intervals	Minimum Intervals
1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 12 months after 2 nd dose	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose
Note: Immunization series can be initiated at 6 to 12 months post-transplant	

Table 10: HPV-9 two dose immunization series for:

- healthy grade 7 to 12 students who are <15 years of age
- healthy youth 9 to 14 years of age (who meet high risk eligibility criteria)

Recommended Intervals	Minimum Intervals
1 st dose 2 nd dose, 6 months after 1 st dose	1 st dose 2 nd dose, 24 weeks after 1 st dose

Notes:

- Immunocompromised or immunocompetent HIV-infected individuals require 3 doses, see Table 11
- In healthy individuals 15 years of age and older who received the first dose of HPV2 or HPV4 vaccine between 9 to less than 15 years of age, a 2 dose schedule of HPV2 vaccine (females only), HPV4 or HPV9 vaccine can be used

Table 11: HPV-9 three dose immunization series for:**Healthy:**

- grade 7 to 12 females who are ≥15 years of age
- grade 7 to 12 males born in or after 2004 who are ≥15 years of age
- males 15 to 26 of age (who meet high risk eligibility criteria)

Immunocompromised or immunocompetent HIV-infected:

- grade 7 to 12 females
- grade 7 to 12 males born in or after 2004
- males 9 to 26 of age (who meet high risk eligibility criteria)

Recommended Intervals	Minimum Intervals
1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 4 months after 2 nd dose	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 12 weeks after 2 nd dose and 24 weeks after the 1 st dose

Table 12: HZ immunization series for individuals 65 to 70 years of age

Age at first dose	Recommended Intervals	Minimum Intervals
65 to 70 years	1 st dose 2 nd dose, 2 to 6 months after 1 st dose	1 st dose 2 nd dose, 8 weeks after 1 st dose

Table 13: IPV immunization series for individuals ≥6 weeks of age

Age at first dose	Recommended Intervals	Minimum Intervals
6 weeks to 3 years	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 6 to 12 months after 3 rd dose <i>4th dose is not required if 3rd dose is given at age ≥4 years and ≥24 weeks after 2nd dose</i>	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose 4 th dose, 24 weeks after 3 rd dose <i>4th dose is not required if 3rd dose is given at age ≥4 years and ≥24 weeks after 2nd dose</i>
≥4 years	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 6-12 months after 2 nd dose	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 24 weeks after 2 nd dose

Table 14: 4CMenB immunization series for high risk children 2 months to 17 years of age

Age at first dose	Recommended Intervals	Minimum Intervals
2-5 months	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd and at age ≥12 months	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose 4 th dose, 8 weeks after 3 rd dose and at age ≥12 months
6-11 months	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months	1 st dose 2 nd dose, 8 weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months

Table 14 cont.: 4CMenB immunization series for high risk children 2 months to 17 years of age

Age at first dose	Recommended Intervals	Minimum Intervals
12 months to 10 years	1 st dose 2 nd dose, 2 months after 1 st dose	1 st dose 2 nd dose, 8 weeks after 1 st dose
11 to 17 years	1 st dose 2 nd dose, 1 month after 1 st dose	1 st dose 2 nd dose, 4 weeks after 1 st dose

Table 15: Men-C-ACYW (Menactra®) immunization series for high risk individuals 9 months to 55 years of age

Age at first dose	Recommended Intervals	Minimum Intervals
9 to 11 months	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months Booster doses every 3 to 5 years	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose 4 th dose, 4 weeks after 3 rd dose and at age ≥12 months <i>4th dose is not required if 3rd dose is given at age ≥12 months and ≥4 weeks after 2nd dose</i> Booster doses every 3 to 5 years
12 months to 6 years	1 st dose 2 nd dose, 2 months after 1 st dose Booster doses every 3 to 5 years	1 st dose 2 nd dose, 4 weeks after 1 st dose Booster doses every 3 to 5 years
7 to 55 years	1 st dose 2 nd dose, 2 months after 1 st dose Booster doses every 5 years	1 st dose 2 nd dose, 4 weeks after 1 st dose Booster doses every 5 years

Notes:

- ≥4 weeks is required between doses of Men-C-ACYW and Men-C-C
- For high risk individuals ≥56 years of age, a single lifetime dose of Men-C-ACYW may be given ≥5 years after last dose of Men-C-ACYW

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

Table 17: Pneu-C-13 immunization series for children <5 years of age

Age at first dose	Applies to	Recommended Intervals	Minimum Intervals
2-6 months	Healthy	1 st dose at age ≥2 months 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months	1 st dose at age ≥6 weeks 2 nd dose, 8* weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months
	High risk	1 st dose at age ≥2 months 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months	1 st dose at age ≥6 weeks 2 nd dose, 8* weeks after 1 st dose 3 rd dose, 8* weeks after 2 nd dose 4 th dose, 8 weeks after 3 rd dose and at age ≥12 months
7-11 months	All	1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months	1 st dose 2 nd dose, 8* weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months
12-23 months	All	1 st dose 2 nd dose, 2 months after 1 st dose	1 st dose 2 nd dose, 8 weeks after 1 st dose
24-59 months	All	1 dose	1 dose

* For these doses, the vaccine manufacturer indicates the minimum interval is 4 weeks, however the CIG recommends the minimum interval between doses be 8 weeks

Note: 1 dose of Pneu-P-23 should be given ≥8 weeks after the last dose of Pneu-C-13, for children ≥2 years of age who meet Pneu-P-23 high risk criteria (see Table 3)

Table 18: Pneu-C-13 immunization series for HSCT recipients ≥50 years of age

Recommended Intervals	Minimum Intervals
1 st dose 2 nd dose, 1 month after 1 st dose 3 rd dose, 1 month after 2 nd dose	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose
Note: Start series 3 to 9 months after transplant; 1 dose of Pneu-P-23 should be given 12 to 18 months post-transplant (6 to 12 months after last dose of Pneu-C-13)	

Table 19: Pneu-C-13 and Pneu-P-23 intervals for high risk adults ≥50 years of age

- 1 dose of Pneu-P-23 should be given ≥8 weeks after the last dose of Pneu-C-13 (except for HSCT recipients see Table 17 for intervals)
- Alternatively, if Pneu-P-23 has already been received, Pneu-C-13 should be given ≥1 year after the last dose of Pneu-P-23

Table 20: Pneu-P-23 reimmunization intervals for high risk individuals ≥2 years of age

- 2nd (one lifetime reimmunization) dose should be given ≥5 years after the 1st dose

Table 21: Rot-5 immunization series for infants <32 weeks of age

Recommended Intervals	Minimum Intervals
1 st dose between ages ≥2 months and <15 weeks 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≤32 weeks	1 st dose between ages ≥6 weeks and <15 weeks 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose and at age ≤32 weeks
• If an incomplete dose is administered for any reason (e.g., infant spits the vaccine) a replacement dose should NOT be administered. • Vaccination should not be initiated in infants ≥15 weeks of age, as the safety of providing the first dose of Rot-5 vaccine in older infants is not known. If Rot-5 is inadvertently administered at ≥15 weeks of age, the rest of the Rot-5 immunization series should be completed with a minimum of 4 weeks between each dose and all doses should be administered at ≤32 weeks of age.	

Table 22: Tdap-IPV and/or Td and IPV primary immunization series for individuals ≥7 years of age

Recommended Intervals	Minimum Intervals
1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 6-12 months after 2 nd dose	1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 24 weeks after 2 nd dose
Note: Refer to the Catch-up Schedules 2 and 3 for the use of Tdap-IPV and/or Td and IPV	

Interrupted Vaccine Series

Table 23: Pneu-C-13 schedule for children <5 years of age who have not completed their series

Child's current age	Applies to	Number of Pneu-C-13 doses received previously	Number of Pneu-C-13 doses required to complete series and recommended intervals
2 to 6 months	Healthy	1 dose (1 st dose)	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months
		2 doses (1 st and 2 nd dose)	3 rd dose, 2 months after 2 nd dose and at age ≥12 months
	High risk	1 dose (1 st dose)	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months
		2 doses (1 st and 2 nd dose)	3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months
7 to 11 months	All	1 dose (1 st dose)	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months
		2 doses (1 st and 2 nd dose)	3 rd dose, 2 months after 2 nd dose and at age ≥12 months
12 to 23 months	All	1 dose (1 st dose) at age <12 months	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose
		1 dose (1 st dose) at age ≥12 months	2 nd dose, 2 months after 1 st dose
		1 dose (1 st dose) at age <12 months and 1 dose (2 nd dose) at age ≥12 months	3 rd dose, 2 months after 2 nd dose
		2 or more doses at age <12 months	1 dose, 2 months after most recent dose

Table 23 cont.: Pneu-C-13 schedule for children <5 years of age who have not completed their series

Child's current age	Applies to	Number of Pneu-C-13 doses received previously	Number of Pneu-C-13 doses required to complete series and recommended intervals
24 to 59 months	All	Any incomplete series	1 dose, 2 months after most recent dose

Note: See Table 17 to determine if the child has an interrupted schedule and requires additional doses in order to complete the appropriate schedule for their current age

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 1 st 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 1 st 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

General notes:

- Eligible individuals include those who have an OHIP card and children attending licensed child care settings and elementary and secondary schools.
- Eligibility for publicly funded vaccines may be extended in certain circumstances, such as case and contact management. Contact your public health unit.
- Interruption of a vaccine series does not require restarting the series, regardless of the length of time that has elapsed since the last dose.
- When age ranges are specified, they are inclusive of the lower and upper age parameters, for example:
 - "4-6 years" means from the 4th birthday to the day prior to the 7th birthday
 - "6 months to 8 years" means from 6 months of age to the day prior to the 9th birthday
- A record of vaccines received at each visit must be provided free of charge. The Yellow Card is a permanent personal immunization record and should be brought to all immunization appointments.
- In Ontario, up to date immunization records or valid exemptions are required for attendance at school, under the Immunization of School Pupils Act (designated diseases include diphtheria, tetanus, polio, pertussis, meningococcal, measles, mumps, rubella, and varicella) and child care centres under the Child Care and Early Years Act (consult your local public health unit): www.health.gov.on.ca/English/public/contact/phu/phuloc_mn.html
- Refer to the CIG (www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php) for additional information.
- For vaccines not publicly funded or travel vaccines, refer to NACI (www.phac-aspc.gc.ca/naci-ccni/) and CAMAT (www.phac-aspc.gc.ca/tmp-pmv/catmat-ccmtmv/index-eng.php) for indications and usage.
- Report adverse events following immunization (AEFI) to your local public health unit:
 - Public health unit listing: www.health.gov.on.ca/English/public/contact/phu/phuloc_mn.html
 - Ontario AEFI reporting form is available from Public Health Ontario: www.publichealthontario.ca/vaccinesafety

Visit Ontario.ca/vaccines to obtain the most current Publicly Funded Immunization Schedules for Ontario

Public Health Units in Ontario

For more information or assistance regarding the Publicly Funded Immunization Schedules for Ontario, please contact your public health unit.

Visit <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

Algoma	705-942-4646	1-866-892-0172
Brant County	519-753-4937	
Chatham-Kent	519-352-7270	
Durham	905-668-7711	1-800-841-2729
Eastern Ontario	613-933-1375	1-800-267-7120
Grey-Bruce	519-376-9420	1-800-263-3456
Haldimand-Norfolk	519-426-6170	905-318-6623
Haliburton, Kawartha, Pine Ridge District	1-866-888-4577	
Halton	905-825-6000	1-866-442-5866
Hamilton	905-546-2489	
Hastings Prince Edward	613-966-5500	
Huron Perth	1-888-221-2133	
Kingston, Frontenac and Lennox & Addington	613-549-1232	1-800-267-7875
Lambton	519-383-8331	

Leeds, Grenville and Lanark District	613-345-5685	1-800-660-5853
Middlesex-London	519-663-5317	
Niagara	905-688-3762	1-800-263-7248
North Bay Parry Sound District	705-474-1400	1-800-563-2808
Northwestern	807-468-3147	1-800-830-5978
Ottawa	613-580-6744	1-866-426-8885
Peel	905-791-7800	1-888-919-7800
Peterborough	705-743-1000	1-877-743-0101
Porcupine	705-267-1181	1-800-461-1818
Renfrew County and District	613-732-3629	1-800-267-1097
Simcoe Muskoka District	705-721-7520	1-877-721-7520
Southwestern	1-800-922-0096	
Sudbury and Districts	705-522-9200	
Thunder Bay District	807-625-5900	1-888-294-6630
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Waterloo	519-575-4400	
Wellington-Dufferin-Guelph	519-822-2715	1-800-265-7293
Windsor-Essex County	519-258-2146	1-800-265-5822
York	905-895-4511	1-877-794-1880

